EQUIP Healthcare
Research to Equip Primary Healthcare for Equity

North Lambton
Community Health Centre

EQUIP HEALTHCARE AT NORTH LAMBTON CHC:

LESSONS AND FINDINGS

(Version: April 1, 2017)

In this report:

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Section 1:
The EQUIP Study at North Lambton CHC

North Lambton is One of Four Clinics that Implemented the EQUIP Intervention

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The four sites are:

- **Central Interior Native Health Society (CINHS)**
- **Victoria Cool Aid Society Community Health Centre**
- **Health Zone Nurse Practitioner-Led Clinic**
- **North Lambton Community Health Centre (NLCHC)**

What is Health Equity?

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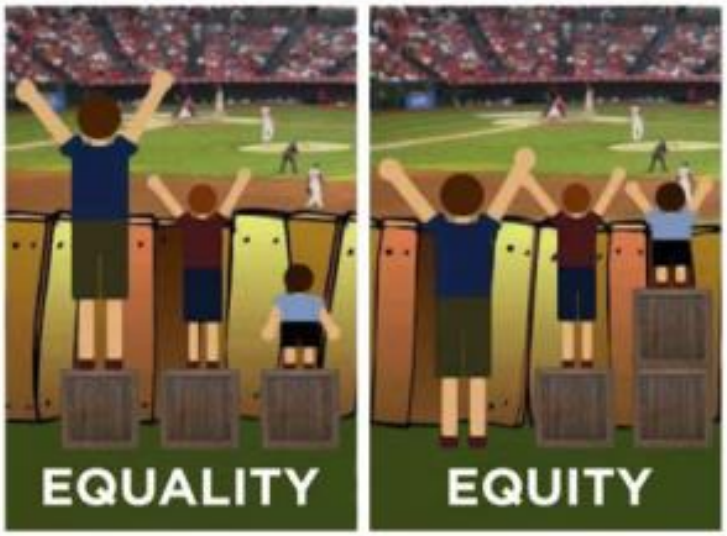
Health equity is not the same as health equality

Health equity builds on the idea of patient-centered care by focusing on strategies that can **"close the health equity gap".** This means paying particular attention to people who are experiencing the greatest health challenges.



Health inequities: Unjust and avoidable differences in health between and within groups of people.

For example, the health and wellbeing of Indigenous peoples continues to lag behind that of the overall Canadian population on virtually every measure. This is not related to "lifestyle factors", but rather, reflects historical and ongoing constraints on health and wellbeing.

Health equity:
The absence of avoidable or remediable differences in health among groups of people.

What is Equity-Oriented Health Care?

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EQUIP aimed to enhance capacity for equity-oriented health care. In EQUIP, equity-oriented health care:

… aims to remedy the impacts of:

- ✓ the unfair distribution of the **social determinants of health** that sustain **social and health inequities**;
- ✓ **multiple and intersecting forms of discrimination and stigma,** including that based on poverty, racism and gender;
- ✓ the ongoing effects of **trauma and violence**, including that perpetrated by systems.

… means directing resources to those with the greatest needs, not "treating everyone equally".

Beyond the **moral argument** for providing accessible care to those who need it most, there is also a **strong economic argument**.

People experiencing the greatest socio-economic inequities often have the poorest health status. **Improving health care experiences and outcomes for this group will result in the greatest gains** → reducing costs to patients and their families, health care organizations, and the system.

What are the Key Features of Equity-Oriented Care?

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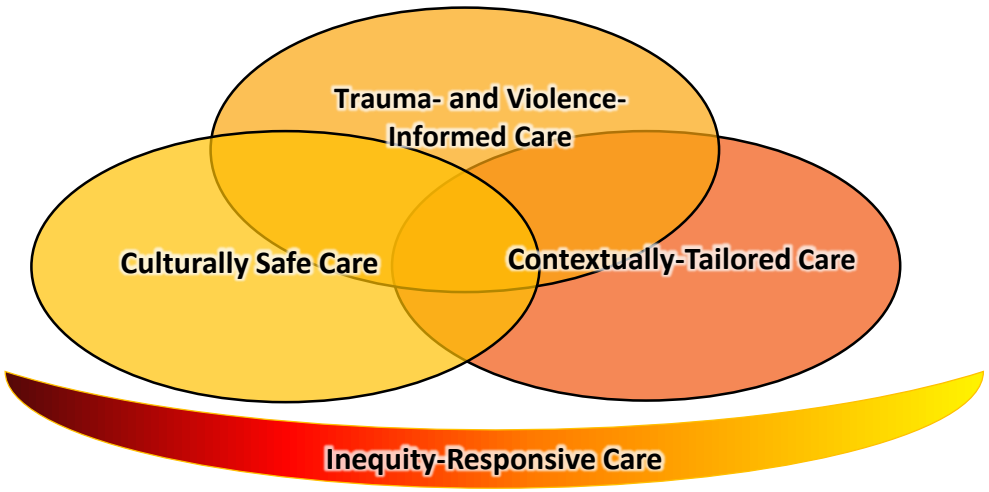
The EQUIP intervention is evidence-based and theoretically informed, and guided by a framework identifying the key dimensions of equity-oriented care, and ten strategies to guide implementation.

Key Dimensions of Equity-Oriented Care



10 Strategies to Guide Organizations in Enhancing Capacity for Equity-Oriented Services

- Explicitly commit to equity
- Develop supportive organizational structures, policies, and processes
- Re-vision the use of time
- Attend to power differentials
- Tailor care, programs and services to local contexts
- Actively counter racism and discrimination
- Promote meaningful community + patient engagement
- Tailor care to address inter-related forms of violence
- Enhance access to the social determinants of health
- Optimize use of place and space

From: Browne, A. J., Varcoe, C., Ford-Gilboe, M., & Wathen, N., on behalf of the EQUIP Research Team,. (2015). EQUIP Healthcare: An overview of a multi-component intervention to enhance equity-oriented care in primary health care settings. *International Journal for Equity in Health, 14*(152). doi:10.1186/s12939-015-0271-y

The EQUIP Intervention: Starting with History…

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Understanding the history of a community and its members is a critical first step toward equity.

One of EQUIP's first steps was to research and develop a **socio-historical profile of Forest and Kettle & Stony Point**. This included an overview of the local history of colonization, industry, poverty and local efforts to improve the well-being of community members.

The profile of Forest and Kettle & Stony Point is available here:
https://equiphealthcare.ca/reports-resources/community-context-profiles/

Understanding Context…

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Individual health care providers can do a lot to deliver care that is equity-oriented. However, those efforts go a lot further if their organizations are set up to support equity.

Part of EQUIP's work explored what kind of **policy and funding contexts** support, or do not support, the ability to provide equity-oriented care (e.g., funding flexibility, length of contracts, etc.)

At each clinic, we gathered and examined:

- Policy documents
- Funding contracts
- Financial reports
- Board minutes

EQUIP: An Organizational-level Intervention

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Approach I: Staff Education in 3 overlapping areas:

- Equity-oriented Healthcare Strategies
- Cultural Safety + Countering Racism and Discrimination
- Trauma- and Violence-Informed Care (TVIC)

For the staff education component, NLCHC staff participated in five face-to-face sessions facilitated by a Practice Consultant.

They also completed the **Core Health version of the** San'yas: Indigenous Cultural Safety Training* provided online by Provincial Health Services Authority (PHSA). Staff also had the option to complete the "Bystander to Ally" Module.

Approach II: Organizational Integration and Tailoring:

- Tailoring specific strategies to the local context
- Practice Consultant
- Catalyst grant to identify and implement changes

- For the tailoring component, leaders at each clinic identified their own priorities for enhancing equity-oriented care within their organization.
- EQUIP provided a $10,000 catalyst grant to begin to implement changes, and also provided support from the Practice Consultant as needed.

