

From individual to collective efforts towards health equity: What family medicine could learn from the Canada geese

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Conflict of Interest

- I have no conflicts of interest related to this presentation
- I have a deeply favorable bias in favour of family medicine
- I work with and for vulnerable individuals and populations (VIP's)

Conflict of Credibility

- I am a white, educated, well-loved and socially privileged Canadian
- I am here to share some of mine, and many of my colleagues' ideas and innovations



Objectives

By the end of this session participants will be able to:

1. Describe the privileged role of **family medicine** in **mitigating health inequity**.
2. Share some of the **evidence** in support of a role for family medicine in enhancing health equity
3. Reflect on our **individual and collective roles** addressing health equity

Health Equity

- Health equity is the ideal state in which all people are able to reach their full health potential and receive high-quality care that is fair and appropriate from each person's perspective, no matter where they live, who they are or what they have.

(Whitehead M. 1991)

Health Inequity

“Differences in health that are not only unnecessary and avoidable but, in addition, are considered unfair and unjust”

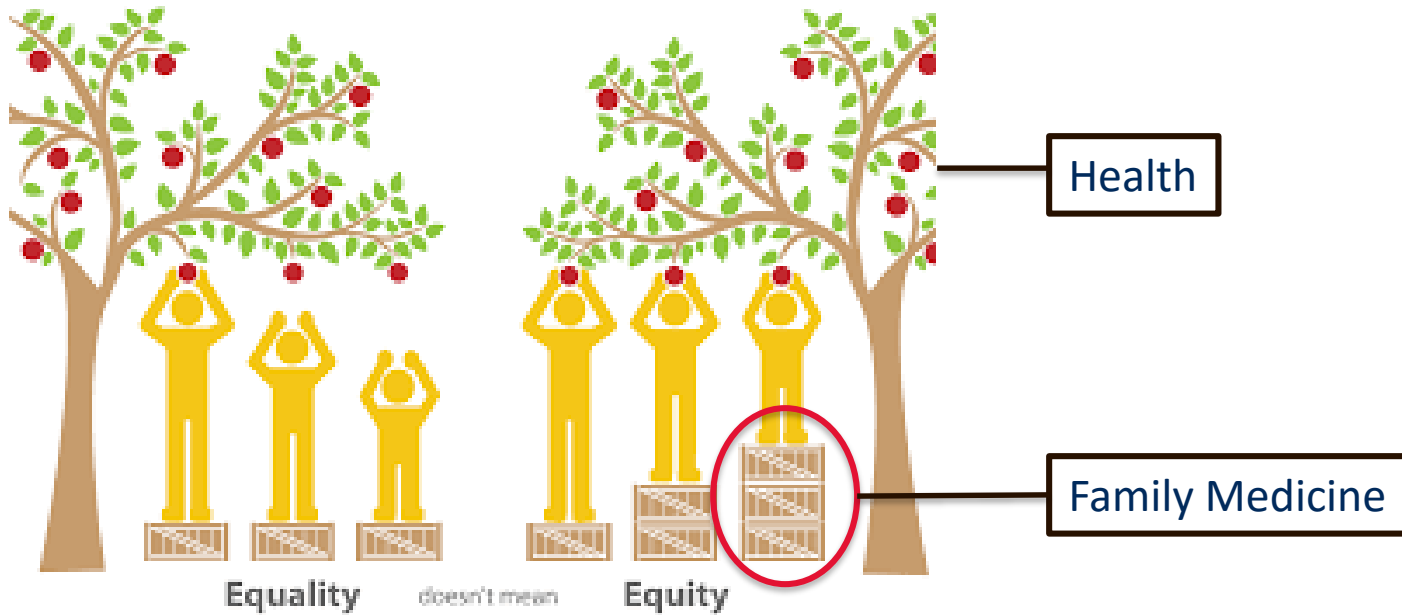
(Whitehead M. 1991)

Why Health Inequity?

- Is a significant threat to health **for all**
- Exists even where health services are largely publicly funded



Equality and Equity



Upstream or in the stream?

