Learning Essentials for Advancing Health Equity
Module One, Part One: ***Health Equity 101***

BUILDING CAPACITY FOR EQUITY-INFORMED PLANNING AND EVALUATION

Health Equity Project Leader

Access Alliance Multicultural Health and Community Services

Health Equity Project Capacity Building Partner

Association of Ontario Health Centres

7 Health Equity Project Champions

Chigamik, Planned Parenthood; North Lambton; Rideau; Somerset West; Témiskaming; and Women's Health in Women's Hands Community Health Centres

Funder: Ministry of Citizenship and Immigration

Today's learning objectives are to :

1) Understand global, national and regional perspectives on health equity
2) Review key inequities that provide opportunities to impact the health system
3) Understand basic building blocks for achieving health equity
4) Gain perspective on current work around health equity.


outcomes
individuals
support
different
transportation
recognizing
pursue
providing
optimal
address
Giving
person
racialized
Health
program
whole
planning
literacy
opportunity
reach
access
everyone
place
isolation
others
wellbeing
approach
health
resources
life
risk
full
Framework
inclusive
achievelooking
women
primary
need
equity
prioritizing
poverty
clients
poor
barriers
youth
Inability
Seeking
quality
care
services
wellness
Equal
potential
enrichment
needs
acquire
language
experience
welcome
low-income
identify
communities

A global perspective on health equity

World Health Organization

The WHO focuses on

- preventable health inequalities,
  as distinct from biological ones, and
- human rights principles.

A 2008 report asserts the need for clear goals that lead to better policies and interventions and reduce the gap so that everyone has access to fruit on the healthcare tree.

What about health care and health equity in Canada?

Tension exists between

- our overall commitment, and
- persistent inequities.

National and provincial sources

- Black Health Alliance
- Well Living House
- Rainbow Health Ontario
- National Collaborating Centres
- Canadian Association for Mental Health
- Upstream: Institute for a Healthy Society
- Wellesley Institute
- Health Nexus

Shared Model of Health and Wellbeing

The causes of health disparities

- Data shows that Indigenous and racialized communities experience broad health disparities.
- Sexism, racism, homophobia and other types of social exclusion are linked to health care barriers and negative health outcomes.
- Race and poverty remain the strongest indicators of poor health.

Data collection by our project champions

- Racial/ ethnic group, gender, date of arrival to Canada, sexual orientation, disabilities; francophone, fluency in official languages, spoken language/ preferred language, country of origin, education, household composition, Insurance status, household income, # of persons supported by income;

- Type of housing, employment status, food security, transportation barriers, social network, sense of belonging and rurality.

Indigenous Health

- Over 60% of Ontario's Aboriginal population lives in urban areas. Public health assessment data for this population is almost non-existent, despite its size (150,570 persons).

- Over 90% of Toronto indigenous population lives below the before tax low income cut off. (2016)

- 52% of the First Nations population in Hamilton reported at least one visit to the emergency room over the past 2 years for acute problems compared to 22% of the Hamilton and 20% of the Ontario population.

Socio-economic disparities

	Men	Women
All Canadian earners	40,782	28,860
Black	27,446	27,137
Latin American	31,932	23,346
South Asian	30,674	20,863

Source: Statistics Canada, 2016 Census of Canada

Racialization of Poverty

Prevalence of low-income among visible minorities:

All Canadians	14.2%
Arab	36.2%
Black	23.9%
Chinese	23.4%
Korean	32.6%
West Asian	34.7%

Source: Statistics Canada, 2016 Census of Canada

Rural and Remote Health Disparities

Comparing life expectancy in 3 Local Health Integration Network (LHIN) regions, 2015:

Northwest LHIN	Central West LHIN and Central LHIN
78.6 years	83.6 years

LGBTQ+ Health Disparities

Rainbow Health Ontario
Santé arc-en-ciel Ontario

Disabled people face loneliness and isolation

16% of Canada's population lives with some form of disability. This affects their level of freedom, independence or quality of life.

