

# Health Quality Ontario's HEALTH EQUITY PLAN



*Let's make our health system healthier*

# About Health Quality Ontario

Health Quality Ontario is the provincial advisor on the quality of health care. We are motivated by a single-minded purpose: *Better health for all Ontarians.*

## Who We Are.

We are a scientifically rigorous group with diverse areas of expertise. We strive for complete objectivity, and look at things from a vantage point that allows us to see the forest and the trees. We work in partnership with health care providers and organizations across the system, and engage with patients themselves, to help initiate substantial and sustainable change to the province's complex health system.

## What We Do.

We define the meaning of quality as it pertains to health care, and provide strategic advice so all the parts of the system can improve. We also analyze virtually all aspects of Ontario's health care. This includes looking at the overall health of Ontarians, how well different areas of the system are working together, and most importantly, patient experience. We then produce comprehensive, objective reports based on data, facts and the voice of patients, caregivers and those who work each day in the health system. As well, we make recommendations on how to improve care using the best evidence. Finally, we support large scale quality improvements by working with our partners to facilitate ways for health care providers to learn from each other and share innovative approaches.

## Why It Matters.

We recognize that, as a system, we have much to be proud of, but also that it often falls short of being the best it can be. Plus certain vulnerable segments of the population are not receiving acceptable levels of attention. Our intent at Health Quality Ontario is to continuously improve the quality of health care in this province regardless of who you are or where you live. We are driven by the desire to make the system better, and by the inarguable fact that better has no limit.

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# Foreword

For the last 20 years, I have had the opportunity and good fortune to care for the homeless in Ottawa. Looking back, I have gained more from this community than what I have contributed. I have also seen first-hand the destructive impact that social inequity, in all of its forms, has on the health of individuals, their families and communities.

I have come to learn that the dream that everyone in Ontario will have the same opportunity for health, no matter who they are, where they live and what they have, is at this time, still just a dream. We know that some people are healthier than others. Across the province variations exist. However, despite the challenges, I remain convinced that health equity is possible for all. There are many things that the health system can do to mitigate inequity and provide health care that is both accessible and appropriate, and produces good health outcomes for everyone.

As the provincial advisor of quality to the Ministry of Health and Long-Term Care, Health Quality Ontario can play a key role in supporting a more equitable health system. Our goal is to bring health and health care equity to the fore front and inspire action so that all people living in Ontario receive the highest quality care. However, we cannot do this alone. We know that collective action is essential for long-term success. We are encouraged by our partners' enthusiasm and commitment to health equity. Now, we need to harness this commitment, change the way we provide care and supports, and ensure everyone benefits from the health system and our collective work. It is my hope that our Health Equity Plan reminds us all to consider the unique circumstances of people and helps us design a flexible system that proactively supports better health and well-being for all.

**Dr. Jeffrey Turnbull**





# Introduction

A health system with a culture of quality is one that is safe, effective, patient-centred, efficient, timely and equitable. These six dimensions described by the Institute of Medicine (IOM) have been adopted by Health Quality Ontario as part of its overarching quality framework, described in our report entitled [\*Quality Matters: Realizing Excellent Care for All\*](#).

Overall, Ontario has made great strides in improving the quality of care for people and their health outcomes, and the system has done considerable work to advance the first five dimensions of a quality health system. However, the dimension of equity has not received as much focus as the others, partly because it is complex and not well understood. It is increasingly clear that this dimension of quality requires significantly more attention.

You cannot have a high-quality health system without equity. Health equity allows people to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have, or who they are. Health care equity, a sub-set of health equity, relates to the role the health system plays in providing timely and appropriate care. In Ontario, disparities for both health and health care equity exist and are often intertwined.

We know that opportunities for optimal health vary among populations, that not everyone has ready access to high-quality care, and that many individuals living in Ontario do not have the resources required to build and maintain optimal health.

People not getting access to the health care they need can result in poor health and a poor quality of life. It also can impact family, friends and caregivers who support those who are unwell, often with little recognition or support. In addition, it can cost the system through the persistence of avoidable illness.

A quality health system is one that reflects all of the dimensions of quality, including equity. It is a system that provides good access, experience and outcomes for all Ontarians.

To support this, Health Quality Ontario has developed this Health Equity Plan to embed equity into our own work and to encourage providers, system leaders and planners to make it prominent in their thinking, discussions and planning as they build a system that is safe, effective, patient-centred, efficient and timely.

Given that equity is relatively new to Health Quality Ontario, we are still discovering new aspects of the problem and exploring new approaches. By design, we will be learning as we go. Our plan is intentionally set at a high level and provides the flexibility required to incorporate new ideas and opportunities, and to continually adapt to emerging evidence and learnings. While some activities are straightforward and will produce immediate benefits, others will take time to develop and mature. Mainstreaming equity into all of our culture, products, and services will require Health Quality Ontario to re-think our approaches and processes, build internal capacity, and be open to learning from others so we can “walk the talk” and stimulate the change we want to see throughout the system. Through this change in approach, we hope to encourage providers, system leaders and planners to embed equity in their work as they contribute to a high-quality health system.

A quality health system provides timely access, positive experience and optimal outcomes for all people living in Ontario. Health Quality Ontario cannot achieve this alone. Unwavering commitment, leadership and partnerships across and beyond the health care community are required to move the bar and improve **health for all**.





