Table 1: Gaps and Challenges
Table of responses to question 1c

Are there any specific health equity gaps and challenges that require greater attention at your hospital?

Hospital 1: Complex continuing care and acute care

Challenge # 1: Understanding Populations that Do Not Access Services
Like many other health service providers (HSP), _____ offers services that are relevant to the needs of the city's many diverse communities and sub-groups of the population. However, despite a strong commitment to health equity, some sub-groups of seniors do not use or access _____'s services. By leveraging partnerships with other organizations (e.g. Jewish Family & Child Services, Hospital Collaborative on Marginalized Populations, etc.), ____ will be able to conduct community gap analyses and access data/information to identify sub-groups in need.

Challenge # 2 – Insufficient Funding for Programs & Services
_____ does not receive sufficient funding to support the range of programs offered across the continuum or to serve the growing needs and population of seniors. In particular, more appropriate resourcing for community-based, caregiver support and culturally sensitive services is required. Limited program funding has created barriers to offering free or subsidized spaces for all in need and does not take into account the costs associated with providing meaningful cultural programs. However, _____ continues to pursue opportunities to obtain supplemental funding (e.g. fundraising, grants, etc.) to maintain its high quality programs that are accessible to clients and seniors in the community.

Challenge # 3 – Access & Continuity of Care
Although _____ addresses the needs of unique and 'hard to serve' seniors, it experiences challenges providing greater access to these sub-groups. For instance, the physical environment is not suited to bariatric patients, despite demand, and also creates limitations to admitting more agitated and aggressive seniors with dementia. _____ has pursued external funding opportunities and assessed its facility to determine how the physical space and staffing models could be modified to support additional clients with these special needs.

_____ also experiences challenges providing clients and seniors within the community with timely access to services and continuity of care across the system. By initiating external partnerships (e.g. Doorways to Care), creating an 'Intake & Referral' service and dedicating staff within programs to function as intake and/or case managers _____ has been able to improve client access to services and support continuity of care.

Challenge # 4 – Creating a 'Social Environment' of Care
Given that _____ serves a frail and vulnerable population with chronic conditions who need to continue to have quality of life, special attention must be given to the social environment. By exploring and reframing services with a strengths, abilities and health promotion lens _____ is working towards expanding the range of options that address the broader determinants of health of both clients and seniors within the community.

Challenge # 5 - Empowering Greater Client/Family Involvement
Health service delivery needs to be approached in a collaborative manner that is more client/family focused and not provider driven. _____ has identified the opportunity to advocate and enable clients/families to play a greater role in care planning, as well as other strategic and operational activities. For example, clients/families have been involved in inter-professional education within the Centre and also supported the recent move to a program management model.

Challenge # 6 – Recognizing & Tapping into Cultural Diversity of Clients & Workforce
_____ is a culturally diverse organization. Importance is given to providing culturally appropriate care and services that address the needs of a diverse elderly Jewish population, while at the same time respecting and being sensitive to the cultural and religious needs of non-Jewish clients. At the same time, _____ appreciates the range of cultures represented amongst its staff (e.g. ethnicity, inter-professional disciplines, etc.). Through the development of a Culture and Heritage portfolio, efforts are underway to understand the role of cultural diversity amongst patients, clients and families and how it impacts care delivery (e.g. ethical issues, culture of care, client-centred, etc.). There is also a focus on realizing the productive potential that exists within the organization by recognizing and celebrating the cultures of both clients and staff.

Challenge # 7 – Physical Facility & Accessibility
_____ has made significant investments in improving access to and accommodating the needs of clients, visitors and staff. However, given the size and 'foot print' of the facility, coupled with the growing and changing needs of clients and seniors, there will always be opportunities for further improvement. Some of the areas where focused activities are underway are the: parking lot to create easier access to facility; installing audible and visible alarms for hard of hearing clients (e.g. in washrooms, supportive housing apartments, etc.); and examining how techniques such as gestures and pictograph documents could be used to support the client intake process.

Hospital 2: Rehab

The following is a summary of feedback relevant to health equity that we received from staff, clients and families who participated in focus groups and telephone interviews.

Service mandate and hours of operation
Disability presents significant health equity gaps and challenges for families. In the mainstream health-care system, our families face many barriers in getting services for their child and have to rely on specialized services, which often have longer wait lists. These barriers include physical barriers (buildings where services are provided are not accessible), lack of awareness or understanding of how to provide treatment to a child with a disability (i.e. dental care), financial barriers, etc.

