



Creating Health Equity In the Toronto Central LHIN

February 13, 2009

Janine Hopkins
Senior Director for Community Engagement &
Corporate Affairs
Toronto Central LHIN
425 Bloor Street East, Suite 201
Toronto, Ontario
M4W 3R4

Subject: St. Joseph's Health Centre's Health Equity Plan

Dear Ms Hopkins,

We are pleased to submit to you the St. Joseph's Health Centre's Health Equity Plan.

We welcome this initial report as an opportunity to take stock of our equity-related activities and to begin to identify crucial areas in which to make progress.

Although we have identified a number of valuable practices and challenges ourselves, I believe we share with other hospitals health equity-related priorities in:

- the development and integration into our performance management frameworks of critical health equity data and indicators;
- the efficient delivery of appropriate language services;
- creating consistent policies and practices in the provision of services to uninsured clients.

We look forward to working in partnership with the Toronto Central LHIN and other Health Care Providers to create an accessible health care system that steadily reduces systemic and avoidable health inequities in Toronto.

Sincerely,



Richard Edwards
Director,
Community Engagement & Urban Health

Table of Contents

Our Hospital's Vision of Health Equity

Section 1 – Access, Priority Setting and Planning

Section 2 – Promising Practices

Section 3 – Policies, Procedures and Standards

Section 4 – Governance

Section 5 – Targets and Measurement

Section 6 – Communications

Section 7 – Potential Roles for the Toronto Central LHIN

Section 8 – Attachments

Section 9 – Contact and Authorization

ST. JOSEPH'S HEALTH CENTRE:

Does your hospital have a health equity vision and if so, please describe how it aligns with the Toronto Central LHIN's definition? If not, is there a plan to develop one?

As a community hospital in the Catholic tradition, St. Joseph's Health Centre provides service in such a way and holds certain values that embed equity in its practice.

St. Joseph's Health Equity Vision Must Be Located in the Larger Health Equity Context:

The roots of health inequities lie beyond the health system in wider social and economic inequality, and many of the health equity solutions lie in macro social and economic policy and in policy coordination across governments. All of this is beyond the formal mandate and powers of the LHINs.

Nor do the LHINs control crucial parts of the healthcare system that affect equity, primary care physician services especially.

Nonetheless, within those parts of the healthcare system under the LHINs' jurisdiction, a great deal can be done to address the impact of overall social inequities and enhance the well-being of even the most disadvantaged. It begins with expressing a commitment to and defining a vision for health equity.

The 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 inequities are steadily reduced.**¹

Hospitals are by far the largest providers of acute healthcare services. It is therefore crucial that the way in which hospital services are provided supports overall goals of reducing health inequities. Hospitals can do this by ensuring access to appropriate high-quality care for all, including the most disadvantaged and challenging individuals and populations. In fact, this is one of the defining qualities of Toronto community hospitals: responsiveness to the needs of local residents, including vulnerable communities whose immediate needs are for basic comprehensive high quality health care.²

¹ Toronto Central Local Health Integration Network. HEALTH EQUITY DISCUSSION PAPER: Executive Summary. Submitted by Bob Gardner, July 2008. Accessed January 5, 2009 from http://www.torontocentrallhin.on.ca/uploadedFiles/Home_Page/Report_and_Publications/Health%20Equity%20Discussion%20Paper%20Executive%20Summary%20v1.0.pdf

² The Role of Community Teaching Hospitals in the Toronto Central LHIN. *Report Prepared for Toronto East General Hospital and St. Joseph's Health Centre.* HayGroup, July 2007.

St. Joseph's Health Centre is the only acute care hospital in the Toronto Central LHIN west of Bathurst Street. Provision of accessible high-quality hospital services is St. Joseph's basic contribution to health equity in Toronto.

St. Joseph's Health Equity Vision is Located in the Context of its Catholic Health Care Heritage:

St. Joseph's has many equity-relevant health care initiatives on which to build, not least our strategic commitments to patient- and family-centred care and enhancing the health of the communities we serve. Moreover, as a Catholic community hospital St. Joseph's has evolved within the rich tradition of Catholic health care to serve communities through local cooperation, premised on the belief that community needs are best understood and satisfied by people who are closest to them and who, through the values of respect, dignity, and compassion, act as neighbours to persons in need.

St. Joseph's heritage, its Mission and Values already entail the Toronto Central LHIN's health equity vision to provide equitable access for all to high-quality healthcare:

Mission:

St. Joseph's Health Centre is a Catholic community teaching hospital providing health care services that reflect the Gospel values of respect, dignity and compassion.

We are committed to fostering a healthy community for all. Working in partnership with our community, we reach out with the healing ministry of Christ to the sick, the disenfranchised and the disadvantaged.

Values:

As a Catholic hospital, we believe that life is sacred, from the moment of conception until death, because it has been given to us in trust by God. Recognition of the gifted nature of human life has implications for how we treat each other and how we care for every patient, while having the integrity and courage to remain faithful to who we are. For those who are not part of the Catholic religion or do not believe in God, this belief translates into respect, dignity and compassion – universally accepted human values that can be practiced by all regardless of religion.

- Human Dignity: We believe that each person is valued as a unique individual with a right to respect and acceptance.
- Excellence: We are committed to strive for the best in care, education, research and the quality of work life. Compassion: We believe in a quality of presence and caring that fosters healing and wholeness.
- Social Responsibility: We act to promote the just use of resources entrusted to us for the enhancement of human life.

- Community Service: We believe that a community of people working together in a climate of mutual support enables both healing and the fulfillment of human potential.³

St. Joseph's has Initiated a 'Corporate Conversation' about its Health Equity Vision:

The heritage, Mission and values of St. Joseph's provide a foundation on which to build an explicit health equity vision. In response to the TORONTO CENTRAL LHIN's Health Equity Report directive, St. Joseph's has initiated a "corporate conversation" about what the explicit health equity vision should be at St. Joseph's, to build on our good work and begin to address gaps that may exist in what we are already doing.

On September 9, 2008, Tony Culyer, an internationally-renowned health economist and author spoke to the Senior Management Committee and presented at Ethics Grand Rounds on various concepts and frameworks for health equity. October 3, Kwasi Kafele, Director, Corporate Diversity with the Centre for Addiction & Mental Health (CAMH) presented St. Joseph's monthly Management Forum and conducted a preliminary equity priorities discussion with members.

St. Joseph's community advisory Population Panels and its Ethics Committee have been other venues for discussion of possible components of a health equity vision, while staff representatives from specific hospital programs have been engaged in this current iteration of St. Joseph's Health Equity Plan. This conversation provides the foundation for ongoing health equity planning in the subsequent year(s).

