PETERBOROUGH Social Planning Council **Info Notes**

INFORMING OUR COMMUNITY

Health Equity: A Call to Action for the Central East LHIN

For the full report go to:
http://www.centraleastlhin.on.ca/Page.aspx?ed=16164

The purpose of the Culture, Diversity and Equity Project (CDE Project) was defined during the 2007 Central East LHIN discussion group on health equities: to investigate current health equity shortfalls and develop recommendations for the Central East LHIN board, in keeping with the guiding Central East LHIN vision statement of "Engaged Communities. Healthy Communities" (i.e., communities that take into account the social determinants of health, provide timely access to culturally competent services, and engage its members in the management of their own health and wellness).

The project's overall goals were to:

- Define health equity/inequity;
- Review emerging health equity strategies in other jurisdictions;
- Describe experiences of health inequities and marginalization in the Central East LHIN;
- Outline the principles of successful implementation of health equity policies; and
- Develop recommendations for the Central East LHIN.

In July, 2009, the Peterborough Social Planning Council hosted a focus group to assist the LHIN develop this plan. Here are some of the report's findings.

Project Recommendations

AN AMBITIOUS HEALTH EQUITY STRATEGY is proposed for the Central East LHIN, one that calls for clear vision and commitment at the highest level of governance, and real change at all organizational levels: policy development, the introduction of accountability systems, ongoing evaluation and research, creation of a client navigation system, education and knowledge exchange for health service providers and a substantial investment of resources by the Central East LHIN.

IMPLEMENTING THESE RECOMMENDATIONS will make the LHIN one of the leaders in health equity in Ontario while assuring significant progress towards achieving health equity for all its residents. Those involved in the planning, funding, overseeing and management of health care delivery must be particularly implicated in this process, as successful interventions have been shown to be simultaneously top-down (e.g., policies) and bottom-up (e.g., community driven). Without strong leadership, other complementary components of positive change will fail to have their full effect, i.e., clearly defined goals, targets and timelines, accountability mechanisms and monitoring, transparency, and community participation (see Principles of Successful Implementation in Part Six of report).

The report states that SUCCESSFUL HEALTH EQUITY POLICIES are always collaborative, requiring the input of community members, their families, health service providers, researchers, other LHINs, and the Ministry of Health and Long- Term Care, and most especially, marginalized communities. They are also evidence based and justified by social justice and population health.

Many organizations in the Central East LHIN, though engaged in valuable and exemplary work, find themselves amidst competing organizational needs, and generally without the necessary resources and infrastructure required to develop and support health equity activities. For this reason, real change in the health care system is only possible with strong, committed support from policy leaders.

RECOMMENDATIONS:

1. **The Central East LHIN will define a clear strategic vision for health equity, and will engage community members in the process.**

2. **The Central East LHIN will develop health equity tools to investigate the viability of a Health Equity Office; or, alternatively, hire designated Health Equity staff to monitor and evaluate Health Equity initiatives in the Central East LHIN.**

3. **All Central East LHIN-funded organizations will make health equity a clear strategic vision and commitment.**

4. **The Central East LHIN will monitor health equity data through performance management systems.**

5. **All Central East LHIN-funded organizations will educate their staff in health equity, diversity, and anti-discrimination.**

6. **The Central East LHIN will invest in system and service enhancements to increase access to health care for marginalized populations.**

7. **The Central East LHIN will commit its senior management to a vision of health that includes the broader determinants of health.**

8. **The Central East LHIN will create a navigation system for clients.**

9. **The Central East LHIN will develop an online health equity information and knowledge transfer system for service providers.**

10. **The Central East LHIN will coordinate systematic research on health inequities throughout the Central East LHIN and evaluate pilot projects.**

Further local consultation supporting the need for diversity:

In December, 2009 the Peterborough Social Planning Council in collaboration with the Trent Centre for Community Based Education undertook a community consultation process for the Partnership Council on Immigrant Integration. The intent of this consultation was to identify issues facing newcomers to our community as they strive to integrate. Here is a synopsis of local issues from the report **"The Faces of our Future: Planning for a Diverse Community"**. The table below compares some of the local findings with those documented by the LHIN.

