

Health and Equity: What can the Health Care System do?

Health Equity Workshop

Wellesley Institute

Toronto December 5&6, 2007

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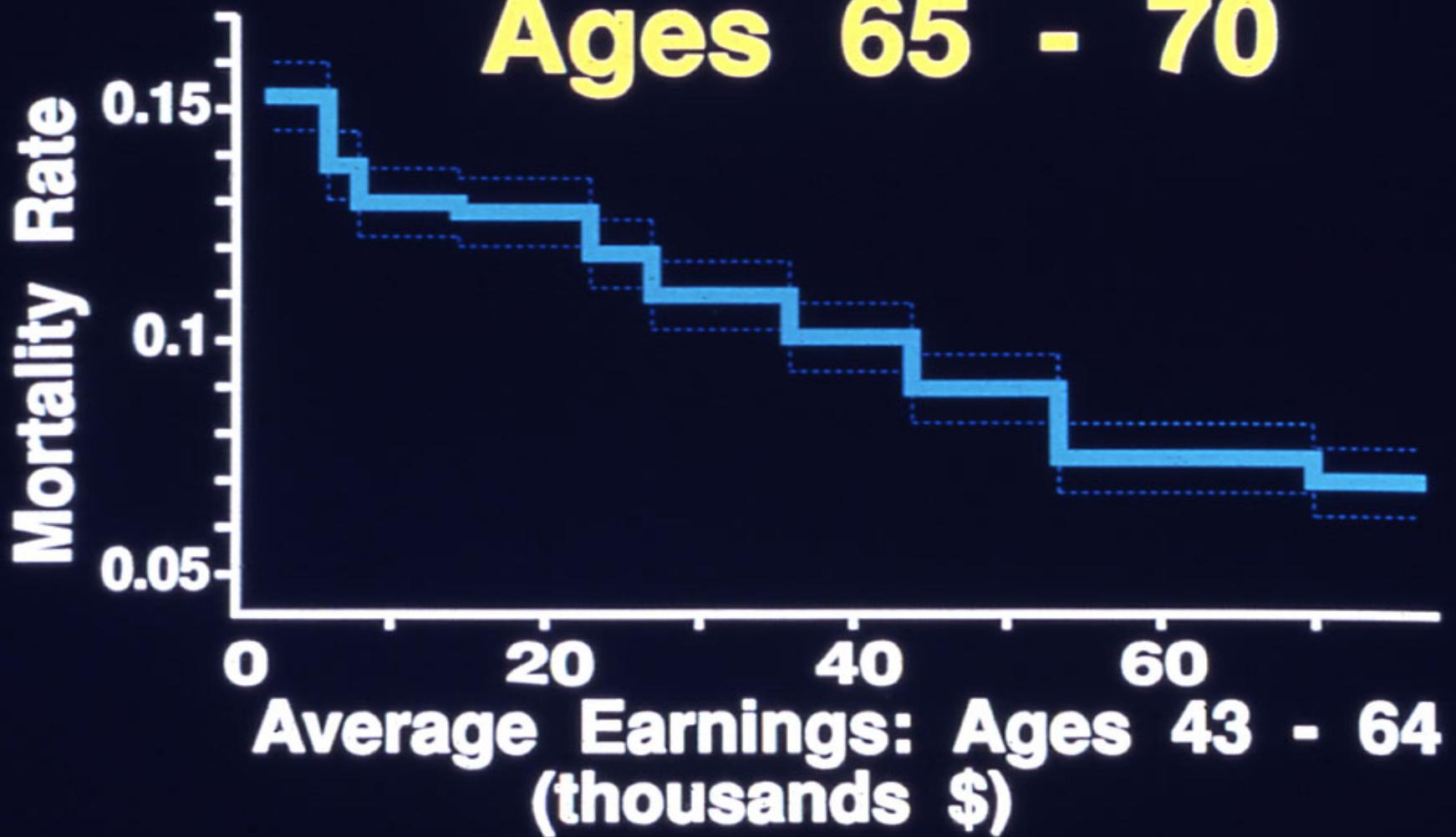
Outline

- There are serious disparities in health status which are related to disparities in the social determinants of health
- There are health care access disparities
- What is health equity?
- What could the health care system do to improve health equity?