The definitions we use to describe disability (e.g. mild, moderate and severe) result in barriers to service. The availability of the range of _____'s services are based on diagnosis. In addition, criteria exists for services, which means some children will not meet the criteria, and are unable to access that services.

For example, children with a developmental disability and Autism Spectrum Disorder can access assessment, but not treatment. Within the system of care for children with autism, follow-up treatment is provided by community-based organizations.

The majority of clinics and services are only offered in the daytime. The library and resource centre are not open in evenings. This is a problem for families who work during the day and can't afford to take time off work or have other children that they must attend to.

Waitlists

There are lengthy and multiple waitlists. Parent quote: “You wait on one list and then you have to wait on another list...If you are on one waitlist you can’t get services elsewhere.”

Language and literacy
There is a lack of information and educational materials (brochures, websites, etc.) in multilanguages and the literacy level of information is often too high for many clients and families.

Interpretation services are available at _____; however, this resource is not readily accessed outside of clinical appointments. There is no signage to alert families about the availability of this resource. Parent quote: “The first time I went to _____ one of the cleaning ladies helped me. If _____ had interpreters available on site when people came in the building that would help…_____ should have welcoming signs in lots of languages.”

Families who do not speak English well feel they are treated differently and don’t always get the information and treatment they need because they are not able to verbally advocate in an effective way. Parent quote: “I don’t really know what is available because I can’t speak English.”

Geographic location and transportation
There are challenges getting to _____. This is an issue for those in remote communities of the province as well as those living in the greater Toronto area, because _____ is not easily accessible by public transportation. The cost of parking was also noted as a barrier.

Staff
Participants said that the staff at _____ are not always aware of services offered in other areas of the organization Staff need to make sure information is given to and shared with client not just the family and caregiver. Quote from youth: “Reports from doctor’s visits were still going to my parents' homes when I was 17-18."

Staff don’t have enough time to spend with families to answer their questions (especially if English is not spoken language).
Staff are not very diverse. Staff quote: “Staff not aware of cultural and religious beliefs to help them understand where family is coming from.”

Financial
Cost of programs (camps, swimming, etc.), parking and daycare is a barrier to accessing service.

Community’s awareness of _____
Community providers are not always aware of the services offered and as a result they may not refer clients to _____.

Hospital 3: Complex continuing care and disabilities

Mental Health and Addictions
Many of our patients come to us with a primary physical issue (e.g. broken hip, heart

disease etc.) but they also experience addictions and mental health challenges. Currently we do our best in providing care and support to these patients but we do not have the knowledge and expertise on staff to adequately deal with many of our patients' mental health or addictions needs. We are pleased that the TC-LHIN has recognized the challenge of mental and addictions across the system and has declared it a major priority.

Poverty and Housing
Once again, as stated previously one of the biggest challenges social workers face at _____ is helping patients manage issues related to poverty and lack of appropriate housing. Many of our patients live on very limited resources and have limited housing options. For a successful discharge to occur patient need a safe and appropriate space in the community to live. Without access to housing and sufficient resources patients are at risk for poor health outcomes (e.g. lack of space to recuperate from illness, unsanitary environments, lack of access to healthy food, stress of not having a place to live or money etc.) Waiting lists for supportive housing are over 5 years long in some cases. Access to long-term care spaces for 'younger patients – under 50' are practically non-existent. We acknowledge that this is a huge health equity issue but we also realize that many of the solutions to these issues fall outside the realm of _____ Health.

Communication Challenges (both dysphasic and non-English speaking patients)
One's ability to communicate with one's care provider is an essential health equity issue. A large portion of our patients have challenges in communication either in terms of dysphasia as a result of their disease/disabilities and/or not being able to speak English. Many of our patients have both challenges. Although _____ has a strong Speech and Language Pathology service as well as an extensive translation service, we recognize that we could do more to improve in this area since communication is so important to our patients. This issue was raised particularly strongly via our patient interviews where many patients talked of the frustration of not being able to communicate. Other patients expressed concern for their roommates who couldn't communicate. It was felt that patients who could not communicate freely were at risk of receiving less care than those who could communicate. Staff also acknowledged this issue and it was agreed that this should be Health Equity priority. Communication challenges are also factors in terms of patient safety – staff and patients need to be able to openly communicate to ensure a safe patient environment.