- Addressing Inequity
- Promoting Equity



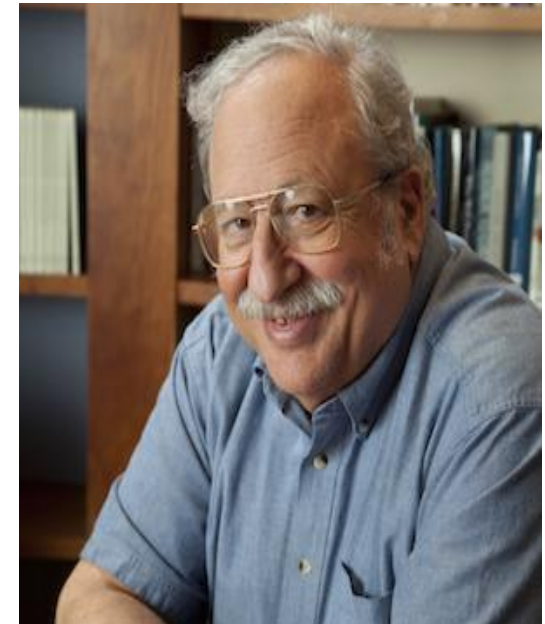
Why Family Medicine & Health Equity ?

“Data provide evidence not only of (primary care’s) benefit to populations but also of its preferential benefit to the socially disadvantaged”

(Barbara Starfield)

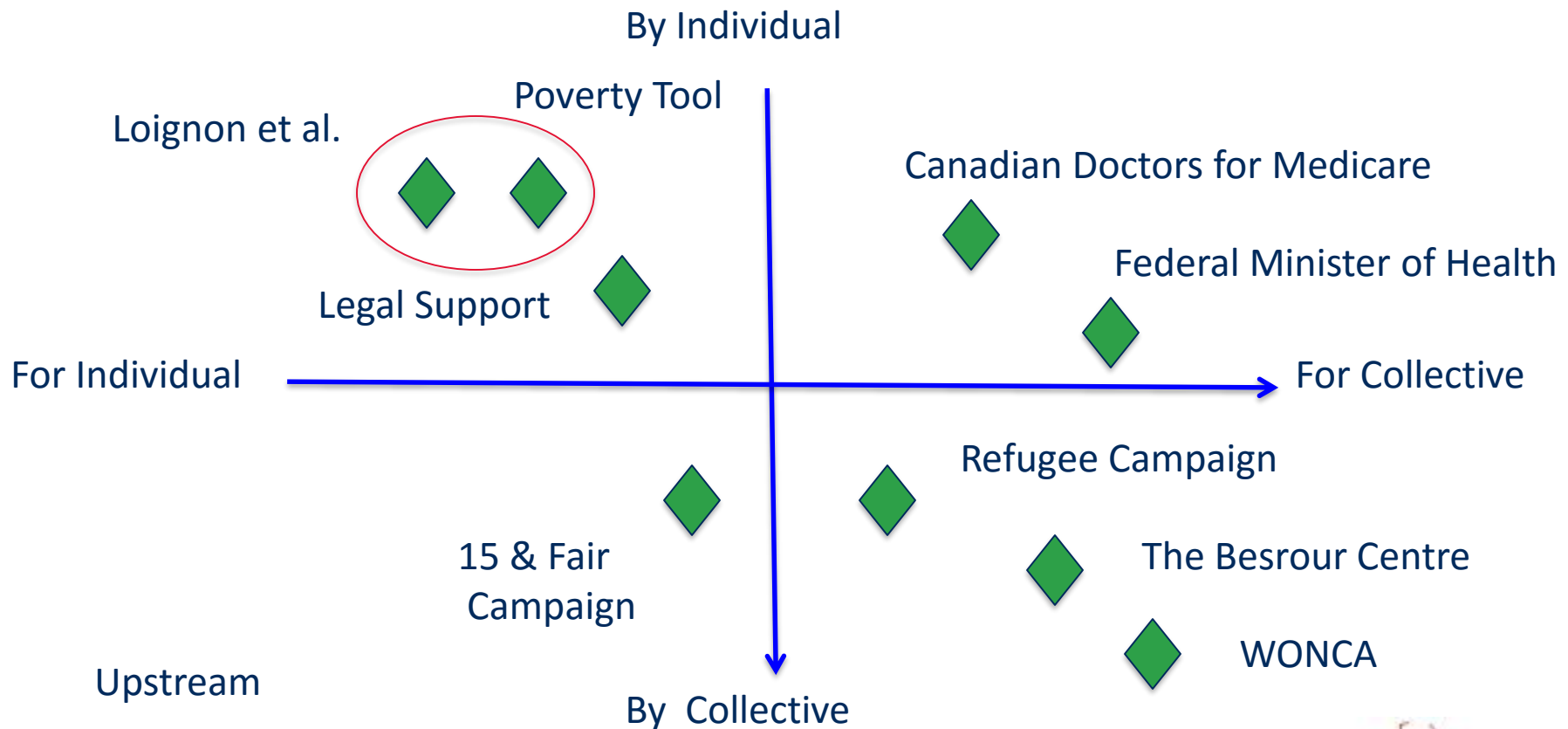
A different kind of “Why”?

