

**CENTRAL WEST LHIN
Diversity and Equity Core Action Group**

**Meeting Notes of
Thursday, February 18, 2010
2:00 – 4:00p.m.
Central West LHIN Offices**

In attendance:

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

Regrets:

Dominika Farrelly – Caledon Community Services
Gabrielle Coe – Hospice Caledon
Mohamed Badsha – Reconnect Mental Health Services
Mike Valkama – CANES Community Care
Nadine Rubie – Bramalea Community Health Centre
Safia Ahmed – Rexdale Community Health Centre

1. Agenda and Previous Meeting Notes

Notes reviewed and approved. Co-chairs suggested having members RSVP their attendance for future meetings.

2. Relevant LHIN Documentation: FYI

Members were informed that the LHIN has developed its annual business plan for 2010/11 based on the LHIN's IHSP2 which sets the expectation for health service providers to submit health equity plans.

3. Online Collaborative Workspace: FYI

The idea of maintaining an online collaborative workspace was introduced. The intention of the workspace is to be an online resource for members and those

external to the group. To start, it can be utilized as a storage for key documents and reference material that can be accessed by members at any time.

4. Diversity, Cultural Competency and Equity: Revised Working Definitions

There was some discussion about the scope of incorporating the word “Equity” into the group’s agenda. After discussion, members did recognize the importance of leaders in the healthcare system and service providers understanding the historical piece behind systemic barriers to better understand inequities in the health system.

It was suggested that Diversity and Equity Core Action Group better acknowledges the Equity component of the group’s work. Strategies to improve Equity will vary among organizations but it is important for all health service providers and the LHIN to improve “fair and equitable” access to healthcare services.

Members agreed that the revised definition can remain as the group’s working definition but requested that a larger discussion around Equity and Health Equity be tabled at the next meeting.

5. Health Equity Plan

Members requested an explanation as to how the LHIN plans on rolling out the expectation for providers to submit a health equity plan. It was suggested that the LHIN may start with the hospitals via the Hospital Service Accountability Agreements (H-SAAs), then expect community sector providers to submit plans via the Multisector Service Accountability Agreements (M-SAAs). The same will be expected from Long Term Care providers via the Long Term Care Service Accountability Agreements (L-SAAs). The submission of a Health Equity Plan will be detailed in the accountability agreements as a local obligation to better the provision of healthcare services within the region.

Yvonne Sinniah provided a high level summary of lessons learned from Toronto Central LHIN with respect to the region’s roll out of Health Equity Plan among 18 hospitals. The group also reviewed the Toronto Central LHIN Health Equity Plan framework and agreed to work together in supporting the development of the Central West LHIN’s Health Equity Plan framework. Attendees commented that the format of the plan should be consistent amongst all providers. Some members requested that the language be simpler and easier to understand. There was a suggestion to provide working definitions to providers to assist in responding to questions in the Health Equity Plan framework and ensuring consistency in reporting to the LHIN.

Suggestions for consideration when developing the Central West LHIN’s Health Equity Framework included:

- Reviewing the paper developed by the Regional Diversity Roundtable that had an appendix that can be useful for the development of the Central West LHIN’s Health Equity Plan framework.
- Reviewing the manual for organizational cultural competency developed by the Peel Social Planning Council

- Ensuring the development of a Health Equity Framework that is usable for all health care sectors.
- Compiling a list of promising practices as an outcome of the Health Equity Plan submissions in the Central West LHIN
- Reviewing current frameworks developed by the other LHINs. Yvonne Sinniah will get information from the Mississauga Halton LHIN with respect to their Board approved Health Equity Plan framework.

In the absence of a Health Equity Plan framework in the LHIN, it was recognized that it will be important for providers to find various ways to improve cultural competency. For example, India Rainbow suggested work together with Heart House Hospice by sending volunteers to provide services and assist Heart House Hospice in various ways.

6. Collection of Ethno-cultural data

There was a discussion regarding the collection of ethno-cultural data. Members suggested referencing how various organizations collect ethno-cultural data as it may be dependent on how questions/ identifiers are phrased. There are current practices that local organizations are utilizing to collect such information. A larger discussion regarding what the appropriate data is required for collection is still necessary. At the end of the day, whatever identifier organizations choose to utilize, it may be reliant on each individual to self-identify.