United Kingdom research (2015):

- 23% of disabled people feel lonely most days
- 38% of young disabled people feel lonely most days
- 29% can only meet with friends once a month or less
- 6% report having no friends at all

Source: Holt-Lunstead et al. (2015)

Interconnected Factors Impacting Access

1) Determinants of health,
2) Socio-demographics, and
3) Structural factors

Access to public vs. private services

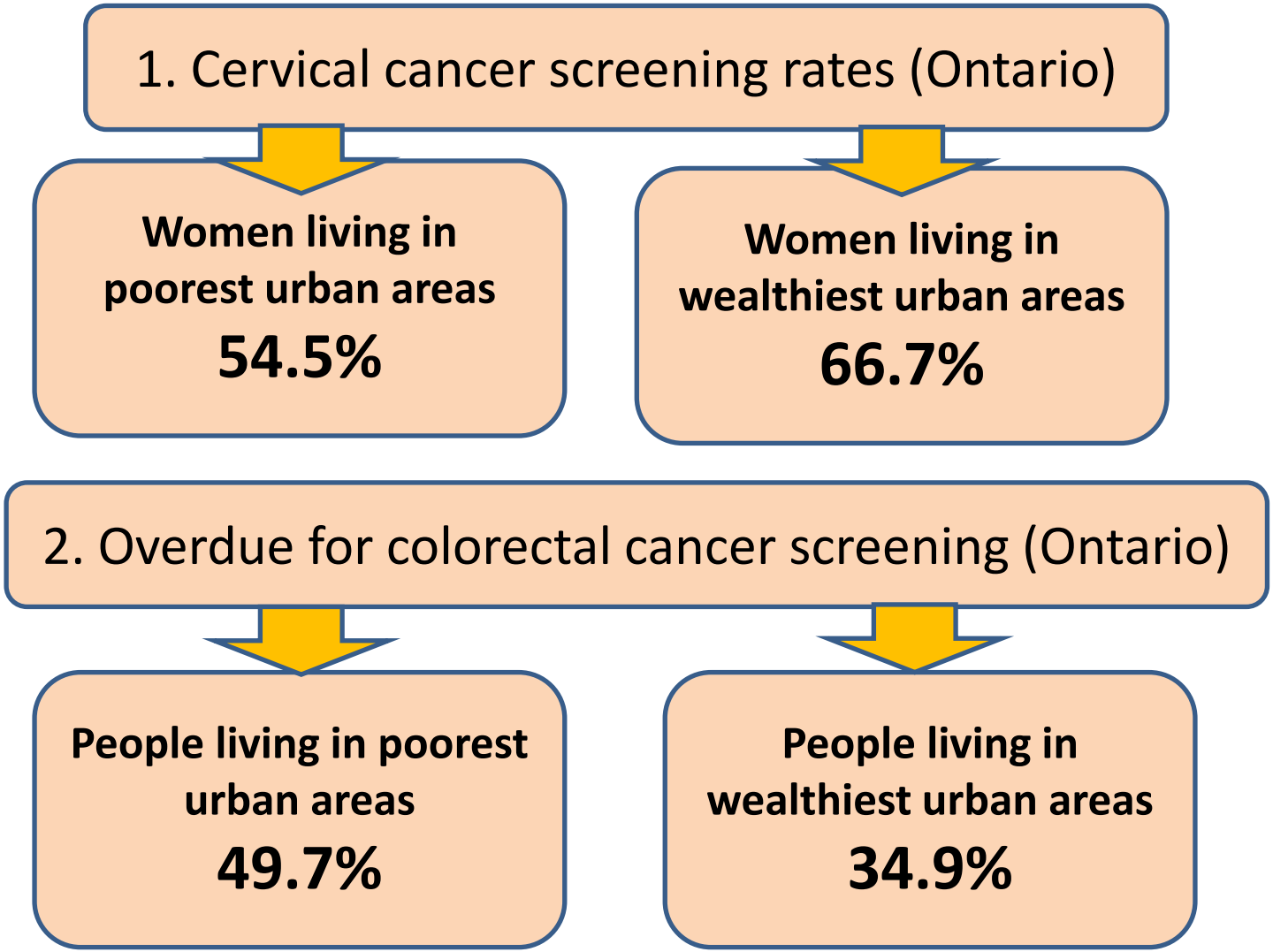
What affects access to public healthcare?

- immigration status (i.e. not having status or precarious status)
- being very recently arrived (3-month wait)
- being homeless and uninsured