Inequalities in health

- Men live 6 years less than women
- Women have more chronic, non-fatal conditions
- Aboriginal men live 7 years less than non-Aborigines
- Poor men live 5 years less than rich men
- Infant mortality is 70% higher in poor neighbourhoods than rich neighbourhoods
- Northern Canadians live shorter lives

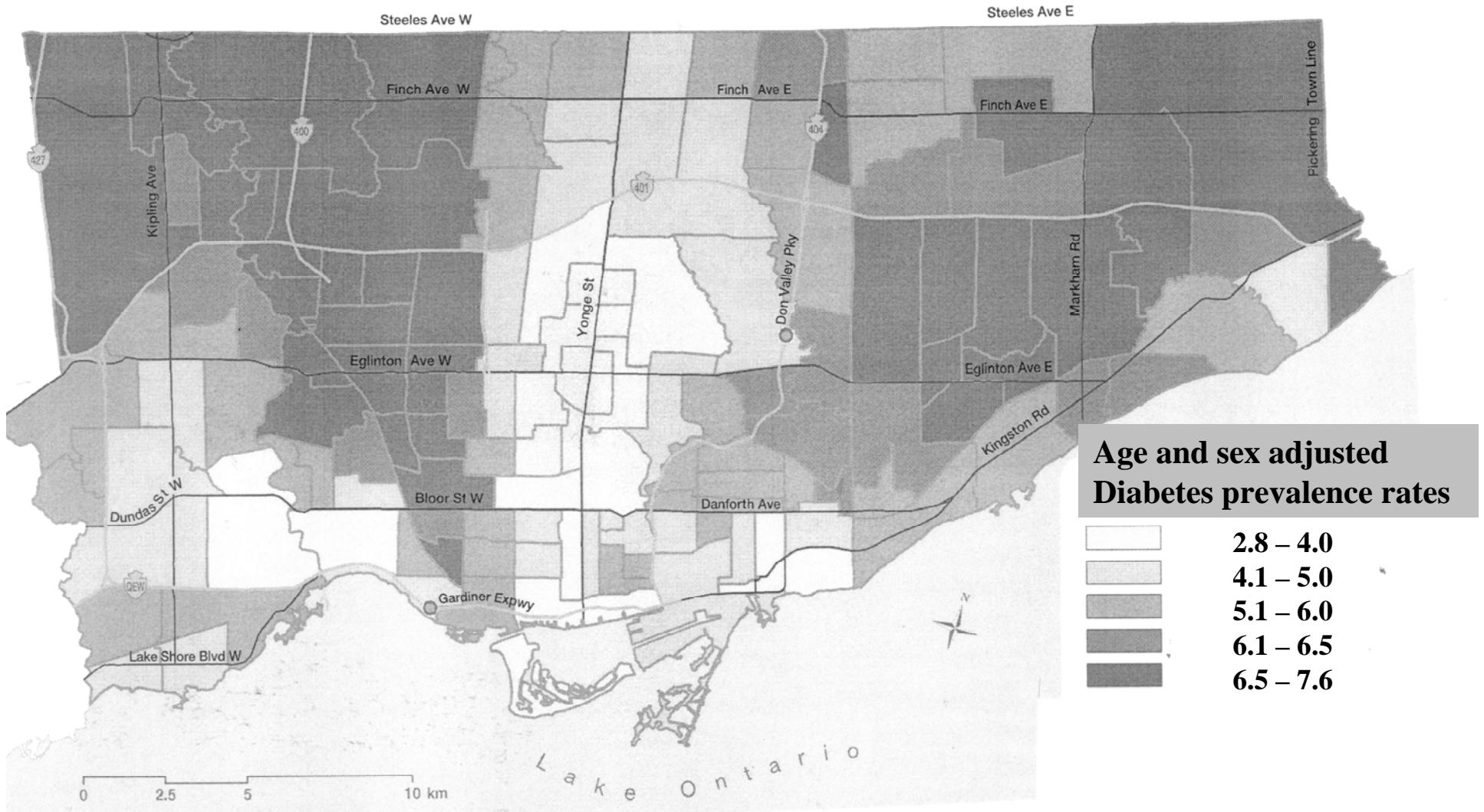
Mortality Rates: Ages 65 - 70



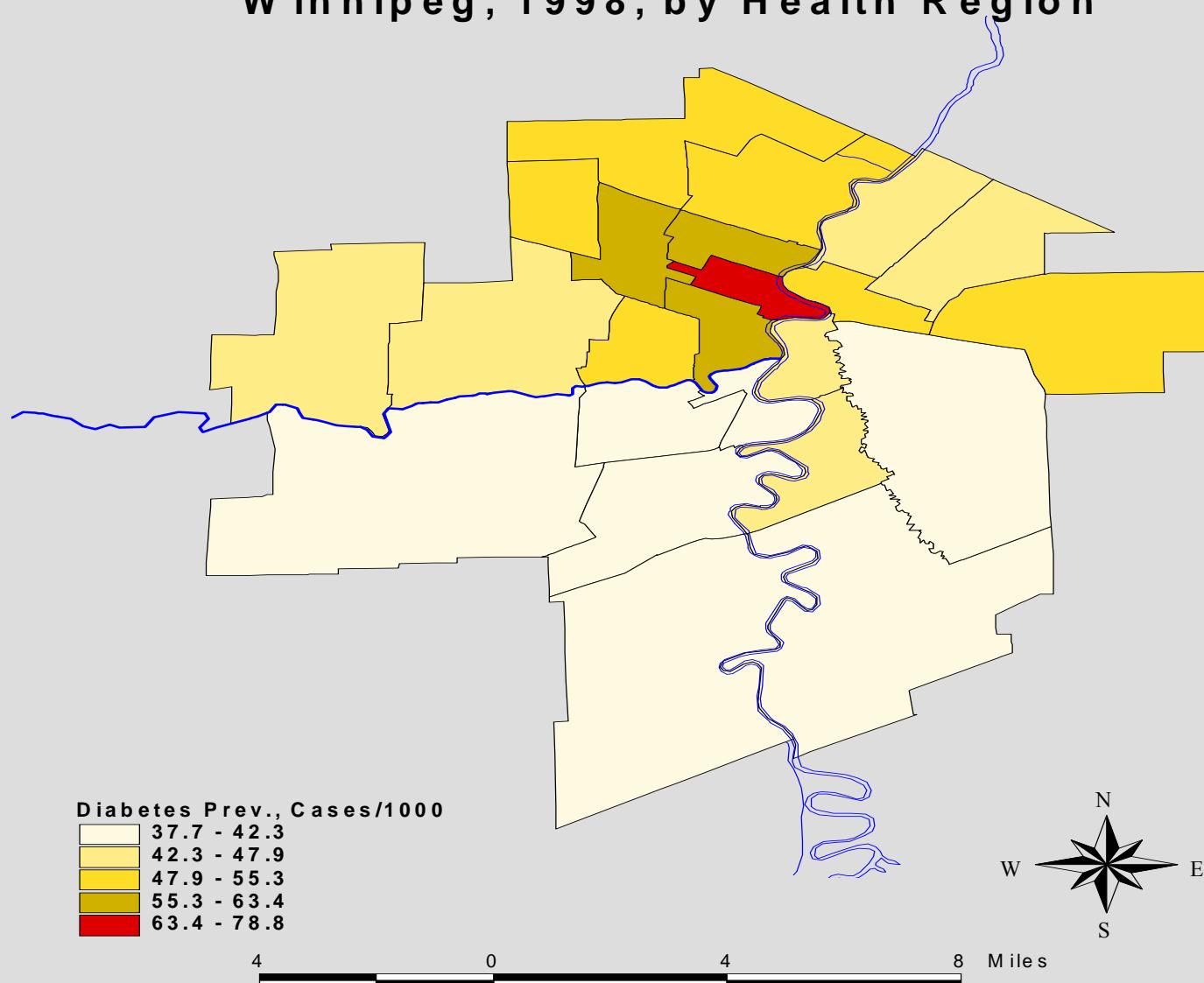
Source: Wolfson M, Rowe G, Gentleman JF, Tomiak M. Career earnings and death, a longitudinal analysis of older Canadian men. *J Gerontol* 1993; 48(suppl):167-179.

Toronto Diabetes Prevalence Rates by Neighbourhood 2001

From: R Glazier. Neighbourhood environments and resources for healthy living http://www.ices.on.ca/file/TDA_Chp2.pdf



**Fig. 3: Standardized Diabetes Prevalence Rates,
Winnipeg, 1998, by Health Region**



[Green et al *Soc Sci Med* 2003; 57:553-60]

Risk factors for diabetes

- Diabetes rates are highest in areas that have lower income levels, higher unemployment rates, higher proportion of visible minorities and higher immigration rates.
- Areas with high rates of diabetes tend to be found outside of Toronto's downtown core, in suburban areas, where there is reduced access to healthy resources such as fruit and vegetable stores and where “activity friendliness” is lower (e.g. fewer amenities within walking distance, poorer access to public transit, greater car dependency).

