Equity in Health: What Will Make a Difference to Outcomes?

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Definitions

- Health Equity: absence of systematic and potentially remediable differences
- Health Inequity: differences in health or access to care that result from structural arrangements that are potentially remediable
- PHC: principal vehicle for health care delivery at a local level
Definitions

Primary Care
- subset of PHC
- first point of entry
- person-focused care
Primary Care Score vs. Health Care Expenditures, 1997

- UK
- DK
- NTH
- FIN
- SP
- AUS
- CAN
- SWE
- JAP
- BEL
- FR
- GER
- US

Per Capita Health Care Expenditures
### Average Rankings* for Health Indicators in Infancy, for Countries Grouped by Primary Care Orientation

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<tbody>
<tr>
<td><strong>Lowest</strong></td>
<td>9.5</td>
<td>7.8</td>
<td>11.5</td>
<td>8.8</td>
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<tr>
<td>(Belgium, France Germany, US)</td>
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<tr>
<td><strong>Middle</strong></td>
<td>7.3</td>
<td>5.3</td>
<td>5.5</td>
<td>6.0</td>
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<tr>
<td>(Australia, Canada, Japan, Sweden)</td>
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<tr>
<td><strong>Highest</strong></td>
<td>4.8</td>
<td>7.8</td>
<td>4.6</td>
<td>6.4</td>
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<tr>
<td>(Denmark, Finland, Netherlands, Spain, UK**)</td>
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*Best level of health indicator is ranked 1; worst is ranked 13, thus, lower average ranks indicate better performance. **England and Wales only

Starfield 2000
# Average Ranking for Health Indicators for Countries Grouped by Primary Care Orientation: World Health Report, 2000

<table>
<thead>
<tr>
<th></th>
<th>DALEs</th>
<th>Child Survival Equity</th>
<th>Overall Health</th>
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<td><strong>Lowest</strong></td>
<td>16.3</td>
<td>22.5</td>
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<tr>
<td><strong>Middle</strong></td>
<td>4.8</td>
<td>16.5</td>
<td>26.0</td>
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<tr>
<td><strong>Highest</strong></td>
<td>16.0</td>
<td>15.2</td>
<td>31.6</td>
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<td>(Denmark, Finland, Netherlands, Spain, UK)</td>
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**DALE:** Disability adjusted life expectancy (life lived in good health)

**Child survival:** survival to age 5, with a disparities component

**Overall health:** DALE minus DALE in absence of a health system

Maximum DALE for health expenditures minus same in absence of a health system


Starfield 2000
Intervention Options
From a Social and Political Perspective

- Decrease exposures
- Shift social stratification
- Decrease vulnerability
- Prevent unequal consequences of differential vulnerability

Diderichsen F, Evans T, Whitehead M, 2001
New CIHR Study:
Equity-Oriented Primary Health Care Interventions for Marginalized Populations:
Addressing Structural Inequities and Structural Violence

**Figure 1: Synergy across the program of research**

**Year 1**
- Study A: Operationalizing PHC indicators
- Measurement
- Accounting for context

**Year 2**
- Revision

**Year 3**
- Study B: Equity-oriented interventions with marginalized populations
- Influencing context

**Year 4**
- Study C: Analysis of policy and funding context using equity ethics lens

**Year 5**

**Synergistic Impacts of Research:**
- New and expanded ways of measuring the effects of PHC for marginalized populations
- Methodological innovations for evaluating PHC interventions
- Contribute to Canada’s leadership in the measurement of PHC
- New knowledge regarding improving equity through the funding, design, and delivery of PHC
- New perspectives on the policies and funding required to support equity-oriented PHC interventions for marginalized populations
- An enhanced workforce able to deliver PHC for marginalized populations
Why the Need to Expand PHC Indicators: in Today’s Healthcare and Policy Context......?

PHC Indicators are measures that quantify or operationalize:
- types of services provided
- quality of care
- impact of care

Indicators are used to evaluate performance, accountability, “efficiency” of organizations

Need to expand what is “counted” as quality PHC for marginalized populations (to make it more visible to funders)
Key Dimensions of Equity-Oriented PHC

- Inequity-Responsive Care
- Trauma Informed Care
- Contextually Tailored Care
- Culturally Competent Care
Enhancing Equity-Oriented PHC Delivery:

4 Key Dimensions of Equity-Oriented PHC Services

- Inequity-Responsive Care
- Trauma-Informed Care
- Contextually-Tailored Care
- Culturally-Competent Care

Outcomes:

Shorter term:
- Increased effectiveness of services;
- Increased ‘fit’ between people’s needs and services;
- Increased access to resources;
- Increased capacity to manage health;
- Increased client activation

Longer term:
- Improved Health and Quality of Life
- Reduced Health Inequities at Population Level

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

- Explicit commitment to equity
- Supportive structures, policies, processes
- Attend to power differentials
- Tailor to context
- Counter oppression
- Promote patient participatory engagement
- Tailor to histories
- Enhance access to social determinants of health
- Optimize use of space and place
- Revision use of time
Figure 1: EQuiP Health Care for Equity
Complex Multi-component PHC Intervention to Create Equity-competent Organizations
Health Equity Action Research Trajectory

**EQUITY-ORIENTED INTERVENTION**
- STAFF EDUCATION
  - Key Dimensions of Equity-Oriented Care
  - Cultural Competence
  - Trauma-Informed Care

**CAPACITY FOR EQUITY COMPETENCE**
- Increased knowledge
- Shifts in attitudes and perspectives
- Enhanced skills to enact key dimensions

**EQUITY COMPETENT CARE PROCESSES**
- Delivery of care consistent with 4 key dimensions
- More supportive/consistent structures & policies

**ORGANIZATIONAL INTEGRATION & TAILORING**
- Assessment of local practices & policies
- Set priorities for organizational change
- Practice consultation to implement

**CLIENT OUTCOMES**
- Short-term
  - Improved Health & Quality of Life
- Longer-term
  - Reduced Health Inequities at Population Level

**CONTEXT**
- CLIENT POPULATION
- STAFF CHARACTERISTICS
- ORGANIZATIONAL MILIEU
- GEOGRAPHIC/LOCAL CONTEXT
- POLICY CONTEXT

**CLIENT OUTCOMES**
- Empowerment
- Emotional Safety
- Client Activation
- Access to Resources
- Capacity to Address Health Problems

**GEOGRAPHIC/LOCAL CONTEXT**
- Improved Health & Quality of Life

**KEY DIMENSIONS OF EQUITY-ORIENTED CARE**
- Cultural Competence
- Trauma-Informed Care

**STAFF EDUCATION**
- Increased knowledge
- Shifts in attitudes and perspectives
- Enhanced skills to enact key dimensions