# Background

## What is Health Equity?

There are many definitions of “health equity.” However the idea of “fairness” is a common theme across definitions. Health Quality Ontario has developed a working definition based on feedback we have received from people working in the health system or who have experienced barriers to receiving high-quality care:

***Health equity allows people to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have or who they are.***

A high-quality health system recognizes and respects social, cultural and linguistic differences. “Equity” should not be confused with “equality.”

Equality refers to the division of resources into equal parts so that everyone gets the same. In contrast, equity involves people getting the resources they need. It is this philosophy that underpins a health equity approach.

A health equity approach recognizes that health is not distributed equally and some people may need more or different services than others in order to be healthy. For example:

- The poorest people in Ontario are nearly twice as likely to report having multiple chronic conditions as the richest people – 23.5% compared with 12.4%, and 16.2% for Ontario overall. (Health Quality Ontario, 2016).

## What is Health Care Equity?

Health care equity is a sub-set of health equity. It is the part of health equity that focuses on the health system's ability to provide equitable health care.

- People in some areas of Ontario live longer, on average, than in others. People in the North West Local Health Integration Network (LHIN) region have the shortest life expectancy at 78.6 years. In contrast, people in the Central and Central West LHIN regions have a life expectancy of 83.6 years (Health Quality Ontario, 2015).
- People who are homeless have greater health care needs but have problems accessing necessary health care such as primary health care (e.g., most lack a family doctor) (Khandor, Mason, Cowan, & Hwang, 2007). Some of the reasons for this are fear of discrimination, lack of proof of health insurance, difficulties with transportation, and prioritizing other needs, such as food and shelter, over health care. (Khandor, et al., 2011) (Kushel, 2015).

Clearly, there are many different factors that contribute to health. Health is much bigger than the health care system. Even if Ontario had the best health system in the world, the health system alone could not maximize people's health. We know that the social determinants of health such as income, education, adequate housing, and geography greatly influence people's health outcomes as well as their quality of life. The health system is just one way to build and maintain healthy people and communities. However, although only one of many factors influencing health, the health system still plays an important role as it can either improve or hinder people's health. For example, if the system provides equitable, high-quality care it can help mitigate the impacts of the other social determinants of health. (Gardner, 2012) There are many opportunities to strengthen health care equity in Ontario. Providing transportation services to and from medical appointments, subsidizing the cost of medications, and providing translation services are all ways to make health care more effective and extend its benefits to all.

Health Quality Ontario is committed to improving both health and health care equity. Our Scope section to follow clearly articulates the relationship between the two concepts and how we will prioritize our efforts given our organizational mandate.

<sup>1</sup>The social determinants of health include income and social status; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; gender; sexual orientation and culture.

## What is Health Quality Ontario's Role?

To begin, equity is embedded within the name of our enabling legislation, the *Excellent Care for All Act.*, and because of this legislation we make recommendations about what health care services should be publicly funded, and also what health care services should be offered to patients, allowing all Ontarians to know what they can expect from their health care providers. In addition, every hospital and long-term care home in Ontario, for example, is required to submit formal Quality Improvement Plans (QIPs). This simple requirement signals a commitment to high quality care across the health system and has positive implications for an equity-oriented quality strategy. By introducing equity as an element of the QIP process, institutions will be encouraged to incorporate equity as an essential element of quality and best practices can be shared provincially. Plus, our public reporting initiatives, which look at health and health care across the entire province, highlight inequities within Ontario. For example, in *Measuring Up* (our yearly report on the health of Ontarians and how the health system is performing) we highlight variations both regionally and amongst different populations.

But we also believe that equity cannot just be implicit in our work – equity needs to be explicitly reflected in our quality efforts. Our commitment to equity was reinforced with the Minister's Mandate Letter we received in 2015, where the Ministry of Health and Long-Term Care (MOHLTC) requested that Health Quality Ontario enhance its efforts in the area of equity consistent with the organization's legislated mandate. Health equity has also been identified as a provincial priority in the Ministry of Health and Long-Term Care's [Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario](#), a discussion paper that outlines ways the province can reduce gaps and strengthen patient-centred care.

Aligned with our overall strategic plan, [Better has no limit: Partnering for a Quality Health System, 2016-2019](#), our Health Equity Plan identifies ways that Health Quality Ontario will explicitly make health and health care equity a priority throughout all of our work. Through our strategic plan we share our commitment to creating a shared understanding of quality as it relates to

health and to supporting the many thousands of providers in the system to improve the quality of care. Health Quality Ontario's strategic priorities are:

- Providing system-level leadership for health care quality;
- Increasing the availability of information to enable better decision;
- Evaluating promising innovations and best practices, and supporting broad uptake of those that provide good value for money;
- Engaging patients in improving care; and
- Enhancing quality when patients transition between different types or settings of care.

Bringing health and health care equity to the forefront in all that we do will ensure our focus remains on excellent care for all people living in Ontario.

## Goal and Objectives

The **goal** of Health Quality Ontario's Health Equity Plan is to bring health and health care equity to the forefront and inspire action so that all people living in Ontario receive the highest quality care.

We will realize this goal through two core **objectives**.

