



**WELLESLEY INSTITUTE**  
advancing urban health

Ontario Pre-Budget Submission 2010

# Investing in Equity and Innovation Ensuring a Healthy Future

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## **Re: Ontario Pre-Budget Submission 2010**

### **Key Messages**

The Wellesley Institute, an independent research, policy and social innovation think-tank dedicated to advancing urban population health, urges the Ontario government to use its next budget to improve the health of all Ontarians.

Ontario is a wealthy and healthy society. But these benefits and opportunities are not available to all. There are systemic and damaging inequalities in people's health across the province, with a clear gradient in health in which people with lower income, education or other indicators of social inequality and exclusion tend to have poorer health, and in which there are major differences between women and men. The fact that the majority of Ontario families have less than two pay cheques of savings leads to an even larger precarious class.

- the gap between the health status of the best-off and most-disadvantaged can be huge – and damaging;
- self-reported health is a reliable measure of overall health status – about ¼ of low-income individuals report their health to be only fair or poor (3 times as many as high-income individuals);
- these disparities have a significant adverse impact – the incidence of chronic conditions such as diabetes is higher the lower down the income scale, and ¼ of low-income people have their daily activities limited by pain (2 times larger than high income);
- premature mortality – deaths before age 75 – increases with lower income (about 50% worse in low-income neighbourhoods)

Another way to look at this is if all Ontarians had the same health as high-income people:

- an estimated 318,000 fewer people would report their health as only fair or poor;
- there would be 231,000 fewer people who are disabled;
- an estimated 3,373 fewer deaths would occur each year.

Over the past ten years, the Wellesley Institute has conducted and funded research on the social and economic foundations of these health disparities. This research has demonstrated the links between such social factors as poor housing and poor health. We have also developed comprehensive health equity strategies that address the impact of these social determinants of health. Our ongoing initiative with residents of Toronto's St. James Town neighbourhood is creating not only a compelling picture of health issues in that community, but is also pointing to practical and positive solutions.

Times continue to be tough for many Ontarians – the economic downturn and related issues, including growing housing insecurity, not only affect the lives and health of individuals, but also the health of the overall population of Ontario. Health inequities come at a considerable cost – not just the costs borne by individuals and their families, but also the financial costs associated with increased demands on the health care system and related spending.

We also recognize that times are tough for the Ontario government. Budgets, as always, are about choices that governments make. We understand that in the current fiscal environment, the challenges on both the expenditure and revenue side of the ledger are especially sharp. Therefore, we urge the Ontario government to make its priority a commitment to protect the people who have suffered the most in the recession, and also to strengthen the provincial economy. Smart investments can (a) lift the burden of poor health, (b) deliver needed social benefits, and (c) provide significant economic stimuli – **a triple bottom line solution.**

We also believe that Ontario should develop a comprehensive Vision 2020 planning horizon comprised of a one-year transition stage and three 3-year social investment cycles reflecting the equity opportunities offered by a recovering economy.

Finally, a multi-sector approach to building Ontario over the next ten years must address the significant barriers to accessing capital for social return on investment.

To achieve this we recommend that Ontario Budget 2010 include these strategic investments:

1. Lay the **affordable housing strategy** component **Vision 2020**, a comprehensive provincial social economy strategy, by maintaining existing housing commitments; strengthening the operational capacity of the Ontario Ministry of Municipal Affairs and Housing, and the technical capacity of Ontario's affordable housing sector; and increasing capital funding for new affordable homes. **Estimated cost: \$289 million.**
2. Make the initial investments in a **Health Equity Innovation Fund**, that will support far-sighted planning and effective service interventions to address the adverse impacts of health disparities through equity driven consumer health services, evaluation follow-up and knowledge transfer programs. **Estimated cost: \$43 million.**
3. Support innovation and enhance capacity in Ontario's vital community sector by maintaining existing funding commitments; moving forward with a more comprehensive agenda for the third sector, as set out in the province's Poverty Reduction Strategy of 2008; and provide initial capitalization for a **social innovation fund** which will provide necessary initial seed capital for triple bottom line social entrepreneurs. **Estimated cost: \$30 million.**

