Executive Summary

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SUMMARY: TORONTO CENTRAL LHIN HEALTH EQUITY STRATEGY

Health disparities or inequities are differences in health outcomes that are **avoidable, unfair and systematically** related to social inequality and disadvantage. In the Toronto Central LHIN, there are:

- three times as many people with low income reported poor or only fair health than those with high income;
- the burden of many chronic illnesses follows a social-economic gradient: the incidence of diabetes is over twice as high in low income versus high income neighbourhoods;
- even in areas where disadvantaged populations have greater documented need, access to and utilization of health services is inequitable:
  - low income people go to physicians more for arthritis;
  - yet the rate of hip replacements for people from low income neighbourhoods is less than half those of high income.

The overall goal of this health equity discussion paper is to reduce or eliminate socially and institutionally structured health inequalities and differential outcomes. The impact of ensuring equal opportunities for good health for all would extend far beyond enhancing individual and collective well being. Reducing pervasive and damaging health disparities will also contribute to overall social cohesion, shared values of fairness and equality, economic productivity, and community strength and resilience.

The roots of health disparities lie far beyond the health system in wider social and economic inequality, and much of the solution to health disparities lies in macro social and economic policy and in policy collaboration and coordination across governments. But a great deal can be done within the healthcare system to address the harsh impact of overall disparities and enhance the well being of even the most disadvantaged.

This discussion paper sets out a comprehensive approach designed to reduce inequitable access to healthcare, target critical barriers and disadvantaged communities, and encourage innovation and system transformation to enhance equity. A 12-point action plan sets out an interconnected series of concrete and achievable recommendations on what could be done to reduce health disparities in Toronto.

Create a Powerful Equity Vision

Most of this paper is about **how** effective health equity activities can be implemented. But we need to be very clear on **why** – what is intended to be achieved.

A proposed health equity vision for the Toronto Central LHIN is: to create and sustain a healthcare system in Toronto where all have equitable access to a full range of high-quality healthcare and support, and systemic and avoidable health disparities are steadily reduced. All specific program directions, service interventions and resource investments to be implemented can then be judged in terms of how they contribute to achieving this vision. The Toronto Central LHIN could kick-start efforts on health equity by:

1. Creating a powerful and inspiring vision of health equity and making a clear strategic commitment to reducing health disparities.

Starting From Strengths

The Toronto Central LHIN has emphasized social determinants of health, equity and diversity from its inception. Many of the key directions and priorities emphasized in this discussion paper have already been initiated. Also, there is a great deal of innovative front-line service delivery underway addressing health disparities and the needs of disadvantaged populations. Effectively building on this commitment, experience and community strength is a critical success condition.

Take the Long View, but Get Going

This discussion paper tries to be both ambitious and realistic. While we want to be steadily moving forward on addressing health disparities, we also have to realize that fundamental change does take time. Addressing pervasive social problems and shaping system change in spheres as massive as healthcare is a complex challenge. In practical terms, this means that the LHIN needs to break the various problems, initiatives and lines of action up into achievable projects and programs. That is, the LHIN needs to 'chunk' out the overall equity work into initiatives that can be effectively phased in, and will complement and build on each other over the long-term.

There is a second reason why health equity reforms are bound to be incremental and iterative. The nature and basis of health disparities is broadly known, as well as the most promising strategic directions and types of service interventions needed to address them. But there is not enough research and evaluation data on which particular types of program or which particular interventions work best in reducing disparities on the ground. This means that the LHIN will need to continually and systematically pilot and experiment. On the basis of available knowledge and research, the LHIN will need to make our best estimate of potentially significant initiatives; to fund and resource a range of promising experimentation; to build in evaluation indicators and mechanisms to all projects; to monitor all interventions for their impact on health disparities; and to adapt programs and services as needed. The goal is to create a continuous cycle of equity-driven innovation, continually building on what has been learned about what interventions are working well.

Action Plan

This discussion paper sets out a combination of short, medium and longer-term directions and interventions that will both show progress and build momentum quickly, and lay the foundation for fundamental and sustained change.

These action recommendations are grouped under three major themes.