Cultural Diversity
Given the strong multi-cultural make up of _____'s patient population, staff is expected to deliver care that is sensitive to the many different cultures that we serve. For example, we offer Chinese specific programming, key documents and pamphlets are translated into different languages and we have a strong translation service available to staff 24 hours a day. It was recognized however that we could always improve on our ability to provide culturally sensitive care via staff education, training and increased culturally specific programming. Cultural sensitivity is an important health equity issue since cultures can interpret health and treatment differently. This can lead to a lack of trust and/or communication/understanding between care providers and patients thus potentially leading to reduced health outcomes.

Social Isolation
It is generally believed that people with friends and family have better health outcomes than those who are on their own. Many of our patients do not have the necessary social supports to help them cope on their own once their leave _____. Also is has been

suggested in our focus groups that patients who have family and friends to act as advocates for them during their stay at _____ may receive a higher level of service than those that do not. While we need to investigate this allegation further, given the frequency in which we heard this comment during the focus group we do believe that it may have merit and requires attention. Our recreational therapy and volunteer resources departments have programming to support socially isolated patients but we acknowledge that more can be done to support these isolated patients both during their stay at _____ and as they integrate back to the community.

Hospital 4: Specialized Clinical care

While a number of clinical programs have anecdotally identified gaps, our data collection and analysis process is uneven. Addressing this gap is an important priority going forward.

Hospital 5: Specialty

While the current system provides some of the necessary services to meet changing needs of PHAs, there remain a number of gaps and insufficiencies. The over emphasis of our system on acute inpatient care limits our ability to properly address the multifaceted and rehabilitative needs of those ambulatory patients who are living long-term with HIV/AIDS or comprehensively respond to the increasing diversity of our client base (women, youth, aboriginal people, homeless and underhoused).

Seventy-five percent of current clients are experiencing significant mental health challenges - 25% of which struggle with multiple mental health diagnoses (e.g. depression and schizophrenia). Of those facing mental health issues and challenges, depression is the most significant issue affecting approximately 50% of this group. Approximately, 20% of clients will experience HIV-related dementia while another 20 to 25% will have personality or anxiety-related disorders.

Forty-three percent of clients are currently experiencing substance use challenges primarily involving alcohol, crack cocaine and marijuana -30% of which struggle with poly-substance use patterns (e.g. simultaneous use of alcohol and crack cocaine). Less than 10% of clients will be current or recovering injecting drug users.

_____ is currently focusing on plans for a new Day Health Program that will establish a centre of excellence in HIV/AIDS clinical care, education and research that addresses the unmet health needs of people living with HIV/AIDS. The target group is PHAs who increasingly experience recurrent and long-term care complex health issues coupled with emerging health conditions. With an emphasis on health equity, mental health and addictions, care will be strengthened.

The clinical care challenges associated with clients who use the day health program and have mental health and substance use issues are compounded by a 30% prevalence of a

concurrent disorder (i.e. combined mental health and substance use issues).

Hospital 6: Specialty and Acute

As is the case with other hospitals, _____ does not have an effective system for gathering demographic data about the patients and families served through the hospital. We are in the process of reviewing the appropriate tools to incorporate into our admission data gathering software. We believe gathering of specific demographic data is essential to inform us of disease trends in vulnerable populations, therefore, reducing the challenge of monitoring health outcomes for these particular groups. Vulnerable groups would include Aboriginal children, visible minorities, new immigrants and refugees, single parents, street youth, etc. Acquiring data around country of birth, ethnicity, native language, at admission, would be ideal to both truly understand the needs of the vulnerable populations we serve and to create strategies to offer proactive health care advice and guidance to try and empower these vulnerable individuals. Given the international demographics that exist in our LHIN, _____ sees many new immigrant children, generally these children present with unique problems that may be medical, psychosocial, socio-economic or cultural. In 2006/2007 there were 409 unique refugee patients served and they visited _____ 889 times.

Visit Type	# of Visits
ADMIT	39
EMERG	238
CLINIC	599
DSURG	13
Total Visits	889

One of the realities we are facing in today's economic climate is a significant reduced capacity for families (specifically outpatients) to absorb the costs of caring for very ill or chronically ill children. With increasingly expensive drug therapies, and costly accommodations for children with disabilities, expresses are escalating to the point that they are often outside the reach of families. We are being asked more and more to shoulder this burden, and although we have some mechanisms to provide for some incremental necessities, through the patient amenities fund as detailed further in this report, there is still a great need for financial support for these families.