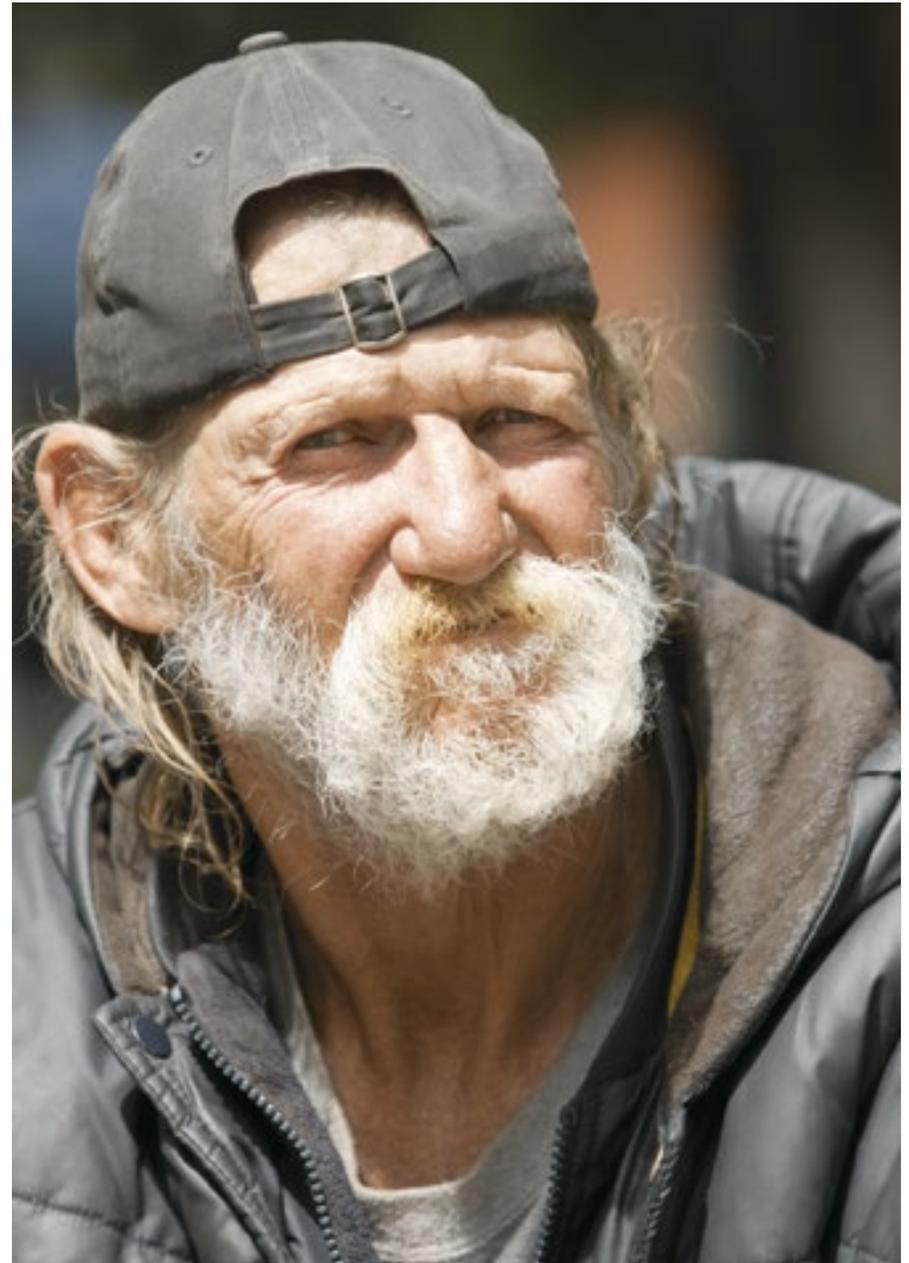
- **First, we will embed equity into all that we do.** We will ensure that we fully reflect a health equity approach in our own work. Although much of our work already includes an equity perspective, as the provincial advisor on quality we need to do more to address equity in health and health care on quality.
- **Second, we will advance the equity agenda province-wide by encouraging and supporting providers, system leaders and planners to bring an equity focus to their own work.** We will do this by raising awareness and identifying and disseminating best practices, lessons learned, and sharing data.

## Scope

Given Health Quality Ontario's mission, our principal focus will be health care equity. We will focus on equity as it relates to three fundamentally important areas of quality: access, experience and health outcomes. Why these three areas? First, for a system to be equitable, all people need timely access to care that acknowledges and respects their choices and provides the opportunity for optimal health. Second, as noted in [Quality Matters](#) (Health Quality Ontario's Quality Framework), access, experience and outcomes vary widely across the province and greatly impact health and the sustainability of the health system. We need to better understand these variations and their relationship to equity. For example, as we are learning more about equity, we will be asking ourselves:

- How do access, experience and outcomes vary according to equity-sensitive indicators, such as race, income, and geographic location?
- What can the health system and providers do to mitigate these variations? What best practices could be adopted to address these disparities?

While addressing the deeper social inequities that affect the health of Ontarians is not part of Health Quality Ontario's mandate, we believe our work to advance the equity agenda within health care will provide useful inputs to provincial efforts to tackle these broader issues and improve outcomes. For example, as seen in our recent specialized report on health equity on income (*Income and Health: Opportunities for Health Equity in Ontario*), we can help provide data and illustrate the relationship between health outcomes and social determinants.