I: BUILD EQUITY INTO SERVICE PROVISION

The first of these themes is that the Toronto Central LHIN should use the levers and resources it controls in a systematic way to enable, encourage and ensure equity is built into all service delivery and into the very fabric of health service providers.

2. Set clear and achievable expectations, such as requiring health equity plans from service providers.

Equity also needs to be operationalized in service delivery and planning by incorporating equity expectations and targets into routine performance management and accountability processes, and into the dense web of financial incentives that drive day-to-day work.

3. Build equity into all aspects of ongoing performance management – from clear targets and indicators through incorporating equity into the service accountability agreements.

II: STRATEGICALLY TARGET INVESTMENTS AND INTERVENTIONS FOR GREATEST EQUITY IMPACT

A second major theme is to target resources and services where they will have the greatest impact on reducing critical access barriers and improving the services and health of those facing the harshest disparities. This requires good local research and information to be able to analyze which populations are most in need and will benefit most from targeted interventions, and what barriers and problems are creating the disparities. For example, are the main problems language barriers, lack of coordination among providers, lack of services in particular neighbourhoods, etc.? Involving local communities and stakeholders is also critical to understanding the real local problems.

4. Strategically target investments and service interventions to have the most impact on reducing language, navigation and other barriers to equitable access to high-quality care for all.
5. Concentrate comprehensive and multi-disciplinary services in the most health disadvantaged populations and neighbourhoods.

III: BUILD EQUITY INTO SYSTEM TRANSFORMATION

Massive transformation of the healthcare system is underway on many fronts: from electronic records and information management systems at the back end to reducing wait times, expanding primary care and enhancing the quality of front-line services. The challenge is to incorporate equity into these system changes and to ensure that reducing health disparities is one of the driving goals and outcomes of health reform. In the Toronto Central LHIN's sphere it should:

6. Strengthen the services and spheres that can make the most difference to reducing health disparities – such as enhanced primary healthcare.
7. Build equity into crucial directions for health reform – such as chronic disease prevention and management.
8. Drive patient-centred care through an equity lens – so that well focussed program interventions take account of the more challenging circumstances and greater needs of disadvantaged populations and that quality improvement is seen through an equity lens.
9. Invest up-stream in health promotion and preventive services through an equity lens - concentrating specifically designed services in areas and communities with the greatest needs.

10. Address the wider social determinants of health through cross-sectoral collaborations, integrated social, health and other comprehensive community-based services that reflect the lived experience of disadvantaged communities, and policy advocacy.
11. Drive continuous service and system-level innovation through an equity lens – developing better sources of equity data, relying on solid local research, enabling front-line innovation, and creating forums to share promising practices and lessons learned.

And internally:

12. Implement all this through careful staging, momentum building and community mobilization, and by dedicating specialized staff and resources within the Toronto Central LHIN to really be able to focus on equity and diversity.

CONCLUSION

This discussion paper is comprehensive and wide-ranging. It is also grounded in solid experience: initiatives from around the world, across Canada and across this city show that action on health disparities is possible, and point the way to the most promising directions.

The discussion paper is also pragmatic and practical. All its recommendations cannot be addressed at once, and careful staging will be critical. Timeframes for specific recommendations have been designed so they can be effectively dovetailed and phased in, while not overwhelming the LHIN and its partner service providers. There is also room for learning: recommendations can – and should - be flexibly adapted to take account of experience as they are implemented and as their impact is evaluated. The overall framework five years from now will no doubt look considerably different than envisioned.

Many promising equity-driven initiatives are already underway across the LHIN, there is considerable community and provider support for action, and quick progress is possible on many fronts. Moving decisively on 'ready-to-go' issues will build momentum for addressing the more complex longer term recommendations and deep-seated barriers and disparities.

Addressing health equity is an ambitious project. Working collaboratively with all its health service provider partners and many diverse communities, the LHIN's implementation of these directions will reduce inequitable access to health care, target critical barriers and disadvantaged communities, and encourage innovation and system transformation to enhance equity. The LHIN has a tremendous opportunity to make a huge contribution to equitable health for all its residents and to a vibrant and healthy city.