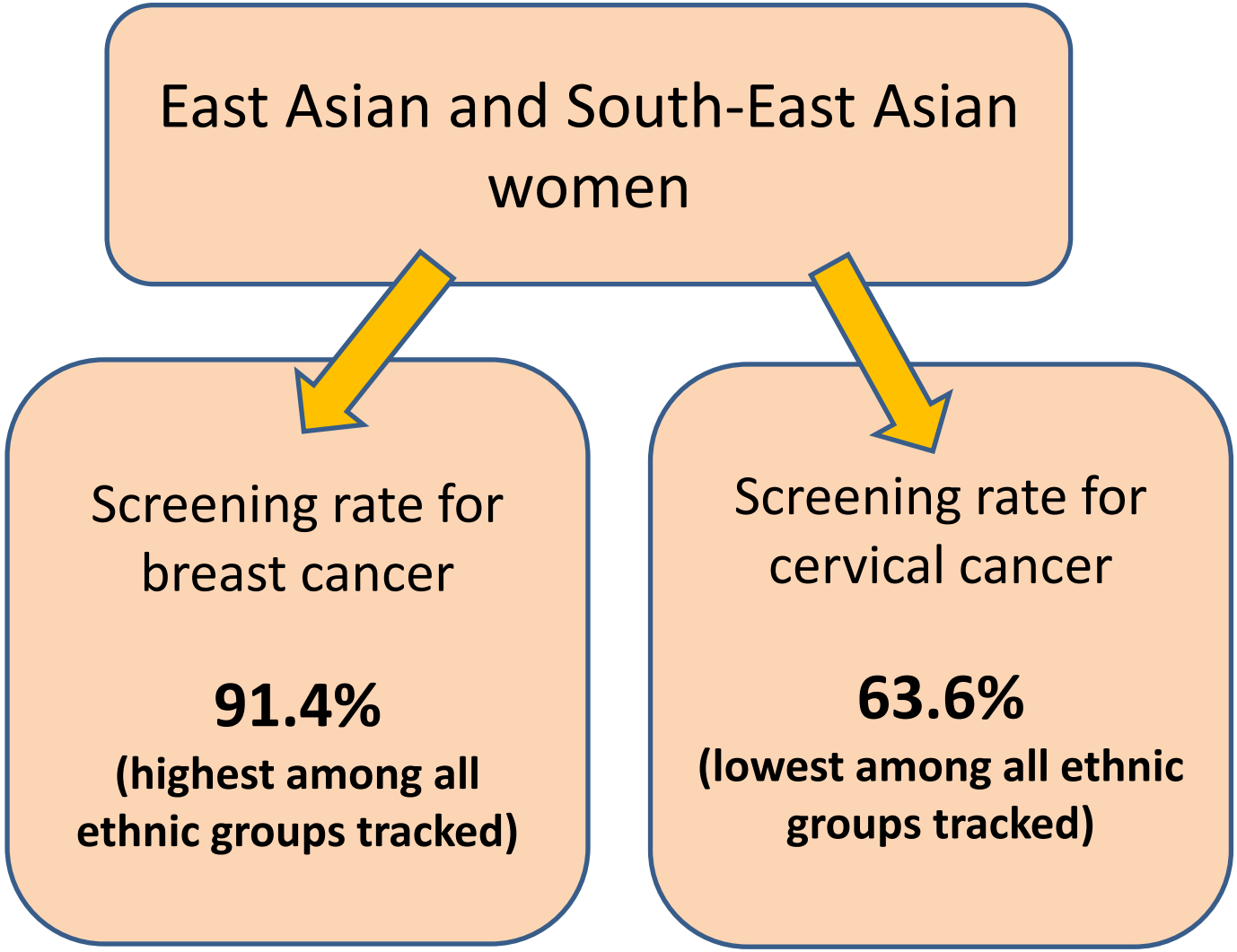
What affects access to private health care (dental, eye care, or prescription drugs)?

- being the working poor/precariously employed adult
- no extended healthcare benefits
- self-employed