Please outline your hospital's access and equity priority areas. Through what process did your hospital select these? (E.g. those involved, environmental factors, community engagement, who took leadership, etc.)

St. Joseph's has identified four priority populations and has institutionalized community engagement in these areas.

St. Joseph's Health Centre is committed to equitable access for all, but currently has four priority populations including:

- Mental Health & Addictions
- Seniors
- Women
- Newcomers

³ St. Joseph's Health Centre – Toronto. *In Service of Community; In Respect of Diversity; In Celebration of Faith*. 2004-2005 Annual Report. http://www.stjoe.on.ca/about/performance/pdf/annual_report05.pdf

The hospital has a reputation of having strong connections with the community. In June 2005 a Community Outreach Forum was held with 92 participants in attendance, representing 68 health care provider agencies along the continuum of care ([See Appendix 1](#)). Through open dialogue, community-based professionals and hospital leadership took the opportunity to network, strengthening existing relationships and forge the beginning of new opportunities. There were many successful outcomes as a result of the consultation, specifically the support for the development of community advisory panels at St. Joseph's with a focus on marginalized populations.

A second consultation was held in August 2005 with community-based leaders to actively move forward on their interest in the creation of Population (community advisory) Panels. This engagement focused on the suggested structures and operational logistics of the Panels. In alignment with our priority populations, the Health Centre has three active Panels to date, including:

- Mental Health & Addiction Population Panel (active since January 2006)
- Seniors Population Panel (active since September 2006)
- Women's Population Panel (active since January 2008)

Each of these Panels is aligned with a hospital core clinical program area. [See Appendix 2](#) for summary of the Panel membership and areas of focus. The Newcomers Panel is to be launched in 2009 and currently the Health Centre is working closely with Access Alliance Multicultural Health and Community Services for recommendations on how to best engage with this hard to reach population.

The Population Panels are structured venues through which to introduce community input into St. Joseph's planning and decision-making. Structured community input is further integrated into planning and decision-making through the Strategic Population Panel (StPP), comprising the (community) Chairs of the other Panels, plus St. Joseph's CEO, VP Clinical and Professional Programs, and Director, Community Engagement & Urban Health. The StPP receives reports from and gives direction to our four Population Panels regarding community health concerns and service gaps, accessibility issues, community-hospital capacity building, and policies and procedures affecting the Health Centre's internal and external communities. The StPP was inaugurated in 2008 and will review and advise St. Joseph's health equity initiatives and participate in the development of the Health Equity Plan.

Section 1: Access, Priority Setting and Planning

1a) How do your hospital utilization patterns compare to the profile of who lives in your catchment? (If your catchment is undefined, where do the majority of your patients/clients come from?) Please indicate data sources.

St. Joseph's "Total" catchment area is defined as the geographic origin of 80% of inpatient discharges

- Ossington Avenue to the east; Eglinton Avenue to the North; Etobicoke Creek to the west; Lake Ontario to the south.
- Within the total catchment, "local" catchment refers to the geographic origin of 70% of patients; "secondary" catchment to the geographic origin of the remaining 10%. [See Appendix 3.](#)

While demographic information typically is referenced in Health Centre planning (Slides 5-16 [Appendix 3](#) and notes below, 1b), integration of hospital utilization and community demographic data is in its early stages.

[Appendix 3](#) Slide 17 shows St. Joseph's ED visits for 2007/08 by Census Tract (CT). This information provides the foundation for analysis of utilization by CT, which in turn allows some inference about the characteristics of individuals using health centre services, in the absence of individual-level demographic data (other than age and sex). Visual correlation among maps of utilization and various demographic characteristics is a useful heuristic, but has not been validated. Analysis of utilization by CT is an important and feasible next step in health equity assessment that is being developed at St. Joseph's individually and through the Hospital Collaborative on Marginalized Populations collectively (see 2c p.21 and 5c & d p.30 below).

Other utilization data show higher proportional ED visits among infants and seniors, but the relevance of this pattern as an access equity indicator has not been assessed. Of the priority populations identified by St. Joseph's, market share data show St. Joseph's to be serving a high proportion of the inpatient needs of its catchment seniors population (as indicated by use of geriatrician services), while having the highest number of mental health and addiction visits to EDs across the TC LHIN.

1b) What major inequities exist in regards to the social determinants of health among your patient/client populations? Please indicate data sources.

According to the most recent Statistics Canada data, St. Joseph's neighbourhood has

- An overall population decline since 2001
 - Davenport and Parkdale-High Park are among the top five political ridings in the province that have experienced the greatest percent decrease in population since 2001.
- A 'baby boomer' population
 - "Bulges" in the 40-60 age group and in the over 80s
- Households decreasing in size
 - One- and two-person households have increased, while households of three or more people have declined, as a percentage of all households

- A slight overall increase in the percentage of persons over 65 and persons over 65 living alone, but a decline in these categories in St. Joseph's local neighbourhood
- An increased Per Capita income across all families
 - Lone parent families' incomes on average remain below the low-income cut-off
 - Although the proportion of lone parent families as a percentage of all families appears to have declined

Overall, quantitative data show St. Joseph's catchment neighbourhoods becoming middle-aged (and older) on average, comprising smaller but better-off households: St. Joseph's neighbourhood appears to be "gentrifying", while there remain pockets of 'marginalized/vulnerable' populations, as measured by income, language/ethnicity and/or immigration status. The 'diversity' of St. Joseph's population includes some of the wealthiest and some of the poorest of Toronto residents, some of its most established and some of its newest.

The Toronto Central LHIN has presented data on the diversity of the neighbourhoods within its boundaries. Neighbourhoods 1, 2, and 3 – Etobicoke/High Park, Davenport/Bloor, and West Downtown/Parkdale – lie substantially within St. Joseph's catchment. The western portion of St. Joseph's catchment, between Islington Avenue and Etobicoke Creek, falls within the Mississauga-Halton LHIN. [See Appendix 4.](#)

The CIHI DAD inpatient discharge data include documentation of "responsibility for payment" for inpatient care. Among Toronto Central LHIN acute care hospitals in 2005/06, SJHC had the highest percent of inpatients who were Canadian residents but not covered by government health insurance plans.⁴ See Slide 24, [Appendix 3.](#)

Data Sources

- **Qualitative**
 - St. Joe's Population Panels
 - Seniors; Mental Health & Addictions; Women.
 - Focus Groups
 - Eg. strategic planning process
- **Quantitative**
 - St. Joseph's Health Centre Decision Support
 - 2006 Census Data by SJHC Catchment FSA
 - Toronto Community Health Profiles: <http://www.torontohealthprofiles.ca/index.php>
 - Toronto Community Social Data Consortium
 - Public Health Agency of Canada Map & Data Exchange
 - City of Toronto Social Atlas:

⁴ The Role of Community Teaching Hospitals in the Toronto Central LHIN. *Report Prepared for Toronto East General Hospital and St. Joseph's Health Centre.* HayGroup, July 2007.