- Marshall Ganz
- Why me?
- Why us?
- Why Now?



<http://marshallganz.com>

From the Individual to the Collective



Effectiveness in Caring for the Poor

- Building a personal **connection**
- **Aligning** medical expectations with patient's social vulnerability
- Working **collaboratively** to empower patients

The Poverty Tool



- <http://thewellhealth.ca/about/>

“A clinical tool for Primary Care Providers”

1. Screen everyone

“Do you ever have difficulty making ends meet at the end of the month?”

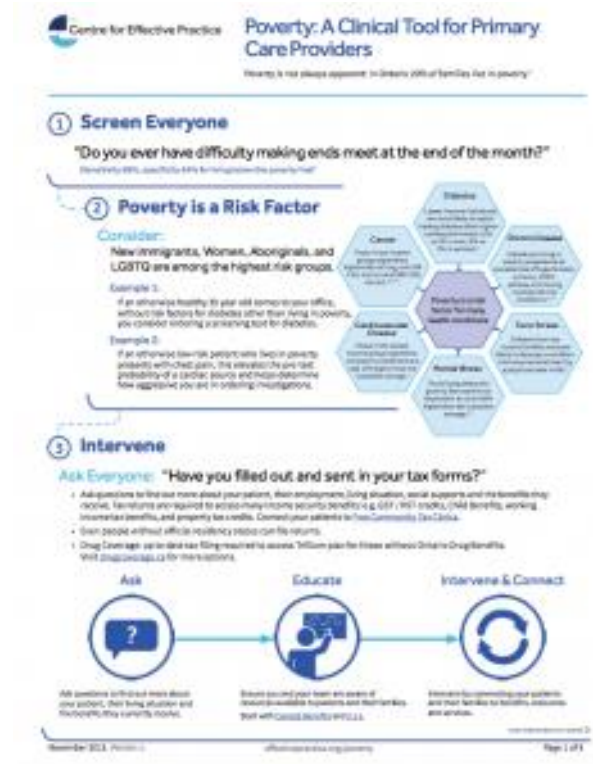
(Sensitivity 98%, specificity 40% for living below the poverty line)

2. Consider poverty as a risk factor

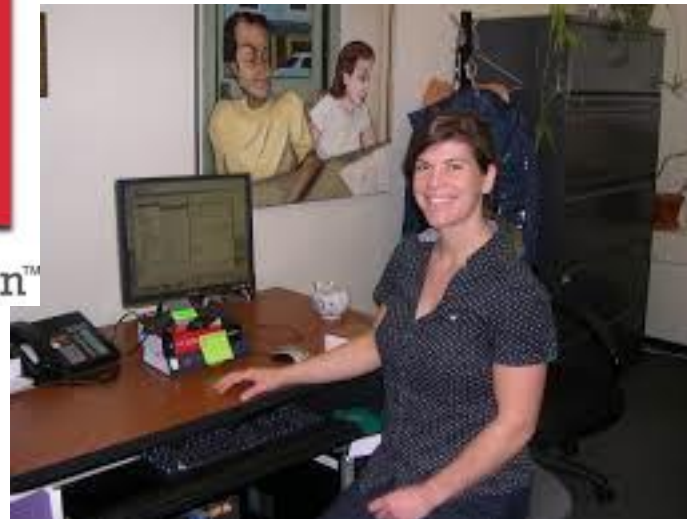
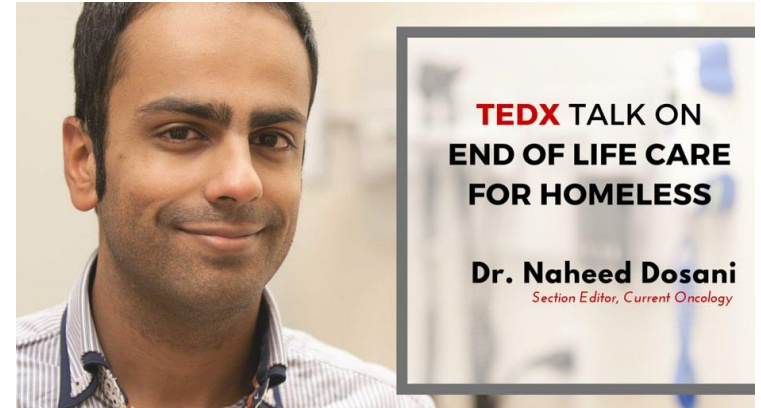
(New immigr., women, aboriginals, LGTBQ)

3. Intervene

Ask Everyone: “Have you filled out and sent in your tax forms?”



