



HEALTH EQUITY WALK-THROUGHS

A How-To Guide for Primary Care Clinics

Abstract

This guide provides a step-by-step approach to conducting health equity walkthroughs in primary care clinics, helping identify and address barriers to equitable care.

Chinook Primary Care Network
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Introduction

Health equity means ensuring that everyone has fair access to the resources and opportunities they need to achieve their best health. In primary care settings, addressing health equity is essential to providing high-quality, patient-centered care that meets the needs of all individuals, especially those from marginalized populations.

Barriers such as inaccessible facilities, language challenges, and culturally insensitive practices can prevent patients from receiving equitable care. By identifying and addressing these barriers, clinics can create more inclusive environments, improve patient experiences, and reduce health disparities.

This walkthrough guide is designed to help primary care clinics evaluate their environments and processes through the lens of health equity. By engaging both staff and patients, clinics can uncover actionable opportunities to enhance accessibility, communication, and inclusivity, fostering better outcomes for all. This guide is developed from the EQUIP Health Care framework.

EQUIP Health Care

EQUIP Health Care is a research and implementation program that provides evidence-based frameworks to guide health equity initiatives in diverse healthcare settings. Developed by the University of British Columbia and funded by the Canadian Institutes of Health Research, EQUIP offers a range of resources, tools, and interventions aimed at enhancing organizational capacity to deliver equity-oriented care.

One of EQUIP's key resources is the free online [Equipping for Equity](#) modules. These modules provide practical strategies, tools, and templates to help healthcare providers integrate health equity into clinical practice.

Step-by-Step Guide

Step 1: Preparation and education

- **Goal:** To build staff awareness of health equity, creating a strong foundation for meaningful and inclusive walkthroughs.
- **Actions:**
 - Review the [EQUIP Health Care](#) materials on health equity to build foundational knowledge and understand core principles.
 - Host a staff session to introduce health equity concepts and the walkthrough process.
 - Why is this important to you as a change champion, why? What is your patient population that you see inequities with?

Step 2: Identify Your Target Population

- **Goal:** Focus on marginalized or underserved groups within your community (e.g., Indigenous patients, newcomers, seniors).
- **Actions:**
 - Review clinic data and demographic information, if available.
 - Discuss with staff which groups may face barriers in accessing care.

Step 3: Organize a Staff Walkthrough/Discussion

- **Goal:** Plan a walkthrough with staff members.
- **Actions:**
 - Set a date and time that accommodates key staff schedules (1hr)
 - Identify participants (frontline staff, leadership, and care providers).
 - Ensure diverse perspectives are represented.

Step 4: Facilitate the Staff Walkthrough

- **Goal:** Experience the clinic as a patient would.
- **Actions:**
 - Walk through all clinic spaces, including reception, exam rooms, and waiting areas.
 - Consider signage, accessibility, communication, and cultural sensitivity.
 - Use **Appendix A** (Prompting Questions) to guide observations.
 - Approximately 10 minutes

Step 5: Facilitate a SOAR Discussion with Staff

- **Goal:** Reflect on findings and identify strengths and opportunities.
- **Actions:**
 - Use **Appendix B** (SOAR framework) to guide discussions.
 - Record key takeaways and potential areas for change.
 - Approximately 50 minutes

Step 6: Identify and Recruit Patient Participants

- **Goal:** Involve patients from the identified target population.
- **Actions:**
 - Recommend 2-5 participants
 - Work with community organizations or advocates to reach potential participants.
 - Ensure representation of lived experiences (e.g., Elders, newcomers).
 - Offer incentives or honoraria for participation if possible.
 - Set a date and time that accommodates patient/staff schedules (1hr)

Step 7: Organize a Patient Walkthrough

- **Goal:** Understand the patient experience directly from those with lived experience.
- **Actions:**
 - Invite patients to walk through the clinic as if they were attending an appointment.
 - Encourage feedback on signage, staff interactions, privacy, accessibility, and inclusivity.
 - Use **Appendix A** (Prompting Questions) to guide observations.

Step 8: Facilitate a SOAR Discussion with Patients

- **Goal:** Collaborate with patients to identify priorities for improvement.
- **Actions:**
 - Use the **Appendix B** (SOAR framework) to structure the discussion.
 - Record patients' insights, focusing on actionable feedback.

Step 9: Compare Findings

- **Goal:** Synthesize feedback from staff and patients.
- **Actions:**
 - Review common themes, discrepancies, and priorities from both groups.
 - Create a list of actionable items for the clinic to address.

Step 10: Implement Changes

- **Goal:** Take concrete steps toward equity.
- **Actions:**
 - Prioritize a few high-impact, feasible changes.
 - Assign responsibilities and timelines to staff for implementation.
 - Secure necessary resources (training, equipment, signage updates, etc.).

Step 11: Results and Reflection

- **Goal:** Evaluate the impact of the changes.
- **Actions:**
 - Conduct a follow-up walkthrough or focus group to assess outcomes.
 - Reflect on successes and identify ongoing opportunities for improvement.
 - Document lessons learned to guide future equity initiatives.

