

Feedback to TCLHIN to develop a system-wide approach to improving health equity

Table of responses to question 7:



Does your hospital have specific requests, actions or comments that the LHIN should consider to ensure a system-wide approach to improving health equity?

Hospital 1: Complex continuing care and acute care

Support system-level assessments and surveillance by collecting equity and diversity-relevant data.

There is currently a lack of a system-wide or common data collection process, standards, language or tools to identify who is accessing services for what conditions and the related outcomes. To support efforts in this area the LHIN should provide direction to HSPs on how they should systematically collect appropriate equity and diversity-relevant data on services and clients. The LHIN can leverage external resources such as the Institutes of Medicine, Health Research & Educational Trust (HRET) Disparities Toolkit (www.hretdisparities.org) or Diversity Health Practitioners Network. Guidance and standards are also required about the appropriate collection, storage and utilization of sensitive demographic information about staff/volunteers. Overall, establishing the key basic information of importance will not only ensure greater consistency across HSPs and the LHINs, but will also enable a broader understanding of access and equity issues within the system.

Develop comprehensive population-profiles that are relevant and accessible to HSPs.

There is an absence of system-level supports to understand population-level data and its linkage to client-specific data. As a result, HSPs and other community agencies are individually undertaking this work using different methodologies and data sources.

To reduce duplication of efforts and redundancy within the system, the TCLHIN should work with its surrounding LHINs to develop publicly available population profiles. These profiles should be based on common planning parameters, standardized methodology and language. A drill-up or down feature that provides different views ranging from large aggregated geographic area (e.g. GTA, CMA, LHIN) to smaller disaggregated ones (e.g. FSA, postal code) would also be helpful. Further, the TCLHIN should provide support, resources and a standardized methodology to link population-level data to HSP client data (e.g. client mapping). With appropriate system-level supports HSPs will be able to develop a better understanding of the needs of their clients and the community

and participate in inter-organizational and LHIN comparisons.

Promote knowledge exchange forums and networks on health equity.

In order to drive continuous service and system-level innovation through an equity lens, the TCLHIN should develop knowledge exchange forums or communities of practice. Comprised of inter-sectoral representation (e.g. Health, Community & Social Services, Housing, Infrastructure, Transportation, etc.) and built on partnerships with the community, patients and families, this group could have a strong role in expanding and sustaining the adoption of integrated, evidence-based approaches to reducing access barriers and health inequities.

There is also an opportunity for the TCLHIN to establish virtual networks of resource brokers within the system to share their knowledge and expertise related to health equity. For example, _____ extensive research and care delivery experience related to aging and seniors sensitive care could be leveraged and shared with other organizations. Overall, this will provide a catalyst for and increase the pace of change and adoption of best practices related to health equity across the system.

Provide greater resourcing to support non-acute health equity initiatives and delivery of culturally-sensitive care.

If there is going to be an increase in the amount of equity within the health care system, given the demographic imperative of a growing and aging population, special considerations must be given to the development of programs, systems and policies that address the major concerns for seniors.

Specifically, the LHIN should incorporate the range, diversity and complexity of seniors into their planning process by:

- Shifting policy to address the of lack of effective and efficient care delivery across providers (e.g. lack of continuity and coordination of care, system navigation, etc.);
- Providing more appropriate resourcing for community-based services, caregiver supports and delivery of culturally sensitive care;
- Promoting integrated care and case management for seniors and high risk groups (e.g. marginalized seniors, elders in transition, etc.); and
- Supporting equity initiatives related to elder health of the person rather than a disease or organizational focus.

Such changes are consistent with the WHO sponsored movement towards 'Age Friendly Care' and would help the TCLHIN more fully integrate marginalized populations into the system (WHO; Elder Health Think Tank, 2006).