Reprinted with Permission from Centre for Effective Practice (November 2015).
Poverty: A Clinical Tool For Primary Care Providers. Toronto: Centre for Effective Practice.



Department of Family and Community Medicine and St. Michael's Academic Family Health Team

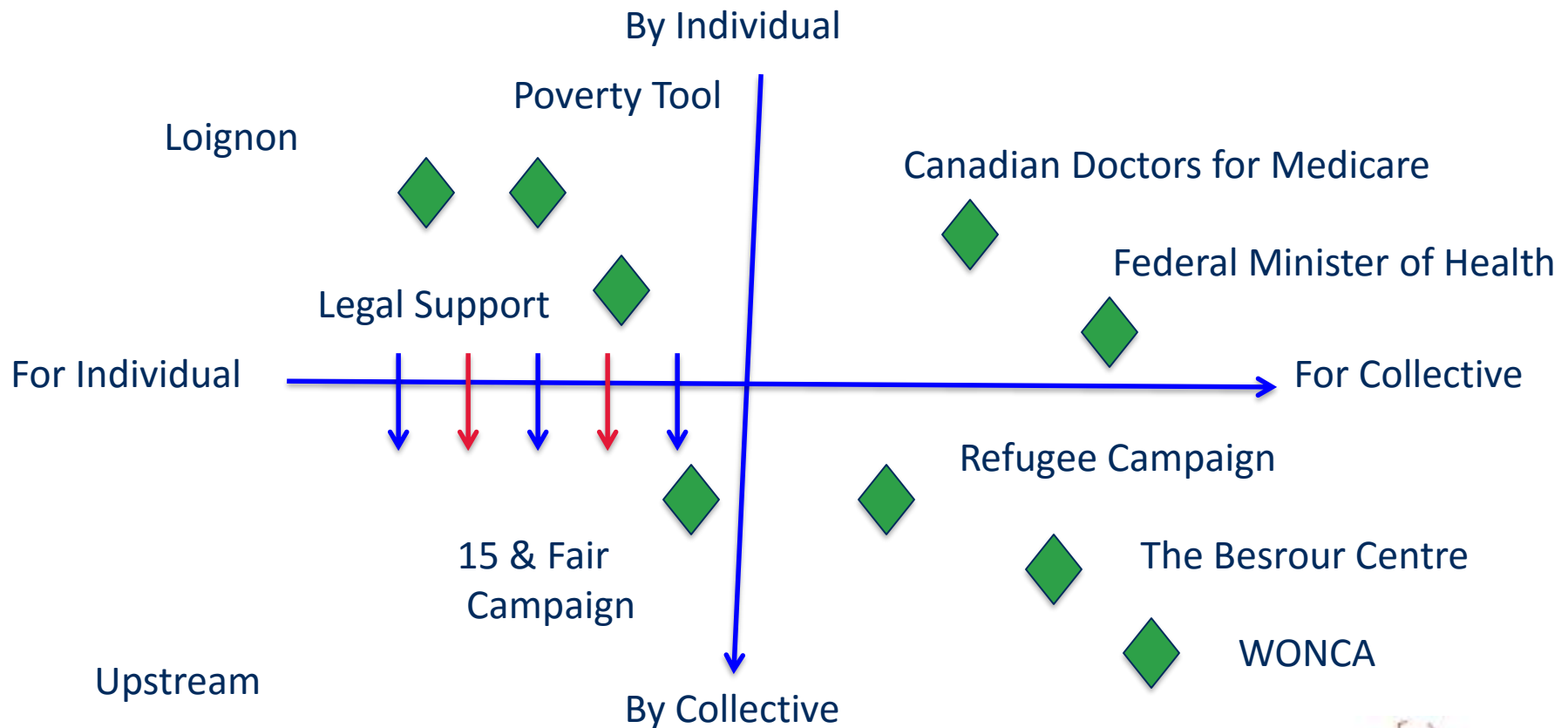
Health Justice Program

The Health Justice Program is a partnership initiative between St. Michael's Hospital Academic Family Health Team, St. Michael's Hospital, and legal clinics ARCH Disability Law Centre, Aboriginal Legal Services Toronto, HIV & AIDS Legal Clinic of Ontario, Neighbourhood Legal Services.

