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## Introduction

- Equity-oriented Primary Care (EOPC) is an evidence-based, theoretically informed framework intended to guide the delivery of equitable patient-centered, contextually tailored care services, and improve patient health outcomes.<sup>3</sup>
- This framework can provide guidance to primary healthcare organizations on how to implement and evaluate cost-effective equity-responsive interventions.
- Steps: to determine:
  - to what extent is EOPC located in clinic policies and practices
  - what are the perceptions and understandings of EOPC among healthcare providers and staff?<sup>2</sup>
- Our study aimed to explore these contingencies in DAFM at West Winds Primary Health Care Centre.

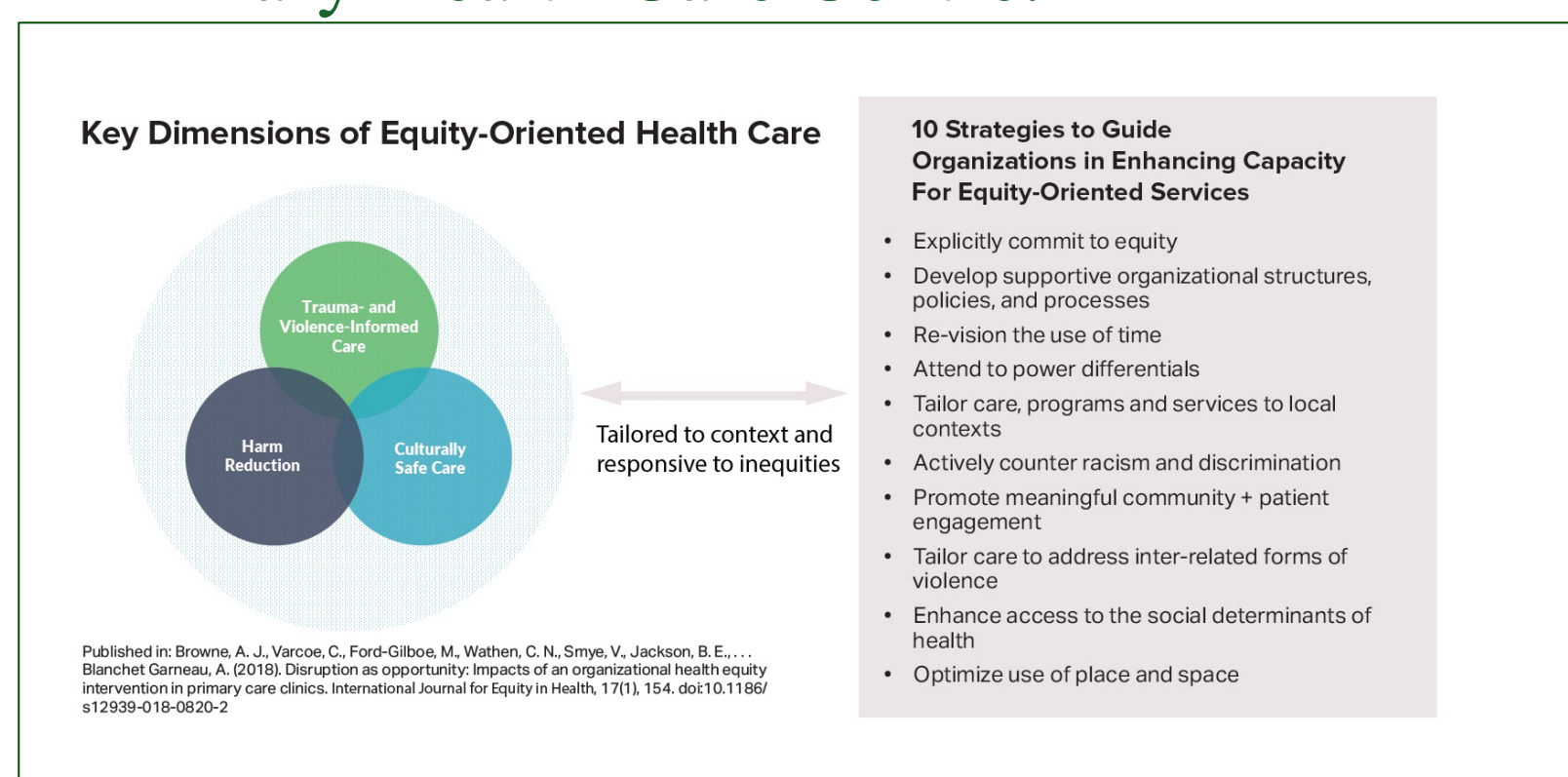
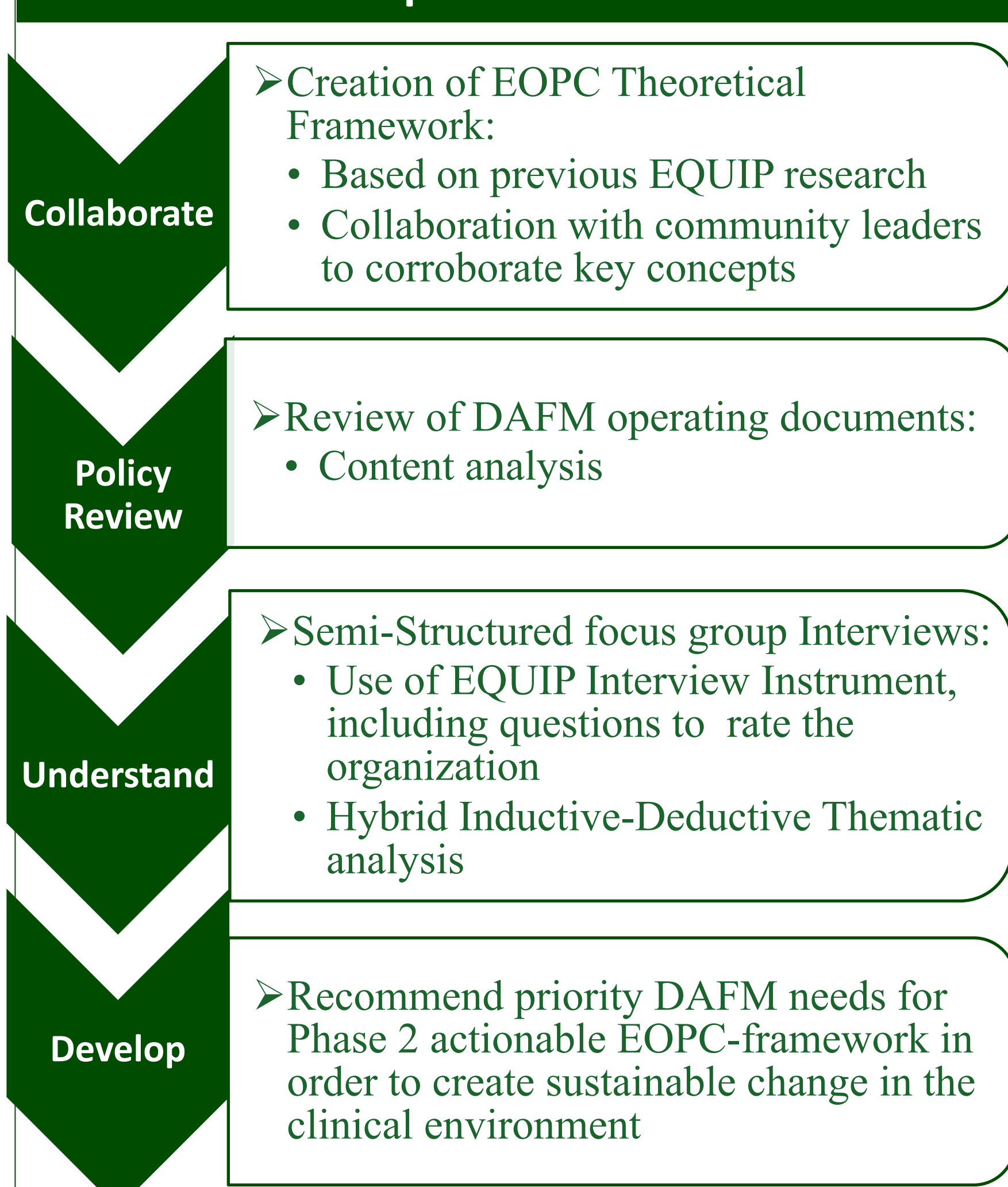