Local findings For a complete copy of this report go to www.pspc.on.ca	LHIN consultation findings
• We need to test our community to see if we are ready to accept/ support more newcomers. How do we collectively build a quality of life that will support people from different backgrounds/ with different needs? • Professionals (for example, teachers, police, and social service workers) require training on how to deal with people from different cultures. • Weak language skills continues to be a barrier to successful integration • Immigrants who have experienced oppression can find it challenging to deal with systems, structures and authority. • Employees from different cultures may need additional time off to deal with bereavement/ death (for example, extra time to travel back home). • The single most difficult barrier is language – for people to access services effectively and appropriately, they must understand what is being asked about criteria, restrictions etc. • The access to universal health care is very important to newcomers • Navigation of the service system is difficult. There are obstacles for people to obtain services in this country if they do not have adequate/ appropriate documents.	**Three Barriers to Health Care for Immigrants and Refugees** 1. Limited access to health information due to language or cultural differences. Navigating a foreign health care system and communicating with health care professionals in a foreign language can become exceedingly difficult. In the domain of mental health care this is especially problematic, as miscommunication between the patient and the health care provider can lead to "misdiagnosis and inappropriate treatment." 2. Denial of comprehensive health care services to new immigrants in the first three months after arrival (unless able to afford private health insurance). Uninsured/undocumented immigrants are denied health insurance altogether, further exacerbating the problem. 3. The tendency on the part of health care professionals to provide lower standards of treatment to immigrants and refugees whose health insurance level cannot be determined prior to treatment.

Foreign Born Residents (Immigrant Population 2006)

Geographic Region	Number of Foreign Born Residents
CITY/COUNTY	12, 450
CITY	7, 340
COUNTY	5, 045
Smith Ennismore Lakefield	1, 800
Otonabee – South Monaghan	435
Curve Lake First Nation	Data Suppressed
Hiawatha First Nation	Data Suppressed
North Kawartha	305
Havelock Belmont Methuen	370
Galway Cavendish Harvey	665
Asphodel – Norwood	310
Douro – Dummer	495
Cavan – Millbrook – North Monaghan	665
Source: Statistics Canada, 2006 Census	

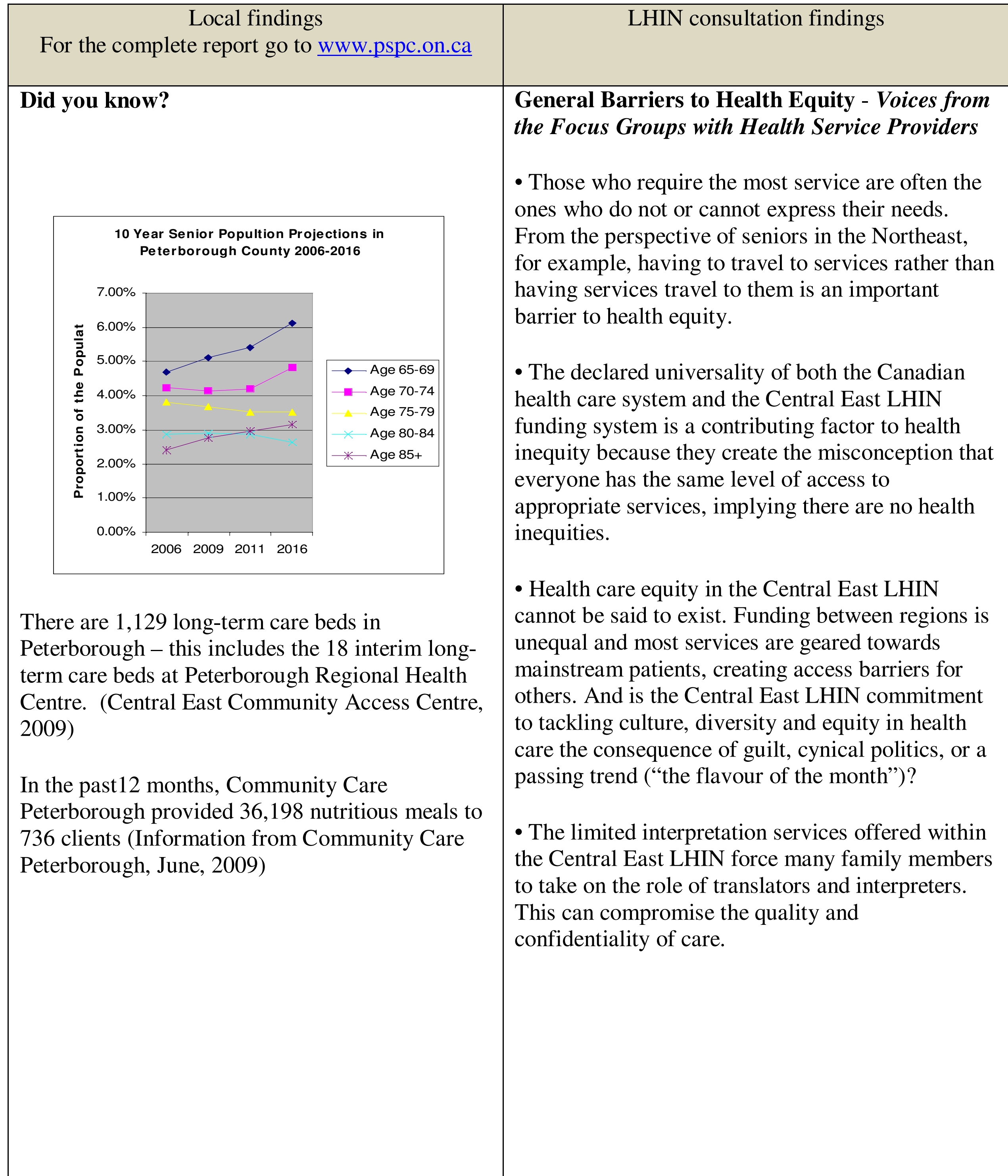
On June 18, 2009, Peterborough's first Seniors Summit was held. The City of Peterborough and the Peterborough Social Planning Council hosted the event. The goal for the day was to provide a gathering of seniors, families and service providers to make plans to meet the challenges of the 'senior tsunami'. The breakout sessions focused on the following questions:

1. What is one immediate action that could be taken in the next year to support aging at home?

2. Identify one longer-term strategy that may take some planning and development and have significant impact on supporting aging at home.

3. Identify the organizations that may collaborate to achieve the action and strategy identified in question 1 and 2.

A report was developed from the discussions and presentations: **"Proceedings from Peterborough's First Seniors Summit: Improving Navigation of the System", 2009.** The table below compares some of the local findings with those documented by the LHIN.



Local findings For the complete report go to www.pspc.on.ca	LHIN consultation findings
Did you know? [chart: 10 Year Senior Popultion Projections in Peterborough County 2006-2016] There are 1,129 long-term care beds in Peterborough – this includes the 18 interim long-term care beds at Peterborough Regional Health Centre. (Central East Community Access Centre, 2009) In the past12 months, Community Care Peterborough provided 36,198 nutritious meals to 736 clients (Information from Community Care Peterborough, June, 2009)	**General Barriers to Health Equity** - ***Voices from the Focus Groups with Health Service Providers*** • Those who require the most service are often the ones who do not or cannot express their needs. From the perspective of seniors in the Northeast, for example, having to travel to services rather than having services travel to them is an important barrier to health equity. • The declared universality of both the Canadian health care system and the Central East LHIN funding system is a contributing factor to health inequity because they create the misconception that everyone has the same level of access to appropriate services, implying there are no health inequities. • Health care equity in the Central East LHIN cannot be said to exist. Funding between regions is unequal and most services are geared towards mainstream patients, creating access barriers for others. And is the Central East LHIN commitment to tackling culture, diversity and equity in health care the consequence of guilt, cynical politics, or a passing trend ("the flavour of the month")? • The limited interpretation services offered within the Central East LHIN force many family members to take on the role of translators and interpreters. This can compromise the quality and confidentiality of care.

Local findings For the complete report go to www.pspc.on.ca	LHIN consultation findings
Key directions identified as needed to improve services for seniors: • More resources will be required to achieve aging at home • Recognition that not all venues will be successful for seniors to age at home • Need for more co-ordination and communication amongst service providers • Increase the public's awareness about what services exist – information will be key • Peterborough Regional Health Centre's GEM nurses could help identify geriatric needs – work with other professionals in other locations such as Activity Haven • Develop a service/system of checks for people over 75 living on their own • Develop a central location with one number staffed 24/7 to give direction on who to contact	• From the perspective of the Northeast, because of the large number of individuals without a family doctor and a general lack of walk-in clinics, clients with multiple health issues (e.g., seniors, people with mental health and addiction problems) have very little hope of finding primary health care (not to mention specialized care), and therefore end up in emergency rooms with advanced health problems. Since emergency rooms tend not to follow-up with clients, health issues can be exacerbated. This, combined with the lack of long-term care beds, leads to hospital bottlenecks particularly for the frail elderly who are put into long-term care beds that are often far away from their homes.

For more information about our InfoNotes contact

Dawn Berry Merriam at 705-743-5915 or email dawnbm@pspc.on.ca.

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