Neighbourhoods are affected differently

- Wealthy areas such as Rosedale have low diabetes rates, regardless of the level of access to healthy resources or activity friendliness.
- Downtown high risk areas such as Regent Park and Parkdale have lower diabetes rates than expected, most likely because of the ability to walk to services, better access to healthy foods, recreational centers and public transit.

“To a great extent, attempts to separate the relative contribution of these factors risks presenting an incomplete picture of the complex interrelationship between racial and ethnic minority status, socioeconomic differences, and discrimination in the United States.”

US Institute of Medicine. Unequal Treatment:
Confronting Racial and Ethnic Disparities in
Health Care 2003

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Health Care Access Disparities

- Poorer Ontarians have less access to joint replacements, stroke rehab, and ambulance care for chest pain.
- There are inequalities in access to health care by income in all developed countries
- Women are less likely to access treatment for substance abuse
- 20% of health care costs are related to disparities

There are at least four specific barriers ethno cultural groups face in the dealing with the health care system. (I Hyman 2002.)

- Different cultural values and lack of access to culturally sensitive services
- Language barriers
- Under-representation of ethno cultural persons in health care professions, management, and governance
- Financial barriers

The Inverse Care Law

"the availability of good medical care tends to vary inversely with the need for it in the population served."

Tudor Hart J. The inverse care law. Lancet 1971; i: 405-412.

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Attributes of High Performing Health Systems Ontario Health Quality Council. April 2006. (www.ohqc.ca)

1. Safe
2. Effective
3. Patient-Centred
4. Accessible
5. Efficient
6. Equitable
7. Integrated
8. Appropriately resourced
9. Focused on Population Health

**The Council's first annual report
(available at www.ohqc.ca)
concluded that "...some groups, in
particular the poor, immigrants,
rural residents and aborigines face
greater difficulties in getting care."**

Equitable (OHQC 2006)

- “There should be continuing efforts to reduce disparities in health in those groups who may be disadvantaged by social or economic status, age, gender, ethnicity, geography or language.”
- “different ethno cultural backgrounds” includes differences based on language spoken, religious beliefs & practices, race, country of origin

Equitable (OHQC 2007)

- “People should get the same quality of care regardless of who they are and where they live.”