Additionally, although research into health equity gaps is ongoing at _____, and discussed later in this proposal, further resources are required to address the areas of Child Health, Health Disparities, Socioeconomic Status and Health, Economics of the Family, Data Quality and Measurement in Social Science and Public Health Research.

One initiative currently being implemented is an analysis of those patients who do not show up for clinic appointments and then linking this data to the Poverty by Postal Code work that has been done in collaboration with the United Way. The results of this comparison could be indicative and inform us of any trends in the association of missed clinic visits and poor families in Toronto and its surrounding neighbourhoods.

Hospital 7: Acute

- We need to expand our reach to populations who are not currently accessing our services, particularly where we are offering unique and/or specialized services, such as IBD, high risk pregnancies
- Information on our patient population is a challenge to obtain and therefore this is a gap
- Staff are not representative of the diversity of Toronto in the upper managerial positions of the hospital
- Need training and education throughout the organization regarding health equity and the health of marginalized populations
- There are not sufficient access points and services in the community to underserviced groups
- Building and sustaining connections with community organizations and services around needs identified by front-line service providers
- Research that is focused on determinants of health and marginalized populations
- Identification of barriers to service throughout the hospital

Hospital 8: Sub-acute

_____ has made significant progress in responding to the changing demographics of our community, and continues to identify areas where we can improve in meeting the needs of the people we care for. The following are identified gaps and challenges at _____.

Interpretation Services:
In response to the changing demographics of patients at _____ Hospital, _____ introduced Language Line in 2006, an over-the-telephone interpretation service to provide interpretation of essential information to patients and their families. This over-the-telephone interpretation service is provided free of charge at the request of patients and their families, or when the need for interpretation is identified by our clinical staff. Over 170 languages are provided through this confidential service.

For Consent and Capacity assessments, a face-to-face external interpretation service is provided. The demand for Language Line services has increased steadily over time, and the service is promoted through our Patient Guidebook, posters and publications. Clinical staff receives training on how to access and use the service, and how to identify its availability to patients and families. Given our continued changing demographics and the ongoing uptake to the service, a significant increase in usage could provide financial challenges in terms of growing the service.

Translation of Patient Education Materials:

_____ has made progress in addressing this area within the last year, and a number of our stroke rehabilitation education materials have been translated. The high cost of translation makes it difficult to translate all of the materials that would benefit the people we care for. However, a recent project - the 'Journey of Care' - focused on the development of a Welcome package which is provided to all patients upon admission, and followed up through face-to-face conversations. The Welcome package provides all of the information that patients and families require in simple, clear and easy-to-understand language and format. Patients and families are being surveyed on the effectiveness of this information package, and changes are made on an ongoing basis to reflect the feedback we receive. We have been successful in translating our Patient Guidebook into Mandarin and Italian, and these will be available in the near future.

Culturally Congruent Care:
As our demographics continue to change and our health care environment becomes increasingly multicultural, there is a real opportunity for _____ to apply theories of cultural care and diversity into mainstream clinical care.

Physical Barriers:
_____ continues to renew our infrastructure, and in the past few years, has introduced a number of physical improvements to increase accessibility for the disabled including the renovation of our washrooms and our parking lots, an enhanced recreational facility for activation, and improvements to our hospital units including the solariums where rehabilitation sessions take place. New interior spaces, such as the Scotiabank Learning Centre and the Internet Cafe, Donated by Bell, have all been developed to accommodate people with disabilities and those who are challenged with mobility issues. Our Alzheimer Day Program is currently housed in a cramped and inadequate space within an older wing of the facility - originally used as a residence for the Sisters of St. Joseph - but will be moving to new and expanded space in early summer thanks to the generosity of our donors. The new Alzheimer Day Program will include many new features, such as a verandah, healing garden and an internal walkway, that have been developed to respond to the unique needs of those who are experiencing dementia. Physical renewal will continue to be a priority for _____, particularly given the increased medical challenges of our predominantly elderly population.

New areas within our facility have been uniquely designed to address the needs of people requiring rehabilitation, and who therefore have limitations in their mobility. Our Scotiabank Learning Centre provides a wide range of learning materials and resources and is designed to accommodate people experiencing physical challenges through the use of appropriate computer devices, wheelchair accessible computer tables, etc. The Internet Cafe, Donated by Bell, provides Internet access and connections for people in our care, and the furniture and computers are ergonomically designed to be accessible and user-friendly.

