

TC LHIN Health Equity Action Planning

Consultation Highlights – May 2011

On May 5, 2011, the Toronto Central (TC) LHIN convened 44 diverse stakeholders from across sectors to solicit expert advice on health equity action priorities mapped against a 1-3 year timeline. Based on a voting methodology, the participants identified the following top health equity priorities.

1. Collect equity data and develop equity indicators
2. Develop shared interpretation and translation services
3. Improve access for non-insured clients.

Background: The TC LHIN's Strategic Plan places health equity at the forefront as one of three priorities for achieving *Excellent Care for All* across the health care system. The ability to measure health disparities for different sub-populations and establish meaningful metrics to demonstrate improvement is a cornerstone of the TC LHIN's health equity strategy. To further this goal, the LHIN has established a small Equity Advisory Group and seeks input from a variety of equity-focused groups in the LHIN. The May 5, 2011 Equity consultation was one of those engagement opportunities to inform the Toronto Central LHIN's Equity Action Plan.

Methodology: The 44 participants represented various health networks, HSPs and community health partners. They were each given three votes to prioritize actions and six votes to identify the appropriate role for the TC LHIN related to specific activities related to each action (lead, influence or other role).

Results: The following top three priorities were identified for the TC LHIN to lead:

Priority 1: Equity data collection and equity indicators

- Collect equity socio-demographic variables by all HSPs in order to apply an equity lens to current health outcome indicators
- Collect at least one equity indicator to be measured by all HSPs and at least one sector-specific indicator

Priority 2: Shared interpretation and translation services

- Increase the efficiency and quality of interpretation and translation services across the LHIN through a shared services model among LHIN-funded HSPs

Priority 3: Improve access and consistency of care for non-insured clients

Discussion:

- For each of the priorities, participants contributed valuable information on related initiatives currently underway and reflections on who should be involved to increase system impact.
- Participants acknowledged that organizational accountability (i.e., having health equity as a dimension of Quality Improvement Plans under Excellent Care for All and health equity impact assessments also contribute to reducing health disparities between different groups.
- Participants completed a survey on the LHIN's process for selecting health equity indicators. They agreed with the LHIN's proposed approach to developing health equity indicators. This approach would involve establishing a TC LHIN indicator task group to develop and lead the indicator selection process, seeking input through current TC LHIN structures (i.e. Health Professionals Advisory Committee) and bringing the indicators to HSP leaders for validation and adoption through the sector tables.

The Toronto Central LHIN accepts these recommendations and will proceed on the following Health Equity Action Plan in 2011/12

1. Equity data collection and equity indicators

- Achieve agreement with HSPs to collect consistent data elements leveraging current data initiatives, i.e., Tri-Hospital Health Equity Data Collection Collaborative's pilot, the TC LHIN's Mental Health and Addictions decision support working group
- Begin to implement the collection of common data variables, starting with hospitals and include in accountability agreements in 2012/13.

2. Select and adopt system-wide and sector-specific equity indicators

- Select approximately three system-level equity indicators and up to three sector-specific indicators to be incorporated into accountability agreements in 2012/13.

3. Shared interpretation and translation services

- Bulk purchase shared interpretation and language service available to all TC LHIN providers as a first step toward a LHIN-wide coordinated and shared interpretation system

4. Improve access for non-insured clients

- Develop and adopt common standard processes for non-insured clients between hospitals and CHCs including fees, administrative processes and referral practices.