

Inclusive primary care improves people's health, study finds

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UBC nursing professor Annette Browne. Credit: University of British Columbia

Respectful, inclusive practices in primary care clinics can significantly improve the health of low-income, marginalized people who may have previously experienced trauma or discrimination, a new study from the University of British Columbia and Western University has found.

"As health-care providers, we need to make everyone feel safe and comfortable when they walk into a clinic, and this is even more critical when the client is struggling with chronic health challenges or has experienced racism or prejudice, which may have stopped them from accessing health care in the past," said the study's lead researcher, Annette Browne, a professor of nursing at UBC.

These practices and policies—which can be as simple as greeting patients warmly and being genuinely concerned about what's important in their life—were the focus of a study on the impact of what the researchers call equity-oriented health care.

"Equity-oriented care means paying particular attention to those at greatest risk of poor health, and that typically means people who have been or remain the most marginalized in our society," said Browne.

"In practical terms, this means care that promotes harm reduction and respects their cultures and any experiences of trauma or violence. It's avoiding using judgmental language or making immediate assumptions about people. It means being interested in what else is going on and telling them they don't need to limit their visit to one problem alone."

For the study, researchers worked with four primary care clinics—two located in B.C. and two in Ontario—that serve large numbers of low-income groups, including Indigenous communities and people with complex health conditions.

They developed information and educational modules on providing equity-oriented care for the clinic staff. Each clinic then tailored the recommended practices and policies to fit their specific clinic and community needs. Afterwards, the team interviewed 395 individuals who had received care at the clinics.

"We found that participants felt comfortable about the care they received, and this in turn gave them more confidence in their ability to prevent and manage health problems," said Marilyn Ford-Gilboe, a professor in Western's Arthur Labatt Family School of Nursing, who co-lead the study. "As these things happened, clients started reporting less pain, fewer depression and trauma symptoms, and improved quality of life."

The study, described recently in the *Milbank Quarterly*, is the first to show that providing equity-oriented health care predicts improvements in client health over time, said study co-author Colleen Varcoe, a professor of nursing at UBC.

"It's important to spread these types of health-care policies and practices more widely," said Varcoe, adding that primary care clinics are often people's first experience of the health-care system, and in many cases their only experience of it. "We should provide care that is mindful of their complex needs and histories of abuse, discrimination or trauma."

Researchers acknowledged that such a culture shift will require serious commitment from everyone involved. These kinds of changes in [organizational culture](#) can be disruptive and require extra planning by staff and leaders, but one way to start is by empowering clinic staff, suggested study co-lead Nadine Wathen.

"Clinic staff can be encouraged to take the initiative, even for things as basic as offering water or coffee in the waiting area," said Wathen, a professor in the faculty of information and media studies and the Arthur Labatt Family School of Nursing at Western. "By creating a culture that allows all staff members to advocate for the poorest and most marginalized individuals, we can start building a stronger [health care](#) system that ensures better [health](#) for all Canadians."

More information: MARILYN FORD-GILBOE et al, How Equity-Oriented Health Care Affects Health: Key Mechanisms and Implications for Primary Health Care Practice and Policy, *The Milbank Quarterly* (2018). [DOI: 10.1111/1468-0009.12349](https://doi.org/10.1111/1468-0009.12349)

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