Figure 1: Key dimensions of equity-oriented care developed by EQUIP Healthcare

## Conceptual Framework



## Methods

### Setting:

Department of Academic Family Medicine (DAFM) at West winds primary health care centre, Saskatoon, SK

### Study Design:

Phase 1 of a multi-phase study  
*Qualitative descriptive study*: grounded in the EOPC framework, with a hybrid inductive-deductive thematic analysis and content analysis

### Participants, Sampling and Recruitment:

- Purposeful and convenience sampling
- Focus groups divided by clinic role



Figure 2: Focus group divisions (#participants)

### Data Collection:

- Policy document review:
  - Key documents were selected and supplied to the researchers by the clinic staff.
- Semi-structured focus group discussions:
  - 4 focus group discussions (see figure 2) were conducted over 3 weeks in June and July 2021
  - 1 hour each session, mixed in-person and virtual sessions
- Data used in focus groups was recorded and transcribed verbatim before analysis.

### Data Analysis:

- All data were analysed in Nvivo 12
- A hybrid inductive-deductive thematic analysis was performed on focus group transcripts
- Content analysis was performed on clinic documents

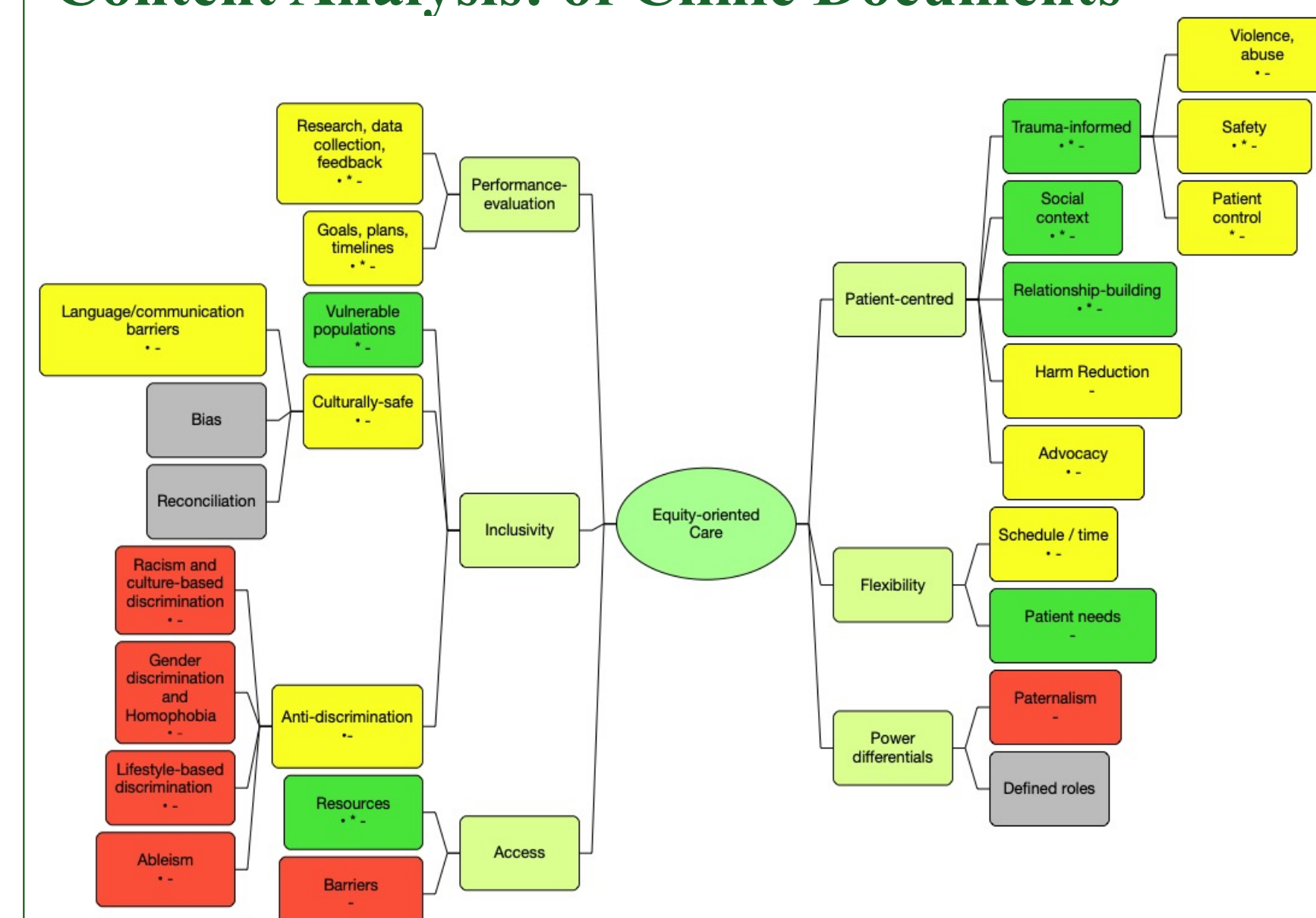
### Major Themes/Categories

- Performance-Evaluation
- Inclusivity
- Access
- Patient-Centered
- Flexibility
- Power Differentials

Study Period: May 1<sup>st</sup>, 2021 – Aug 30, 2021

## Preliminary Results

### Content Analysis: of Clinic Documents



Colour	Green	Yellow	Red	Grey
# of References	>20	10-20	<10	0
Amount of content	Adequate coverage	Medium coverage	Minimal coverage	None
Symbol	•	*	-	
Reference	AFM Policy and Procedural Manual	U of S AFM Resident Policy Manual 2018-2020	U of S AFM Resident Competencies Manual 2018-2020	

Figure 3: Representation of frequency of references to key concepts related to equity-oriented care in clinic documents

Note: The major codes are included in light green, and all other categories are subcodes.

### Thematic Analysis of Focus Group Discussions:

Emerging Themes	Quote(s)