Hospital 2: Rehab

- Create a central database of best practices
- Identify most appropriate data elements and indicators for collecting, analyzing and tracking health equity information
- Develop common methodology and definitions for capturing data and information regarding health equity and social determinants of health and share the information through a series of workshops
- Develop a TCLHIN centralized process and strategy for accessing and funding interpretation services and translating information into multilanguages
- Provide support to fund hospital based health equity programs and initiatives

Hospital 3: Complex continuing care and disabilities

Bridgepoint Health believes it will be in a better position to comment on this question once we complete a thorough data gathering exercise and creation of a Health Equity Patient Profile.

We believe the submission of individual Health Equity plans for all Hospitals will provide the LHIN with extremely useful information to ensure a system wide approach to improving Health Equity. We would like to commend the Toronto Central LHIN for taking leadership on this most important initiatives and we look forward to learning what other Hospitals are doing to “ensure equal opportunities for health for all”.

Hospital 4: Specialized Clinical care

TC LHIN could provide resources to support the development of the Scadding Court-CAMH Equity Organizational electronic toolkit, which will provide province-wide support for capacity building for health service providers. Health Equity Organizational Change Toolkit Backgrounder (Scadding Court) and CAMH

Develop a rigorous reporting and accountability framework for all TC LHIN hsp with respect to health equity that would eventually be integrated into Hospital Service Accountability agreements and could include peer review, on-site visits, electronic reporting and eventually published data on each hsp.

Initiate the development of a broad formal Health Equity advisory body that

would include representation from across the range of TC LHIN health service providers, including community health centres, hospitals, community care access centres and others who receive funding to provide long-term strategic, planning and coordination advice as well as content expertise to TC LHIN.

Develop a health equity database that facilitates the tracking and sharing of data between health service providers and provides health equity trends analysis to support hspcs with the submission of annual plans and eventually set health equity priorities for the TC LHIN catchment area, using an intersectional analysis.

Hospital 5: Specialty

In November 2008, _____ submitted a proposal to the Toronto Central Local Health Integration Network for a Day Health Program. While _____ has evolved its model of care over the years to meet the changing needs of PHAs, it is essential that we continue this evolution to ensure that we maintain our commitment to compassionate care matched to the intensity of PHA health demands. We believe that the next step in this evolution is the Day Health Program as proposed.

The design of the Day Health Program was influenced by extensive community feedback and consultation with clients and other service providers; based on this input, the program is designed to offer coordinated access to a wide range of healthcare and support services as well as efficient links to other important healthcare and community resources.

The three key goals of the Day Health Program are:

1. To provide clinical care support with a commitment to equity to diverse HIV+ participants, so they may live as independently as possible in the community;
2. To maintain and/or improve the health status and quality of life of participants; and
3. To promote the best use of clinical resources (e.g. build on existing resources and services, reduce hospital admissions and stays, reduce use of home care services).

_____ is very pleased with the verbal support it has received to-date from the Toronto Central LHIN and the Ministry of Health and Long-Term Care with respect to this new program. _____ looks forward to working in partnership with the Toronto Central LHIN to make this integration opportunity a reality in the near future.

Hospital 6: Specialty

• Demographic Data Collection

One of the key factors to providing equitable care is the understanding of exactly where and for whom health inequities exist. The ability to collect demographic data regarding race, religion, language status and other demographic profiles from our patients would be instrumental to inform other data around both health status and outcomes and access and operational challenges with regards to certain populations. Collection of this data in a systematic fashion would allow for comparisons among all organizations in the Toronto Central LHIN catchment area that face similar challenges regarding vulnerable populations.

We must use data to inform any strategies formed to address the health inequities that exist within our population, and this data must be comparable from organization to organization. Section 30 (2) of PHIPA notes that 'a health info custodian shall not collect, use or disclose more PHI than is reasonably necessary to meet the purpose of the collection... .' - The purpose of the collection for hospitals is for the provision of health care. With guidance from the LHIN, organizations would be able to collect sensitive demographic data in a coordinated and comparable fashion to help inform research around the effects of social determinants of health on the provision of health care. This research could significantly influence the practice of care for vulnerable populations.