## Our Approach

Over the past year, we have undertaken a number of activities that have shaped our thinking and approach to health equity. Key to our work has been the guidance and support of our Health Equity Advisory Committee. Composed of individuals who have “lived experience” as patients or unpaid caregivers, thought leaders, health care providers and health equity experts, this committee has provided critical input into the development of our Health Equity Plan, and vital oversight throughout the process. In addition to informing Health Quality Ontario’s own Health Equity Plan, the Committee has also drafted a short report outlining key issues related to equity and health, complete with recommendations for Health Quality Ontario and the health system at large.

Below is a brief overview of other activities we undertook to further our understanding of health equity and to inform our plan.

1. Consulted with individuals, organizations and partners. We connected with more than 300 people and asked a number of questions, including Health Quality Ontario’s role in health equity, promising practices, and opportunities and challenges facing Ontario. Please see the appendix for a list of organizations consulted.

2. Authored two reports to gain a better understanding of the issue of equity and health:

- [\*Income and Health\*](#): Opportunities to achieve health equity in Ontario (2016). The report focuses on indicators of health and health care based on people's after-tax income. We focused on income as an important aspect of health equity because the data show clear and compelling inverse ties between Ontarians' income and their health.
  - [\*Interventions to Improve Access to Primary Care for People Who Are Homeless: A Systematic Review \(2016\)\*](#). Health Quality Ontario conducted a systematic review of interventions to improve access to primary care providers for the homeless. We reviewed studies of programs meant to improve access to a primary health care provider for people who are homeless compared with those not receiving such programs. We looked at how many people had a health care provider or had visited a health care provider. We reviewed five studies looking at a variety of programs, including outreach (an examination by a health care professional, typically a nurse, along with a review of the results of the examination), orientation (the provision of information about services at the clinic), combining health care with other services that people who are homeless seek, and housing with supportive services. The most reliable study showed that people who receive either outreach plus clinic orientation or clinic orientation alone have better access to a primary health care provider than those who do not.
3. Reviewed published and grey literature: In partnership with the Wellesley Institute, we reviewed the literature on equity and health. Two separate reviews were completed looking at different aspects of this issue:
- [\*What we know about health inequities in Ontario \(2016\)\*](#). From this work we learned that research in this area is not comprehensive; there is much that we do not know. However, the goal of the review was to present a snapshot of what we do know about health disparities so that health equity strategies can be built on the best current evidence.

- [\*International Review of Health Equity Strategies \(2016\)\*](#): This work identified and described strategies that have been developed by Canada and other high-income countries (i.e., United States, Australia, New Zealand, some European countries) to enhance health equity (or equality)<sup>2</sup> within and beyond the health sector. The report focused on identifying emerging principles shared by Canadian and international strategies. In total, 16 national or provincial/state-level strategies were included in the review.

Strategies were grouped into one of the following two approaches:

1. **Intersectoral Approach:** The health equity/equality strategy includes multiple sectors within and beyond the health sector and across several social determinants of health.
2. **Health System Approach:** The strategy promotes equity/equality mainly within the health care system.



<sup>2</sup>Initially, the review focused only on *health equity* strategies. During the preliminary search, however, the authors found that health equality was the core or main focus of several international strategies. In Europe, the language of *health inequalities* is primarily used. In North America, *equity/inequity* language is used more widely. Therefore, both health-equity-focused and health-equality-focused strategies were included in the scope of the review.

To illustrate the common elements of both approaches, we have included a synthesis of the key strategic goals and actions in Table 1.

**Table 1**  
**Overview: Strategic Goals and Actions of Health Equity/Equality Approaches**

## INTERSECTORAL APPROACH

The reviewed strategies share the following characteristics:

1. Engage multiple sectors, within and beyond the health sector, and develop multi-level actions. As part of this work, strategies should embed health equity or equality into institutional practices and policies across fields with potential health partners beyond the traditional boundaries of public health.
2. Address the wide-ranging social determinants of health.
3. Embed equity or equality into institutional policies and practices between departments within the health sector.
4. Empower communities through disparity reduction initiatives and data collection.
5. Support research, evidence and evaluation

## HEALTH SYSTEM APPROACH

The following common themes and action items are evident in all or most of the strategies:

1. Gain support of leadership at all levels.
2. Collaborate across sectors and develop partnerships and joint commitments for action.
3. Work to ensure equitable access and utilization (e.g., develop standards and guidelines to properly serve all populations, deliver services in appropriate languages).
4. Provide equitable quality of care, ensuring services meet the needs of underserved populations and patient/provider interactions are effective.
5. Build capacity across the system through building awareness, training and knowledge exchange.
6. Support cultural and linguistic competency.
7. Utilize data, research and evaluation for evidence-informed planning and decision-making. Data needs to be widely available and performance regularly monitored

Key learnings from the *International Review* were considered by Health Quality Ontario when developing our plan for the future. In particular, it was very helpful to learn about the common characteristics across strategies and to consider what role Health Quality Ontario would play in either leading or supporting similar equity-related activities in Ontario. For example, how can Health Quality Ontario build capacity both within the organization and across the system? How can Health Quality Ontario support the system to provide equitable, high-quality care? How can we help providers collect and use equity data at the local level? The *International Review* contains a lot of useful information for policy makers, planners and providers and will be shared widely so all can benefit from this work.

