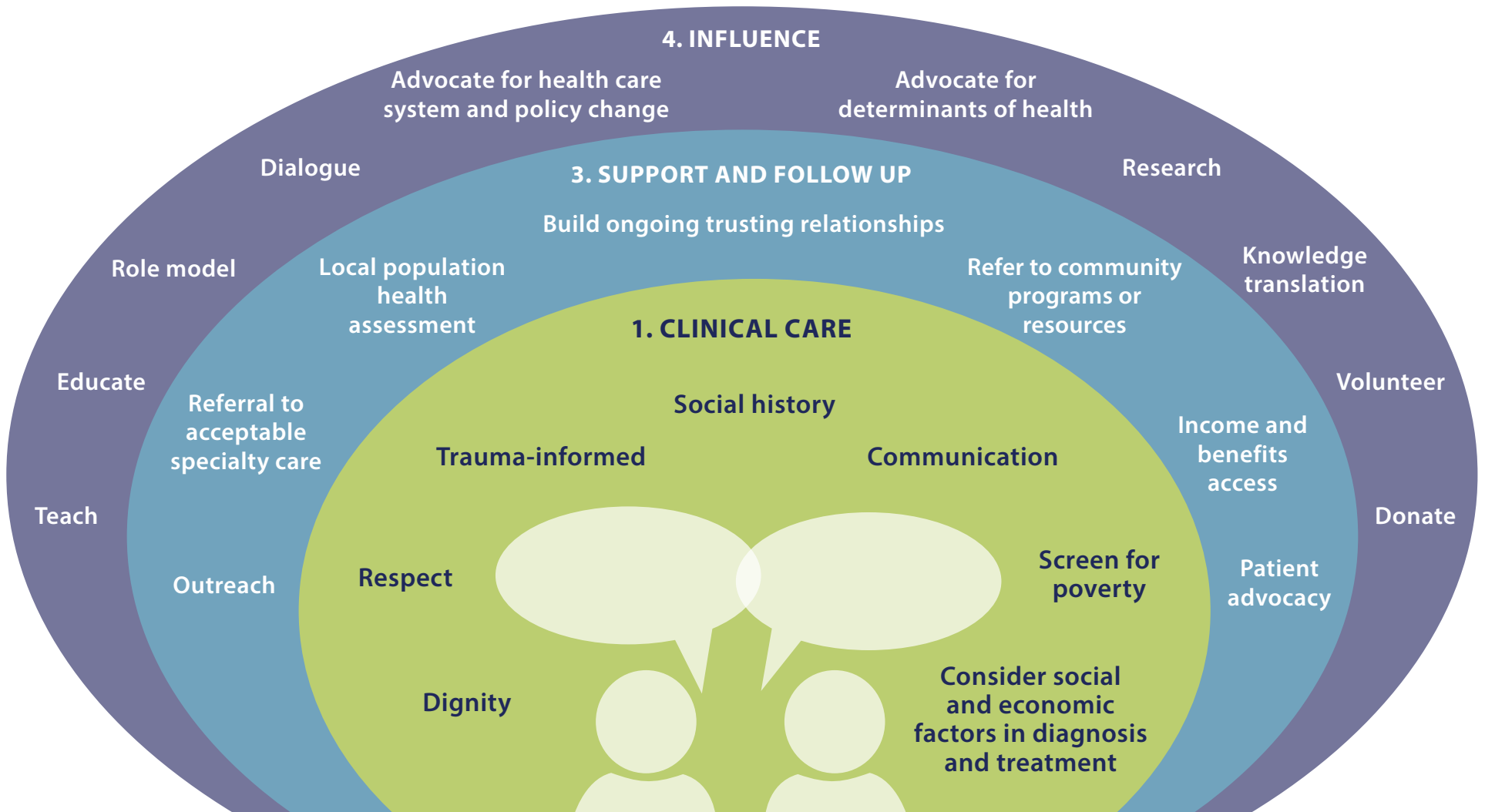


“What Can I Do?”

Health Equity in Clinical Care Brainstorming Tool



2. ORGANIZATION OF PRACTICE

Accessibility
Transportation

Remuneration type
Flexible hours

Cultural
proficiency

Person-centred
Community profiles

Team-based care
Service integration

KEY

1. CLINICAL CARE

- Consider using a “dignity” question e.g., “What do I need to know about you as a person to give you the best care possible?”
- Practice in a respectful, trauma-informed, culturally competent way
- Take and record a good social history
- Listen genuinely and provide explanations that are easy to understand considering literacy, language, comprehension, attention, priorities etc.
- Routinely ask a screening question about poverty “Do you ever have trouble making ends meet at the end of the month?”
- Integrate social and economic factors into risk factor considerations, differential diagnosis, adjust index of suspicion and threshold for investigations
- Factor social and economic factors into treatment and management plan (cost, accessibility, acceptability, feasibility, barriers)

2. ORGANIZATION OF PRACTICE

- Practice location and layout convenient, accessible, near public transit, easy to walk or cycling to, easy access for wheeled mobility users, strollers, transportation support available
- Remuneration structure supports desired practice style
- Flexible, extended clinic hours/ appointment, same day scheduling, advanced access, electronic medical record
- Cultural proficiency, person-centred care, dignity in all care, language access, trauma-informed care
- Understand community profiles available
- Inter-professional practice (on site or by referral), team based care
- Integration, co-location, and/or good working relationships with other locally based services

3. SUPPORT AND FOLLOW UP

- Using outreach or recall as appropriate
- Refer patients to accessible, acceptable settings for specialty care or investigations if needed
- Collect and use local population health data and assessments to understand your community and patients as members
- Build ongoing relationship of trust for continuity of care
- Refer patients to supportive community programs and services
- Provide information to access income/ benefits that people are eligible for
- Provide patient advocacy such as filling forms, letters for better housing, forms for work, increased funding, support program eligibility

4. INFLUENCE

- Educate health care providers and others
- Be a role model and use opportunities to influence the attitudes, awareness and opinions of others through dialogue
- Advocate for health care services organization and compensation models that support health equity work
- Advocate for changes in social and economic circumstances (social determinants of health)
- Participate in research and knowledge translation
- Volunteer with an organization or in the community
- Donate your time, leadership or financial resources