Funded through Legal Aid Ontario's Innovative Grant Funding until March 2017



From the Individual to the Collective

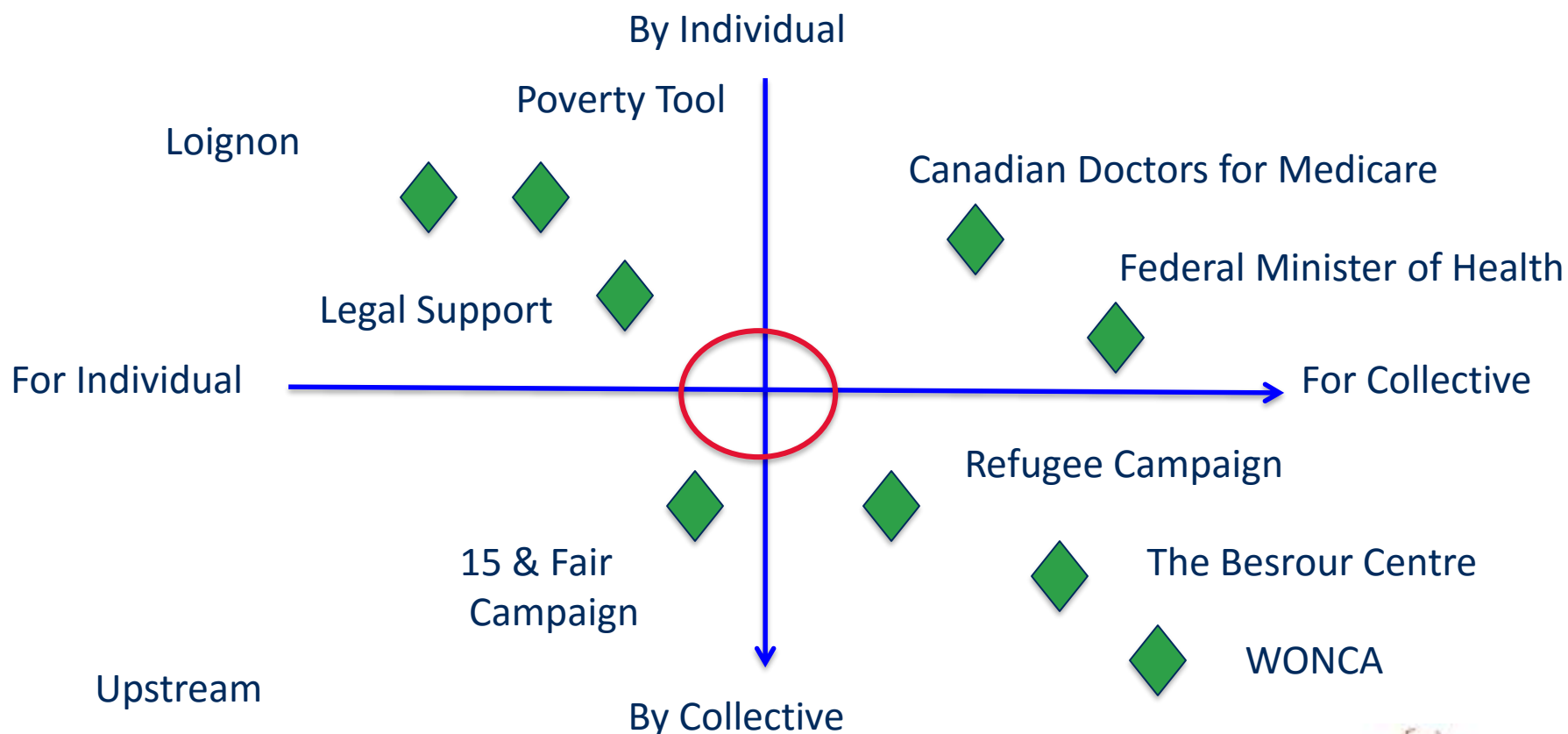


Medical Education for Equity

Increase/improve medical students' and residents':

- Knowledge of poverty and the living conditions of the poor.
- Understanding of the reality of the poor
- Relational skills pertaining to communication and interaction with the poor
- Awareness and capacity for self-reflection

At the level of the practice...



Health Equity Indicators

(Wong et al. PLOS Dec 5, 2014)

Practice Context	Process of Care	Outcomes
Ongoing staff training	Culturally safe care	Assess QOL improvements
Ensure full scope of practice	Assess pt's level of trust	Ongoing training to work with those affected by violence
Explicit mention of commitment to equity	Interprofessionnal collaboration	Ask pts if their needs have been met
Support for emotional impact	Engage community and gvmnt	Assess pts level of confidence in self-care
	Collaborate with other health department	
	Identify at-risk patients	
	Tailor services	
	Examine how staff behave	
	Get input from all staff	



Prevention

In Ontario:

- Cervical cancer screening in the last three years
 - 54.3% of women living in the poorest urban neighbourhoods
 - 66.7% of women living in the richest urban neighbourhoods,
 - 61.8% for all women in the province.
- Colorectal cancer screening (Overdue for screening)
 - 49.7% in the poorest urban neighbourhoods
 - 34.9% in the richest urban neighbourhoods
 - 41.5% for Ontario overall.