• Proposed Mental Health Strategy

Mental health care is an integral part of a child and youth's overall healthcare. The need to respond to the mental health and substance abuse needs of children and youth is urgent. _____ believes that children and youth and their families should have access to a comprehensive and coordinated system of care, including a full range of psychosocial, behavioral, and pharmacological services that work together to optimize treatment outcome. To build on this belief, _____ Board will approve a three to five year 'Strategic Focus for Mental Health at _____ coinciding with our Strategic Directions that will identify our preferred role. This work has been completed by a planning team of experts augmented through a comprehensive stakeholder analysis. This proposed mental health strategy will:

- Build upon the existing base of programs and services, human resources, and relationships at _____ focused on improving the mental health of children and youth;
- Solidify _____ place in Ontario's developing mental health system for children and youth; and;
- Lay the foundation for _____ role as an international leader in this field.

Mental health care needs to be addressed as well from a systematic standpoint,

to address the fragmentation and variation in service levels within our LHIN and throughout the province. We are willing to take on a leadership role and will rely on the continued support of the LHIN in this area.

- **Advocating for Improved Health for Children**

Many of the solutions to improving health outcomes for marginalized populations, that experience diminished health outcomes due to social circumstances, require coordinated efforts from many different sectors. To fully address health inequities due to social circumstances, marginalized neighbourhoods in Toronto require more robust primary care resources, more focused health promotion material delivered in a culturally competent manner, safe spaces for children to play and grow, and a champion to ensure that these resources are maintained and enhanced as needed. _____ dedicates significant time and resources to ensure that the vulnerable populations that we serve are cared for in a culturally competent and compassionate manner. Additionally, we perform substantial research that generates significant data on these marginalized populations, this data can be utilized by the LHIN to help inform future strategies to alleviate health inequities.

Hospital 7: Acute

- Collect and share patient data LHIN-wide
- Determine what data to collect so that we can collectively benchmark and compare data
- Appropriate compensation for hospital and practitioners when providing care for patients who require more time for appointments (eg. patients with disabilities, seniors, patients who need interpretation, etc.)
- Support trained health interpretation and translation services
- Support transportation for patients
- Support uninsured patients
- Support low-income patients who do not have funds to cover the costs for services that are not listed by OHIP
- Support funding for hospital-wide health equity training
- Support bundling healthcare services for people who face access barriers
- Provide feedback regarding benchmarks (let us know how we are doing)

Hospital 8: Sub-acute

The Toronto Central LHIN could:

- Work with other LHINS to ensure equity of access to services across LHIN boundaries. One of the challenges associated with a regional model is the

potential to create geographic silos of planning and care delivery. _____ straddles the border of three different LHINs, and has at times experienced difficulties in providing access to services outside of the Toronto Central LHIN for patients who are leaving _____ to go home, or to another level of care.

- Play a key role in providing leadership for the continued support and funding that will enable the ongoing development of innovative programs and services that address the issue of patient flow. A key goal is to continue to improve timely access and discharge for those patients who might otherwise be underserved and overlooked because of the complexity of their needs.
- Overcome a major barrier for _____, and other members of the health care system, through addressing the need for improved systems and funding to address the issue of professional health interpretation and translation services.

Hospital 9: Specialized complex continuing care

In respect of supporting a system-wide approach to improving access to medical programs and services and addressing inequities it would be useful if _____ and other hospitals had data that helped to identify the population being served and gaps in access that might be occurring. Furthermore, the Hospital believes value and improved outcomes would be achieved should a coordinated approach be established that is grounded in best practices and provides for clear measures of success. In being proactive, increased resources dedicated to communication/advocacy efforts and human resource efforts dedicated to equitable recruitment and training practices would be helpful. _____ is committed to working collaboratively to achieve system-wide health equity.

Hospital 10: Community and Specialty

Guidance and Support for TCLHIN-wide Equity-related Initiatives

Tony Culyer in his presentation to _____ stated that creating health equity is not and cannot by its nature be the responsibility of any one organization. To that end, _____ supports the TCLHIN to take leadership, in collaboration with health service providers to answer the questions “equity of what?” and “equality of what?” that then can be suitably interpreted in more local contexts.