4. Gathered stakeholders and held a Health Equity Summit: In December 2015, Health Quality Ontario held a one-day event that brought together people with lived experience of the health care system, leaders, experts, partners and providers from across Ontario. Close to 200 people attended this event and their stories and guidance was considered and influenced our plan.
5. Engaged internally with Health Quality Ontario staff to leverage ideas and expertise through various ways (e.g. Staff Retreat, Knowledge Café, ongoing guidance from internal committees).

## What Did We Learn?

Looking at everything we learned through our consultations, reports and other activities, we saw a number of consistent themes to influence our plan.

- **Do not forget the importance of the social determinants of health.** Health care is only one of many social determinants of health. Although Health Quality Ontario's mandate relates directly to the health system, the organization must not ignore the other determinants of health and, where possible and appropriate, should seek to explore opportunities and partnerships to address them.
- **Equity is an essential component of patient-centred care.** We cannot achieve patient-centred care without addressing health equity in all that the system does. It needs to be integrated into culture, practice and policy – at Health Quality Ontario and by providers, system leaders and planners
- **Capacity must be built within Health Quality Ontario and across the system to be able to integrate health equity into our work and share knowledge.** Knowledge exchange opportunities, tools and resources are key to building both internal and external capacity.
- **All efforts need to engage patients and caregivers.** To ensure efforts reflect what is meaningful and matters to individuals experiencing inequities, patients and their caregivers must be at the table and involved in shaping and evaluating programs and services. We need to be reach out to those who have experienced inequities and solicit their advice on how we can make our health system better for all. What indicators do they think are important? What matters to them?

- **Data should continue to be generated.** Health inequity is a problem and data should continue to be generated so the system has and maintains a clear understanding for how things are evolving and what is needed, and to measure the progress it is making. Data also should be specific, local, and include everyone (not just those who access the system) because provincial averages are not good enough. They do not capture the impact on individuals who find themselves on the extremes (e.g., those people well below the average), nor do they capture the impact on the system. Consequently, actions will focus on the “average” patient, rather than targeting those most vulnerable. Overall, we are getting better at understanding the inequities faced by patients who access the health system, but we know very little about those who do not. We need to understand the *full* scope of unmet needs and the health status of the entire population to be accountable, and to design a system that works for everyone. To this end, we need to be more creative in how we reach out to people and document their experience and needs. For some people, phone and mail surveys do not work because they neither have a phone or stable housing.

Second, we need to work with others to build on existing efforts (e.g., Toronto Central Local Health Integration Network [LHIN] and the Institute for Clinical Evaluative Sciences [ICES]) to capture race and ethnicity as important social determinants of health.

Last, although some data is already being collected, it lives in different systems and sectors. We need a way to share existing information and maximize its usefulness.

- **The equity plan does not have to be perfect, and Health Quality Ontario needs to get started.** Everyone recognizes that there are still many knowledge gaps about how to address the ‘equity challenge’, but the absence of perfect solutions cannot paralyze our efforts.
- **Strategic partnerships are critical for success.** Health Quality Ontario cannot improve health equity alone, but is well positioned to be a catalyst for change.

- **The time is right for change.** Many institutions and organizations have been working on equity and health for a long time. The MOHLTC has signaled its commitment to health equity and its expectation of the health system to embrace this critical dimension of health quality. Over the past year we learned of a number of initiatives happening at the local, provincial and national levels all with unique approaches and experiences. Our discussions revealed a lot of enthusiasm about equity and health and people are very much committed to their projects and this work. We also learned that despite different levels of “readiness”, there is a need and an appetite for a system-wide, overarching and coordinated plan to address health equity in Ontario, with tailored approaches for different populations. We need to use our knowledge and skills to help take this momentum to new heights so that all people living in Ontario receive the highest quality care.





## **Health Inequities in Ontario: How Big and How Deep?**

“The results of the [inequities in Ontario] review signal that there are significant disparities in health for different populations across the province. While these conclusions are based on a limited set of indicators, the snapshot provides a sense of the breadth and depth of inequities in Ontario. There are disparities between regions, income groups, age groups, gender groups and ethnic origin populations. There are differences in risk of illness and service use. There are also groups such as lesbian, gay, bisexual, trans, and queer groups, for which limited data are available. The combined impact of multiple marginalized identities on health is also not taken into account in this analysis, but it is likely that that will further magnify disparities for some groups. The data and research gaps identified on some groups and indicators need to be addressed in order to better identify health inequities across Ontario. It is always possible to better define the issues, but the significant and important health disparities that are evident in the currently existing data enable us to set targets for immediate action.”

*Excerpt from: What we know about health inequities in Ontario. (Anderson L, Um S and McKenzie K, 2016. Wellesley Institute).*





# Our Plan

Aligned with our overall strategic plan, [\*Better Has no Limit: Partnering for a Quality Health System, 2016-2019\*](#), our Health Equity Plan identifies activities that Health Quality Ontario will undertake over the next three years. Proposed activities are directed at both internal and external audiences.

In everything we do at Health Quality Ontario, we are the sum of all of our parts. The success of our plan relies on partnerships and commitment from others in the areas of policy, research and practice.

## Overview

In the first year, our activities will focus mainly on building internal capacity within the organization. However, in order to maintain momentum with partners we will build on current work and develop products that increase awareness and understanding of the scope and nature of health inequities in Ontario.

Over the next **three years**, we will pursue the following activities.