*http://www.sanyas.ca/home

Tailoring EQUIP for North Lambton

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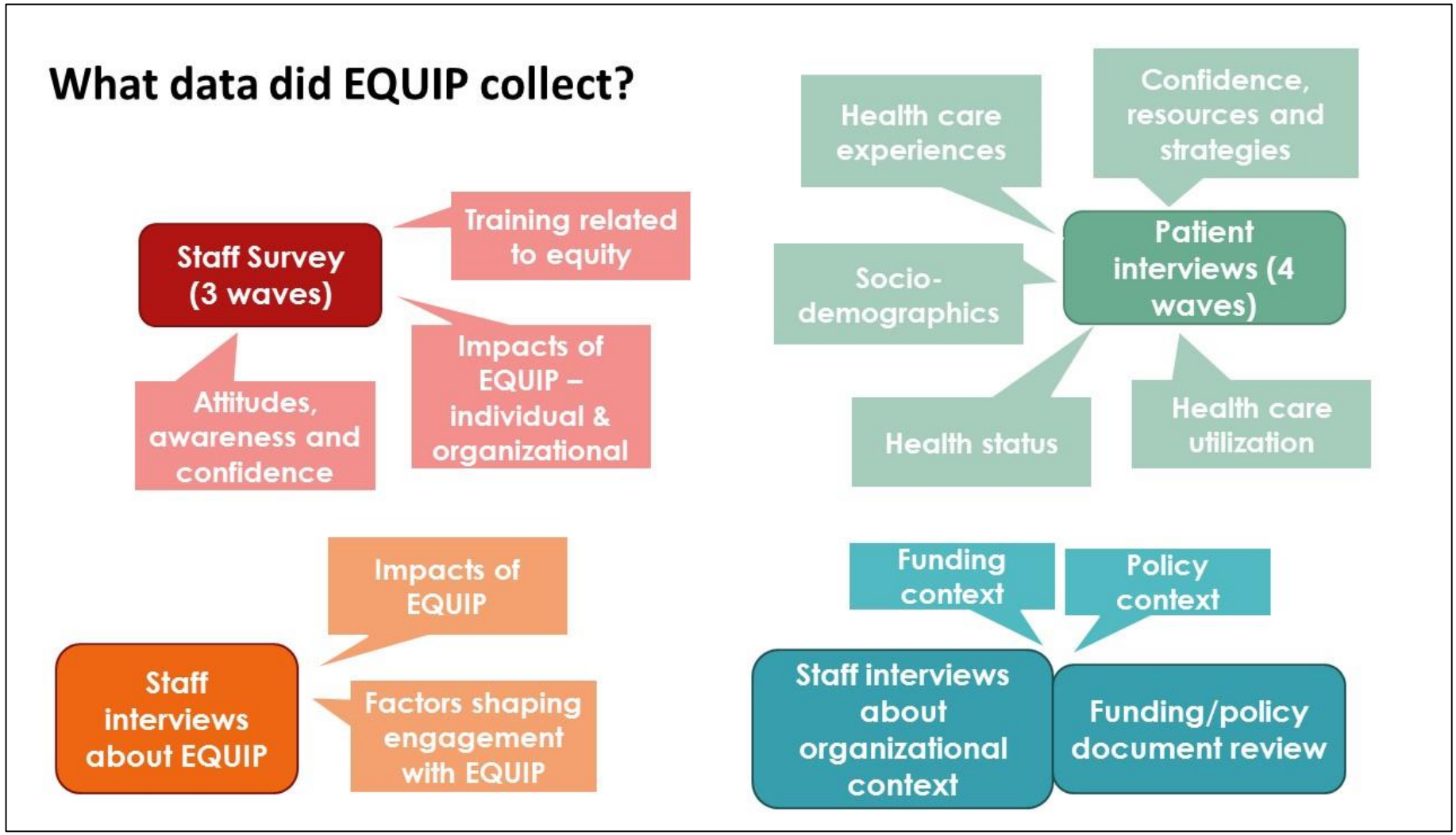
At North Lambton, leaders identified the goal of **developing harm reduction policies and guidelines and strengthening ties with Kettle Point First Nation.**

April 2014	EQUIP developed and provided a literature review on harm reduction policies, guidelines, and harm reduction through an Indigenous lens.
October 2014	The EQUIP practice consultant provided a full day workshop on harm reduction.
October 2014	North Lambton began the development of a harm reduction policy that was reviewed by staff and will be used during orientation for all future hires.
June 2014	Staff, board and band members at NLCHC and Kettle Point Health Centre went golfing and began to build relationships.
April – Oct 2014	Education sessions on culturally appropriate care were provided by the NLCHC staff by Kettle Point staff. Indigenous cultural safety training offered to all staff as well.

Data Collection

Between 2013 and 2015, EQUIP collected data from:

- **Patients (567 total, including 133 at North Lambton)**
- **Staff members and leaders at each clinic**



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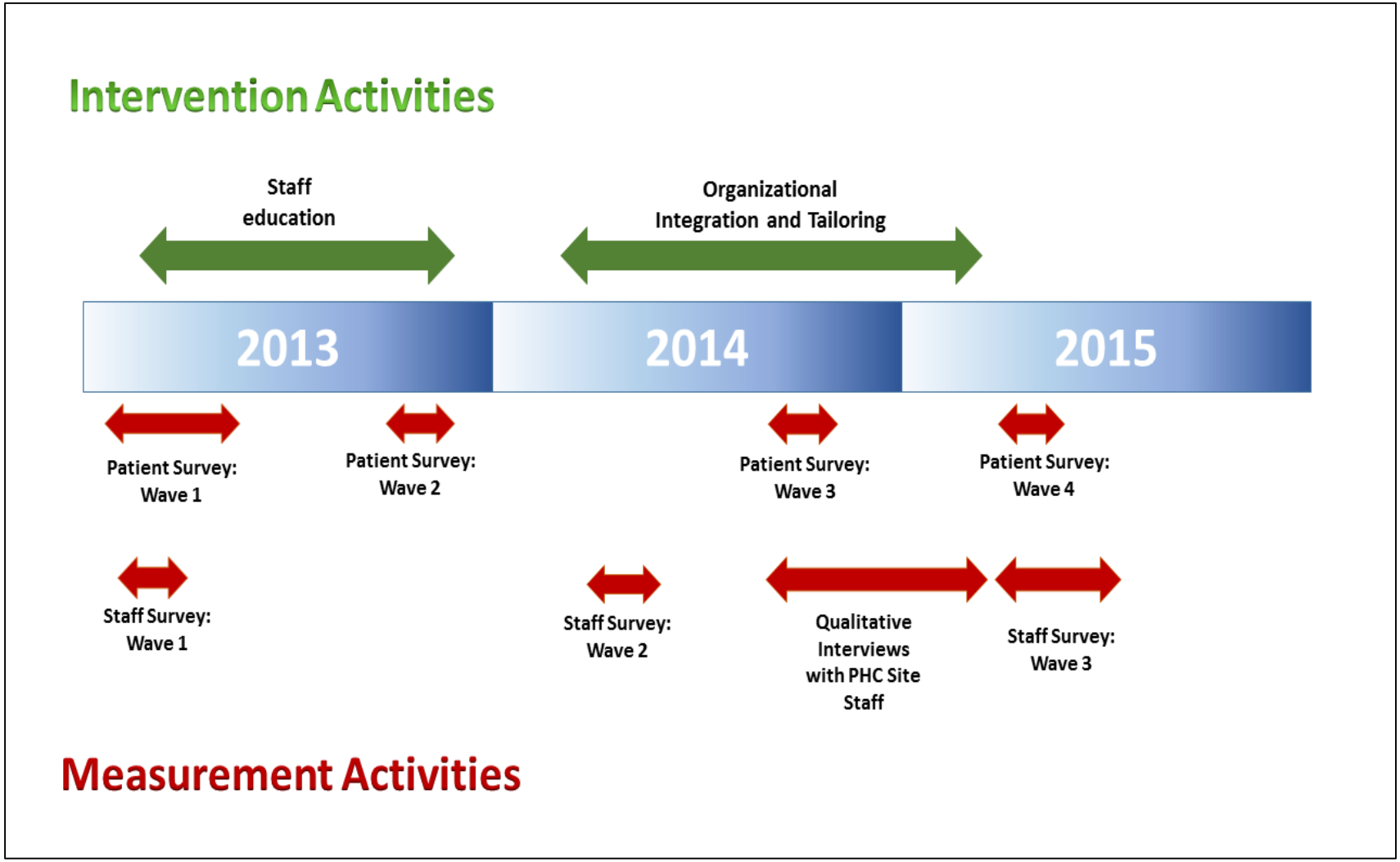
Timeline of Activities

Data collection occurred at strategic times in order to capture data **before, during and after the EQUIP organizational-level intervention**.



Section 2: Patients' Health and Healthcare Experiences

Responding to the Complexities of Patients' Lives

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The analysis of the EQUIP data shows that health problems such as **chronic pain, depression and symptoms of trauma** are actually the **symptoms of underlying health and social inequities**.

North Lambton provides essential health care (and much more) to people who frequently experience barriers to care, many of whom **experience racism, discrimination and socioeconomic disadvantages**.