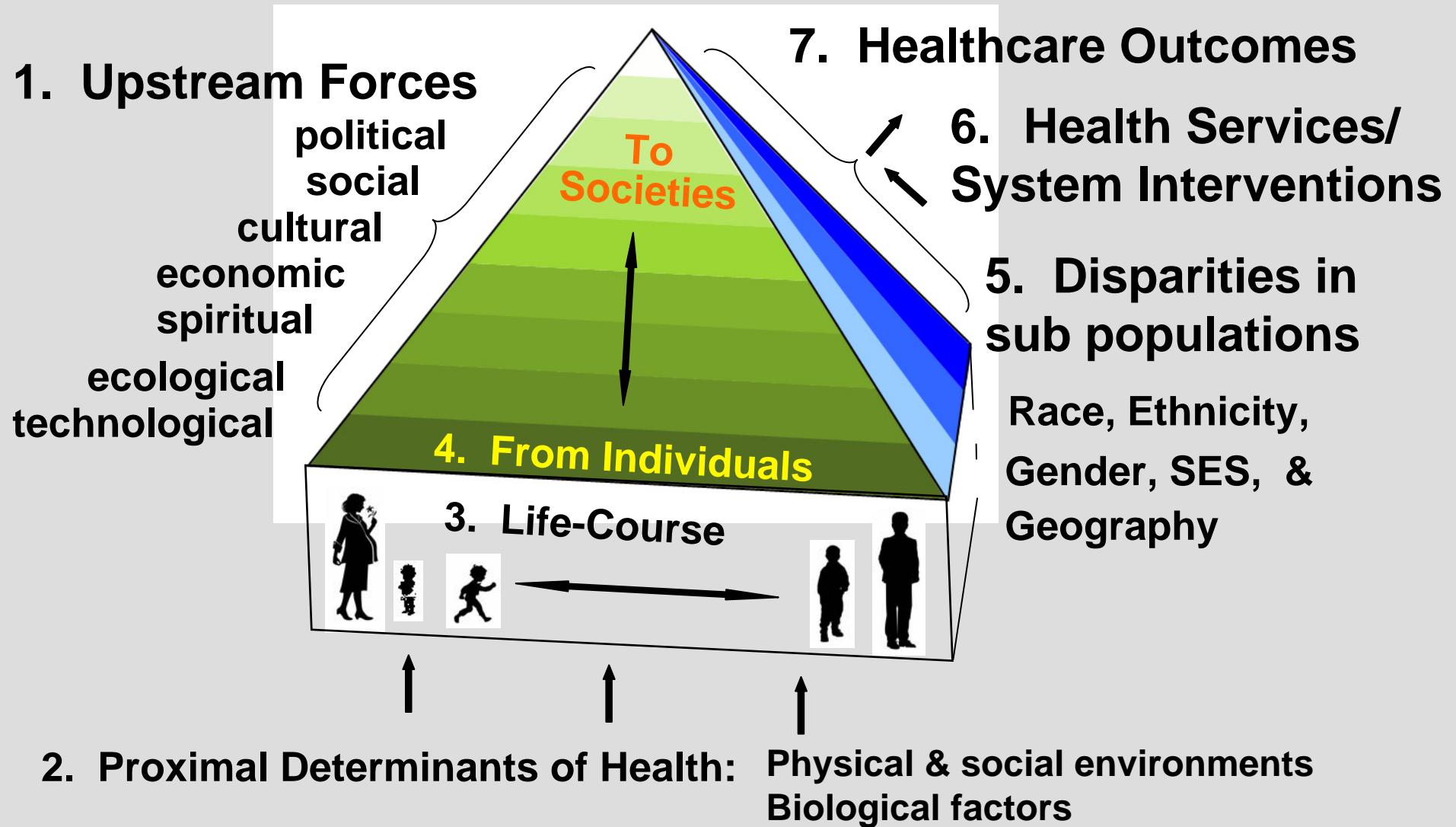
The definition employed by the Ontario project is:

“The goal of an equity strategy is to minimize systematic and remedial disparities in health and social well-being between groups of people who have different levels of underlying social advantage.”

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CIHR Conceptual Framework of Population Health



The health care system can play an important role in reducing health disparities. (OHQC 2007)

- Improve the *accessibility* of the health system through outreach, location, physical design, opening hours, and other policies.
- Improve the *patient-centredness* of the system by providing culturally competent care, interpretation services, and assisting patients and families surmount social and economic barriers to care.
- Cooperate with other sectors to improve *population health*.

Accessible People should be able to get the right care at the right time in the right setting by the right health care provider.

- Advanced Access – ambulatory care the same day
- Hamilton shared Care Mental Health
 - 145 GPs, 80 counsellors, 17 psychiatrists
 - 1100% ↑ in patients seen for mental health
 - 70%↓ in referrals to psychiatrists
- Alberta Bone and Joint Pilot Project
 - Reduced wait times for hip and knee replacements from 19 months to 11 weeks
- Toronto Client Access to Integrated Services and Information (CAISI) Project
- Every Door Leads to Service

Patient-Centred

Health care providers should offer services in a way that is sensitive to an individual's needs and preferences.

- Access Alliance CHC Peer Outreach Workers Program
- Somerset West CHC Operation Hairspray
- London Intercommunity Health Centre Latin American Diabetes Program
- Centre for Addictions and Mental Health
 - Leadership in organizational diversity

Glazier 2006 Factors associated with improved diabetes care in social disadvantaged populations:

- Cultural tailoring of intervention
- Community educators of lay people leading the intervention, one on one interventions with individualized assessment and re-assessment
- Incorporating treatment algorithms, focusing on behaviour related tasks
- Provided feedback, high intensity
- Long duration of follow up

Population Health Focus

The health system should work to prevent illness and improve the health of the people of Ontario.

- **Support from the top**
 - Cabinet level social policy coordination based upon a strong value placed on equity
 - Common boundaries for governance and services
 - E.g. SK Human Services Integration Forum, PQ Public Health Laws
- **Push from the bottom**
 - Citizen engagement where the state meets citizens
 - Whole models of primary health care
 - E.g. Regent Park Pathways to Education



Sounds a lot like democracy!

