

**CENTRAL WEST LHIN
Diversity Core Action Group**

**Meeting Notes of
Thursday, January 21, 2010
2:00 – 4:00p.m.
Central West LHIN Offices**

In attendance:

Kitty Chadda – India Rainbow Community Services
Gabrielle Coe – Hospice Caledon
Gurwinder Gill – William Osler Health System
Dominika Farrelly – Caledon Community Services
Althea Martin-Risden – Rexdale Community Health Centre
Barbara Moulton – Headwaters Health Care Centre
Baldev Mutta – Punjabi Community Health Services
Christine Nuernberger – Central West CCAC
Maureen Riedler – Hospice Dufferin
Nadine Rubie – Bramalea Community Health Centre
Bonnie Waterfield – Family Transition Place
David Colgan – Central West LHIN
Yvonne Sinniah – Central West LHIN (recorder)

Regrets:

Mohamed Badsha – Reconnect Mental Health Services
Mike Valkama – CANES Community Care

1. Agenda and Previous Meeting Notes

Current and new members spent a few moments introducing themselves. Barbara Moulton clarified a point in the meeting notes from November 26, 2009 with respect to Headwaters participation in the Diversity Core Action Group. She clarified that like other organizations, Headwaters Health Care Centre is at the table to learn from others and also share diversity and equity practices that have been successful within the Headwaters Health Care Centre. Yvonne Sinniah will revise the notes to reflect these comments before they are posted on the LHIN website.

2. Review of Relevant LHIN Documentation

The LHIN's Integrated Health Service Plan 2 (IHSP2) was distributed. Pages that reference the LHIN's priority to improve Diversity and Equity within the region are pages 7, 8, 12, 17, 23, 24 and 29. Members are expected to review the IHSP2 in detail as it will provide an understanding of how Diversity and Equity are built into the LHIN's priorities for the region.

Members requested a brief overview of Toronto Central LHIN's progress with respect to Health Equity. Gurwinder Gill noted the work done by the Health Equity Council and their lead role in pushing the Equity agenda forward.

The Diversity Core Action Group Terms of Reference was also distributed. There is an expectation that members review this in detail as it is a guideline for the group outlining the expected outcomes from the group's work moving forward.

3. Diversity, Cultural Competency and Equity: What does this mean?

Baldev Mutta led this portion of the meeting and encouraged the group to reflect on the definitions proposed by Yvonne Sinniah. Members had a robust discussion regarding "Diversity" expressing that Diversity is multidimensional (beyond ethno-cultural). Commentary suggested that the current definition appeared to have a negative connotation as it refers to "differences in identify features". The group suggested that given our LHIN's demographics, we should include Aboriginal status, education, literacy, and rural/ urban status. A member mentioned "acknowledging" differences as opposed to "identifying" differences.

Members further expressed that the terms Diversity and Equity should be connected in some way. There was general agreement with the way Equity was defined. Specifically that "Equity acknowledges the fact that equal treatment for everyone does not always yield equal results for everyone".

David Colgan clarified that the Central West LHIN recognizes the broader definition of Diversity (as explained on page 24 of the IHSP2). He explained the LHIN's early focus has been examining "ethno-cultural" diversity, its impact on service access, and the need for health service providers to develop services that improve access to the LHIN's ethno-cultural communities. Gurwinder Gill stated that the work produced by this group should be in alignment with the LHIN's focus. There was general agreement that the group did not want to word smith the proposed definitions but capture the salient points so the group can collectively agree on a working definition for Diversity, Cultural Competency and Equity and move forward with focused action items to improve cultural competency in the LHIN. Yvonne Sinniah will update the working definitions for the next meeting.

Further discussions were about the "equal" or "equitable" delivery of healthcare services. Members rallied around "What can be done as health service providers to be accessible by everyone?" E.g. Punjabi Community Health Services (PCHS) offers women's programs on a Sunday afternoon. Discussions led to the fact that today's approach is about the "individual" and the old approaches cannot apply in all circumstances. Members agreed that Diversity and strategies to improve Equity will look slightly different for every organization but fundamentally it is important for health service providers (HSPs) and the LHIN to ensure there is "fair and equitable" access to services.