## Health Equity Strategic Priority #1:

### Provide system-level leadership through partnerships to improve health equity in Ontario.

To achieve this strategic priority, we will:

- Coordinate, align and continue to evolve Health Quality Ontario's health equity efforts with other national and provincial health efforts. For example, we will work with our partners such as the MOHLTC, the LHINs and the Canadian Institute for Health Information (CIHI) to:
  - develop targets and report on the progress of these targets;
  - advance health equity throughout our public reporting and various specialized reports; and
  - promote the scale and spread of best practice models.
- Support the System Quality Advisory Committee to continue to promote health equity as an essential component in the provincial plan for health system quality.
- Apply a health equity lens in the prioritization and development of every quality standard. Health Quality Ontario is embarking on a new initiative to develop and promote quality standards throughout the system. As part of this work, we will introduce a health equity lens into the prioritization of quality standards.
- Work with our Quality Improvement Plan (QIP) Advisory Committee to identify how to bring equity as a focus to advancing Quality Improvement Plan indicators and best practices to improve health equity.
- Partner with organizations to adopt, adapt, or develop training modules and tools to help build capacity within the system, and link with other major Quality Improvement (QI) capacity building efforts such as IDEAS.
- Heighten awareness within the system that health equity is a critical dimension of quality and the importance of integrating health equity into planning, culture and practice. This will be achieved through

messaging woven throughout all of our communications and brand narrative, demonstrating that health equity is a priority and part of our DNA – and designed to signal to providers, system leaders and planners that it should be part of their DNA too. In addition, we will conduct comprehensive communications programs (involving media relations, digital communications, and stakeholder communications) whenever we develop an asset specific to health equity (like the *Income and Health* specialized report), to shine a large spotlight on what we are sharing and why.

- Engage partners to leverage their knowledge and experiences to achieve the outcomes of Health Quality Ontario's health equity plan.
- Hold an annual equity summit to heighten awareness about health equity as it relates to specific populations. Our next summit will be in Northern Ontario and will highlight challenges, opportunities and strategies in addressing health inequity resulting from living in rural/remote settings, indigenous communities, and poverty. Each summit will have a proceedings report with specific recommendations for action.

## Health Equity Strategic Priority #2:

### Increase availability of information to enable better decisions to achieve health equity locally and provincially.

To achieve this strategic priority, we will:

- Support, and where appropriate lead, the advancement of a provincial data strategy to be able to address health inequities at the policy, planning and practice levels.
- Increase awareness of health inequities through Health Quality Ontario's public reports (e.g., *Measuring Up*, specialized reports, and online reports).
- Provide equity-related data in practice and organizational reports to support health care providers' quality improvement efforts. In particular, make data available through the Regional Quality Tables currently being established in every LHIN.

## Health Equity Strategic Priority #3:

### Evaluate and support the uptake of promising innovations and practices to improve health equity in Ontario.

To achieve this strategic priority, we will:

- Develop communities of practice designed to bring people together to share information and best practices about how to improve health equity in Ontario, and to learn from one another and be inspired. In addition, include an emphasis on equity through existing communities of practice for large-scale QI initiatives.
- Apply a health equity lens to the entire Health Technology Assessment process (e.g., selection of topics) as well as within each Health Technology Assessment (e.g., by considering equity-related factors that might influence the Ontario Health Technology Advisory Committee's deliberations and recommendations).
- Review evidence-informed models of care that effectively address health care equity. This would involve building on existing knowledge and encouraging new research to address knowledge gaps.
- Implement equity measures of success when evaluating larger programs or initiatives to assess whether quality improvement initiatives are increasing or decreasing equity.

## Health Equity Strategic Priority #4:

### Engage patients, caregivers, and the public in our efforts to address health equity.

To achieve this strategic priority, we will:

- Engage people with lived experience as part of integrating equity into our work. For example, recruit more people with lived experience who face

inequities into the Health Quality Ontario Patients Advisors Pool and align with partners and community leaders who can introduce us and help us engage.

- Start co-designing learning tools with patients and families from diverse lived experiences and providers to help build the capacity of organizations and patients from underserved communities to effectively engage in health care planning and evaluation.

## Health Equity Strategic Priority #5:

### Ensure health equity is addressed when patients transition across different care settings.

To achieve this strategic priority, we will:

- Ensure the process of reflecting equity through priorities of the QIP includes an emphasis on system integration indicators designed to make improvements in the transition of care across all sectors of hospitals, home and community care, primary and long-term care.
- Support the reduction of health inequities for patients with complex conditions and situations receiving care through Health Links. This would include identifying existing innovative practices being used by the Health Links, and/or provision of data related to equity sensitive indicators specific to the health link populations.
- Work with Health Links and the LHINs to implement strategies (e.g., comprehensive case management) to reduce health inequities through transitions of care.

## Core Enablers

To successfully deliver the objectives of the Health Equity Plan, we will:

- **Communicate** to heighten awareness about our role, learnings and tools in health equity, and to model to providers, system leaders and planners to bring a health equity focus to their own work. We will listen carefully too.
- Build **internal capacity** to enable us to better support the system to build capacity. Health Quality Ontario will develop an organizational and management structure to support the implementation of the Health Equity Plan. This will include a resource plan (e.g., human resources, budget) and the evolution of internal and external advisory committees.
- **Engage with people with lived experiences** to ensure our work is meaningful and will have a positive impact.
- Develop new **partnerships** and build on existing partnerships to leverage knowledge and experiences to successfully carry out our plan and realize sustained change.
- Collaborate with partners to facilitate **alignment** with provincial and regional health equity efforts (e.g., Provincial Quality Framework, Equity Office - MOHLTC, LHINs, Public Health Ontario).
- Develop a **management** structure, including an external advisory group, to support the implementation of the plan
- Apply a **change management framework** to manage the change required to successfully embed equity into Health Quality Ontario, and support the system with this transformational change.