We rely for the most part, on the generosity of our donors to fund these kinds of unique facilities. Given the current economic environment and the financial challenges associated with fund raising in this climate, these kinds of initiatives may be challenging to increase into the future.

Hospital 9: Specialized complex continuing care

While _____ does not believe that any significant health equity gaps exist at present, the Hospital remains committed to continued vigilance in ensuring a barrier free and equitable environment in all respects.

Hospital 10: Community and Specialty

The gaps and challenges listed below represent issues raised in a variety of venues, but are not the result of a systematic health equity needs or gap analysis. *They do not express specific _____ health equity commitments.*

Challenges Identified by Community Partners
In 2007 as part of the hospitals strategic planning community engagement strategy, seven focus group discussions were held and a service provider survey was completed. Both of these initiatives provided insightful comments to some of the community's health equity gaps and challenges. Key themes include:

- Continued growth in marginalized communities that are currently underserved and have challenging social and health needs including the psycho-geriatric population with concurrent disorders, newcomers, and youth.
- A rise in chronic diseases requiring attention, such as diabetes.
- There is a need for greater case management and system navigation support for marginalized populations, specifically for seniors, chronic mental health clients and those individuals that have language barriers (which may include both newcomers and a growing older immigrant population).
- Language barriers continue to cause stress and affect clients' overall health and state of well-being.
- There is growing concern about access to medical services for non-insured populations, the need to work with refugees, especially those with pre/post natal needs.

Challenges Identified by Members of _____
Through the course of _____ corporate conversation on health equity and in the preparation of this report, several challenges health equity-related challenges have been identified.

Women's Care
The Women's Population Panel in particular has proposed that, for _____ to realize our Mission and promote health equity, we must recognize that the needs of women of all ages are different from those of men, and that this perspective requires us to serve the psychosocial needs of our clients and their families even as we focus on their medical

needs.
The Women's Panel itself is part of _____ commitment to realizing equitable care for women.

Equitable Access to Primary Care
A general lack of GP's, certain specialist, pediatricians, and lack of access to primary care in general creates health inequities and may effect who will get access to _____ services. This issue has been included in _____ strategic planning, with corporate objectives to strengthen relationships with primary care physicians, facilitate recruitment of primary care providers, and collaborate with other providers to enhance equitable access to primary care services in the community

Coordinated Psycho-geriatric Services
Ensure for better linkages between geriatric out-patient services and mental health & addictions services within the hospital and within community.

Clarifying Policy and Practice on Services to Uninsured Patients
While _____ has initiated Agreements with local CHCs, Discussions at the Committee discussed this information and felt that with regard to the inequity issue, the direction and focus of the Health Centre should be flushing out and identifying issues around uninsured patients at _____ Health Centre.

Corporate Diversity Training
In a preliminary equity priorities discussion with members of _____ Management Forum, the absence of diversity training for staff and employees of _____ was identified as a gap.

Data
From research based on the Canadian Community Health Survey (CCHS) there is evidence that use of health services in Canada varies considerably by ethnicity according to type of service. Although there is no evidence that members of visible minorities use general physician and specialist services less often than white people, their utilization of hospital and cancer screening services is significantly less.[1] The hospital cannot gauge utilization by ethnicity, however, since such socio-demographic data other than age and sex are not routinely collected in hospital administrative data.

Other Populations
In the course of strategic planning needs assessments – focus groups, surveys - youth and LBGT populations have been identified as possibly needing more attention. Concern has been expressed that youth are 'falling through the cracks', although access to community rather than hospital services may be the issue. There have been anecdotal reports that some members of the LGBT community may feel reluctant to come to _____ for health care services.

Although French language and Aboriginal groups have been identified as priority groups by the Province, these populations have not been mentioned in any of _____ needs assessments.

[1] Hude Quan, Andrew Fong, Carolyn De Coster, Jianli Wang, Richard Musto, Tom W. Noseworthy, and William A. Ghali. "Variation in health services utilization among ethnic populations." *CMAJ* 2006; 174(6):787-91

Hospital 11: Acute

The following are some identified gaps and challenges at _____Hospital:

Translation of patient education materials:
The high cost makes it difficult to translate all the materials that would benefit our patients and families, as a result there is currently no corporate program for translating patient education materials. In an effort to address the gap with the current resources, our standards for patient education materials include the need to write them in simple English with limited medical jargon (at a 6-8 grade level) and we consult with our CAPs to ensure that education material is appropriate. However, the gap in translation of patient information remains a significant challenge.