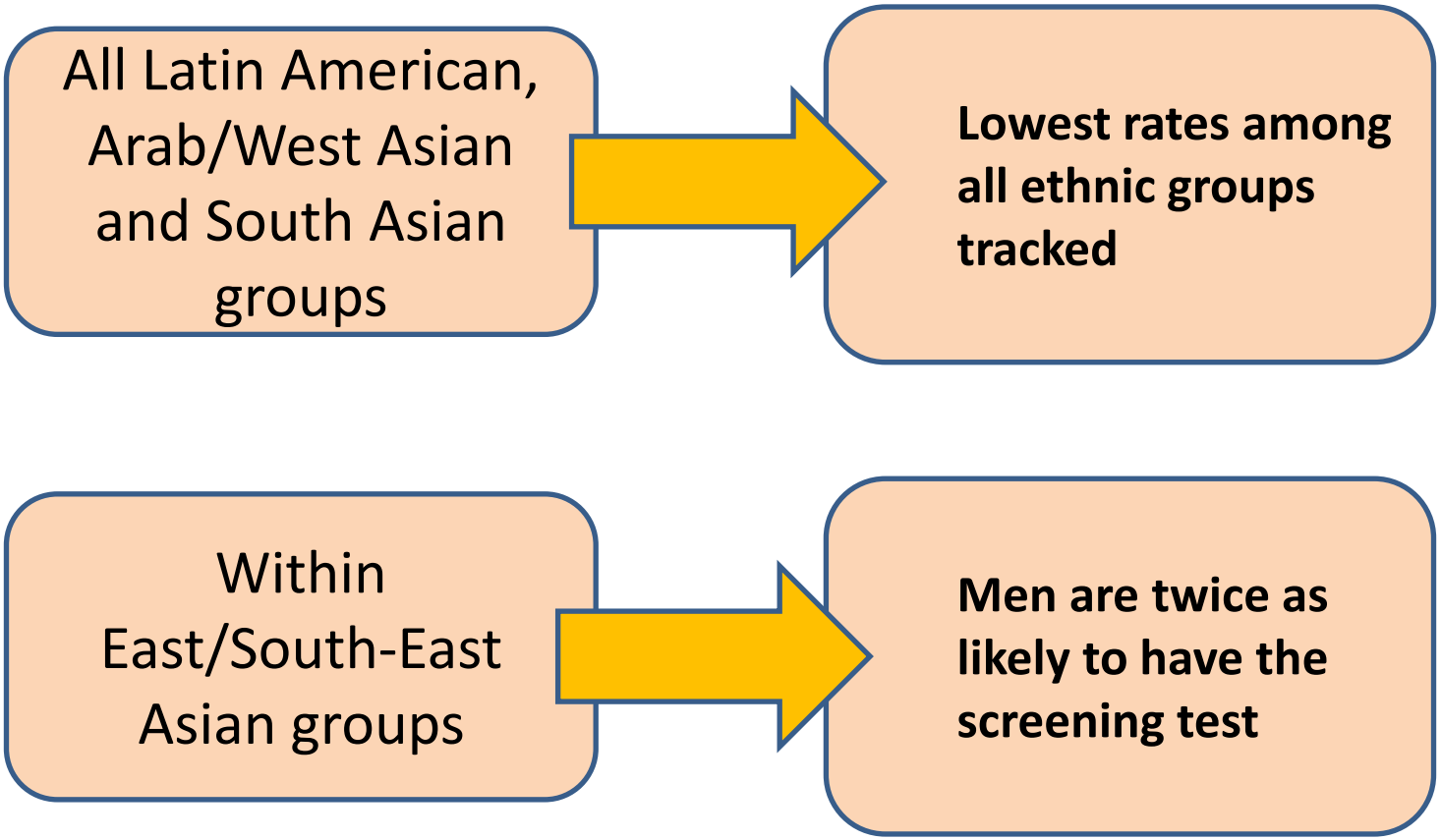
Disparities in cancer screening rates



Screening rates for same ethnic group



Colorectal cancer screening rates



CHCs are champions for health equity

#1 to #4: Vital Eight Core Indicators

1. % of organizations that offer programs/initiatives to reduce: tobacco use; unhealthy eating/food insecurity; problematic substance use; obesity/healthy weight management; physical inactivity; and social isolation

2. % of clients reporting involvement in care decisions

3. % reporting self-rated physical health as excellent or very good

4. % reporting self-rated mental health as excellent or very good

#5 to #8: Vital Eight Core Indicators

5. % of eligible clients who received/offered colorectal/cervical cancer screening stratified by income

6. % of clients who always feel comfortable and welcome at [your CHC]

7. % of ongoing primary care clients receiving inter-professional care

8. % clients reporting very strong or somewhat strong sense of community belonging

CHC leadership to address inequities

CHCs will be collecting data on the percentage of clients who received or were offered:

- cervical cancer screening in the previous 3 years
- colorectal cancer screening in the last 2 years

either at the CHC or outside the CHC, by income level

Good News for Advancing Health Equity

- Ontario government has prioritized health equity under Bill 41, the Patients First Act (2016)

- Health Quality Ontario (HQO) is ready for Health System Performance Measurement of Health Care Equity and sees us as leaders.

Successful advocacy with Ontario government: Patients First Act (2016)

Two pillars of the act are

- health equity, and
- health promotion

AOHC members are strong in these non-clinical factors, and we can influence the new regional model that applies to LHINs.

Health Quality Ontario's
HEALTH EQUITY PLAN

Let's make our health system healthier

Ontario
Health Quality Ontario

What does the Health Equity Plan apply to?