Appendix A: Equity Walk-through Prompting Questions

Equity walk-through Questions altered from EQUIP Health Care resource:

[Equity-Walk-Through-Exercise-March-23-2018.pdf \(equiphealthcare.ca\)](#)

Purpose: We are conducting an equity walk-through of our primary care clinic to identify areas where we can improve the health experiences. Your valuable insights will help us understand how well our clinic meets the needs of different communities and how we can make our services more welcoming, accessible, and culturally appropriate.

Participation: Your participation will involve walking through our clinic, observing various aspects of the facility and its operations, and providing feedback based on your observations. You will be asked to consider factors such as the physical environment, accessibility, cultural sensitivity, staff interactions, and communication.

Approaching and Entering the Clinic:

- How easy is it to get here and to find?
- How do you enter? Is it accessible to people with varying mobility needs?
 - Ramps, automatic doors, railings?
- What do you notice as you approach the building? Enter the building? What does this look and feel like?

Entering the Clinic/Waiting room

- Once you've entered, who is present?
- What do you observe about staff?
- What stands out the most?
- Does it feel welcoming?
- If you had to describe the space to someone in two words, what would you say?
- Is the waiting room quiet? Music? Talking? TV?
- What is there for people to occupy waiting time?
 - Snacks, water, TV, magazines?
- Are washrooms available and accessible?
- What do you notice about the other clients waiting here? Do they seem comfortable to you?
- If someone appeared to be distressed or uncomfortable in the waiting room, who would help/intervene?

Signage/Walls:

- What do you notice on the walls? Posters? Signs? Art?
- What tone does the signage convey?
- Is the signage in multiple languages appropriate to your community?
- Are there visual elements such as multilingual signs, posters, or decorations that reflect cultural diversity?

First contact with reception in-person

- Let's look at the waiting reception area. What does the reception area look like?
- Is there a barrier (e.g., glass) between you and the staff member?
- How are you greeted and by whom?
- What messages do staff convey?
 - Body language, facial expressions, tone of voice, words, etc. can be considered.
- What questions are you asked and in what order?
- What makes you feel comfortable or uncomfortable in this first contact?
- Is privacy and confidential protected in this space?
 - Think about someone experiencing trauma, racism, discrimination, violence, assault.

Over the phone/online:

- If contact is by phone, is the telephone system easy to use? Is there a list of options? Is the line often busy? Are you put on hold?
- Can you book an appointment online? How does someone get registered?
- Is it easy for someone who might have tech issues?

Examination/Treatment/Meeting Rooms

- How do you get to these rooms? Does someone walk you to the room? Who is allowed to accompany you?
- How would you describe this room in two words?
- What is the layout of the space?
- Is there a staff person always in the room? If so, who is the staff (e.g., doctor, nurse, dietician)?
- What do you notice about when and how staff talk to clients? How does the encounter begin & end?
- What happens prior to and during any assessments or exam (e.g., physical examination, procedure, counselling, or education session)?
 - Where would counselling/education session occur?
- What actions do staff take to ensure your privacy and comfort?
- Who would feel respected in this space? Who would not and why?
- Are there opportunities for patients to share their health beliefs and practices with providers?
- How are care plans tailored to include Indigenous cultural practices and preferences?
- Are staff trained to understand and respect traditional medicine and healing practices?
- Is there accommodation for traditional healing practices and spiritual ceremonies within the clinic? i.e. smudging.
- Are patients allowed to bring traditional healers or family members to support them during visits?
- What small things could change in these spaces to make them more welcoming?

Other considerations

Charting:

- Where does this happen? Is it designed in a manner that protects client privacy?
- Can the clients see what is being written about them?
- Have you communicated with them what you are writing down and why?

Forms & documentation:

- What language/terminology is used in forms?
 - Language to identify clients? Clinical terminology?
- What does it draw attention to? What does it overlook?
- How does the form position you in relation to the patient? How does it shape your perspective of power/authority?
- What do the forms guide you to say? Whose interests/concerns are prioritized?
- What does the form tell you about the health care system?
- Is the form available in multiple languages?
- Are forms to be filled out by patients or staff?

Bathrooms:

- Available and accessible to clients?
- Well-signed, identified and/or pointed out by staff?
- Do you need a key?
- Safe space to dispose of sharps?
- Non-gendered?
- Baby-changing/nursing area?

Cultural Sensitivity

- How are support services, such as translation or advocacy, integrated into the clinic flow?
- Are health education materials available in multiple languages and culturally appropriate?
- How does the clinic engage with diverse organizations to promote health and wellness?
- Are there partnerships with local organizations or leaders?
- Are there outreach programs or initiatives specifically designed to support newcomer health?

Appendix B

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Strengths

- What are our greatest strengths?
- What makes us unique?
- What do we excel at?

Opportunities

- What opportunities can we leverage into success?
- What disruptions can we reframe as opportunities?

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Aspirations

- What do we want to be & do in the future?
- How can we make a difference?
- What are we passionate about?

Results

- What are the measurable results that will tell us we've achieved our vision?
- How do we translate our vision of success into tangible outcomes?

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