Thank you. Respectfully submitted by,

*Rick Blickstead*

## Laying the foundation for Vision 2020: A comprehensive affordable housing strategy

In our 2009 pre-budget submission, we urged the Ontario government to match federal affordable housing investments – and we want to congratulate the province for making this commitment. Also in 2009, the Ontario government fulfilled its promise to consult widely to create a long-term affordable housing strategy. The housing plan is expected to be released by June, 2010. The Wellesley Institute was a founding partner in the Housing Network of Ontario, which worked with local housing leaders in more than 30 communities, along with key province-wide housing organizations. We have made detailed submissions to that consultation process, and eagerly await the release of the provincial plan in less than five months. While the new capital investments, and the commitment to a comprehensive plan, are most welcome, we believe that the 2010 Ontario budget should lay the foundation for Vision 2020 – a ten-year housing strategy for Ontario – in several important ways.

The Ontario Auditor-General, in his report on the province's affordable housing programs in November of 2009, noted three critical issues:

- The Ontario government doesn't have "established and dedicated staff resources...monitoring the success of its funding programs in achieving their desired impact"; this is linked to his finding that several recent major housing initiatives of the Ontario government, including the 2005 housing allowance program and the on-going federal-provincial Affordable Housing Program, are poorly designed and poorly targeted and not benefitting the households that need the help the most.
- The Ontario government cannot properly account for \$330 million in federal housing funds by demonstrating that this money has actually been spent on affordable housing initiatives.
- There is little co-ordination among the three provincial ministries that administer more than 20 housing and related programs.

To the Auditor-General's list, we would add our concern that the Ontario government has only been able to allocate 20% – \$119.3 million – of the \$500 million affordable housing loan program set up through Infrastructure Ontario in 2008.

These four concerns underline the urgent need to strengthen the Ontario government's capacity to effectively and efficiently deliver affordable housing funding and programs, as well as the parallel need to strengthen the capacity of the affordable housing sector to develop viable affordable housing proposals. While the Ontario government has added capital dollars to its housing spending in recent years, it has been cutting operating funding at the Ontario Ministry of Municipal Affairs and Housing almost every year since 2005. The current expenditure estimates of the Ontario Ministry of Municipal Affairs and Housing, for instance, calls for a \$39 million cut in operating funding to the province's affordable housing program. In our respectful submission, this is a false economy. Cutting the capacity of the Ministry to deliver programs can lead directly to the serious financial issues cited by the Auditor-General.

Therefore, the Wellesley Institute recommends:

- The Ontario government should restore the \$39 million operating funding that was cut at the Ministry of Municipal Affairs and Housing, and use the funding to strengthen both
  - the internal capacity of the government to design and deliver housing programs
  - the capacity of the affordable-housing sector to design, develop and manage housing initiatives.

The Ontario government has made significant commitments to new capital funding for affordable housing in three key areas: Repair of social housing units (cost-shared with the federal government for a total of \$700 million over two years); new affordable homes for seniors and people with disabilities (cost-shared with the federal government for a total of \$360 million over two years); and an extension of the Canada-Ontario Affordable Housing Program (cost-shared with the federal government for a total of \$175 million over two years). A report from the federal housing minister tabled in the House of Commons in November of 2009 stated that about 3% of the overall funding had been allocated to these initiatives. We encourage the Ontario government to maintain these very important commitments.

However, these housing investments won't meet all the affordable housing needs of the people of Ontario, including groups that bear a large burden of housing insecurity (including Aboriginal people living off-reserve, and newcomers). In our Vision 2020 submission to the Ontario government's Long-Term Affordable Housing Strategy, we set out targets and timelines for a ten-year housing plan. The Province of Alberta has already adopted both a ten-year housing plan, and a ten-year plan to end homelessness, and has also provided a \$488 million down payment in its 2009 provincial budget.