Data, Collection and Analysis

Community information is distributed widely across a variety of sites. Geographic boundaries are inconsistent/inappropriate. Community health information currently is restricted to general (often dated) census or population health data of

questionable utility for hospital planning, and the challenge of integrating community and hospital information is daunting. Equity-related indicators have not been consistently developed or implemented for LHIN purposes; furthermore, a Toronto Central LHIN-wide hospital equity agenda requires data beyond the boundaries of any particular hospital, but integrated into an overall picture, analyzed collectively, with hospital service planning coordinated accordingly.

Guidance and Support for Language Services

_____ aims to provide high quality interpretation and translation services in order to minimize the barrier that is created when patient and healthcare provider do not share a common language. Through the provision of interpreter services we are also minimizing the risks and ensuring quality patient care. We can only predict that the need for this service will continue to grow in the years to come.

Guidance and Support for Services to Uninsured Patients

Uninsured patients are an important population at _____ and among other hospitals in the TCLHIN. Attempting to foster a collective hospital response to the issues of uninsured patients has been one of main initiatives of the Hospital Collaborative, which has issued a number of recommendations to be considered by all Toronto hospitals (see Appendix 9). TCLHIN-wide guidance and support could facilitate the development of inter-hospital policy and practice consistency on services to uninsured patients.

Hospital 11: Acute

Recognizing the evidence on the increased cost of caring for disadvantaged populations, the LHIN implement an appropriate equity funding model to reflect the true cost in a tertiary care environment.

Improved funding and systems for qualified health interpretation and translation services as they represent a major barrier for _____ and the entire health sector.

Toronto Central LHIN could play an important role in advocating for and instituting more effective reporting health system practices to support health equity initiatives, by improving LHIN-wide data collection, specific to populations who continue to experience health inequities.

Leadership for the networks that address health inequities and promote integration of the services within the Toronto Central LHIN.

Actively promoting health equity models with the other 13 Ontario LHIN's, provincial ministries and the City of Toronto who are working to address the social determinants of health (ie. Poverty, Housing, Education, Legal, etc.)

Hospital 12: Critical care

- Better description of the purpose and use of the health equity report
- Specific data collection and analysis regarding diverse groups and health within our LHIN (i.e. ethno-racial groups, women, disabilities, homeless, etc.).

Hospital 13: Community

The information synthesized from the TC LHIN hospital health equity reports and recommendations out of that synthesis should be shared with other organizations and groups with a mandate that overlaps with health equity, such as Accreditation Canada and AccessON.

_____ is recognized in the community for our fair and equitable approach to providing services for the uninsured, especially in the area of obstetrical care. Providing services for uninsured persons will continue to be a primary concern for the Hospital as we try to balanced individuals with access to essential hospital services with the increasing need to recover costs. Hospital services for the uninsured require both a short term fix and a long-term systematic approach. An approach similar to Wait Times, where resources follow patients through the system, is one worth investigating.

Hospital 14: Sub-acute

1. The need for a comprehensive list of metrics from all TC LHIN neighbourhoods, which are accessible to all organizations serving multiple communities.
2. Culturally congruent care training for staff from across the continuum with a standardized curriculum.
3. Research into health status in individuals with chronic disabilities living in the community.
4. The limited access to outpatient clinics for therapies, behaviour management, and health prevention is an existing system pressure. Financial barriers to accessing these services are considerable.
5. The opportunity to frame equity directions around existing endeavours on patient/client focused care.
6. The need to build upon and enhance the role of organizations (i.e. hospitals, community centres) as an advocate for their clinical populations in the health system.

7. Refine the role and resources to enhance the Hospital Collaboration on Marginalized Populations activities and leadership.
8. Consideration of funding to enhance the resources available to support and lead health equity and diversity initiatives.