Lessons from Pediatrics

- **Diagnose disparities** in one's community
- Innovate new models to **address SDOH**
- Address **health literacy** of family
- Ensure **cultural competence** and a culture of workplace equity
- **Advocate** on issues that address the root causes of health disparities

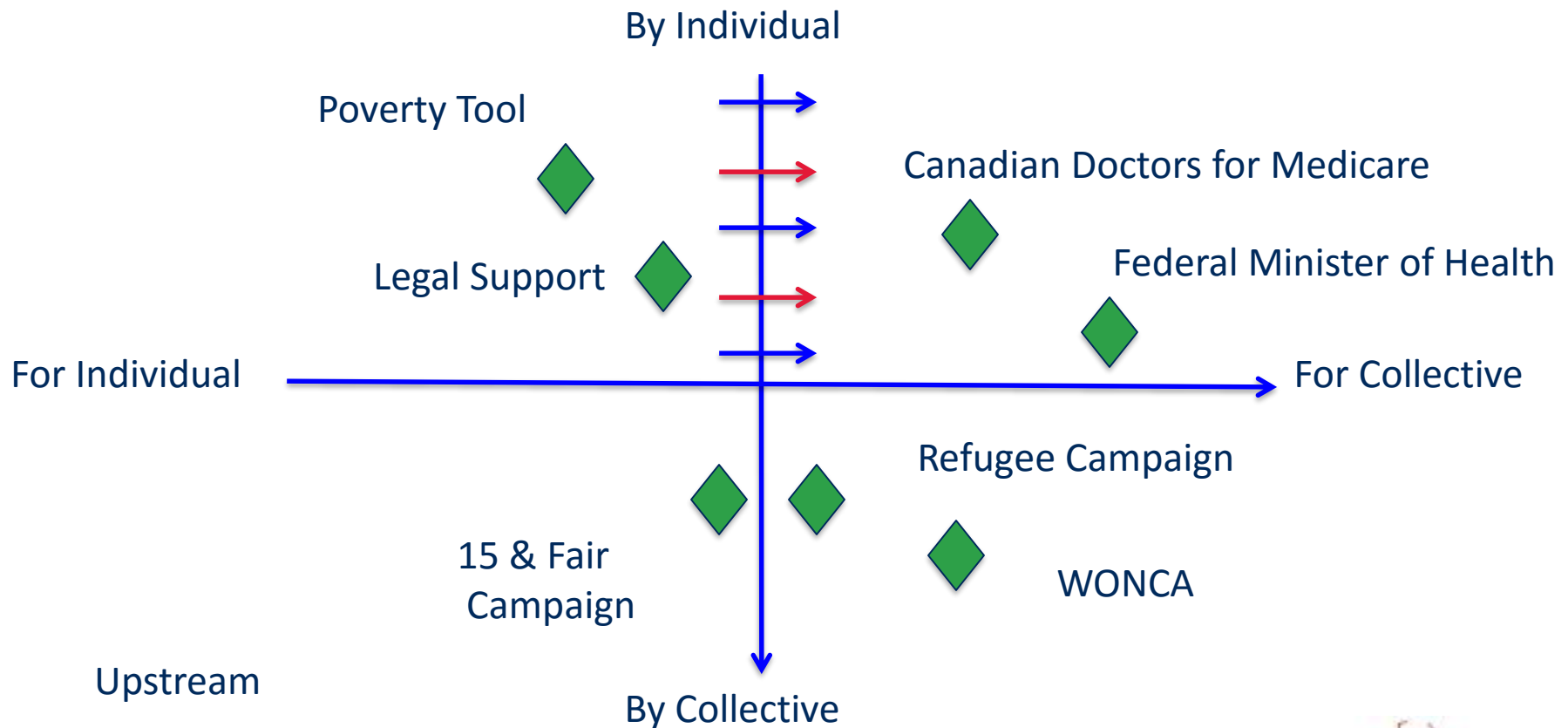
New health vital signs

- Food security
- Educational progress
- Family employment
- Health literacy
- Neighborhood safety
- Adequate housing