4. Developing an Action Plan for the Diversity Core Action Group

Gurwinder Gill led this discussion by asking members to identify the goals the group would like to accomplish moving forward. The group highlighted four broad goals:

- 1) Education and Training
 - Develop education and training programs based on best-practices.
 - Establish process for sharing these programs among health service providers.
- 2) Accountability
 - Develop Health Equity Plan framework and establish expectations/ requirements of local HSPs to submit a Health Equity Plan to the LHIN.
 - Roll out the Health Equity Impact Assessment (HEIA) Tool
 - Develop performance indicators to be included into future accountability agreements.
- 3) Communications
 - Ensure effective communications to HSPs of the work underway by the Diversity Core Action Group. These communications will also provide details of the upcoming training sessions, tools etc for providers to utilize.
- 4) Comprehensive inventory
 - Develop and distribute a comprehensive inventory of: health service providers, ethno-cultural community organizations, diversity initiatives, services addressing needs of diverse communities, inventorying training and education resources etc.

Baldev Mutta suggested administering educational/ training workshops in the next 6 months explaining what is needed in organizations at the staff level, middle management level and senior management level. His reasoning being that unless senior management and middle management understand what is required to improve their accessibility and cultural competency of services, strategies will not be implemented effectively. Baldev also suggested separate sessions with CEOs only explaining “Why Diversity is Needed?” He further explained that having buy-in from the CEOs will ensure momentum in various organizations.

Christine Nuernberger and Gurwinder Gill had a discussion about ensuring the foundational pieces with respect to Diversity and Equity resources and training are established within organizations to ensure we meet our goals (e.g. understanding what Diversity and Equity means before we ask organizations to fill out a Health Equity plan etc.). There were also further discussions regarding the opportunity to share costs when trying to achieve some of these goals (i.e. education and training) as smaller organizations do not have the budget to develop training modules but are willing to administer them internally to all staff.

Gurwinder Gill mentioned a Diversity/Equity and Ethics Conference that is currently under development at William Osler Health System with LHIN support and explained that this will be an open invite to other health service providers. She also mentioned an OHA Conference on March 4th that will focus on Diversity and Equity and suggested that this would be a great conference for various leaders, managers and front line workers to attend.

There was some question around the meaning of a Comprehensive Inventory as one of the goals of the group. It was apparent that more discussion regarding what the group wants with respect to a Comprehensive Inventory is required. For the time being, Yvonne Sinniah will send an updated list of who the 52 health service

providers are within the Central West LHIN. These are the providers that are funded by the Central West LHIN. A more expanded list with other cultural organizations and related community organizations may also be compiled and sent as this may already be a ready-to-view resource at the Central West LHIN office.

Baldev Mutta reflected on the goals list created by the group and expressed that Education/training and Communications are most important from his perspective. Gurwinder Gill emphasized that Communications will play a large role in ensuring the group achieves its goals. Key message with respect to the work done by the group is that Diversity and Health Equity is not an “add on” to current service provision, it is rather a part of everything you do and a “value add” to organizations to help better serve their communities. The group concluded that more discussion is required to prioritize the goals, assign associated timelines and an action plan.

During the discussion of goals, Yvonne Sinniah described the Health Equity Impact Assessment (HEIA) Tool that was launched in the Toronto Central LHIN. Health Equity Impact Assessment (HEIA)¹ is a flexible and practical assessment tool that can be used to identify potential health impacts (positive or negative) of a plan, policy or program on vulnerable or disadvantaged groups within the general population. Members referred to the HEIA tool as changing how they viewed their approach to proposals, programs etc. Members wanted a brief overview of the HEIA Tool for review at the next Diversity Core Action Group meeting in February

5. Recruitment and Commitment of New Members

Yvonne Sinniah confirmed the future meeting dates with attendees and asked new members to please inform the LHIN if they are unable to attend meetings. Yvonne will also send a membership list along with the meeting notes via email.

6. Agenda Items for the Next Meeting and Adjournment

The following are potential agenda items for the next Diversity Core Action Group meeting to occur on **Thursday February 18th, 2010 (2pm-4pm)**.

- Brief overview of what the Toronto Central LHIN is doing with respect to Health Equity (specifically the Health Equity Plan).
- Overview of the Health Equity Impact Assessment Tool
- Discuss more about Diversity and Equity Education and Training amongst providers in the Central West LHIN.
- Discuss how we can recognize what agencies are doing at the moment with respect to Diversity and Equity.
- Prioritize goals, timelines and accountabilities.

The meeting was adjourned at 4:00pm.

¹Health Equity Impact Assessment arose out of Health Impact Assessment (HIA) methodology which has gathered considerable momentum internationally over the past decade as a decision support tool to enable “healthy public policy”. While HIA often addresses health inequities, its structure did not lend itself to a more targeted and systematic focus on health inequities. As a result, a model of equity-focused Health Impact Assessment evolved and is currently in use in the U.K. (Wales), New Zealand, Australia and other jurisdictions.