Interpretation services demand:
The Corporate Interpretation Service was established with a budget of $243,000 per year. Interpreters are provided 24-hours-a-day, seven days a week to meet the needs of those who require language and sign language interpretation. The annual demand for interpreters has increased exponentially at an 11 percent rate since 2000. The actual cost for interpretation service in 2008/2009 was $419,700. Therefore the sustainability of the service is vulnerable given current budget challenges within the healthcare system.

Implementing Culturally Congruent Care:
As we move toward an increasingly multicultural healthcare environment there is a need and opportunity to adopt theories of culture care and diversity into mainstream clinical care. Study and adoption of such theories will assist clinicians from all disciplines "to think about the care of people from diverse cultures in relation to health, human care, and illness." Leninger 1991.

Barriers for people with disabilities:
a) Physical and Architectural Barriers
Physical renewal will remain a priority over the next four to five years for _____Hospital. Even though the hospital has introduced a number of physical improvements to increase accessibility for the disabled, we continue to focus on improvements. Several areas are in the process of being renovated to Canadian Standard Association code, including:
Ophthalmology ambulatory clinics. This includes designing floor and lighting for patients with visual impairments.
Dialysis Unit. Move facilitates access for patients and is also in closer proximity to other areas within the Program.
Cardiology services – echocardiogram, electrocardiogram and cardiac rehabilitation. We are grouping these services to be more patient focused; it will mean patients don't have to travel as much within the hospital to access related services.
Physiotherapy and Chiropractic Clinics.
Corporate Health & Safety Services redesign.
Library – in design. Design will increase accessibility for wheelchairs to accommodate staff needs.
_____ Health Clinic will include new wheelchair ramp and will accommodate staff with physical access issues.
Detoxification Centre – in need of a new facility.

Pediatric Clinics – in progress.
Multiple Sclerosis Ambulatory Clinic – in design. This will accommodate mobility issues.
Renovation to Chapel entrance doors to barrier-free design.

b) Technological Barriers
The Hospital is introducing a new Information System over the next three years. We will review and implement ways to ease access for employees with sight impairments as part of this system introduction.

c) Information on Communication Barriers
The Hospital recently redeveloped some of its patient education materials to make them easier to read for individuals who have sight impairment or for whom English is not a first language. For example, we increased the size of the font on patient materials to CNIB Standards and use commonly recognized symbols to facilitate ease of understanding. We are translating the Patient Services directory into our four most commonly requested languages. The Hospital has a formal process for tracking, analyzing and addressing patient and visitor complaints. This process will be modified to follow complaints related to access for individuals with disabilities. These complaints will be brought to the attention of the Hospital's Ontarians With Disabilities Action Committee for discussion.

Diverse Representation:
We continue to develop strategies to ensure representation of diverse community members among staff, and at the management, senior management and Board of Director levels. Although, we do not collect data of this sort.

Equity training
of non-employee groups such as physicians, volunteers and students is an area of future focus.

Serving non-insured populations:
This presents financial and human resource challenges as we balance the welcoming of all patients (regardless of financial abilities or OHIP status), respect for the individual and the duty to provide service. Our partnership with the Women's College Task Force on Uninsured Clients and the Hospital Collaborative on Vulnerable and Marginalized Populations are two places where we hope to address this concern.

Access to Oral Health:
A significant portion of our patient population does not have access to dental care, including youth and seniors. This is being addressed primarily through a partnership with the Toronto Oral Health Coalition and the call to re-list basic levels of oral health care in OHIP.

Geriatric Service Outreach Team:
_____ is hopeful that a recently submitted proposal will be funded for a new specialized team to serve high need areas of the Toronto Central LHIN in South East Toronto. The focus and priority for this program will be to serve frail, marginalized and at risk seniors with psychogeriatric issues.

Out of province CF patients
specifically come to Toronto for a double lung transplant and their pre-transplant

healthcare needs are optimized by _____Hospital. These patients are frail and often require medical adjuncts (e.g. home I.V antibiotics, home oxygen) in the community. Other provincial governments will only financially fund acute care hospital services thus preventing home care options. This compromises the quality of life of the patient as they are forced to stay in hospital and they occupy an acute care bed, which could be used by another.