Health Profile of North Lambton Patients

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Health Profile of the EQUIP Sites (N = 567) Compared to Population Norms					
	North Lambton Site	**EQUIP Site B**	**EQUIP Site C**	**EQUIP Site D**	**Canada**
General health: Fair or poor	**27.1%**	32%	41.6%	42.3%	**10.9%[5]**
Mental health: Fair or poor	**15.8%**	33.1%	34.9%	39.6%	**5.7%[5]**
Oral health: Fair or poor	**28.6%**	39.2%	47.0%	61.0%	**15.5%[6]**
Head injury	**10.6%**	12.1%	36.2%	35.3%	**2.4%[7]**
Chronic pain	**32.8%[1]**	49.6%[1]	50.4%[1]	64.1%[1]	**17%[8]**
Depression	**26.3%[2]**	55.6%[2]	57.0%[2]	66.0%[2]	**8.3%**
Symptoms of severe trauma & PTSD	**42.1%[3]** **21.1%[4]**	58.1%[3] 42.4%[4]	71.1%[3] 45.8%[4]	76.9% [3] 53.2%[4]	**9.0%**

[1] Pain grade III or IV, moderately or severely disabling pain (Von Korff Chronic Pain scale)
[2] CESD-R score 16+, clinically significant depression
[3] PCL-C score 35+
[4] Meets DSM criteria for PTSD (PCL-C)
[5] Statistics Canada 2013, Catalogue 82-228-XWE.
[6] Data for Ontario as a whole as regional statistics not available, Canadian Community Health Survey, Statistics Canada 2013.
[7] 2012 Health Indicator profile (Statistics Canada, 2014).
[8] CCHS data estimates national prevalence of Chronic Pain at 15.1-18.9% (Reitsma, Tranmer, Buchanan, & Vandenkerkhof, 2011).
[9] Lifetime prevalence of generalized anxiety disorder estimated at 5% in Canada (Statistics Canada, 2013c). Specific CCHS 2012 statistics place lifetime prevalence at 8.7% (Statistics Canada, 2013b)
[10] PHAC estimates national lifetime incidence of depression at 7.9-8.6% (Public Health Agency of Canada, 2013).
[11] Statistics Canada and the CMHA estimate prevalence of PTSD at 8-10% (Canadian Mental Health Association, 2013; Statistics Canada, 2013c).

Financial Strain for North Lambton Patients

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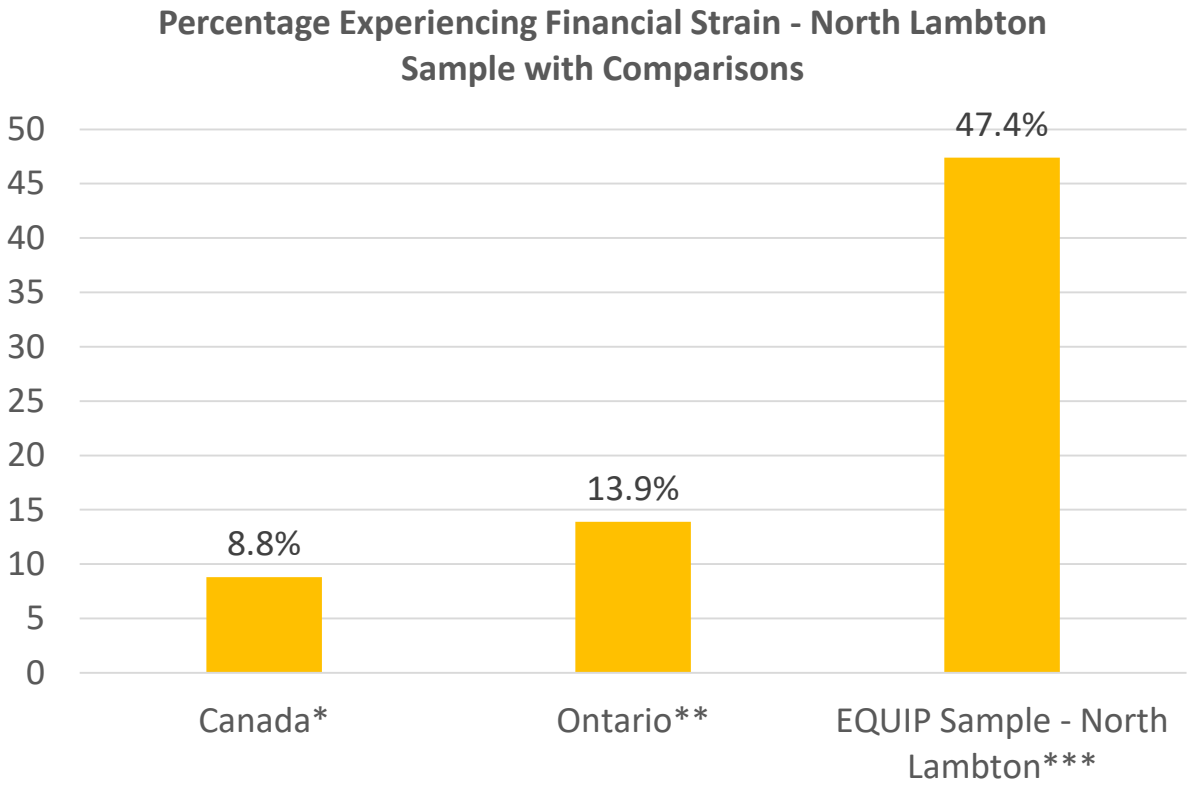

Many patients interviewed at North Lambton were living with low incomes.

- Nearly half of NLCHC participants told us that it was **somewhat or very difficult to live on their current income.**
- 23.7% of patients we interviewed were **receiving Social Assistance.**
- 17.2% were **receiving Disability Assistance.**

*% classified as low income after tax. Source: Statistics Canada, CANSIM table 202-0802, 2013
** % classified as low income after tax. Source: Statistics Canada, 2011 National Household Survey, Geography Division, 2013
*** % reporting that it is somewhat difficult or very difficult to live on their total household income

Unemployment for North Lambton Patients

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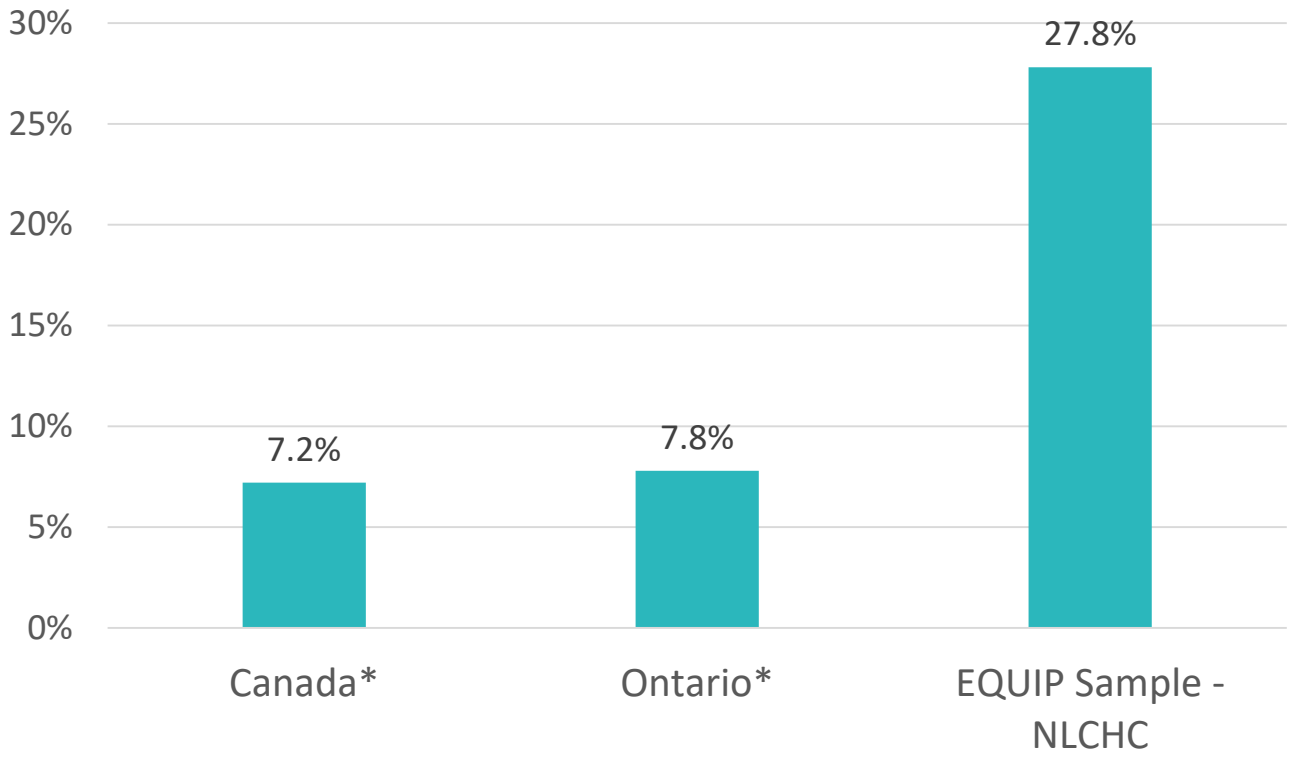
Current Unemployment - North Lambton Sample with Comparisons



More than a quarter of patients interviewed at North Lambton were unemployed at the time of the EQUIP survey.

