

Study Title:

Equity-Oriented Primary Healthcare Interventions for Marginalized Populations:
Addressing Structural Inequities and Structural Violence

CIHR Funding:

Programmatic Grants to Tackle Health and Health Equity

Term:

5 Years (2011 – 2016)



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The team also includes Collaborators from Canada, Australia, New Zealand, and the United Kingdom.

Project Summary

Many challenges exist in public and population health, including health inequities and health disparities. The Canadian Institutes of Health Research *Programmatic Grants to Tackle Health and Health Equity* support research that addresses these and other challenges in order to improve the health of the Canadian population and promote health equity for all.

In Canada and other nations, primary health care (PHC) renewal continues to be identified as a key pathway to achieve health equity, with particular implications for marginalized populations. Current research and existing literature show that structural inequities and structural violence have profound negative health effects; however, little is known about how to address these issues. In this research, the term “marginalized” refers to the inequitable social conditions that result in a disproportionate burden of ill health and social suffering among particular groups or individuals, as well as peoples’ agency, resistance and resilience in the face of these challenges.

This research program brings together an interdisciplinary team of researchers and knowledge users from nursing, medicine, population and public health, community health sciences, and information and media studies, and leaders in Aboriginal health, women’s health, and the PHC sector. Key partnerships are with the Public Health Agency of Canada, the Aboriginal Health Program of the BC Provincial Health Services Authority, Aboriginal health organizations, Echo: Improving Women’s Health in Ontario, and PHC agencies in BC and Ontario.

This project builds and expands on the team’s prior research in PHC for marginalized populations, interventions for women experiencing violence, health equity for Aboriginal people, health policy ethics, and research in knowledge translation in relation to gender and violence. For example, our current research conducted in partnership with two

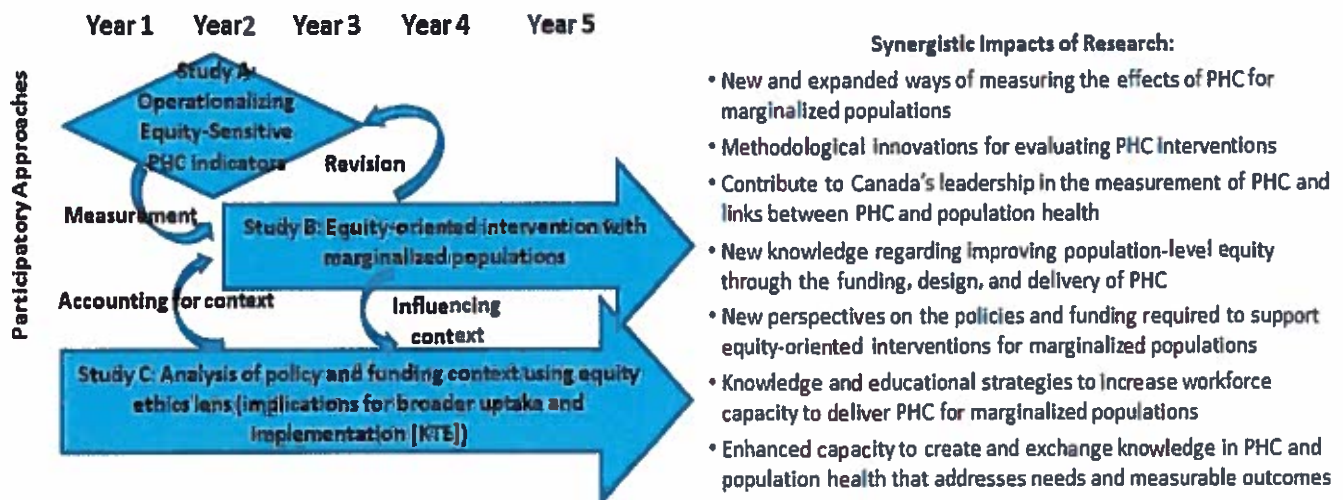
Urban Aboriginal Health Centres in British Columbia, and ongoing research on the health effects of violence for women, show that people affected by structural inequities and violence have higher rates of chronic pain and other chronic illnesses, and higher rates of emergency department visits and preventable hospital admissions. These studies also show that healthcare system responses to these negative health effects are lacking.

The overarching goal of the newly funded research program is to contribute new knowledge about innovative PHC interventions that mitigate the effects of structural inequities and structural violence for marginalized populations, and the policy environments needed to support such programming.

Three interrelated studies will be conducted (see Figure 1):

1. **Study A** will focus on the identification, refinement and operationalization of equity-sensitive PHC indicators relevant for marginalized populations.
2. **Study B** will focus on the effectiveness of an innovative, complex, multi-component intervention that explicitly aims to promote health equity for marginalized populations at several diverse PHC agencies using participatory, mixed methods, and multiple case-study design.
3. **Study C** will analyze policy and funding contexts using a social justice and equity framework to foster equity-oriented interventions in the PHC context.

FIGURE 1: PROGRAM OF RESEARCH



Knowledge translation and exchange strategies are integrated throughout the research program to enhance integration and uptake of new knowledge. For example, Studies A and B employ methodological innovations to study the effectiveness of equity-oriented PHC interventions and will contribute to Canada's leadership in the measurement of PHC. Findings related to the effectiveness of the PHC intervention will provide evidence of what is needed to enhance health equity and quality of life for populations who are most impacted by structural inequities and structural violence, including Aboriginal peoples. Findings from Study C will inform our understanding of the factors that may enable successful implementation of the intervention in new sites outside of the research context. In the long term, this program of research will provide a strong foundation for future research directed at policy and system level interventions to promote health equity for marginalized populations.

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