Hospital 12: Critical care

There will be a continued focus on becoming a more elder friendly hospital in the coming years as the population ages and as our programs continue to see more and more patients above the age of 65. To further understand where gaps and challenges exist, there is a need to capture corporate data on the programs and services that are helping to reduce inequities in access to care. Although there are many initiatives taking place, the Hospital will benefit by having them reported at a corporate level to ensure consistency in measurement and shared learning among providers of these activities.

Hospital 13: Community

_____ has a number of initiatives underway to specifically target the inequities identified in 1b) and we will continue to focus our efforts on reducing barriers for these patients, including the efforts described in 2b).

In addition, in consultation with our community, specific gaps and challenges for the hospital were reinforced. Our community specifically identified transportation gaps related to income as a challenge for the hospital. They also reinforced the need to focus on the cultural diversity of _____ patients.

Hospital 14: Sub-acute

1. Additional training of staff to manage equity related discharge issues e.g. harm-reduction -- planning, supports and education for staff on discharging patients into sub-optimal environments.
2. Implement mechanisms to identify community inequities (particularly when patients are referred/discharged to and from neighbourhoods from across the city).
3. Establish and implement pro-active steps to remove barriers across multiple communities.
4. Meet translation needs (particularly written information into the numerous languages of the TC LHIN).

5. Develop, maintain and expand education programs for clinicians from across the sub-acute sector in health equity/diversity issues, treatments and directions.
6. The integration of the complementary medicine into the health team available and accessible to individuals as a key element in their care.

Hospital 15: Rehab

In terms of the specific underserved or underrepresented populations identified in the question we lack specific information about these groups due to limitations in our data collection system. The challenges and gaps that are described below comes from information from former clients who meet in Community Advisory Groups, respond to satisfaction surveys and clinical cases of challenging discharges.

Low income clients needing special equipment and outpatient therapy
We try, through the assistance of the social work department to access third party funding wherever possible for equipment (i.e. ADP funding, ODSP, ALS society, MS society, Ontario March of Dimes) such as in the AAC clinic - towards the purchase or rental of equipment prescribed to our clients. Outpatient services are provided within global funding and _____ has a wait list for all outpatient therapy clinics - indicating a shortage of publicly funded outpatient therapy services. The wait time for spinal cord outpatient therapy services can be as long as three months.

Chronically disabled and frail elderly clients
There are few assessment and treatment clinics for communication impairments and _____ provides outreach services for speech and swallowing disorders through video-teleconferencing. Most clients with residual disability are unable to access the exercise equipment in most community recreational facilities. There is a need for specialized fitness classes in the community for those with chronic disabilities and frail elderly to maintain their fitness levels

Hospital 16: Acute

To address the health equity gaps that have been identified at _____, several initiatives are being proposed that will reduce health disparities and enable the provision of health services:

1. **Integrate health equity into the Quality Framework of _____.**
It is recommended that the Quality Committee of the Board establish the appropriate health equity indicators that are integral to the Programs. These indicators will be incorporated into the Quality Framework to ensure that Programs address health inequalities for their patients.

2**. Build upon the Cultural Competency of the Organization (theory to practice).**

Delivering care to a diverse patient population requires sensitivity, respect and knowledge of diversity issues. Human Resources and the Patient-Centred Care (PCC) Corporate Committee have implemented successful initiatives such as cultural training as a component of PCC, Workplace Diversity training, e-learning and the provision of educational materials on the Intranet. Opportunities to further develop the cultural competency of staff and interprofessional team approaches to health inequities will be developed.

3. **Expand specific service capacities for specific populations with new funding**. Service gaps are particularly relevant to vulnerable patient populations with Thalassemia and Sickle Cell, Tuberculosis, Community Mental Health and Addictions, Eating Disorders and Hepatitis B. These gaps are reflective of growing patient need outstripping available resources.

a) *Thalassemia and Sickle Cell (Request for $510,000 for 100 additional patients)*
An increase in referrals to the Thalassemia and Sickle Cell Disorder Programs is coming from the Hospital for Sick Children where the wait list exceeds 120 patients over the age of 18 who continue to receive care at HSC due to lack of adult services. The need for additional Thalassemia and Sickle Cell resources can also be attributed to the increase in immigration from countries where the propensity for these diseases is higher[8]. It is necessary to expand appropriate specialized care in an internationally recognized centre of excellence.