In addition to its current commitments, the Wellesley Institute recommends:

- The Ontario government should include a \$250 million down payment on its ten-year housing plan in the 2010 provincial budget.

## Driving Innovation to Enhance Health Equity

We are not arguing for significant increases in health spending. The fiscal challenge in health is how to allocate more effectively and organize human and financial resources to improve overall health outcomes and to reduce pervasive disparities within Ontario. We set out a series of innovation recommendations to make the healthcare system more integrated, effective and equitable.

### Make Equity a Fundamental Priority

The Ministry of Health and Long-term Care has identified equity as a fundamental priority in various strategic and planning documents over recent years and has included this priority in its directions to LHINs. The Ministry has also identified priorities such as mental health, reducing emergency room wait times, and managing and preventing diabetes and other chronic diseases. The government needs to explicitly clarify that equity needs to be a fundamental and over-arching priority in its stewardship relations with LHINs and other stakeholders within the health system.

This priority can be formulated in a two-pronged fashion:

1. Reducing health disparities and addressing the specific health needs of health disadvantaged populations must be a key overall priority of all elements of the health system, along with key priorities such as quality, individual-centred care, sustainability and effectiveness.
2. These equity goals must be built into all key MOHLTC and LHIN directions such as mental health and diabetes. In fact, conditions such as these are very sensitive to underlying social conditions and inequalities, and overall objectives of reducing the impact of these conditions will never be reached without taking the social determinants of health into account.

The Wellesley Institute recommends that:

- Expectations, targets and incentives to address health equity be explicitly built into MOHLTC directions and funding arrangements with LHINs.

## Enable Equity-Focused Service Innovation

The Wellesley Institute has commissioned and undertaken detailed research on the foundations of health disparities, has developed comprehensive health equity strategies for LHINs and other partners (and worked with a wide range of stakeholders on how to put these strategies into practice), and has held a series of Health Equity Roundtables with experts, community-based researchers, service providers, advocates and other stakeholders. These efforts have identified a number of priority initiatives that MOHLTC could invest in that would make a substantial difference to reducing health inequalities across the province. The advantages of the following initiatives are that they:

- Align with Ministry, LHIN, and related equity priorities around equity, sustainability and patient-centred care, as well as mental health, wait times, chronic conditions and other key system challenges;
- Address key barriers to equitable access to high-quality services or the specific health needs of disadvantaged populations;
- Recognize – and harness – the strengths and experience of community-based providers to deliver through already well established and well connected community access points;
- Have broader systems implications and recognize the cost of the status quo (e.g., more effective and accessible interpretation leads to better safety/risk management and lower costs by reducing re-admissions/misdiagnoses);
- Build on existing initiatives and networks that have demonstrated significant promise or potential (that is these are low-risk and modest investments that could have a significant equity impact);
- Combined, these initiatives deliver equity and diversity through better system navigation, culturally competent care, health-promotion uptake, community capacity-building, and cost effectiveness.

## Breaking Down Access Barriers: Community Health Ambassadors

Based on pioneering work by Community Health Centres and other providers both in Ontario and in other jurisdictions, this innovative idea involves members of specific ethno-cultural or local communities being trained and supported to deliver services to their peers:

- Health promotion – peer health animators or promoters go out into the community to build awareness around preventing heart disease, stroke, diabetes and other preventable or manageable conditions (e.g., Access Alliance Multicultural Health and Community Centre Peer Outreach Worker Program)
- System navigation – from simply connecting people to the right referrals through translation and assisting in explaining treatment options, to more active brokering that helps people work through the system to get the care they need.



This model, and the range of programs that have followed these principles, has demonstrated the potential to:

- Support more responsive patient-centred care;
- Address critical access-barriers of language and culture, and improve access for marginalized communities;
- Contribute to the development and institutionalization of culturally competent care;
- Contribute to institutional and system priorities – i.e., reduced costs of re-admission and misdiagnoses, enhanced safety and risk management;
- Individual and community capacity-building – some programs have relied on internationally trained health professionals who are not yet able to practice their specialties but are able to learn the local health system and keep up their overall health skills through supporting others in navigation and interpretation.