- <http://www.toronto.ca/demographics/atlas.htm#1>
- Toronto Central LHIN Socio-Economic Indicators Atlas
http://www.health.gov.on.ca/transformation/providers/information/ses_report/ses_for_cen.pdf
- OHA Health System Facts:
http://www.healthsystemfacts.com/Client/OHA/HSF_LP4W_LND_WebStation.nsf/Index.html?ReadForm

1c) Are there any specific health equity gaps and challenges that require greater attention at your hospital?

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 St. Joseph’s health equity commitments.**

Challenges Identified by Community Partners

In 2007 as part of the hospital’s 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.

(See [Appendix 5](#), Strategic Planning & Focus Group Summary Report, November 2007; [See Appendix 6](#), Community Service Provider Survey Analysis, October 2007)

Challenges Identified by Members of St. Joseph’s Health Centre

Through the course of St. Joseph's 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 St. Joseph's 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 St. Joseph's 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 St. Joseph's services. This issue has been included in St. Joseph's 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 St. Joseph's 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 St. Joseph's Health Centre.

Corporate Diversity Training

In a preliminary equity priorities discussion with members of St. Joseph's Management Forum, the absence of diversity training for staff and employees of St. Joseph's was identified as a gap.

Data

See Section 5c & d, below.

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.⁵ 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 LGBT 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 St. Joseph’s 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 St. Joseph’s needs assessments.

Section 2: Promising Practices

2a) Please briefly describe a maximum of 5 current hospital initiatives that help to improve access to health services by underserved or underrepresented populations?

Which population do they target and/or which access barrier do they seek to remove?

In what ways is success being measured and what outcomes yielded as a result? Please provide samples of related documents if any.

St. Joseph’s has more Mental Health and Addictions ER visits and more mental health inpatients than any other hospital in Toronto, so one of its mainstream programs is already dedicated to a generally vulnerable and marginalized population. The programs described below serve St. Joseph’s priority populations over and above the provision of ‘regular’ hospital care.

1) Mental Health & Addictions Shared Care Programs:

Positioned between two former provincial psychiatric hospitals, St. Joseph’s local catchment area is home to a large number of psychiatric survivors. Specifically, many individuals living with major chronic mental illness are drawn to the Health Centre’s local communities of Parkdale and South Etobicoke by low rents and by the congregate housing facilities, including Habitat and private boarding homes. Many of these facilities are unable to support their own in-house professional health care for their residents.

Shared Care is a partnership between primary care practitioners (such as family

⁵ 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

physicians and nurse practitioners) and specialist services. It allows the responsibility of patient care to be divided according to the treatment needs of the patient. St. Joseph's Mental Health Shared Care Program provides:

- comprehensive bio-psychosocial assessments;
- practical diagnosis;
- detailed treatment recommendations; and
- the availability of on-going support by an interprofessional practice Shared Care Team to community family physicians.

There have been many positive responses from the hospital psychiatrists and the approximately 400 family physicians that have actively engaged in the program since it was launched in 2004. The Shared Care model builds health care system capacity by ensuring that some of the most marginalized individuals living with chronic mental have access to quality care in the most appropriate setting.

Patients get the benefits of both the expertise of specialists and the availability of primary care practitioners. Further, the program enhances the knowledge and skill transfer between the acute and community interprofessional service providers, breaking down patient care treatment silos. Principally the goal of Shared Care is to provide exceptional service and increase access to comprehensive psychiatric evaluation and consultation for both the family physician and the client. In 2007/08 over 800 clients with chronic mental illness were able to benefit from this service, by being treated in their own community by their own physician.

In 2005 the Shared Care Program model was expanded to addiction services, providing a stronger community-based treatment program for addiction patients. This program sees a diverse group of vulnerable people struggling with substance use, and many who suffer with concurrent mental health disorders. Similar to the Shared Care Model, family physicians have access to an interprofessional team that can provide them with counseling intervention, initiation of pharmacotherapy, planned detoxification, referral to a formal addiction treatment program, and specialized medical and social service support.
Mental Health Mobile Crisis Intervention Team:

2) Mental Health Mobile Crisis Team:

The Mobile Intervention Crisis Team (MCIT) is a joint partnership between St. Joseph's and the Toronto Police Services. The program partners a mental health nurse and a police officer who respond to police dispatch or 911 calls involving emotionally disturbed person in the south west end of Toronto. The team works in an area, which is heavily populated by individuals suffering from a major mental illness. The majority of clients are homeless or underhoused, have low income, are living with chronic mental illness often complicated by medical co-morbidities, are dealing with substance abuse and are at high-risk of involvement with the criminal justice system. The MCIT helps to avoid Emergency visits and speeds up the assessment process when patients are brought to the hospital. However, one of the challenges that the MCIT faces out in the community is the

lack of access to interpreters. If a client's mother-tongue is not English they often are left to rely on family or friends if they are present.

3) Family Medicine Centre + Family Health Team:

The Family Medicine Centre (FMC) is an inner city primary health care practice with on average 20,000 visits per year. The Centre offers primary care services in reproductive care, obstetrics, health assessments, diagnosis and treatment, palliative care and mental health and additions. Additionally, services include home visits, after hour's office care and 24/7-telephone care.

The Family Medicine Centre serves recent immigrants; individuals experiencing chronic mental illness; individuals with substance use disorders; elderly persons including frail housebound seniors; women who are victims of violence; and low-income single-parent families. Many of their patients experience significant barriers to receiving care within the health care system.

To meet primary care needs of the community by improving access to Family Medicine, St. Joseph's opened an After Hours Clinic. The clinic is located on-site and staffed by family physicians of the Department of Family Medicine who also have practices in the community. The walk-in-clinic is open Monday through Friday between 6:00-9:00 p.m., on holidays and on weekends from 12 noon until 5:00 p.m.

In 2007 funding was received to implement an Urban Family Health Team (UFHT) that operates in coordination with St. Joseph's Family Medicine Centre. The UFHT is an inter-professional team providing primary care for many vulnerable clients that are living in marginalized conditions. The goals of the UFHT are to enhance accessibility and quality of service for those most in need in the community. And, a primary objective is to improve population health by focusing on chronic disease management, health promotion and disease prevention programs.

4) The Elderly Community Health Services (ECHS):

The ECHS at St. Joseph's Health Centre provides assessment, consultation and treatment to frail elderly people whose independence is at risk. A specialized, inter-professional team offers interventional care, health education and follow-up assessments for people age 65 and over.