Hospital 15: Rehab

1. Prioritize health inequities that are within the realm of influence of hospitals.
2. Set targets and meaningful degrees of change for health inequity in the TCLHIN so that health care facilities can align their integration initiatives with overall goals.
3. Establish standard dataset and data collection methods related to health inequities.
4. Adopt a web based data collection system for racial and ethnic data collection such as HRET Disparities Toolkit for collection information about race, ethnicity and primary language from patients (<http://www.hretdisparities.org/index.php>). The toolkit provides training material for clinicians - to ask the questions in the best manner possible.
5. Develop web based mechanisms to communicate best practices and facilitate integration.
6. Set standards for culturally competent care - Do this with Accreditation Canada as was done by the accreditation body in the United States.

Hospital 16: Acute

Recognizing the unique health equity needs in the TC LHIN, it will be vital for the TC LHIN to collaborate with other LHINs to develop a robust planning framework for vulnerable patient populations across GTA and Ontario. The TC LHIN could take a leadership role in funding ___ for additional services in: Tuberculosis, Thalassemia and Sickle Cell, Community Mental Health and Addictions, Eating Disorders and Hepatitis B.

The Hospital Collaborative on Health Equity has developed a number of proposals for action on uninsured patients in Toronto which the TC LHIN should consider.

It will be vital for the TC LHIN to continue to maintain emphasis on the equity agenda in order to sustain momentum across Toronto. This includes inserting the equity agenda into health service provider and TC LHIN accountability agreements and working with hospitals and agencies to identify and set benchmarks and targets for health equity outcomes.

The TC LHIN can also work with MOHLTC to create a clear set of guidelines for equitable discharge to Long Term Care Homes (LTCHs). _____ believes that it would be more equitable if resources were made available so patients can wait for the LTCH of their choice in a non-acute setting.

The TC LHIN can also support the Toronto Hospital Interpreter Task Force in its proposal for the Partnership for Service Improvement Demonstration Project initiative.

Hospital 17: Rehab and complex continuing care

_____ suggests that the Toronto Central LHIN should consider the following to ensure a system-wide approach to improving health equity:

Development of systematic, LHIN-wide methods for collection and dissemination of relevant information by leveraging existing e-health capacity and alliances.

Elimination of residency-related health inequities in the availability of, eligibility for and funding of health services and equipment. Such inequities create difficulties and delays in discharge planning, impede patients' recovery and increase reliance on institutional care.

Clarification on the scope of health equity-related issues that can or should be addressed within a public health system. There is evidence to suggest that the resources of the health system are already disproportionately allocated toward meeting the needs of disadvantaged and socially vulnerable populations. Considering the social determinants of health and the root causes of less than optimal health outcomes, other social service and private sector players (e.g., agencies involved in social housing, employment, immigration/settlement, etc.) should share responsibility for avoiding and re-dressing factors that lead to inequitable health outcomes.

Identification and dissemination of best practices in health equity, diversity and cultural sensitivity practice and training to avoid costly duplication of effort and expedite uptake of effective strategies to mitigate health inequities in hospitals. This would be facilitated through the development of a toolkit.

Clarification of expectations with respect to standards for health equity and allocation of appropriate funding to cover the associated costs.

Hospital 18: Specialty

Facilitate collaboration/development of:

- Common data/measurements/indicators for equity-based planning and quality management;
- System wide approach to patient satisfaction, review of hospital data and other mechanisms to support quality control and innovation around diversity/equity;
- Different models for delivery of interpretation services:
- centralized language interpretation resources to improve quality of care; reduce costs;
- flexibility of options to ensure availability of appropriate wide range of languages;
- Funding models and infrastructure to encourage innovation and share best practices.
- System approach for addressing care for people who are uninsured/undocumented.
- Funding and strategic processes that support innovative outreach, services and partnerships between hospitals and community agencies to better address the complex health needs of marginalized populations, such as hospital-based professionals providing primary care in community settings, increased utilization of community and peer workers for outreach and services, etc.