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

Based on goals identified in January’s meeting, members discussed the goals in more detail so there was common understanding as how the group may move forward to improve cultural competency among Central West LHIN healthcare services. The group discussed “Education and Training for the most part recognizing that the other three goals were more clearly articulated at the last meeting.

The following articulates the Diversity and Equity Core Action Group goals moving forward.

Goal #1: Education and Training

- Develop education and training programs based on best-practices.
 - Programs should be framed in the context of the Central West LHIN
 - The concept of “on-going” training should be built into the expectation of integrating cultural competence into the regular functions of the organization
 - Diversity and Equity is about “Patient Centred Care” and appreciating the individuality – this is about training individuals to respect patients’ preferences
- Establish process for sharing these programs among health service providers.
 - E.g. Organizations that can develop and host education and training programs and events involve other HSPs input to maximize the system’s benefits

- Ensure different types of training are available for organizations to utilize
 - Governance to frontline staff
 - Unique ways of training may include shadowing and mentoring as a possible shared resource between organizations
- Develop education and training expectations/ standards recognizing that different organizations are at different stages of cultural competency
 - Identify the core package that every organization should have to ensure cultural competency
 - Ensure policies and practices are outlined in service accountability agreements (SAAs)

Moving forward, it will be important to identify “What should Diversity and Equity look like in our LHIN?. This will lead to the development of a list of expectations and standards. Next, a list of resources within the community to assist HSPs with meeting those standards will need to be developed (this is related to Goal #4 which is compiling an inventory of resources useful for all HSPs). Yvonne Sinniah will review the paper completed by the Regional Diversity Round table the cultural competency manual developed by the Peel Social Planning Council to assist in the development of cultural competence expectations and standards for the Central West LHIN HSPs.

Goal #2: Health Equity Planning

- 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 SAAs

Goal #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.
- Various ways to communicate effectively include:
 - a) LHIN quarterly newsletter that is distributed to all HSPs and other stakeholders. Yvonne Sinniah will work with the Director of Communications at the LHIN to ensure the group’s work is communicated to the LHIN’s HSPs
 - b) LHIN’s Targeted Bulletins (i.e. communications providing a briefing of the OHA’s Diversity and Equity Conference)
 - c) One page communiqués to other LHIN Core Action Groups – so there is awareness of the work underway
 - One way to incorporate the Diversity and Equity agenda into other LHIN priority areas
 - d) Communiqués via HSP bulletins. Suggested that the one page communiqués provided to other LHIN Core Action Groups can be provided to the communications liaisons in HSPs who may consider incorporating into their organizational newsletters.

Goal #4: Comprehensive Inventory of Resources

- 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
 - Potentially stored in the Online Collaborative Workspace and updated and distributed to health service providers on a regular basis.

Yvonne Sinniah will reference these goals with the original project charter developed when the Diversity and Equity Core Action group was initiated a year ago. Once appropriately reference, it will be necessary to assign due dates to accomplish the goals in a timely, effective and realistic manner.

8. Health Equity Impact Assessment Tool: FYI

During January's Core Action Group meeting, Yvonne Sinniah described the 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.

In response to members' request for an overview of the HEIA, members were provided with a copy of the HEIA Tool and the workbook. In addition, Yvonne Sinniah attended a HEIA Tool Workshop and provided members with the slide deck from that workshop.

Due to time constraints, the HEIA Tool could not be reviewed and discussed in detail. Hence, it is suggested that providing an HEIA Tool Workshop Training may be a possible future agenda item as part of the roll out of this tool in the Central West LHIN. This workshop training can be provided to other health service providers as well.

9. Next Meeting and Adjournment

The next Diversity and Equity Core Action Group meeting will occur on **Thursday March 18th, 2010 (2pm-4pm)**.

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". The tool helps identify potential health impacts (positive or negative) of a plan, policy or program on vulnerable or disadvantaged groups within the general population. A model of equity-focused Health Impact Assessment is currently in use in the U.K. (Wales), New Zealand, Australia and other jurisdictions.