The frail elderly who are clients at the ECHS clinic may have experienced difficulties in finding comprehensive care in one location for their often complex health issues. Some of these frail seniors may also be quite isolated with no or very little other supports. For this reason, ECHS social workers do provide home visits for initial assessments and system navigation.

Services offered through ECHS include:

- Geriatric assessment and intervention;

- Rehabilitation;
- Health education;
- Supportive counseling;
- Placement planning;
- Referrals to other services as needed.

The Community Outreach team, comprising an occupational therapist, physio-therapist and social worker, will do home visits if the patient/client has a challenge to come to the ECHS clinic. The nurse clinician coordinates linkages and appointments for the patient/client within the ECHS and with other outside services.

The clinic itself is easily accessible physically: it is located on the first floor, with no steps barring the way, right by a major entrance. Courtesy volunteers stationed at entrance points also assist patients/clients with way-finding as needed. The clinic is a frequent user of interpreter services.

Being located within the Ambulatory Care Centre at SJHC, ECHS can easily provide linkages to over 25 other clinics that are all part of the Ambulatory Care Centre, such as diabetes clinic, osteoporosis clinic, heart failure clinic and audiology services.

Referrals to ECHS may come from SJHC in-patient units or the Emergency department. Physicians from the community may also refer frail elderly with complex health needs to ECHS. In order to promote ECHS services in the community, team members from time to time participate in Health Fairs or give talks to community groups upon request.

Currently, wait times for accessing physicians at ECHS are tracked. The target for a patient is to be seen by a physician is within 49 days or less. For other health care professionals, the wait times are to be seen within a few weeks

5) The Toronto Centre for Substance Use and Pregnancy T-CUP:

The Toronto Centre for Substance Use and Pregnancy (T-CUP) is a provincial referral centre for pregnant women with substance use disorders. T-CUP serves women who are addicted to a wide range of substances, including cocaine, alcohol, heroin, prescription drugs and nicotine. Many of the program clients are disadvantaged women that are living in high-risk circumstances including social isolation, unemployment, low income and faced with precarious housing situations.

T-CUP is a comprehensive health program that provides medical care during pregnancy, and case management for pregnant women, as well as care of newborns that have been affected by substance use. The program is part of the Family Medicine Centre and involves the expertise of an interprofessional team including family doctors, a nurse clinician, a social worker, obstetricians,

paediatricians, psychiatrists, neonatologists and other specialists. Care is tailored to each client using cognitive-behavioural strategies designed to enhance motivation and promote behavioural change. Services range from:

- Individual and group counselling
- Methadone Treatment
- Obstetrical Care
- Prenatal Education

2c) Describe specific partnerships, projects or activities that your hospital has undertaken with other organizations to address health equity, including those addressing the broader social determinants of health. Please include the names of those organizations and outcomes of the projects.

The Mental Health and Addictions ER Alliance:

St. Joseph's is an original member of the Mental Health and Addictions Emergency Room (ER) Alliance. The ER Alliance is a partnership among seven Toronto Central LHIN hospitals and the University of Toronto. The Alliance hospitals include St. Michael's Hospital, St. Joseph's Health Centre, the University Health Network, Mount Sinai Hospital, Sunnybrooke Health Sciences Centre, Toronto East General Hospital and the Centre for Addiction and Mental Health. The goal of the Alliance is to design improved systems to enhance access and quality of care for people experiencing a mental health or addiction emergency. The ER Alliance aims to: improve access to emergency care through redistribution of mental health / addictions patient volume to general hospital sites; and (ii) ensure ongoing utilization of best practice emergency treatment and the development of a centre of excellence in emergency mental health / addictions care. The ER Alliance model is similar to models used for treatment of stroke, trauma and burn victims.

West End Oral Health Clinic:

The Partners for Parkdale Health Network (PPHN) is an inter-agency partnership that is driven by population health promotion principles and values, and is committed to optimizing the physical and mental well being of local community residents. The membership agencies include:

Partners:

LOFT Community Services
Parkdale Community Health Centre
Parkdale Intercultural Association
Sistering
St. Joseph's Health Centre
Toronto Community Housing Corporation
Toronto Western Hospital (University Health Network)

The PPHN reviewed several local needs assessments in order to identify service gaps that could be filled through a focused project. Dental care was repeatedly identified as a priority health care need for consumers living in west end of Toronto. This need was most prevalent in marginalized groups challenged by low income, unemployment, and with no source of private extended health coverage or public dental health care; specifically those individuals between 19 and 64 years of age.

Access to oral health care, is a major problem in vulnerable communities that are often faced with social and economic disparities. For people who are socially and economically disadvantaged, regular access to primary dental health services is largely unavailable. However, there is valuable research that clearly links oral health care to overall physical, psychological and social well-being by enabling individuals to eat, communicate and socialize without discomfort or distress.

Following an Oral Dental Health Care Day hosted by the PPHN a survey completed by over 150 participants revealed that:

- 60 % of the participants do not have a regular dentist
- Priority dental concerns include:
 - fillings
 - regular check-ups
 - teeth cleaning
- Top barriers to dental care include:
 - access issues
 - language
 - unaffordable fees

With the ongoing support of their respected agencies and through extensive outreach and a strong collaborative partnership, the PPHN successfully launched a free monthly oral health clinic in January 2006 at St. Joseph's Health Centre. To date this clinic has served over 225 hard-to-reach individuals, providing them with check-ups, cleanings, extractions, fillings, and information on ongoing oral care ([See Appendix 7](#), West End Oral Health Clinic Statistics).

Healthy Child Screening:

The Healthy Child Screening (HCS) is an innovative collaborative service. An array of preventive screenings including: nutrition, dental, vision, hearing, speech, physical and socio-emotional are provided through a multisectoral and interdisciplinary service delivery model. The service recipients are predominantly at-risk newcomer families with children from prenatal to age six. The model is designed from community-based principles, addressing issues of service access to specialized assessments, in a fast-track streamlined manner.

The HCS provides early intervention and appropriate referrals to the right care provider, at the right time and in the right place. Further, with a complimentary focus on prevention, the program serves to keep vulnerable children healthy. The

service model is developed around four distinct phases: 1) planned outreach; 2) coordinated intake and registration; 3) interdisciplinary screening; and 4) targeted referral. Between the launch of the first screening in the winter 2003 until the most recent screening in fall 2008 there have been eighteen Healthy Child Screenings with approximately 500 children benefiting from this unique service model. On average 80 to 85% of all children screened have required some follow-up, and 25 to 30% have been identified with multiple health needs ([See Appendix 8](#), Healthy Child Screening Statistics).