Explicit Commitment to Equity	“I think that it’s certainly a priority to provide equitable care to the patients of West Winds, and I do think this is a topic that is continuously part of the discussions at department meetings.”
Power differentials	“I would have to say those power differentials are certainly there – they’re very active, they’re very silencing on multiple fronts – and we’re nowhere near the ability to address issues around racism or EDI as a result of them, ‘cause we haven’t even dealt with them when it comes to working as a team.”
Flexibility	“I just rated that at two stars, because I don’t think we actually have flexibility, and I don’t think that we accommodate our patients well, and I don’t think that we serve the community well around us, simply because we have very limited access to more urgent or walk-in care.”

Table 1: Preliminary emerging themes from focus group transcript analysis

## Preliminary Conclusion

Overall content pertaining to equity was **higher in provincial documents developed for residents**, and less evident in site-specific materials. Impressions of equity in healthcare at the clinic **varied depending on roles**, but strengths and areas to be prioritized were discussed in all groups.

### Priority action areas for EOPC at the DAFM include:

- Need for dedicated **site-specific supportive policies and practices**
- Educational sessions** with all levels of staff to promote EOPC awareness.
- Priority content should include attention to **inclusivity, flexibility, and power differentials** both between staff and with patients.

## Next Steps

- Completion of analysis and discussion of preliminary results with research team and community stakeholders.
- Validation and discussion of preliminary results/priorities with focus groups.
- Generation and subsequent presentation of priority recommendations to DAFM.
- Phase 2: interventions to address these priorities.

## Limitations

Due to the COVID-19 pandemic all logistics and focus group sessions were virtual, resulting in technical and logistical challenges.

## Acknowledgements

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## References

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