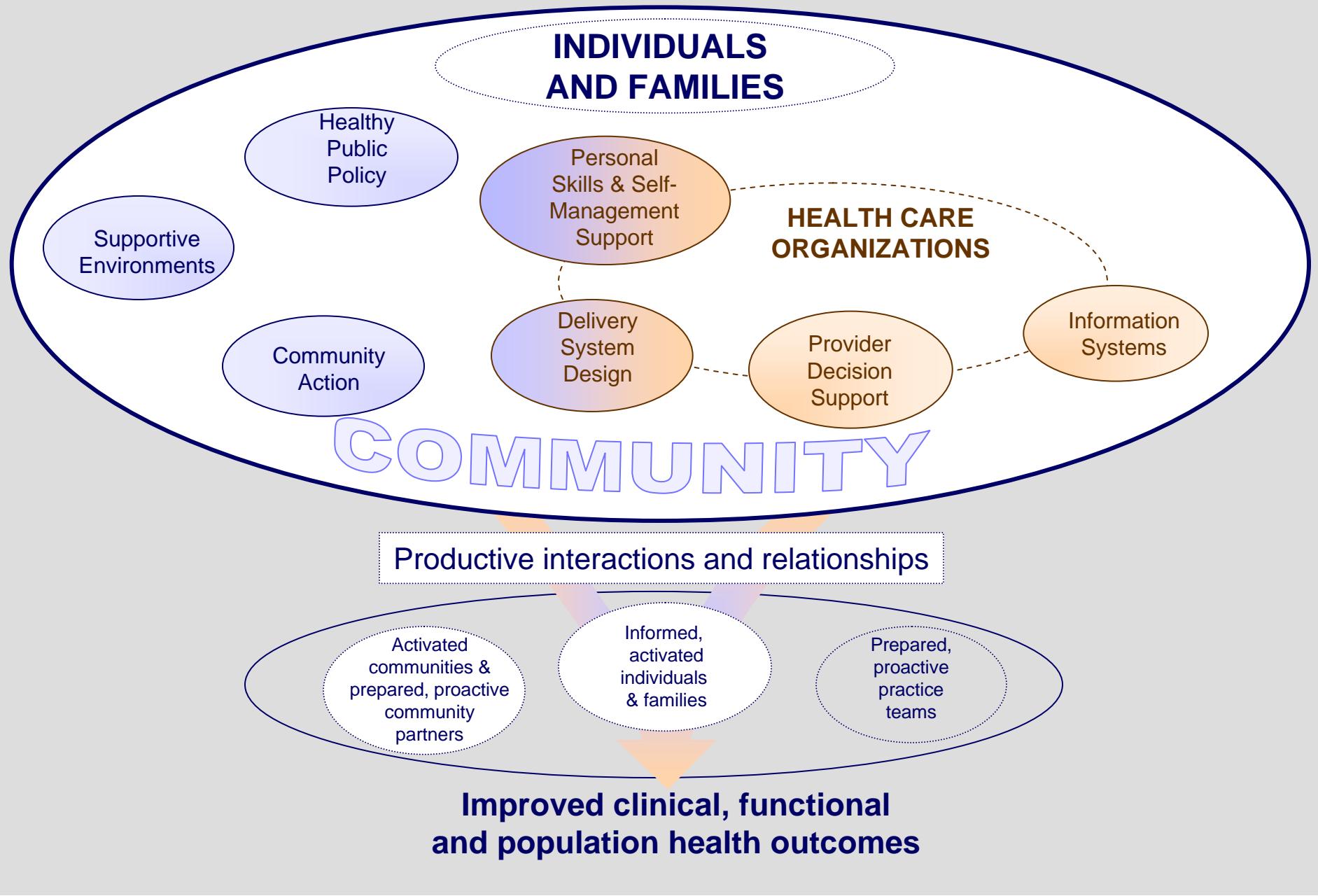


**There are a lot of policy
windows about to open**

Appropriately resourced: The health system should have enough qualified providers, funding, information, equipment, supplies, and facilities to look after people's needs.

- LHINs funding
- PHC model funding

Ontario's CDPM Framework



Outline

- There are serious health status disparities which are related to disparities in the determinants of health
- There are health care access disparities
- Health equity needs a practical, pragmatic, actionable definition
- The health system could do a lot about health disparities
- There are a lot of policy windows opening

**“Courage my
Friends, ‘Tis
Not Too Late to
Make a Better
World!”**

**TC Douglas
(per Tennyson)**