Eight community and health service providers are among the partnering agencies including:

- Early Years II Program
- Child Development Institute
- Independent Community Optometrist
- Parkdale Beach Childcare Centre
- Parkdale Community Health Centre
- St. Christopher House
- St. Joseph's Health Centre
- Toronto District School Board

Parkdale Parents Primary Prevention Project (5P's):

The Parkdale Parents' Primary Prevention Project (5P's) is multiservice initiative that is targeted at supporting mothers, children and their families who experience multiple barriers to health and development. Many of the hundreds of families and children that have benefited from this project are faced with a multitude of challenges. Specifically, the client population is women and their children who are socially isolated and economically distressed, and who face multiple barriers to optimal health. The majority of the women are immigrants, refugees and newcomers to Canada.

The project works to decrease social isolation, improve access to healthy food, and enhance parenting skills. Through an eclectic mix of services the 5P's is believed to play a vital role in developing healthy babies at birth; ensuring successful early child development; and building stronger communities. The Project is particularly responsive to the emerging needs of the participants and is flexible in its structure and form. Examples of some of the services offered include:

1. First Aid Training
2. Mom & Baby Circle
3. Papa & Me
4. Positive Parenting
5. Prenatal Nutrition & Support Program

The leading partnering agencies for the 5P's include:

- Creating Together Parent-Child Resource Centre;

- Toronto Public Health; and
- Women's Health Centre at St. Joseph's Health Centre.

The collaboration is also supported by a variety of other local service provider agencies.

Sexual Assault and Domestic Violence Care Centre Services

The Sexual Assault and Domestic Violence Care initiative involves the provision of onsite professional crisis intervention services to St. Joseph's patients who present in the Emergency Department with a history of domestic violence and/or sexual assault and who require specialized care. This sensitive collaboration between Women's College Hospital Sexual Assault and Domestic Violence Care Centre (SADVCC) and St. Joseph's Health Centre ensures that women dealing with traumatic situations have access to comprehensive on-site physical, psychosocial and forensic care by skilled professionals of SADVCC.

Uninsured Patient Agreement with Community Health Centres

St. Joseph's Health Centre has entered an agreement with six Community Health Centres (CHCs) in its catchment to accept certain uninsured CHC patients at a reduced rate. CHC partners include Access Alliance; Davenport-Perth Neighbourhood Centre; Four Villages CHC; LAMP; Parkdale CHC; Queen West CHC; Stonegate CHC; Women's Health in Women's Hands.

Prenatal patients comprise the largest group covered by the Agreement. Under the Prenatal Patient Agreement ([Appendix 9](#)), the reduced SJHC rate covers the costs of most pre-natal care and screening at St. Joseph's clinics and admission to St. Joseph's for a maximum of two days for the mother and her newborn(s).

Diagnostic tests are charged to the patient's CHC at the current established OHIP rates, and antenatal or post-natal care is provided in the CHC clinic unless otherwise agreed to by the CHC and the attending physician.

Since 2006, some 300 prenatal patients have been accommodated under this Agreement.

Membership in Equity-related Networks and Alliances

St. Joseph's is a founding and/or active member of several networks that are sharing information and developing strategies related to access and health equity:

- **Hospital Collaborative on Marginalized Populations (Founding Member)**

The Hospital Collaborative (HC) is a group of Chief Executive Officers, and their designated representatives, from Toronto-area Acute Care Hospitals working in partnership to reduce health inequities for vulnerable and marginalized populations.

Service to uninsured clients has become a primary area of focus for the Hospital Collaborative. Reviewed and discussed have been annual financial expenditures, the duty to care, and varying corporate policies and practices among member hospitals regarding uninsured clients. Also reviewed have been potential and parallel research initiatives, including the Women's College Task Force on Uninsured Clients Practice & Procedures survey, data tracking among member hospitals, and the development of a Hospital Collaborative template to capture volumes, policies and practices regarding uninsured clients specifically in Obstetrics.

The HC's Annual Report recommended that members work toward cross-hospital consistency on uninsured patient services policies and practices (Recommendations in [Appendix 10](#)). A common statement of principle on services to uninsured clients has been drafted for discussion among HC members; and discussion has been initiated with the Community Health Centres of Greater Toronto (CHC-GT) representatives regarding standardizing relations among hospitals and CHCs for the referral and treatment of uninsured patients.

Prompted in part by the **data demands of health equity planning**, HC members have also examined requirements for and member capacity in health equity data collection and analysis. To the general end of being able to assess hospital health equity performance, the HC is collaborating with the Centre for Research in Inner City Health (CRICH) on a project entitled "**MEASURING EQUITY OF CARE IN HOSPITALS: From Concepts to Indicators**". The project objective is to report on optimal approaches for conceptualizing, operationalizing, and measuring equity of care in hospital settings, through a review and synthesis of scholarly and grey literature on equity measurement in service provision settings. St. Joseph's is one of four project advisory committee members from the HC. Results will be presented to the full HC membership Spring 2009.

The HC is also planning a health equity data workshop for member hospitals, but open to other health service providers, to address challenges of health equity needs assessment: knowing what are the greatest health equity needs in their community, whether people with the greatest health needs and access barriers are being equitably served, and whether they are receiving equally good quality of care.

This workshop will provide examples of what organizations can do now using existing administrative and community data, as well as strategies for new data collection that health service providers can consider. Individual assistance will be available for participants, for example, in geocoding their client postal code information to geographic units (e.g. census tracts, neighbourhoods) in order to develop more detailed socio-demographic

profiles of service users.

While tied most immediately into health equity reporting, these data initiatives provide a foundation for improving integration between community and administrative data for community health needs assessment, health service planning, and hospital performance monitoring more generally.

- **Health Equity Council (Board Member)**

The Health Equity Council (HEC) is a newly formed collaborative developed as a result of an extensive process and partnership among a number of organizations and individuals in Toronto who are committed to addressing social determinants of health and health disparities for members of marginalized populations.

- **Healthcare Interpretation Network (Founding Member)**

The Healthcare Interpretation Network (HIN) is a network of individuals and organizations dedicated to improving access to high-quality healthcare for patients with limited English proficiency. This network was founded in 1980 and incorporated in 2004. SJHC is a founding member of HIN.

Goals of the Network are to:

- Enable and enhance access to healthcare by providing education on the need for language interpretation and translation services in the delivery of healthcare in Ontario
- Conduct research, disseminate information and provide education with respect to language interpretation and translation services in the healthcare sector.
- Raise funds and provide resources for the education and training of qualified language interpreters.
- Promote common education and professional standards in the provision of language interpretation and translation services.

Through the leadership of this group the first “*National Standard Guide for Community Interpreting Services*” was developed, adopted and published in November 2007.

See <http://healthcareinterpretation.homestead.com/>

- **Toronto Hospitals Interpretation Services (THIS).**

The dramatic increase of linguistic diversity in Toronto has challenged all hospitals to provide competent care to immigrant and refugee patients. The demand for service in a growing number of languages and competition among hospitals for trained interpreters

requires a service provision model that incorporates alternative, cost-effective modalities to provide timely and reliable language support to all patients who require this essential service.