The Wellesley Institute is undertaking scoping research to identify the enablers and potential of community and peer-based health ambassador-type innovations. At the same time, MOHLTC is sponsoring province-wide research on effective and innovative service interventions.

The particular health promotion and navigation challenges, community make-up, and specific needs with regard to language, interpretation service and culturally competent care vary across the province, which highlights the need for local pilots and adaptation. Each LHIN should be provided with specific ear-marked resources to initiate this kind of equity-orientated service innovation.

The Wellesley Institute recommends:

- Funding be made available for every LHIN for demonstration health ambassador-type projects to deliver the most effective combinations of navigation, health promotion and culturally competent care for their regional and local requirements;
- Within an expectation that every LHIN would undertake projects and have access to funding, \$1M for each of 14 LHINs:
  - \$900,000 for service projects;
  - \$100,000 for the LHINs and provider and community partners to undertake systematic evaluation and analysis of lessons learned from implementing the projects.
- Total investment of \$14 million.

## Breaking Down Access Barriers: Interpretation Services

One of the great strengths of Ontario is its incredibly diverse society, but many members of diverse communities face systemic barriers to the health care they need. The limited capacities of many hospitals and community health service providers to offer interpretation or services in the languages of their consumers, and to consistently deliver culturally competent care are critical access and quality barriers for immigrant, racialized and other vulnerable communities. Expanding and coordinating interpretation services and resources to reduce these critical barriers will make an enormous contribution to enhancing an equitable health care system. Investment in enhanced interpretation and translation capacities can build on:

- Established local community providers and networks with considerable experience of appropriate models that combine translation/interpretation plus promotion of culturally competent care, high standards, training and community control;
- Best practices and proven models from leading jurisdictions addressing equity and diversity in health care.

In addition to more equitable access, enhanced language capacities also contribute to other institutional and system priorities – i.e. reduced costs and dangers of over-prescription and inappropriate treatment through misdiagnoses, enhanced safety and risk management through improved patient-provider communication, and the resulting reduced costs of re-admission and ineffective care. Some LHINs – such as a major project currently underway in Toronto Central – are exploring ways to better organize and enhance interpretations services. This must be supported.

The key community languages and cultures vary across the province, which highlights the need for local pilots and adaptation.

The Wellesley Institute recommends:

- Funding be made available for every LHIN for demonstration projects to assess the most effective interpretation and translation options for their regional and local requirements;
- Within an expectation that every LHIN would undertake interpretation projects and have access to funding, but recognizing that need will be greater in some LHINs, it may be that funding to particular LHINs may need to vary;
- 10% of the funds be allocated for the LHINs and provider and community partners to undertake systematic evaluation and analysis of lessons learned from implementing the projects.
- Total of \$14 million.

## Enhance Equity-Focused Planning and Evaluation

Addressing access barriers and meeting the needs of health-disadvantaged communities needs to be built into planning processes. MOHLTC and several LHINs have been developing health-equity impact assessment tools towards this end. Each LHIN should be enabled to pilot and adapt HEIA or other appropriate forms of equity-focused planning.

A number of LHINs have developed comprehensive health equity strategies and have required their partner hospitals and other service providers to develop specific equity plans. While the focus and types of plans vary, and need to be adapted to local circumstances, all LHINs need to be able to drive equity-focused planning in their areas.

LHINs and Ministries face hard decisions about where to invest finite resources so that they will have the most impact. This means that we need solid local data identifying the most important access barriers or disadvantaged communities. And then we need comprehensive evaluation of services, programs and strategies to identify the most effective services and mix of interventions that will reduce health disparities and enhance the health opportunities of the most vulnerable communities.