* Population aged 15-64, 2013 Labour Force Survey (Statistics Canada, 2013).

Trauma, Chronic Pain and Depression Are Symptoms of Inequities

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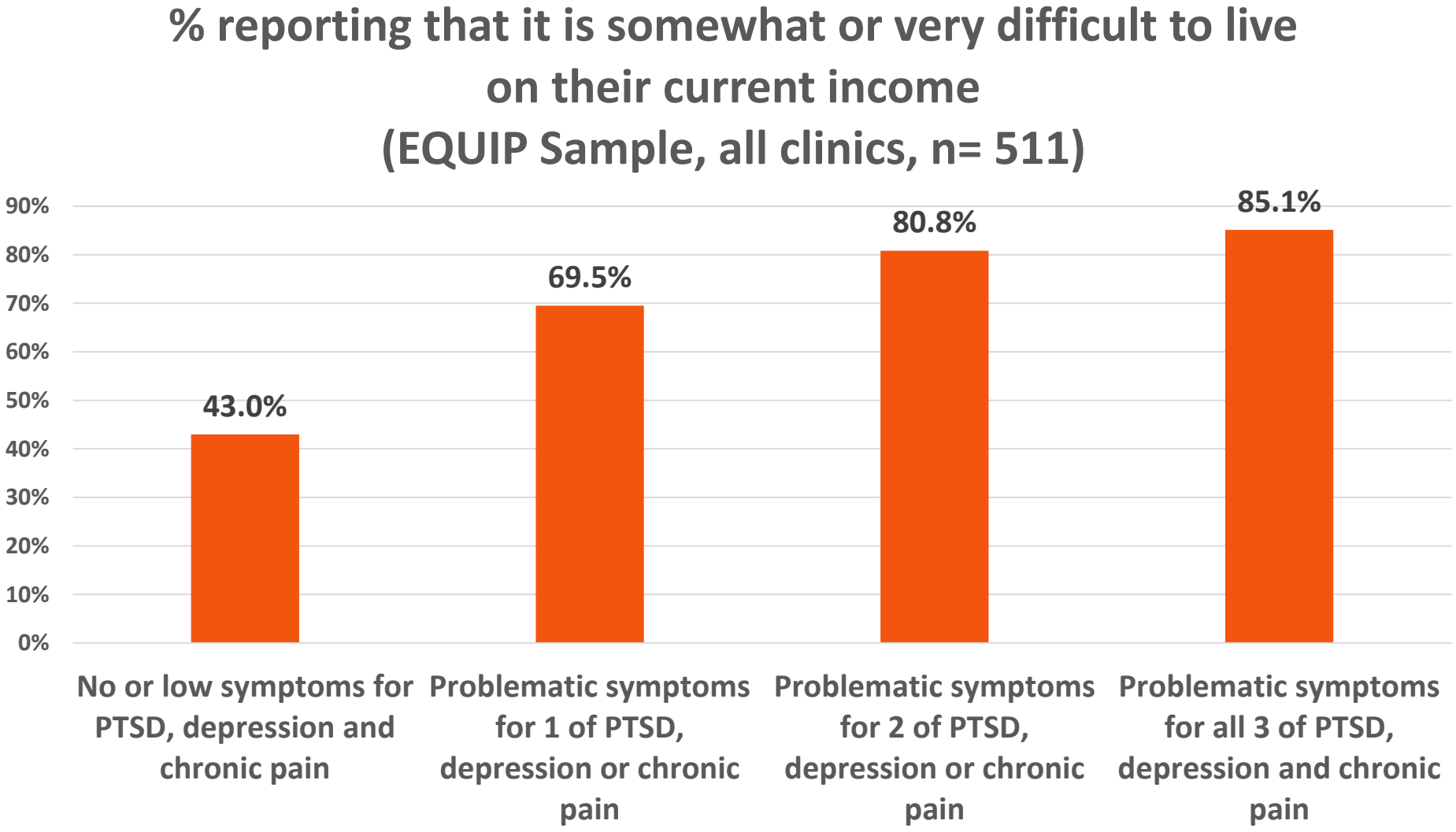

Key Messages About Symptoms of Inequities

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- ✓ **Chronic pain and mental health issues** are among the most common patient presentations in primary health care settings.
- ✓ These health issues **commonly co-occur** and are linked to social disadvantages and substance use.
- ✓ On their own, **chronic pain, PTSD, depression or substance use** are each associated with poorer quality of life (QOL); **together they have a cumulative negative impact on QOL.**
- ✓ Any one of chronic pain, PTSD, depression or substance use as a presenting problem **should alert providers** to assess for the others, and to assess for social inequities, trauma and violence. A **comprehensive approach to care** – based on understanding these dynamics – is needed for individuals and at organizational and system levels.
- ✓ **Health care providers have an important role in improving people's social conditions as an important path to improving health and QOL. This role needs to be supported by policy at all levels.**

Patient Experiences of Care at North Lambton

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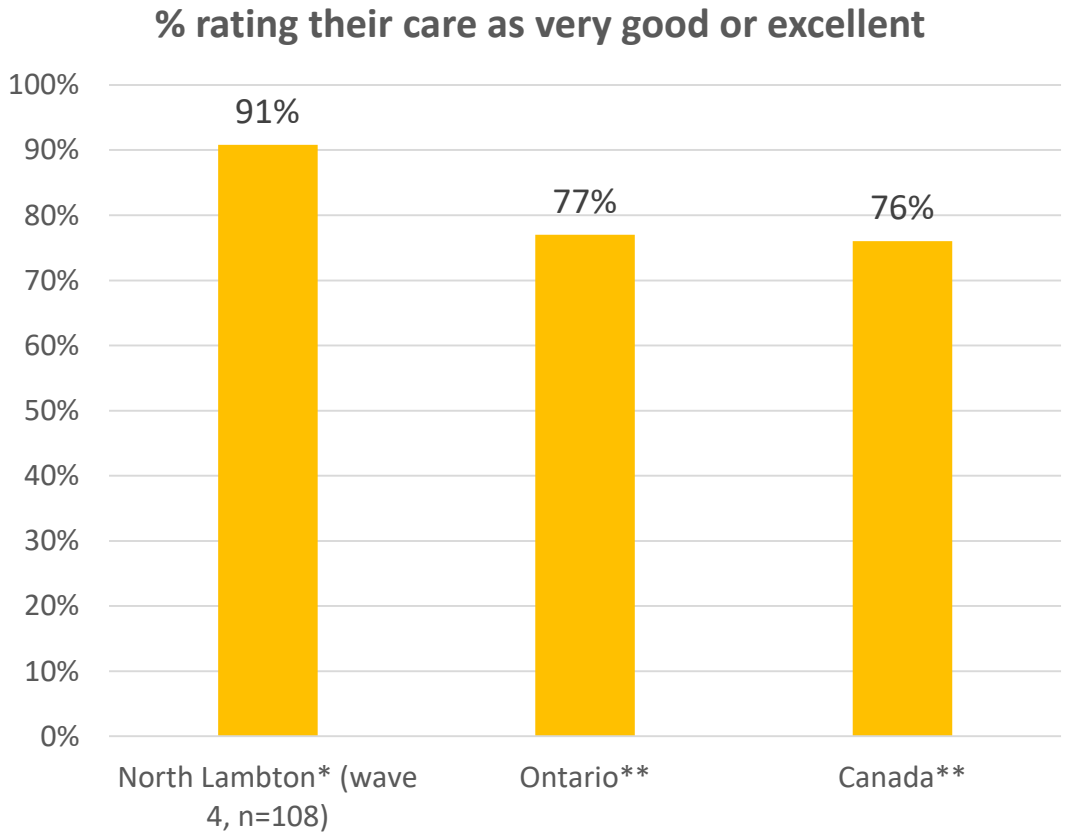
Overall rating of care



North Lambton's patients rate their care better than the Canadian average. We should also consider that:

Most people included in the Ontario and Canada-wide surveys are members of the general public. They are people who typically find it quite easy to access care, because of their socio-economic positions and circumstances – unlike some patients at North Lambton, who face multiple barriers to accessing quality health care.

*EQUIP participants were asked: ***"Overall, how would you rate the care you have received at this clinic over the past 6 months?"***
** Canadian Survey of Experiences with Primary Health Care (CSE-PHC) participants were asked: ***"Overall, how do you rate the quality of health care that you have received in the past 12 months from the family physician (or GP) you rely on most for your care?".*** Canadian Institute for Health Information. (2009). Experiences with primary health care in Canada. Ottawa, ON: Canadian Institute for Health Information. Available here: https://secure.cihi.ca/free_products/cse_phc_aib_en.pdf

Patient Experiences of Care at North Lambton

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What is NLCHC doing really well?