Traditional face-to-face interpretation is costly and not efficient for all types of care. Other areas of service provision, such as telephonic or videoconferencing would reduce costs associated with waiting, travel and short-notice cancellations, and increase access to services.

THIS Task Force:

Under the leadership of Access Alliance Multicultural Health Centre, a group of language service managers launched a task force to explore back office integration of language services in hospitals.

The objective is to develop a model in which organizations can combine and share language human resources, technology and infrastructure with the objective to:

- Improve efficiency
- Provide consistent quality of service
- Improve patient outcomes
- Reduce overall health care costs
- Reduce waste
- Reduce per-encounter cost
- Increase access for patients who require sign or spoken language interpretation

Participating organizations:

- Access Alliance
- Hospital for Sick Children
- St. Joseph's Health Centre
- Toronto Rehabilitation Institute
- Women's College Hospital
- UHN

A literature review is under way to gather current evidence on the system costs (and consequences) of interpretation in healthcare in order to make an evidence-driven business case for interpretation funding and for a model of service in which interpretation is an integral component to accessible, high quality, cost-effective care.

Section 3: Policies, Procedures and Standards

3a) What specific policies, procedures and/or standards does your hospital have to ensure equitable access and treatment for all patients/clients? (E.g. a Patient Charter)

How do you ensure that these policies are followed?

Equitable Patient Care:

SJHC has a “**Philosophy of Care**” which reinforces and goes hand-in-hand with the Mission and Values of the organization. In the “Philosophy of Care” it reads, for example, that everyone is to be treated with dignity, compassion, courtesy and respect and that information is to be provided in language that is understood by the patient, their family and other members of the health care team ([Appendix 11](#)).

Breaches of the Philosophy of Care may be one of the sources of complaints to Patient Relations, as indicated in complaints about ‘attitude’, for example, but the policy is not otherwise directly monitored and enforced.

At SJHC, all new medical and professional staff (i.e. physicians, dentists, midwives, RN-Ecs) sign a “Declaration and Authorization for Release of Information” as part of their **professional appointment package**, which commits those health care professionals to provide services to non-insured patients who seek help at the hospital.

The relevant part reads as follows: “...I will work with the Health Centre to achieve its mission consistent with the Health Centre’s values. I will, consistent with the Mission and Tradition of the Health Centre, provide care without charge to the disadvantaged who come to the Health Centre for care”.

This declaration is signed every year with the health care professional’s annual re-appointment; however, no formal mechanism is in place that would allow for ensuring that these policies are followed.

3b) How does your hospital provide for the delivery of culturally-competent care? Please provide specific examples.

Do you have any special programs or policies that address the needs of Aboriginal and Francophone communities? Please describe.

In addition to Interpreter Services, described in 3c, St. Joseph’s provides spiritual support and culturally-specific nutritional services. Our diverse medical staff also bring their own cultural backgrounds to their practice.

The Mission and Spiritual Department

Chaplains provide support to persons of all faiths and religions. They are sensitive to the special needs of our multi-faith, multi-cultural community and are currently in the process of developing a Directory of Community faith leaders. Chaplains make arrangements for patients to be attended by members of their own faith. The chaplain staff currently speaks over ten different languages including: French, Polish, Ukrainian, Italian, Russian, Bosnian, Korean, Hindi,

Marathi, Konknni, and Akan-Twi. A multi-faith room is available on-site.

Nutritional Services

Are respectful of cultural dietary preference providing Kosher meals for Jewish patients, Halal meals for Muslim patients, and offer vegan or lacto-ovo vegetarian meal options.

Medical Staff

Over 100 of our medical specialists speak at least one other language in addition to English. The most common secondary languages include Arabic, Cantonese, Chinese, Filipino, French, Greek, Hebrew, Hindu, Italian, Korean, Polish, Portuguese, Romanian, Russian, Spanish, Tamil, Ukrainian, and Urdu.

3c) What non-English language services are provided corporately?

How are these services provided? (E.g. Volunteers, staff, contractual agreements, family members, telephone, etc.)

Please name or attach the list of languages available and the number of requests you receive for each language, if this is recorded.

Interpreter Services are provided through a mixed model that includes: on-staff interpreters, casual labour interpreters, purchase of services from community-based interpretation programs, and telephonic interpretation (Language Line Services - LLS). St. Joseph's Health Centre follows the standards that are being promoted by the Healthcare Interpretation Network (HIN) for the delivery of interpreting services: "National Standard Guide for Community Interpreting Services". Our interpreters must have training at the community base or college level (minimum 100 to 180 hrs). They are required to take and pass a language interpretation skills assessment test (CILISAT/ILSAT).

The languages available through either on-staff interpreters and through casual labour are: Cantonese, Italian, Korean, Mandarin, Polish, Portuguese, Russian, Spanish, Ukrainian and Vietnamese. Other languages are provided through purchase of service.

The top 10 languages for face-to-face interpretation in the **2007-08** fiscal year were:

Portuguese	962
Spanish	703
Polish	440
Mandarin	175
American Sign Language	154
Italian	137
Vietnamese	111

Korean	103
Russian	101
Cantonese	80
Others	506

Diversity of requested languages: 45

Total Number of requests: 3,472: 2,453 were met through internal resources; 1,019 were met through the use of agency interpreters

The top 8 languages for telephonic interpretation (LLS) in the 2007-08 fiscal year:
Monthly average:

Spanish	6
Portuguese	6
Vietnamese	3
Cantonese	2
Amharic	1
Italian	1
Albanian	1
Mandarin	1

Average number of requests per month: 33

Diversity of requested languages: 33

3c) Does your hospital have dedicated FTE or other positions that promote, lead or address your health equity goals? (E.g. Director of Corporate Diversity, Access or Human Rights Officer, Mentorship Coordinator, Equity Trainer, etc.) If yes, please list main role components.

SJHC does not have a specific dedicated position that promotes health equity goals. However, the Health Centre does have a Community Engagement & Urban Health department, which has brought some expertise and education into the organization on the issue of health equity.

3d) How has your hospital implemented any special initiatives to mentor, recruit and retain staff from diverse communities? (E.g. where jobs are posted, Internationally Educated Professionals projects, staff education, etc.)

In 2007 the Human Resources Department created a recruitment campaign through which to seek out and embrace diversity among new employees. Using the slogan, "Many Faces, One Vision", the new recruitment materials featured hundreds of photos of St. Joseph's diverse community of staff, physicians, and volunteers, depicting a multi-cultural and multi-racial workforce at SJHC.