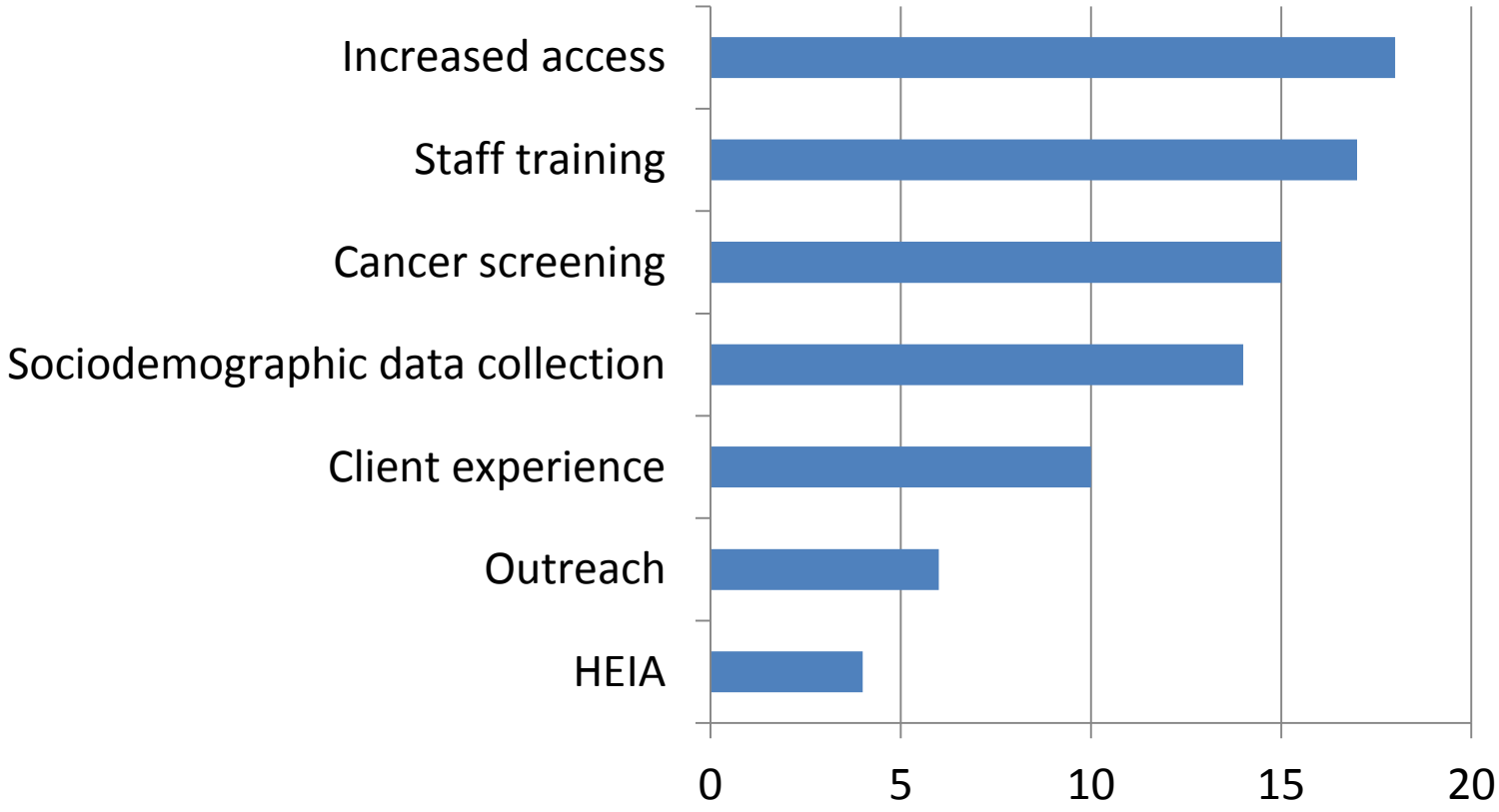
It applies to

- health (status and outcomes), and
- healthcare (access and service quality)

It affects decisions related to allocation of resources.

It assigns priority to reducing health inequities.

QIP Top Equity Themes – CHCs 2016



Reflection:

What does being "bold, strategic and relentless…" mean for you?

What conversations about equity are you having at your team level?

Resources

Health Equity Charter (Association of Ontario Health Centres)
https://www.aohc.org/Health-Equity-Charter?lang=en

Model of Health and Wellbeing (Association of Ontario Health Centres)
https://www.aohc.org/model-health-and-wellbeing

Health Equity Project Information on AOHC website including link to Baseline Assessment Survey
https://www.aohc.org/Health-Equity-Indicators-Project