Over 80%* of clients reported that staff "usually or always":

- Know what is important to them
- Accept them for who they are
- Help them address what is important to them about their health
- Encourage them to come and see them or call when they need to
- Try to make them feel as comfortable as possible
- Explain what they would like to do before taking action
- Ask their permission before touching or examining them
- Try to help them get health care they needed that was not offered at the clinic
- Welcome them when they come for care
- Treat them with courtesy and respect
- Take enough time with them
- Try to be flexible in meeting their needs
- Try to make them feel as comfortable as possible
- Found the receptionist(s) at the clinic helpful

Over 80%* of clients reported that staff "rarely or never":

- Have a negative attitude toward any patients because of mental health concerns or because of substance use
- Are rude to them
- Talk down to them

95.4%* of clients "usually or always" felt they had enough time with their health care providers

* Wave 4, post-intervention

Patient Experiences of Care at North Lambton

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Where does NLCHC have the most room to improve?

Less than 60%* of clients reported that staff "usually or always":

- Ask them about who is important in their life
- Ask about any pain they may be having
- Ask about basic resources that affect their health
- Try to help them get services that are not offered at the clinic

* Wave 4, post-intervention

Common Experiences Across the Clinics

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CINHS - 36% had difficulty:

- Getting an appointment (76%)
- Transportation problems (54%)
- Schedule/clinic hours (35%)
- Contacting the clinic (32%)

NLCHC - 21% had difficulty:

- Getting an appointment (83%)
- Could not come during clinic hours (17%)
- Other difficulties (22%)

Difficulty getting health care or advice from the clinic*

Cool Aid - 31% had difficulty:

- Getting an appointment (84%)
- Being unable to get to the clinic due to a health problem (37.5%)

Health Zone - 30% had difficulty:

- Getting an appointment (71%)
- Contacting the clinic (24%)
- Other difficulties (29%)

*Wave 4, experienced at least once in last 6 months

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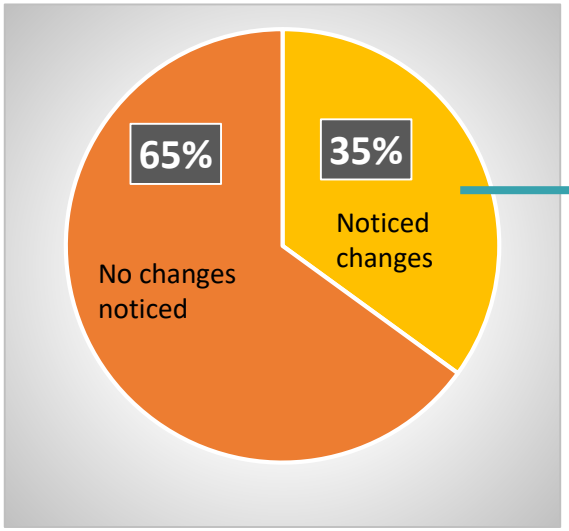
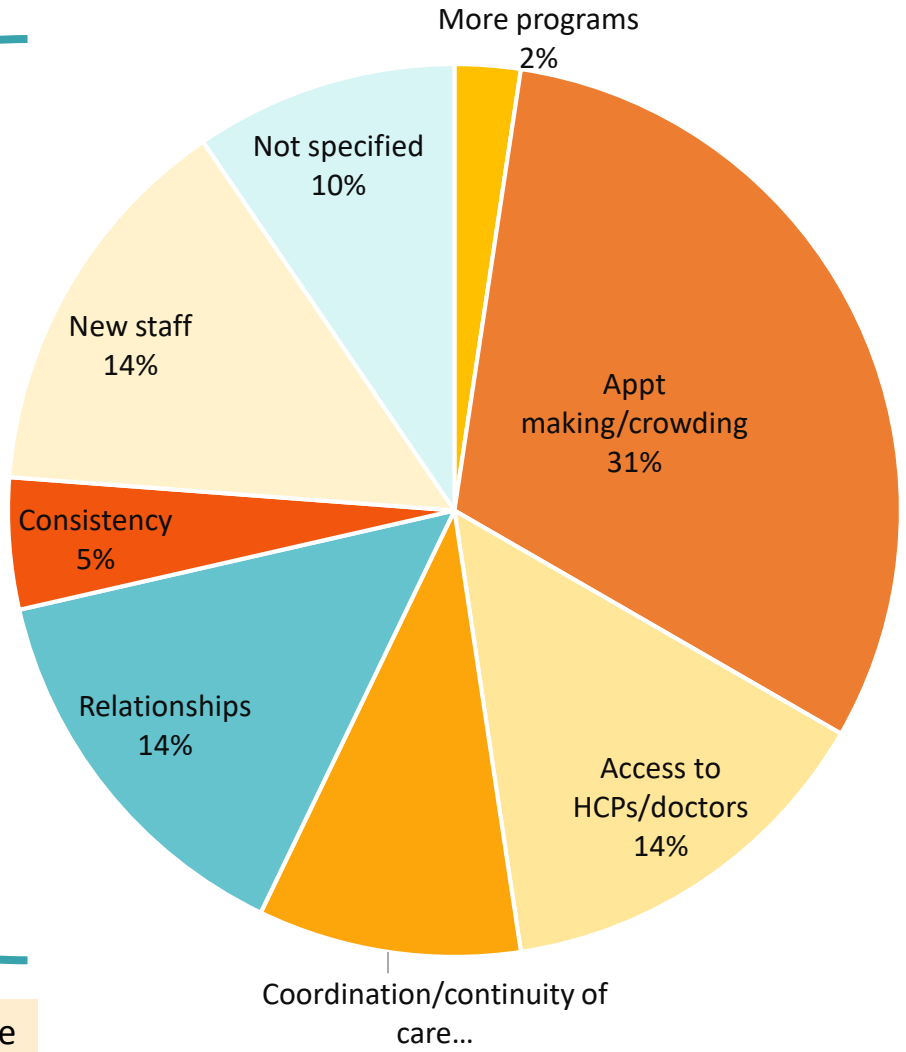
What Changes did Patients at NLCHC Notice During EQUIP?

"I like not having [to make an] appointment for bloodwork" – North Lambton client





Positive changes* to:

- relationships (100% positive)
- access to HCPs & doctors (~80% positive)

Mixed changes* to:

- consistency in care
- appointment making & crowding

*While these changes cannot be directly attributed to EQUIP, they were noted by clients during the EQUIP intervention period

Section 3:
What Impacts did EQUIP Have on the Organizations and Their Staff?

Description of Staff (all four clinics)

Staff members at the four clinics completed a **staff survey** at three points in time: at baseline, following the staff education components, and following organizational tailoring.

Who completed the EQUIP staff survey?

Baseline n = 86
Wave 2 n = 82
Wave 3 n = 57

Participants included:
Nurses and Nurse Practitioners, Physicians, MOAs, Social Workers, Counsellors, Outreach Workers, Pharmacists, Dieticians, Clinic leaders, Office administrators, Others

How many staff had previous education or training related to equity – before taking part in EQUIP?

At baseline:

- Only **10%** had completed some kind of training on **trauma-informed care**.
- **19.5%** had completed at least one of the online **Indigenous Cultural Safety** Training Programs (through PHSA).
- **27.3%** had completed some **other cultural competency**, anti-discrimination or anti-racism training.