# Achieving Success

To achieve our objectives, in the first year we will create a performance measurement plan based on our overall goal, core objectives and five strategic priorities. This plan will also include baseline measures in order for us to measure progress over the next three years.

**Activities in the first year, critical to success, include:**

- Evolve Health Quality Ontario's Health Equity Plan to align and complement the Ministry's and LHINs' health equity plans, as well as Health Quality Ontario's emerging areas of focus (Mental Health and Addictions Care, Palliative and End-of-Life Care, Primary Care). This will result in a more comprehensive and targeted plan, reflecting coordinated efforts from across the system.
- Host a Health Equity Summit in Northern Ontario with key partners to better understand health inequities in the northern region. Develop a post-proceedings report that outlines the key issues and recommendations for both the system and Health Quality Ontario's consideration.
- Develop and implement an education and training plan to help build internal capacity within Health Quality Ontario. This plan will include implementing tool(s) to help us integrate health equity into our culture, services and products.

- Evolve and implement a new internal management and advisory structure to support the Health Equity Plan's goal and objectives.
- Include an emphasis on equity in the priorities for the 2017/18 QIP priorities released in Q3 of 2016.



# Final Words

Health Quality Ontario's Health Equity Plan lays the groundwork for an ongoing collaboration with all partners to develop a more equitable health system. We firmly believe that giving people the opportunity to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have or who they are is a fundamentally important element of health quality. Achieving this vision will be a significant challenge. It will require concerted, collective effort, and we at Health Quality Ontario are fully committed to doing our part. Consistent with our mandate, this means that we will embed equity into everything we do, and support health system planners, policy makers and providers to do the same.

For most of us, adopting a health equity lens will require a considerable cultural change, and change takes time. Creating shared understanding, building capacity and adopting a new approach to our work are no small tasks, especially given the number of priorities already facing the health system. However, we are confident in our collective ability to advance the equity agenda across the province. We are confident because people are committed. During the development of our Health Equity Plan, we spoke with hundreds of people across the health system about the importance of health equity. Regardless of where people sat in the system - from patients to providers to policy makers - the commitment to ensuring the system works for everybody was identified as a critical priority. They also recognized, as we do, that working towards a more equitable health system is not only the right thing to do, but it's the smart thing to do to ensure the sustainability of Ontario's health system. Equity is one of six key dimensions of quality because it matters. It matters a lot. You cannot have a high-quality, sustainable system that is only effective for some - it needs to be effective for all. Health Quality Ontario looks forward to working closely with all health partners to advance the equity agenda.



# Acknowledgments

Health Quality Ontario thanks the many people who contributed to the development of the Health Equity Plan, including:

The members of the Health Equity Advisory Committee:

Camille Orridge (Chair)

Dr. Philip Berger

Dr. Kwame McKenzie

Joanne Plaxton

Uzma Shakir

Louise Paquette

Dr. Eva Purkey

Dr. Cheryl Forchuk

Samina Talat

Dr. Chandrakant P. Shah

Gilles Marchildon

Madonna Broderick

Dr. Jeffrey Turnbull

The people and organizations consulted and attendees of the Health Equity Summit (see Appendix).

# Appendix: Organizations Consulted

The following organizations were engaged to help inform the development of this plan. They either participated in the Health Equity Summit and/or were consulted individually.

Access Alliance Multicultural Health and Community Services	Inner City Family Health Team	Sioux Lookout First Nations Health Authority
Across Boundaries Ethnoracial Mental Health Centre	Institute for Clinical Evaluative Sciences	Sjogren's Society of Canada
Action Positive VIH-SIDA	Jane Alliance Neighbourhood Services	South Bruce Grey Health Centre
Addictions and Mental Health Ontario	Laurentian University/Centre for Rural and Northern Health Research	South Riverdale Community Health Centre
Anishnawbe Health Toronto	Maamwesying North Shore Community Health Services	St. Michael's Hospital
Association of Family Health Teams of Ontario	Ministry of Health and Long Term Care	St. Michael's Hospital/Academic Family Health Team
Association of Ontario Health Centres	Ministry of Municipal Affairs and Housing	St. Michael's Hospital/Inner City Health Associates
Canadian Institute of Health Information	Mississauga Halton LHIN	Stonegate Community Health Centre
Canadian Mental Health Association	Northern Initiative for Social Action	Sudbury and District Health Unit
Canadian Red Cross	North West LHIN	TAIBU Community Health Center
Cancer Care Ontario	Northern Ontario School of Medicine	The People Project
Central LHIN	Nurse Practitioners' Association of Ontario	The Southwest Ontario Aboriginal Health Access Centre
Central West CCAC	Ontario Association of Community Care Access Centres	Toronto Central LHIN
Central West LHIN	Ontario College of Family Physicians	University of Ottawa
Centre for Addiction and Mental Health	Ontario Community Support Association	University of Ottawa/Bruyère Research Institute
City of Toronto	Ontario Hospital Association	University of Toronto/Health System Performance Research Network
Commissariat aux Services en Français	Ontario Long Term Care Association	University of Toronto/Institute of Health Policy, Management and Evaluation
Council of Academic Hospitals	Ontario Medical Association/OntarioMD	University of Western Ontario/Lawson Health Research Institute
Erie St. Clair LHIN	Ontario Shores Mental Health Centre for Health Sciences	Voices from the Street
Family Caregivers Voice	Ontario Telemedicine Network	Voix émergentes/Emerging Voices
French Language Health Planning Entities	Owen Sound Family Health Team	Waterloo Wellington LHIN
French Language Services Commissioner	Patients Canada	Weeneebayko Area Health Authority
Grey Bruce Health Services	Public Health Ontario	Wellesley Institute
Hamilton Niagara Haldimand Brant LHIN	Queen's University Department of Family Medicine	William Osler Health System, Headwaters Healthcare
Health Nexus	Quinte HealthLink	Women's College Hospital
Health Sciences North, Sudbury	Registered Nurses Association of Ontario	WoodGreen Community Services
Huron Perth Healthcare Alliance	Réseau des services de santé en français	Working For Change
Impact Community Services	Réseau des services de santé en français de l'Est de l'Ontario	