The specific focus of equity planning and the particular planning tools that will be most effective will vary from region to region. However, all LHINs and providers need to build consideration of health disparities into their planning and resource allocation. What are needed are specific expectations and incentives, and the ear-marked funding to give them force, so that each LHIN can:

- implement Health Equity Impact Assessment or other forms of equity-focused planning geared to their circumstances;
- undertake the local community-based needs-assessment research needed to effectively guide program interventions;
- begin to collect the diversity and equity-relevant data needed to plan and evaluate interventions designed to reduce health disparities;
- invest in systematic program and service evaluation in order to build a picture of what kinds of interventions will most effectively address the roots and impact of health disparities.

The Wellesley Institute recommends:

- Funding be made available for every LHIN to pilot and implement appropriate evidence-based equity-focused planning and evaluation;
- Within an expectation that every LHIN would undertake Health Equity Impact Assessment and other appropriate equity-focused planning and have access to funding, \$1M for each of 14 LHINs:
  - \$900,000 for developing and implementing equity-focused planning;
  - \$100,000 for the LHINs and provider and community partners to undertake systematic evaluation and analysis of lessons learned from implementing the new forms of planning.
- Total investment of \$14 million.

## Build on Front-Line and Community-Based Innovation

A great deal of innovative front-line service delivery across the province addresses the needs of health-disadvantaged communities. These programs and services at Community Health Centres, other community-based agencies, hospitals, neighbourhood centres, social services, and cross-sectoral collaborations have the potential to significantly lessen the impact of health disparities and address their underlying foundations on a local level.

However, little systematic research has been done on identifying the outcomes of such equity-driven service provision, the key “success factors” that underlie the most dynamic programmes, or the policy and institutional frameworks needed to enable local front-line innovation and equity-focused initiatives. We have stressed above the need to build evaluation into the specific innovations we are recommending.

Similarly, the great potential of this wealth of front-line innovation is not currently being realized because there are few ways to systematically share “best practices” and “lessons learned” among service providers. The policy challenge here is how to identify systematically the most promising innovations, to evaluate and assess their potential beyond their local circumstances, to share information widely on lessons learned, and to scale up promising initiatives where appropriate – all to create a permanent cycle of front-line innovation on equity.

Essentially, the challenge is to create an innovation-knowledge management strategy:

- MOHLTC should establish expectations and resources so that LHINs can support local experimentation and innovation directed towards equity;
- LHINs would be responsible for identifying and assessing promising local innovations in their areas;
- MOHLTC would then need to create a provincial forum or infrastructure to compile and assess these local innovations, share their results across regions and scale them up province-wide where appropriate.

All these efforts will need to focus well beyond traditional academic, clinical and medical areas to include community-based service provision and innovation, and will need to explore collaborations and new ways of working, as well as improving existing practices. And they will need to focus specifically on equity-driven innovation.

As in so many other areas, solid initiatives are already underway in many communities that can be built on.

- For example, a collaboration based out of the Scadding Court community centre in Toronto is developing an on-line equity tool kit and interactive web site. This will be a valuable resource well beyond the local area.
- The Wellesley Institute funded the development of a database by the Association of Ontario Health Centres to organize and share research conducted by individual CHCs.

The Wellesley Institute recommends:

- The Ministry of Health and Long-Term Care should allocate \$1 million to research, convene stakeholders, and develop the most appropriate forums and infrastructure to assess, share and identify promising innovations to be scaled up as part of a comprehensive health equity innovation strategy. It should report on equity innovation management structures and resources by December, 2010.

We have designed these specific recommendations around supporting service innovations, addressing access barriers and enhancing equity-focused planning and evaluation as a coherent model. Taken together, we are calling for creation of a Health Equity Innovation Fund. This equity and innovation-focused fund will yield significant dividends by directing concentrated investments where they will have the most impact on reducing health disparities and guiding services that will have the most impact on enhancing the health of the most vulnerable.

The Wellesley Institute recommends:

- A Health Equity Innovation Fund be created within the Ministry of Health and Long-Term Care to target and coordinate effective and evidence based investments in the service and system innovations needed to reduce health disparities.