Staff Confidence Improved Over Time

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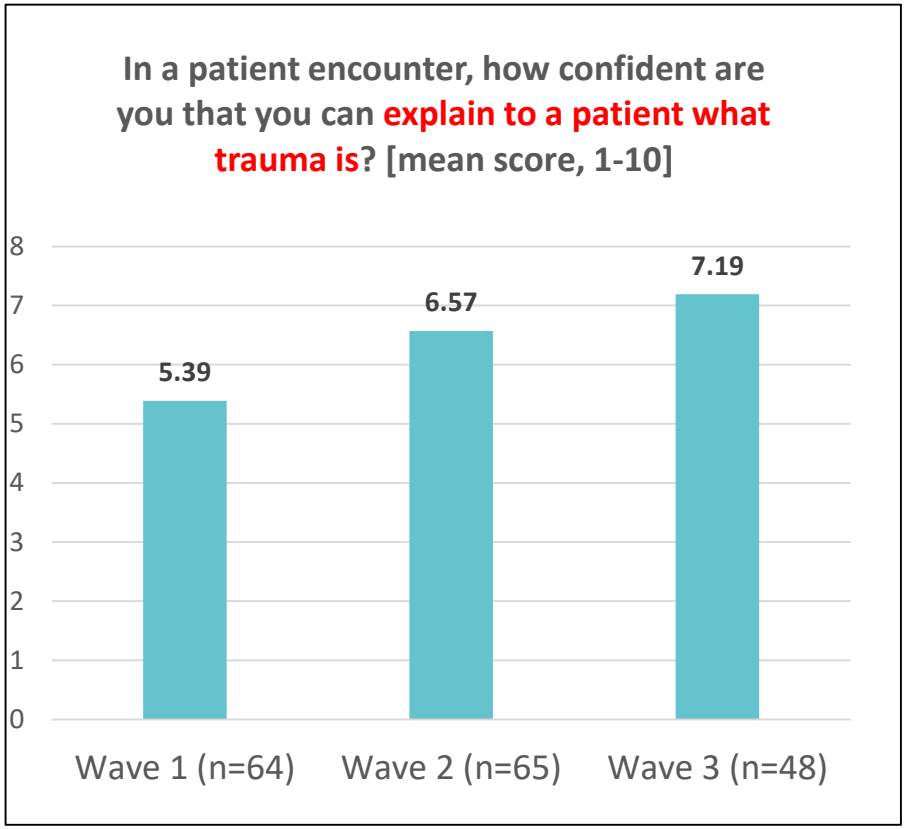
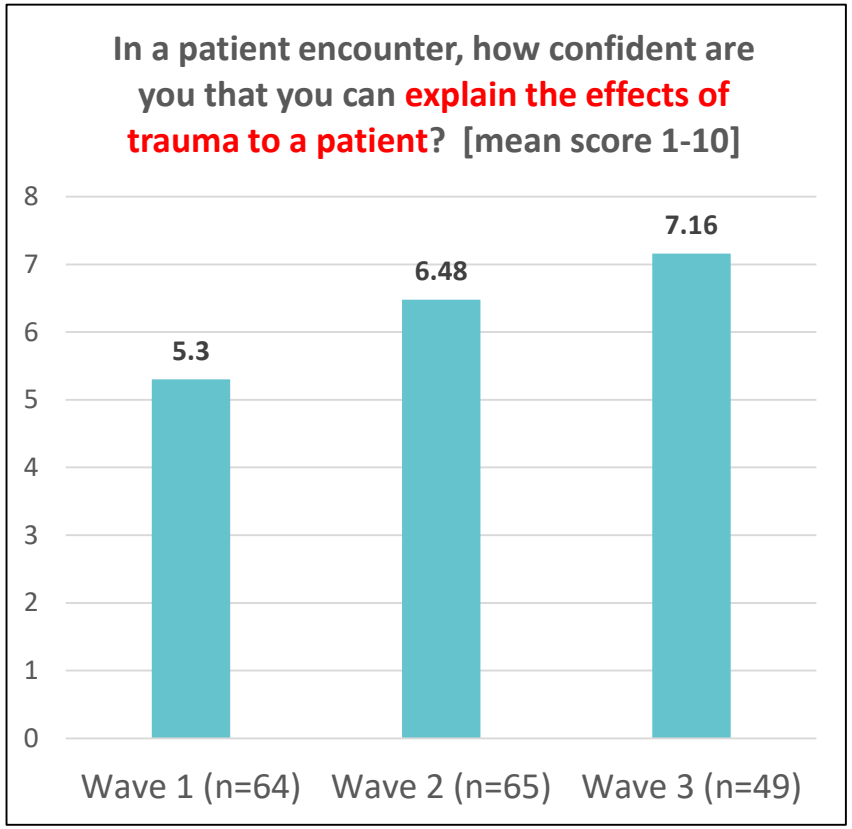
Following the staff education provided by EQUIP, as well as the tailoring process, staff reported increased confidence related to key aspects of providing equity-oriented care.





Staff Confidence (continued)

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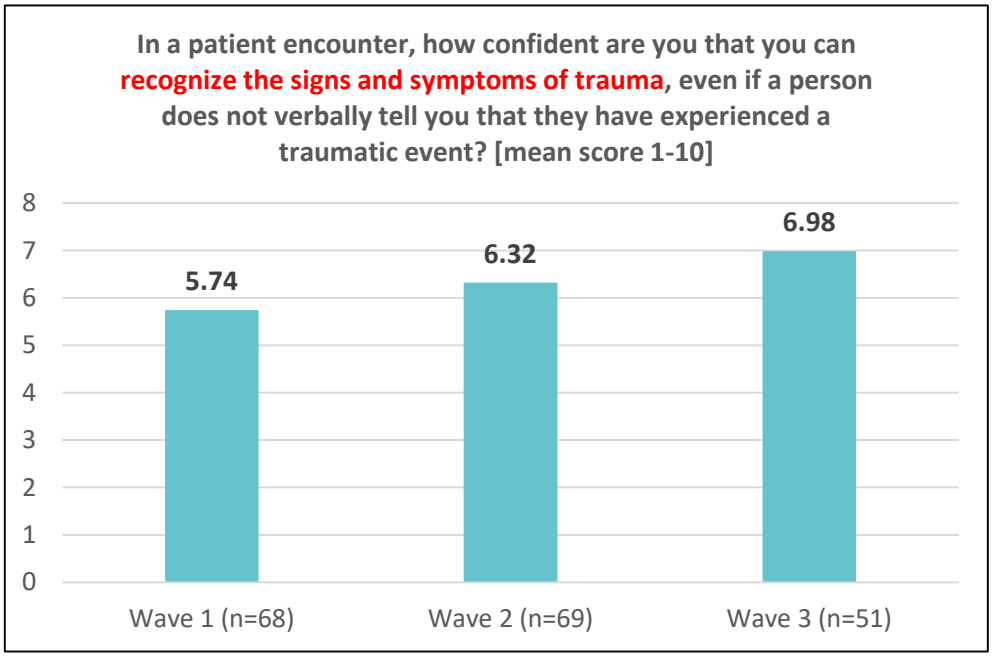

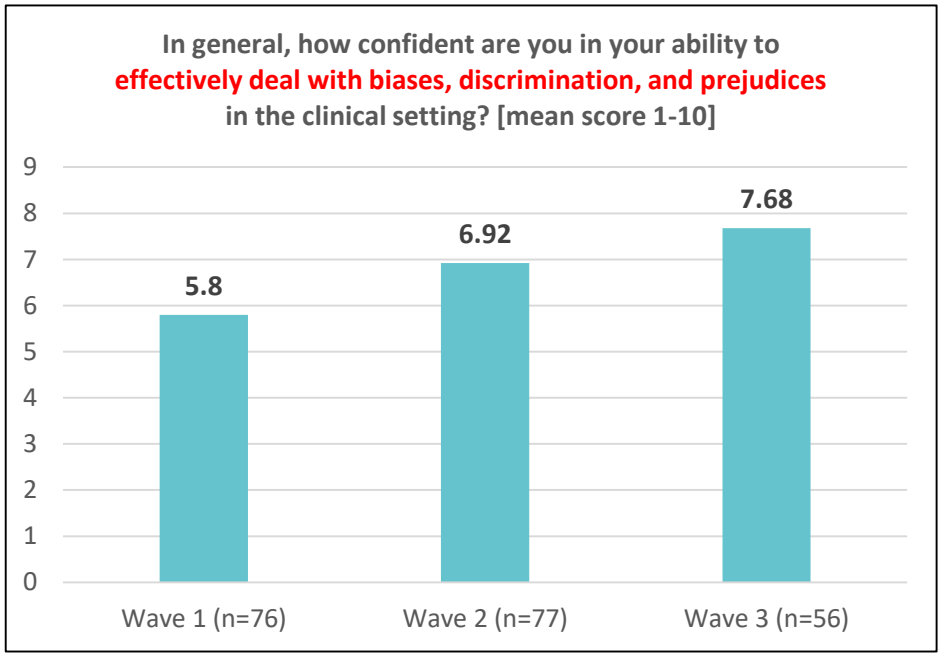

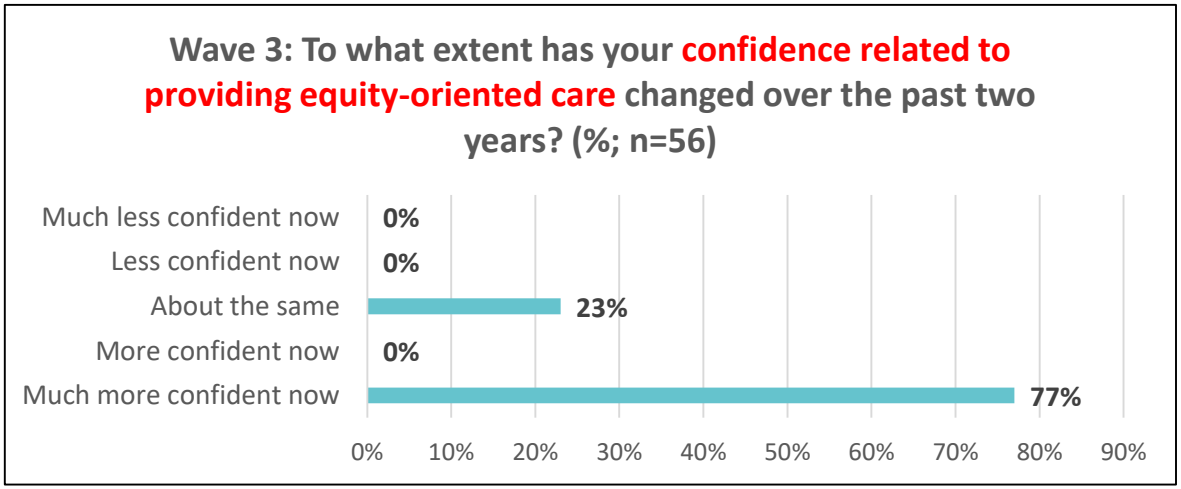

The EQUIP Intervention Impacted Individual Staff

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In in-depth interviews (n=31), staff members at all four clinics told us about different ways the EQUIP intervention had impacted their own understanding, skills and practices. Some examples include:

It shifted their understandings and prompted personal reflection

"In the bystander to ally module, they talked about white people being settlers… I hadn't even heard of that before. I kind of realized how I may be perceived because I'm Caucasian".

"To treat everyone equally is maybe not the best approach, right? Obviously you treat everyone with fairness. But just to be sensitive – some people may have some extenuating factors happening in their life that would mean extra care, extra attention. So, to make the sort of adjustments that would need to happen to make things easier for that person" .

It provided confidence and strategies for countering racism in health care

"It gave us some tools on how to intervene when something is said that we don't agree with. I feel like it kind of just reassured that it was okay to say things, even if you're in a power difference situation".

It validated their work and provided strategies for tailoring their practice to patients' unique contexts

"When there's so much chaos and competing stresses in somebody's life, optimization of their diabetes is the lowest priority for them. I guess I'm much more aware of recognizing and working with people where they're at and when they're ready to make a change".

The EQUIP Intervention Impacted Organizations

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Staff members at all four clinics also told us how the EQUIP intervention impacted their organizations and their approaches to working together. Some examples include:

It helped the clinics to solidify expectations and unite staff under a common philosophy/identity

"The expectation is that people will come with a willingness to work in a setting like this, where these values of equity and these things are much more identified. We used to have it, you know, we assumed it was there. Now it's going to be more solidified for us".

It shifted whose voices (e.g., MOAs, non-medical, Indigenous) and what content (socio-historical vs only medical) were featured in team meetings and communications

"In the meetings it's starting to shift, which is really big because for years we've been saying, okay, we need the psychosocial piece to come out in the meetings and not talk three quarters of the time about the medical stuff".

It prompted conversations within teams and collective reflection among staff members

"I mean we spend hours doing this stuff, we share things that we never would have spoken about or talked about, or brought up these ideas or these issues had we not been involved in this, in this project".

It helped the clinics to identify and change clinic procedures or policies to make patients feel more welcome

"Lining up outside our clinic or dismissing patients over the phone: those are examples of structural violence!".

"I think having them come in and sit down has actually been a good change for them, and has allowed our clients to maybe interact more with each other than what they would have if they were just standing out in the line".

Health Equity Work is Disruptive… and that can be a good thing!

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Our observations of team meetings, interactions with staff, and analysis of the organizational tailoring process showed that:

- **Implementing health equity in organizations requires discussions about:**
  - Racism and other forms of discrimination, and the role of healthcare providers and organizations in counteracting racism;
  - Power dynamics among staff and with patients, and the impact on patient care and organizational processes;
  - Increasing access to the social determinants of health for people who experience health inequities

- **These discussions can surface tensions within organizations.**
  - For example, tensions in relation to supporting patients with substance use issues required discussions and actions to address providers' diverse commitments to abstinence models versus harm reduction models.

- **Disruptions like these have the potential for positive impacts, for example:**
  - Some staff may end up leaving the organization, due to a lack of fit. Although this exacerbates high staff turnover, it may result in a better fit of staff with the values of the organization.
  - One of the clinics was prompted to foster new relationships with the adjacent First Nations community as a way to integrate more attention to Indigenous contexts in the services provided.
  - At another clinic, exploring the underlying causes for tense staff dynamics revealed that staff were experiencing secondary traumas, which led the organization to begin to address that together.

Lessons Learned about Implementing Equity-Oriented Interventions

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- ✓ Working to change policies and structures in organizations will have more impact than 'staff education' alone
- ✓ The 'intervention' needs to be more directly 'owned' and guided by practice settings
- ✓ Indicators of success need to be integrated in routine data collection
- ✓ SOAR (strengths, opportunities, aspirations and results) analyses need to precede intervention activities
- ✓ Intervention activities should be done over a short, intense time-frame
- ✓ Practitioners want simplified, easy-to- implement tools

Section 4:
Why Equity-Oriented Health Care Matters

Is the Effort to Enhance Equity-Oriented Health Care Worth It?

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There is a lot of evidence showing that negative experiences with healthcare can lead people (often those who need care the most) to delay or avoid seeking care.

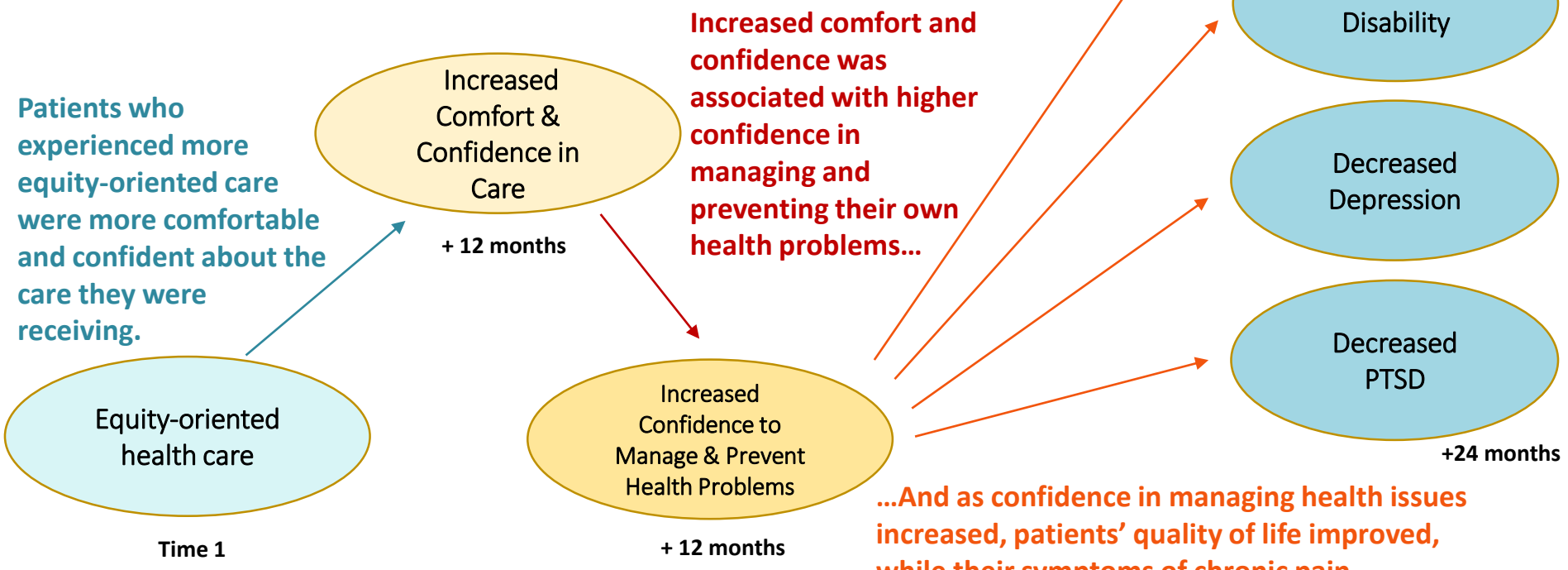
Despite growing calls for health equity, there is little evidence to show that making health care more equity-oriented leads to improved patient outcomes

The EQUIP study provided a unique and important opportunity to study the links between equity-oriented care and patient outcomes.

Equity-Oriented Health Care Shapes Patient Outcomes!

Other predictors of health outcomes: gender, age, **financial strain**, discrimination in everyday life

Using longitudinal data collected from a cohort of 567 patients, EQUIP is one of the first studies to show that equity-oriented healthcare is related to improvements in key client health outcomes over time.



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What Else Shapes Patient Health Outcomes?