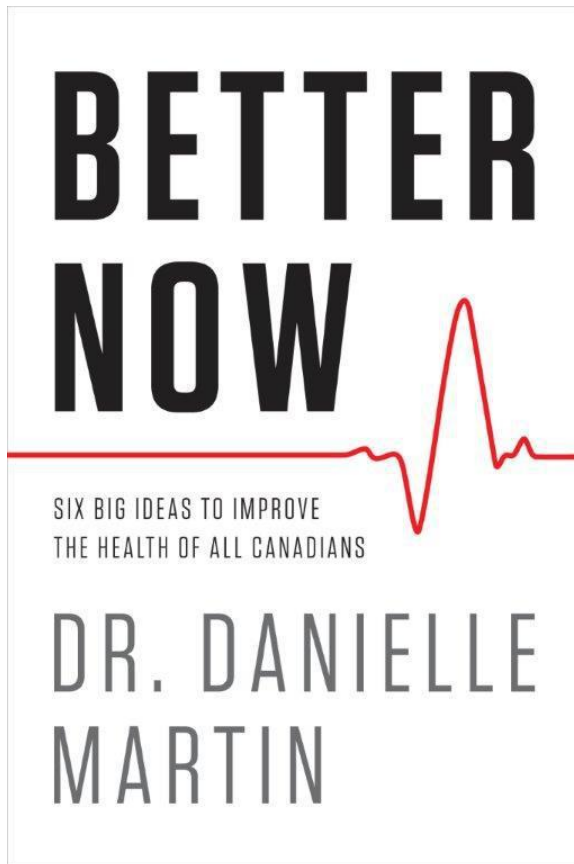
What begins with an individual...