# Glossary

**1. Health Technology Assessments:** The Health Technology Assessment (HTA) Program provides evidence to decision makers to help inform provincial funding decisions about the best health interventions for Ontarians.

**2. Quality Standards:** These are concise sets of evidence-based recommendations focusing on areas that have been identified as high priority for improvement. Our quality standards include clinically defined populations (e.g., adults with schizophrenia), service areas (e.g., pre-operative testing) and health system issues (e.g., patient–provider communications). The primary purpose of quality standards is to clearly define what high-quality care should look like in a way that can be measured, emphasizing areas where there is a large gap between current practice and optimal care. Our work in Quality Standards includes a series of standards on home care (wound care, dementia care in the community and end-of-life care).

**3. Quality Improvement Plans:** Quality Improvement Plans (QIP) are a formal commitment to quality improvement, aligned with system and provincial priorities. By identifying and explaining how they are going to achieve their long-term improvement goals in their QIPs, Ontario’s health organizations are able to effectively focus their quality improvement efforts on those key issues that will truly improve health care in our province. Health Quality Ontario works with health care providers to receive their annual QIP submissions, advise on their preparation, and share best practices in focusing on quality.

**4. Adopting Research To Improve Care (ARTIC):** The Adopting Research to Improve Care (ARTIC) Program is a proven platform for turning health research into action, and action into improved quality care. Originally designed for the research hospital setting, ARTIC has since been developed into a provincial resource for all sectors of the health system.

**5. Quality Improvement (QI) Shared Online Environment:** While Health Quality Ontario’s purpose is to support better health for Ontarians through excellent quality care, the work to achieve this is conducted by the QI community every day. There are many QI initiatives being implemented across the province, but they are not connected in an effective manner. In addition, Health Quality Ontario receives many requests from individuals and groups asking for how to work in the QI community. To meet their needs, the purpose of the shared online environment (i.e. QI Digital Ecosystem) is to enable the QI community to connect to each other and to resources that support their work.

**6. Health Links:** Health Quality Ontario facilitates the achievement of Health Link objectives by working with the MOHLTC and the Local Health Integration Networks (LHINs) to provide leadership and support in measurement, evidence-informed change ideas, patient engagement and building capacity for improvement. Health Quality Ontario offers tools and expertise to help Health Link communities identify and bridge the gaps between sectors, improve access to care, reduce avoidable emergency room visits and hospital re-admissions, and improve the experiences of patients as they make their way through the health system.

**7. Public Reporting:** The objective of Health Quality Ontario’s Public Reporting is to report to Ontarians on the performance of the health system for the purposes of promoting transparency and accountability; tracking progress in meeting Ontario’s health goals and commitments; focusing the system on a set of indicators (the Common Quality Agenda) to stimulate quality improvement and overall system performance; and help Ontarians better understand their health system. Public reporting brings an increased focus to home care, including a caregiver distress theme report, a home care chapter in our yearly report *Measuring Up*, an update of home care data reported online and a home care themed bulletin.

**8. System Quality Advisory Committee (SQAC):** The System Quality Advisory Committee was convened by Health Quality Ontario to articulate a vision for quality for Ontario. The Committee began its work in 2014 and has since developed and released *Quality Matters: Realizing Excellent Care for All*, a report that articulates a vision for improving quality in health care. It offers six domains of quality, a set of principles to guide us, and key factors we need to consider in order to instill quality at the core of our health system. This piece sets out a framework including a definition of quality, and set of principles to help everyone in our health care system develop a common understanding of what the pursuit of quality looks like.

As part of its next phase of work, SQAC has initiated three working groups to explore key themes related to quality in our system: delivering quality care, understanding quality and fostering a culture of quality. The working groups will be discussing these themes through the lens of the quality framework proposed by SQAC and returning their findings to the committee for consideration.

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Health Quality Ontario  
130 Bloor Street West, 10th Floor  
Toronto, ON M5S 1N5

Telephone: 416-323-6868  
Toll-free: 1-866-623-6868  
Email: [info@hqontario.ca](mailto:info@hqontario.ca)

[www.hqontario.ca](http://www.hqontario.ca)