b) *Tuberculosis (TB) (Request for $450,000 for 300 additional patients)*
The active cases of TB in the GTA account for 25% of all TB cases in Canada. In Toronto, foreign-born persons[9] constitute approximately 44 % of the city's population, but account for over 95 % of all reported TB cases. The TB clinic also provides care for other high-risk populations including: chronic renal failure/hemodialysis patients, rheumatology patients starting anti-TNF medications and immune suppressed transplant/cancer patients who have complex diagnoses and are involved in prolonged treatment with potentially toxic medications. These patients often experience significant social stigma, financial hardship, isolation and psychosocial issues related to their disease.

c) *Community Mental Health & Addictions Programs (Request for $395,000 for Kensington and Ossington Programs)*
_____ remains committed to working with vulnerable populations; however, additional resources are required to maintain these services. In our commitment to provide linguistically specific cultural services, we currently provide care to patients who speak Portuguese, Mandarin, Cantonese, Spanish and Italian. However, without additional resources we are faced with the prospect of having to reduce already sparse services for these ethnocultural communities. This would result in an increase in mental health problems creating an additional burden to the health care system, and an increase in ED visits and Psychiatric Emergency Services.

d) *Eating Disorders (Request for $602, 370)*
The Eating Disorder In-Patient Service is a provincial resource which provides treatment for clients, primarily young women, with eating disorders. The Eating Disorder Program is known internationally for the quality of care provided and the research that is associated with clinical services. While services are provided primarily in English, some of our training materials have been translated into French and, where possible, training activities are also offered in French. The National

Eating Disorder Information Centre (NEDIC) is another provincial resource which is mandated as a feminist health promotion and prevention program working across race, sex, class and other social characteristics to provide information and resources on eating disorders, food and weight preoccupation. Services include the development and dissemination of informational materials, telephone and email information and referral service, public education and professional development. NEDIC is unilingual (English) and partners with a similar Francophone program (ANEB Quebec) to deliver French information. Without additional resources our ability to admit seriously ill patients with eating disorders would be impacted and patients may need to be sent out of country.

e) *Hepatitis in the Chinese Community Project (Request for $1.12 M annually (start-up year one costs of $1.2 M)*
The Hepatitis in the Community Project provides a dedicated focus on Hepatitis B; a disease that is prevalent in immigrant populations. It is estimated that 10-20% of immigrants from Asia and Africa are chronically infected with Hepatitis B. Further, individuals with chronic Hepatitis B infection are concentrated in big cities like Toronto. Local family physicians and gastroenterologists from _____ have been engaged through education programs to raise awareness to this issue. Despite being clinically silent, it is estimated that 25% of these infected individuals will die of liver-related complications if left untreated, often when they are still economically productive citizens. The Liver Clinic at _____ is already at capacity and without additional resources, innovative models of care, such as nurses operating in the community with family physicians and screening of growing “at-risk” populations cannot be implemented.

4**. The Toronto Hospital Interpreter Services Task Force**
Under the leadership of Access Alliance Multicultural Health Centre, _____, along with language service managers from ____ [acute specialty hospital], ____ [specialty hospital], _____ [rehab hospital] and _____ [community hospital], have formed the Toronto Hospital Interpreter Services Task Force. Sharing and combining interpretation services, human resources, technology and infrastructure will:

- Improve efficiency
- Provide consistent quality of service
- Improve patient outcomes
- Reduce per-encounter as well overall health care costs
- Increase access for patients who require sign or spoken language interpretation
- The Toronto Hospital Interpreter Service Task Force will be submitting a proposal in response to the call for applications for the 2009/10 Toronto LHIN Partnerships for Service Improvement (PSI) Demonstration Projects initiative for initial funding to develop a service provision model.

Hospital 17: Rehab and complex continuing care

As noted previously in this document, the health equity gaps and challenges which were identified by _____ for early attention are reflected in the following health equity priorities which are an expression of _____'s intentions to:

- Engender a culture that is respectful and responsive to the diversity of _____'s patients and communities
- Enable effective communication with patients, residents and families
- Enhance _____'s capacity to continuously identify and care for vulnerable populations

Hospital 18: Specialty

Gaps and challenges for _____ would include:

- comprehensive services for patients who speak languages other than English and/or have varying levels of literacy
- human resources policies and procedures to support recruitment and retention of staff from diverse communities (including those who are internationally trained)
- resources for staff, volunteers, managers and physicians to provide culturally competent and sensitive care
- services for people who are homeless
- diversity/equity indicators to measure quality of care
- communication support for people who are deaf, deafened or hard of hearing