While St. Joseph's recruits and employs staff and volunteers from a large variety of backgrounds, the Health Centre does not currently have any specific internal

initiatives to mentor, recruit and retain staff from diverse communities. With respect to employee experience of diversity in the workplace, however, an employee survey conducted Fall 2008 for St. Joseph's Human Resources Department by NRC Picker Canada reported 86.1% of St. Joseph's respondents agreeing with the statement that the Health Centre values different racial/ethnic backgrounds, significantly higher than the 78.9% of respondents from all comparator hospitals who agreed with the statement in relation to their own hospitals.

First contact has been made with the DiverseCity initiative, a joint project of the Maytree Foundation and the Toronto City Summit Alliance to investigate St. Joseph's as a learning site for the DiverseCity Fellows program. The program is a nine-month fellowship providing leadership training with specific action-oriented projects conducted by the Fellows. Fellows and site partners will be selected in the spring of 2009. See <http://www.diversecitytoronto.ca/diversecity-fellow/>

3e) Please give some examples of how your hospital accommodates patients/clients, visitors and staff with disabilities and/or other special needs in compliance with the Ontarians with Disabilities Act.

In the past SJHC has made special accommodations for applicants with special needs to provide these persons with an equal opportunity during the interview process.

A legally blind person, for example, was provided with a large computer screen so that the person was able to participate in a written computer test as part of the interview process.

For patients, St. Joseph's has taken steps to assist people who are deaf and hard-of-hearing by providing services and equipment such as amplified telephones, baby sound monitors, pocket talkers/ sound units, close-captioned television and Uniphones (TTY/TDD). Information about these services is made available, for example, in the Patient Handbook and during the orientation training for new staff.

St. Joseph's Health Centre has always been committed to accessibility planning and to incorporating access issues into many aspects of the Health Centre's activities. This includes daily operations to long term planning and redevelopment.

The Health Centre's Facilities and Redevelopment Departments will continue to identify further issues of access that we need to investigate for future action. This work will be ongoing and will involve consultation with visitors, patients, staff, health care professionals, volunteers, and community members who live and work with disabilities.

Section 4: Governance

4. Do you collect information to evaluate how well your employees and Board of Directors reflect the communities you serve? If yes, please describe how well your employees and Board reflect your communities and indicate your data sources. If not, please explain why.

While St. Joseph's staff is multi-cultural and diverse, St. Joseph's is currently not collecting or keeping updated statistics about how well its employees reflect the communities it serves. Hiring practices are considered to be fair and strictly based on qualifications and merit. Anecdotal information suggests that staff and physicians well-reflect the profile of St. Joseph's community, as many are themselves residents.

Section 5: Targets and Measurement

5a) Please outline the goals and action plans to address your health equity and access priorities.

This document describes (aspects of) the current status of health equity-related activities at St. Joseph's. The Health Centre intends to maintain these activities in general, while anticipating substantive developments in the clarification of policy and practice in services to uninsured patients and health equity-related data and indicators in particular. Our Population Panels will be one of the main forums through which we will continue our health equity 'corporate conversation'.

St. Joseph's also has recommitted to accessibility planning under the *Accessibility for Ontarians with Disabilities Act (AODA)* with the implementation of an Accessibility Working Group tasked to integrate the broader accessibility framework of the AODA into St. Joseph's corporate, operational, capital and strategic planning.

St. Joseph's looks forward to feedback on this document from the TCLHIN and to working collaboratively with the TCLHIN towards achieving health equity in the context of a TCLHIN-wide plan (see 7 below, **Guidance and Support for TCLHIN-wide Equity-related Initiatives**).

5b) Please provide some examples of how you incorporate your access and equity objectives, or use an equity lens, in your initiatives to address the MOHTLC and LHIN priorities? (E.g. Strategic Plan, Wait Times Reduction, Patient Safety, Staff Interactions, Capital Projects including Facility Improvements, etc.)

Priority Populations Identified

As noted above (p.7), St. Joseph's has identified four priority populations on whom to focus for purposes of service access and who are considered explicitly in strategic planning.

Wait Time Performance Monitored

The Ontario MOHLTC Wait Time Strategy is designed to improve access to health care services by reducing the time that adults wait for services in five areas (as of December 2006): cancer surgery, selected cardiac procedures, cataract surgery, hip and knee total joint replacements, and MRI/CT scans. As of September 2008, St. Joseph's was among the best performing hospitals in the TCLHIN on ~90% of the wait time indicators for which it was measured.

See "Wait Times in Your Area" at

http://www.health.gov.on.ca/transformation/wait_times/providers/wt_pro_mn.html#

5c) What indicators and tools are used to monitor progress? (E.g. interpreter requests, accessibility plan implementation, balanced scorecards, patient compliments and complaints, etc.)

Specific equity performance indicators have not been developed or tracked. Existing data that might be developed into equity-relevant indicators include:

Interpreter Services:

Requests are tracked utilizing a database system. All requests are entered including those that are not met. Results are reported quarterly to the leadership team. In the seven years since its inception trends in demand for services and growth have been tracked.

Patient Relations:

Patient complaints and compliments are tracked through a database. These results are reported quarterly to the leadership team.

Patient Satisfaction:

St. Joseph's participates in the NRC Picker survey of patient satisfaction. St. Joseph's provides the requisite discharge information to NRC Picker. NRC Picker receives this information and is responsible for mailing surveys to the randomly sampled patients and collecting the questionnaires once returned. NRC Picker analyzes the results of the returned surveys and provides reports on specific Programs. Results currently are not analyzed by language or ethno-racial population group.

Accessibility Assessments:

As part of St. Joseph's accountability under the *Ontarians with Disabilities Act* (ODA), the Health Centre retained an external Accessibility Consultant to conduct an Accessibility Audit of the facility. The Audit was completed in April 2007 and outlined comprehensive recommendations to identify, remove and prevent accessibility barriers related to the built environment. One of the main tasks of the Accessibility Working Group established under the AODA will be the

identification and monitoring of a variety of barriers to access.

Census Tract (CT) Coding of Hospital Visit and Discharge Data

Geomapping hospital visits and discharges via postal code to CTs is a relatively immediate means by which to begin health equity assessment. Linking hospital visits and discharges to CT enables the hospital to profile clients according to the characteristics of the census tracts in which clients live – the next best and easiest way in the absence of client demographic data to determine who is using hospital services. With visits and discharges linked to CTs, subsequent analyses can identify what percent of patients come, for example, from low income areas, areas with high proportions of new immigrants or visible minorities, or from areas of ‘disadvantage’. Sub-analyses of specific services by CT could be conducted to test for patterns in use of services according to CT ethnicity or income. Such profiles will not answer whether or not service is being equitably delivered, but will as a first step at least help to determine who are the clients/patients using services.