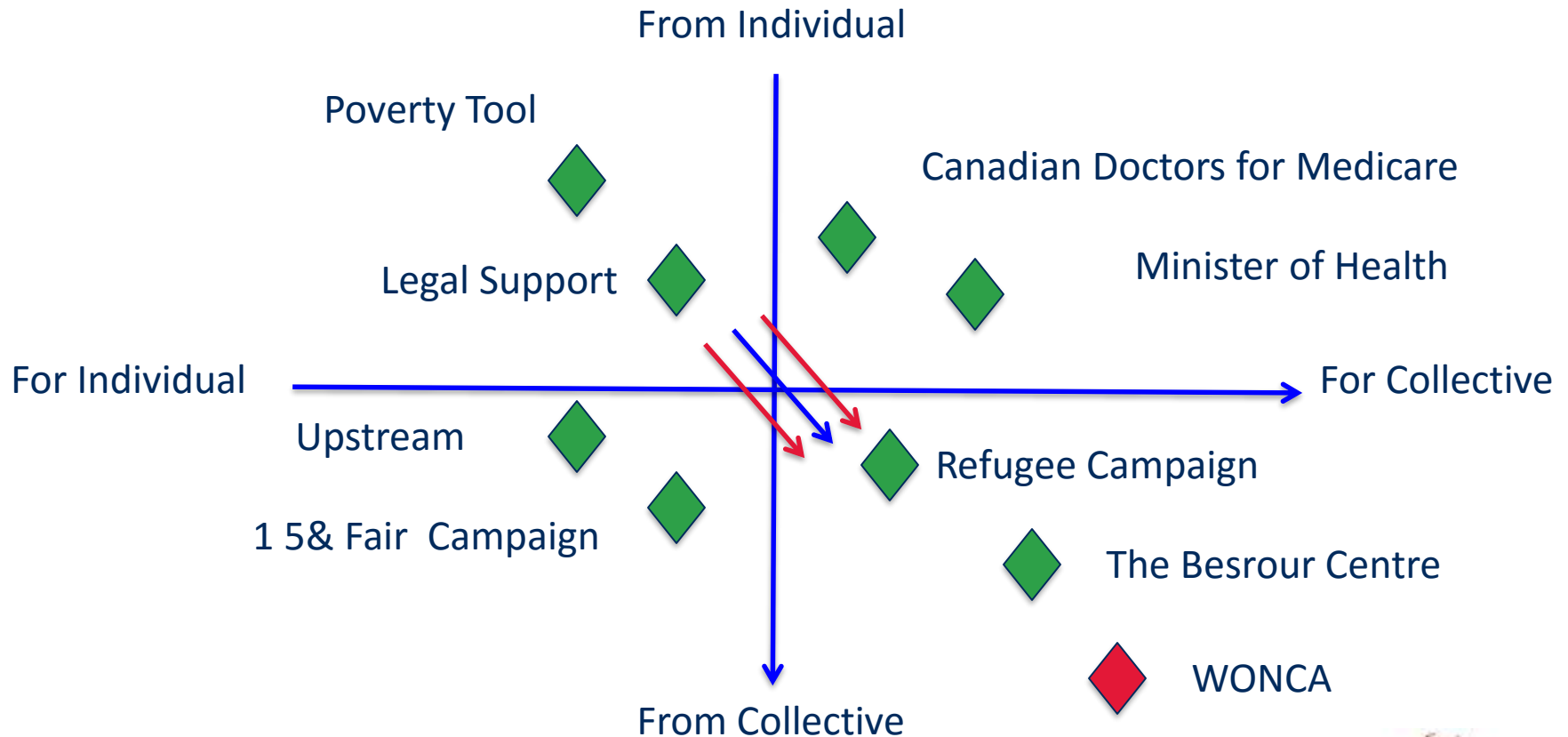
From the Individual to the Collective



Individual Leadership



From the Individual to the Collective



WONCA and Health Equity

- WONCA 2013 Health Equity Workshop
- 120 delegates from across the globe
- Assessed gaps between current and preferred priorities to reduce inequities



WONCA and Health Equity

- Forming cross-national collaborations
- Incorporating health equity and cultural competency training in medical education
- Initiating advocacy programs that involve major stakeholders in equity-promoting policy
- Promoting research on health equity

 <http://www.globalfamilydoctor.com/groups/SpecialInterestGroups/HealthEquity.aspx>

The Besroul Centre

- A hub of collaboration to advance family medicine globally
- Supported by the College of Family Physicians of Canada and the Sadok Besroul Foundation

The Besroul Centre- CFPC

- Australia

- China

- Haiti

- Kenya

- Mali

Scotland

Tunisia

- Uruguay

Brazil

Ethiopia

Indonesia

Laos

Nepal

Tanzania

Uganda

Chile

Guyana

Jamaica

Malawi

State of Palestine

Trinidad and Tobago

USA



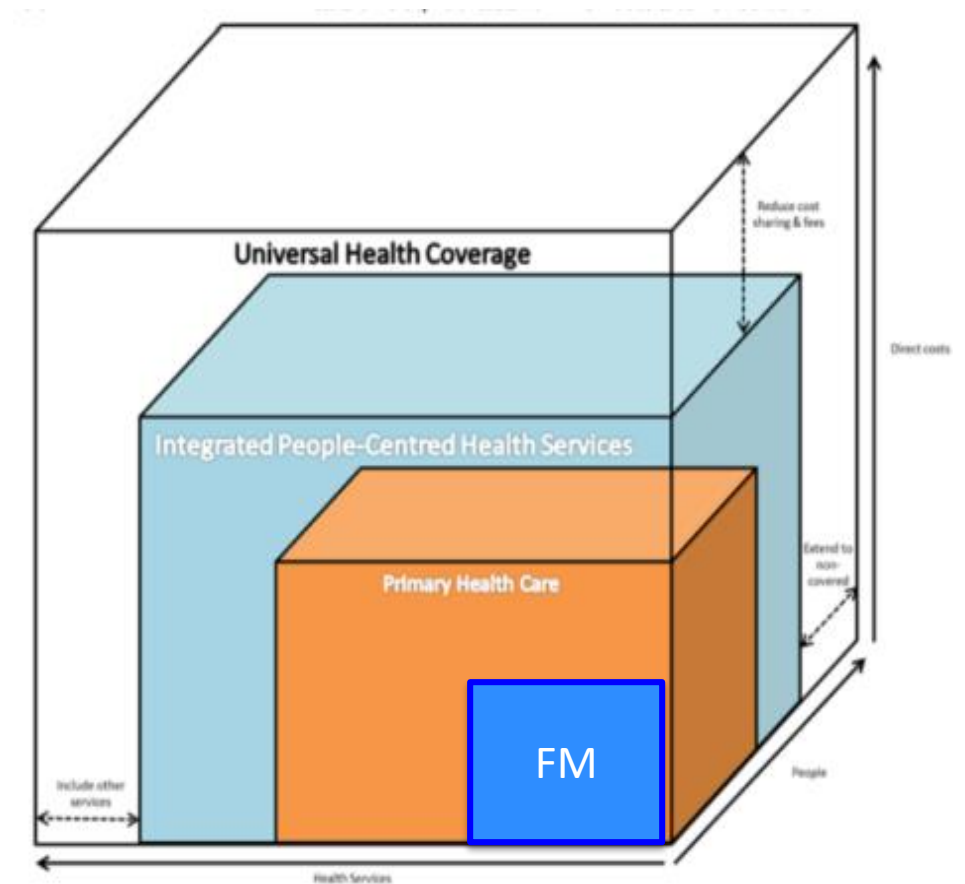
Why Me? Why Us? Why Now?

Why Us?

Because we have in our professional genetic the power to enhance health equity

Why Now?

Why Now?



What about the Geese?