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- **Health care only explains a part of patients' health and quality of life.**
- **We analyzed other factors such as age, financial strain, gender, and experiences of discrimination.**
- **The biggest predictor of health outcomes was *financial strain* – having a hard time making ends meet.**
- **Equity-oriented health care therefore requires extra attention to assessing and helping clients to access basic necessities such as food, clothing and safe housing.**
- **Attention to patients' financial circumstances must be integrated and legitimized as a routine part of health care.**

Equity-Oriented Health Care is Important….but Challenging to Implement

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Implementing equity-oriented health care…

… is **hard work**, it **takes time**, and requires **trust** in the process.

… is **disruptive**: it may challenge staff to examine their own fit with organizations, and people in leadership positions to re-examine the values driving the organization.

… necessitates **difficult conversations** about systemic racism, discrimination and other forms of inequity, and the role of healthcare organizations and providers in countering those inequities.

… requires change at multiple levels: individuals, organizations and systems.

What is Needed at a Systems Level to Support Equity-Oriented Healthcare?

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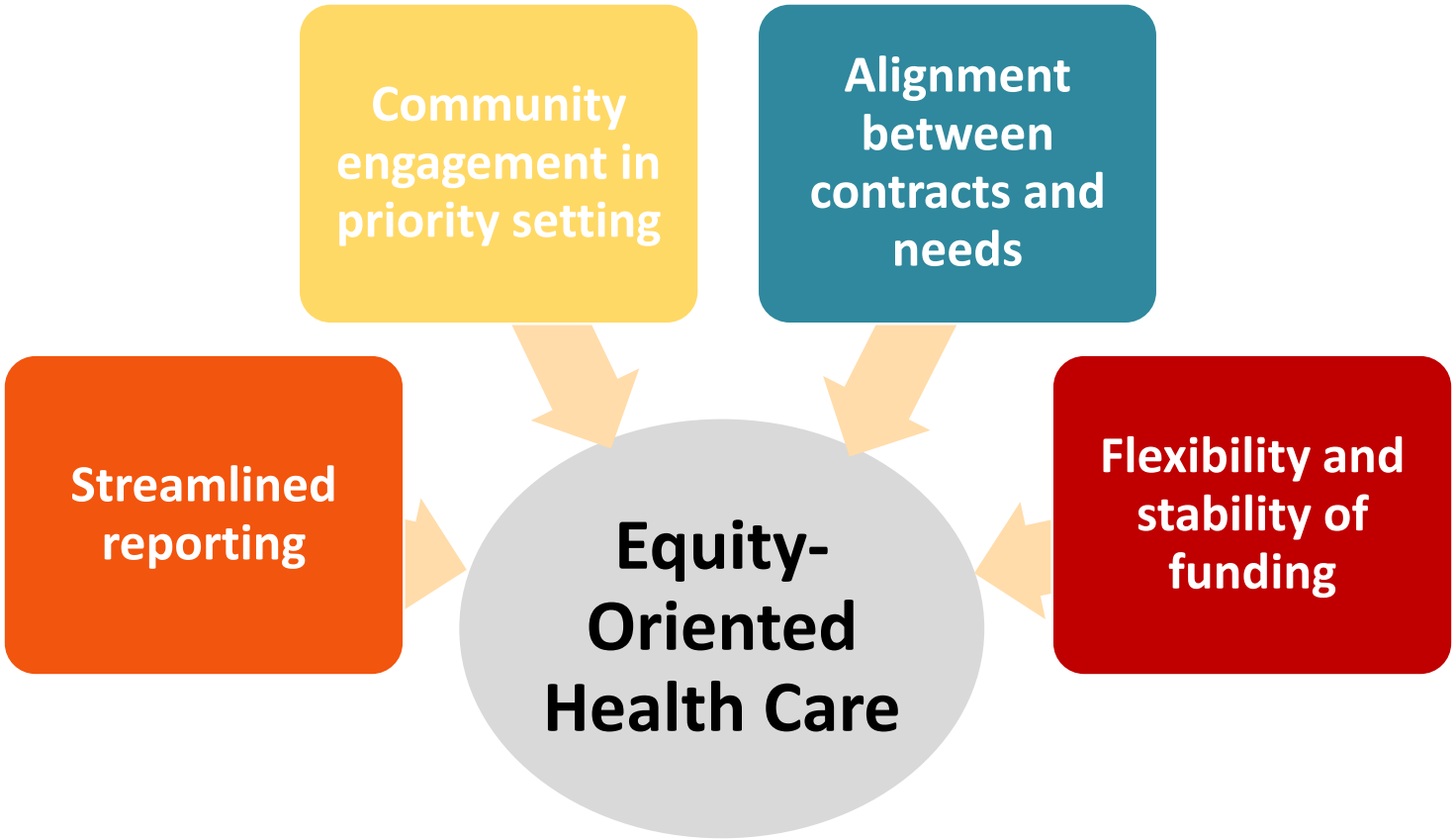

North Lambton's Policy and Funding Context

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- NLCHC is constrained by a high proportion of single source (government) funding with associated reporting requirements; some contract-specific programming
- Funding does not automatically increase with increased client load, which can limit flexibility
- LHIN has a hospital culture, CHC is an anomaly and perhaps undervalued (therefore underfunded)
  - e.g., PHC reform: invited but **no** real voice in the process
- Physician recruitment is an ongoing issue (NLCHC is designated an underserved area)

Key Factors in North Lambton's Context

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FACTOR: Community engagement in priority setting

- Constrained by presence of NGO & HC reps at discussion tables

FACTOR: Alignment between contracts and needs

- Constrained flexibility due to performance indicators

FACTOR: Stable funding

- >80% of funding comes from the LHIN 3 year contract, core sustainable funding, with built-in inequities

FACTOR: Budgetary line flexibility

- Block-funded, so yes (flexible)

FACTOR: Streamlined reporting

- Performance indicators dictated by contract (M-SAA), flexibility limited

Making a Business Case to Further Support Health Equity

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- A **business case to optimize flexibility and stability** helps support the provision of equity-oriented care
- NLCHC serves a clientele facing **high levels of inequity** (and the symptoms of inequity), but has somewhat constrained flexibility, and has declining funding relative to rising patient demand and service provision
- NLCHC's business case could be **strengthened with the patient profile and comparisons from EQUIP** and data illustrating that equity-oriented care is associated with improved patient outcomes

Key Recommendations for North Lambton CHC:

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- ✓ Continue efforts to integrate a harm reduction lens and strategies across NLCHC services and policies
- ✓ Move towards becoming a trauma- and violence-informed care organization
- ✓ Enhance patient voices in priority setting, for all services, to help NLCHC better position itself
    - ✓ needs to happen at each site, as they are very different
- ✓ Partner/lead in developing an overall CHC strategy for prioritizing primary health care at the LHIN
- ✓ Keep pushing for equity to be integrated across performance measures, including at the individual MSAA indicator level

Section 5:
Building on EQUIP

Health Equity Toolkit

The EQUIP team is developing a

Health Equity Toolkit

designed to help organizations begin or continue to move toward equity.

Why a Toolkit?

- Our partners in the primary care sector told us that what they wanted most were **easy-to-use tools.**
- These tools take the theory and evidence behind cultural safety, trauma- and violence-informed care, and inequity-responsive services and put it in real, concrete terms with **examples of how to shift conversations, practices and clinic spaces toward equity**.
- Equity requires more than changing practices by individual practitioners – the **organizational contexts** in which they provide health care also play a crucial role.

- The Health Equity Toolkit is designed to provide helpful **tips, ideas and strategies** to help individual practitioners AND their organizations move toward equity.

Health Equity Toolkit

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The Health Equity Toolkit is available at
www.equiphealthcare.ca/toolkit

Next Steps: Implementing EQUIP in Emergency Departments

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CIHR IRSC
Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

We received new CIHR funding to conduct a study titled, "Promoting Health Equity for Indigenous and non-Indigenous People in Emergency Departments in Canada"

Objectives:

1. Engage Emergency Departments in a participatory process to enhance capacity for Equity-Oriented Care (EOC)
2. Examine impacts of EOC interventions on:
   - processes of care
   - organizational policies
   - patient experiences of care and selected outcomes
   - team effectiveness
3. Analyze cost effectiveness and scale up potential.

Next Steps: Integrating Health Equity into Curriculum for Providers

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VEGA VIOLENCE EVIDENCE GUIDANCE ACTION
a public health response to family violence

@VEGA_Canada www.projectVEGA.ca

We are embedding cultural safety, trauma- and violence-informed care, and health equity into **national curriculum for health and social service providers who work with people exposed to family violence**

Additional Resources

EQUIP Healthcare
Research to Equip Primary Healthcare for Equity

www.equiphealthcare.ca

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