5d) What information and data do you require in order to better identify and monitor health inequities?

The following remarks were prepared by the Centre for Research in Inner City Health (CRICH) for St. Michael’s Hospital, but arise from discussions at and work conducted for the Hospital Collaborative (see 2c above) and represent St. Joseph’s position as well.

“Measurement of equity in healthcare provision is a significant challenge in Ontario, due to incomplete and fragmentary datasets and poor data quality. As electronic medical records become more common, standardized measures of disadvantage across the province (such as years of education, occupation, income/income support, English language skills and year of arrival in Canada, race/ethnicity, Aboriginal status and other indicators) are required if disadvantaged groups are to be recognized and their health needs addressed. This information is likely to be valuable to providers to assist them in individualizing a patient’s care. It is also needed by the LHIN and the MOHLTC so that system integration, waiting list initiatives, emerging reimbursement models, education models and new and existing programs can identify and address the aspects of disadvantage that result in worse health and barriers to accessing appropriate primary and secondary care.⁶

Adding these patient characteristics to routinely collected health services data will greatly enable the measurement of equity in healthcare utilization. Toronto Central LHIN could play an important role in advocating for and instituting more effective reporting health system practices to support health equity initiatives.

Which measures and analyses will be most valuable in helping hospitals and LHINs to identify and

⁶ Glazier RH, Vahabi M, Damba C, Patychuk D, Ardal S, Johnson I, Woodward G, DeBoer DP, Brown A, Low H, McConnell C, Lawrie L, Dudgeon S. Defining needs-based urban health planning areas is feasible and desirable: A population-based approach in Toronto, Ontario. *Can J Public Health* 2005;96:380-4.

monitor health inequalities is an important question, given privacy considerations, patient needs, and resource constraints related to data collection and analysis.

The Centre for Research on Inner City Health at St. Michael's Hospital with the Hospital Collaborative on Marginalized Populations is reviewing existing hospital-associated indicators to assess their rationale/logic, and evidence base for identifying and monitoring health inequalities in hospital settings. Feasibility of measuring these indicators, using routinely collected data, will be discussed. This review will be available in Spring 2009.

The following observations can be made now:

1. Two types of data will be required: administrative data and patient satisfaction data.
2. Linkages of new and existing data sets should be facilitated (*especially between hospital administrative and local community socio-demographic data*) for the purposes of hospital utilization analysis and service planning (*St. Joseph's addendum*).
2. Standardization of data collection systems across institutions should be encouraged.
3. Careful consideration is due before evaluating or comparing hospitals on equity performance, because institutions face different social determinants of health challenges."

5e) How are members of diverse communities, staff and board members involved in planning and setting health equity priorities for action by your hospital? (E.g. community engagement approaches)

St. Joseph's Population Panels:

St. Joseph's currently hosts three Population (community advisory) Panels through which to work with its partners and community. The Panels are based on strategic populations served by the Health Centre and are associated with specific programs that serve those populations. The Mental Health & Addictions Population Panel, Seniors' Population Panel and Women's Population Panel provide strategic planning advice to their affiliated programs, advise them on shifting and newly emerging community needs, and identify community collaboration opportunities. A Newcomer Panel is being established that will advisory to the Emergency Department (ED), especially with respect to the ED's role as a first point of system access.

Access and equity priorities such as the provision of language services, dealing with uninsured clients, and continuity of care with community partners have been identified by all Panels.

Each of our Panels has a diverse membership that includes service users, family members, community healthcare providers and staff from St. Joe's. The Panels report to Senior Management through the Strategic Population Panel, comprising the Chairs and Program Directors from the respective Panels.

Strategic Planning Input & Follow-up:

Multiple focus groups of community agency partners, who also serve St. Joseph's priority populations, were organized to provide input into St. Joseph's new three-year strategic plan. The goal of each focus group consultation was 'to listen' to what our community partners anticipated would be broad health care issues and needs for the populations (and the primary neighbourhoods) that they will serve between 2008 to 2011. Participants were asked in particular what role they envisioned the Health Centre could play in helping to meet some of the future expected needs, possibly through direct service provision and/or through effective linkages. Complementing the focus groups, a community survey of 27 local community health agencies was conducted asking about the important changes witnessed or anticipated within their communities; what populations, within those communities will be in most need over the next three years; and what specific health challenges are anticipated within those communities /populations.

The specific health equity gaps and challenges identified in 1c) above resulted from this engagement process.

Community Health Centres (CHCs) are an integral component of the primary care system in St. Joseph's Health Centre's catchment, and tend to be located in areas with diverse and/or vulnerable populations. Catchment CHCs have participated in a focus group sessions to develop a better understanding of the demand for primary care services in the catchment, to discuss current issues facing primary care practices and their patients, and what the hospital can do to provide additional supports.

CHCs have been a primary advocate to St. Joseph's with respect to the issue of services to uninsured clients.

Section 6: Communications

6. In what ways are your health equity goals communicated to the following groups?

Staff & Physicians:

Internal committees (eg. Management Forum, Operations Committee) and communications vehicles (eg. Everyone Update, Connections).

Board of Directors:

CEO Reports, Board presentation.

Patients/Clients, Families and Community Members:

Population Panels, website, community papers.

Health and Social Service Partners:

Population Panels; website; through collaboration in health equity-related initiatives.
The Toronto Central LHIN: Health Equity Plan; Accountability Agreements (as required); through collaboration in health equity-related initiatives.
Other (please specify)

Section 7: Potential Roles for the Toronto Central LHIN

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?

Guidance and Support for TCLHIN-wide Equity-related Initiatives

Tony Culyer in his presentation to St. Joseph’s Senior Management stated that creating health equity is not and cannot by its nature be the responsibility of any one organization. To that end, St. Joseph’s 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

St. Joseph's Health Centre 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 St. Joseph’s 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.

Section 8: Attachments

8. Please list all attachments to this report here.

1. CHIP Proceedings, June 2005
2. Summary of Population Panel membership and Areas of Focus
3. Selected Demographic and Utilization Information
4. TCLHIN Neighbourhood Diversity data
5. Strategic Planning & Focus Group Summary Report, November 2007
6. Community Service Provider Survey Analysis, October 2007
7. West End Oral Health Clinic Statistics
8. Healthy Child Screening Statistics
9. Prenatal Patient Agreement
10. Hospital Collaborative Recommendations: Hospital Consistency on Services to Uninsured Patients
11. SJHC Philosophy of Care

Section 9: Contact and Authorization

Name:
Title: President and Chief Executive Officer
Hospital:
Address:
Phone:
E-mail:

Administrative Assistant:
Phone:
E-mail:

Signature: _____ Date: _____

Name:
Title: Chair, Board of Directors
Phone:
E-mail:

Signature: _____ Date: _____