Pulling together these specific recommendations made above, this Fund should amount to a total of \$43 million. This modest investment will yield a substantial and sustainable equity dividend.

## Strengthening Ontario's Vital Community Sector

Ontario's community sector – the vital network of community-based health, social services and housing organizations – has played a key role in providing practical support to the many Ontarians who suffer the most. The Ontario government provides vital support to the community sector in a variety of ways – direct grants and contracts with a variety of government ministries and agencies, and through granting bodies such as the Ontario Trillium Foundation. The recession has been, in many ways, a “perfect storm” for the community sector: It has dramatically increased the need for its many practical and important services while, at the same time, eroding an already fragile funding base as government grants, donations and earned income have all become challenging and uncertain. The community sector contributes billions to the provincial GDP, and employs tens of thousands of people, in addition to offering critical services and strengthening local communities.

The community sector needs to be innovative to meet the challenges of the recession, and the urgent need to build an equitable economy for the 21<sup>st</sup> century. Just as the government recognizes that research and development is an important foundation for the private sector, and supports R&D with a variety of grants and tax measures, so too should the government recognize and support innovation in the community sector.

Two years ago, the Ontario government proposed a \$20 million social innovation fund – a visionary idea with a relatively modest price tag that was certain to deliver many important returns. As the tough times hit Ontario, the provincial government put plans for the fund on hold. In December, 2008, the Ontario government re-affirmed its commitment to the social innovation fund when it released its Poverty Reduction Strategy. The Ontario government amended its draft poverty reduction legislation to specifically recognize the vital importance of the community sector. But the social innovation fund remains on hold.

In its Poverty Reduction Strategy of 2008, the Ontario government also set out other plans to support the community sector, including a Community Opportunities Fund and a new social procurement strategy for the Ontario government. The overall goal, according to the province, was to “further encourage social investment, innovation and collaboration.” We applauded those words when they were made 14 months ago, and we urge the Ontario government to back them with a commitment to a new social innovation fund of \$30 million. Other jurisdictions are making substantial investments in social innovation and in supporting the community sector, including the Province of New Brunswick, which has created a Community Non-Profit Organizations Secretariat. One of the first initiatives of the new Obama administration in the United States was to create a White House Office of Social Innovation and to create a national social innovation fund. The fund is currently being capitalized.

The Wellesley Institute recommends:

- Ontario capitalize a provincial social innovation fund in the amount of \$30 million to support innovation and collaboration in the community sector in order to fulfill the provincial government's repeated commitment to strengthen social innovation.

## Integrated Policy to Support Health Equity

Finally, we are making an unusual recommendation in budget deliberations. This does not urge increased spending or re-allocation; rather it argues for a more integrated and efficient way to plan and deploy existing resources.

A comprehensive and far-reaching report was recently developed through a cross-Ministry process on how government policies in many fields need to be re-orientated to take their impact on health and health inequalities into account. This report has been discussed at the highest levels, including the Deputy Ministers' Social Policy Committee. At the same time, work has been underway within the Ministry of Health and Long-Term Care and other Ministries on how a coordinated "health-in all-policies" framework can be developed for the Ontario government. The many other countries that have developed strategies to tackle health inequalities have all included such comprehensive integrated and cross-cutting policy making frameworks.

Such an approach has the potential not only to address more effectively the foundations of health disparities in wider social and economic policy fields, but also to concentrate more effectively the finite financial and human resources on the areas of early childhood, poverty reduction, affordable housing and enhancing overall equal opportunities where investment can have the greatest impact in addressing the roots of health disparities and ill health. And this targeted investment can in turn reduce the large and inequitable burdens and costs of preventable and avoidable ill health. In other words, a more "joined-up" and coordinated policy and investment framework is not just the only way to address deeply seated social problems but will be more cost-effective in the mid- to longer term.

The Wellesley Institute recommends:

- The provincial government should develop and implement a health-in-all-policies framework that addresses the foundations of health and health disparities in an integrated and coordinated manner. The government should publish an action plan report on how it will implement such a framework in June 2010.