WELLESLEY INSTITUTE
advancing urban health

Policy Briefing

Advancing Health Equity in Tough Times

Prepared by Bob Gardner | Date August 2010

The Challenge

A pressing immediate challenge is how LHINs can maintain and drive their equity agendas in the context of budget restraints, increasing pressure from providers for limited resources, and a conservative fiscal climate. The challenge, of course, is not just managing the LHIN's relatively limited discretionary expenditures, but ensuring that providers don't reduce their focus on equity in the face of other competing priorities and bottom-line pressures, or make financial decisions that could worsen health disparities.

There are three key ways to continue moving forward on equity in tight times are:

- highlighting how equity is well aligned with other pressing priorities – in fact, crucial to being able to achieve them;
- showing how competing priorities need to be systemically balanced – that concern for the budgetary bottom-line cannot be the only factor driving decision-making;
- considering how the LHIN could use its powers to ensure that equity is not ignored in provider decision-making around cuts and investments.

Equity Is Essential to System Drivers and Priorities

The LHIN and partner hospitals and providers have to deliver on key Ministry and LHIN priorities around Emergency Room and other wait times, ALCs, mental health, and diabetes; and these expectations are not likely to be relaxed whatever the fiscal climate.

The roots of these problems can only be understood within an equity lens – e.g. one factor in inappropriate ER use is inequitable and inadequate access to primary care for key disadvantaged populations Similarly, chronic conditions are especially sensitive to social conditions. Arguably, hospitals and other providers – and certainly the LHINs overall – will not be able to achieve their deliverables in these areas without taking equity into account in planning and programming.

This means that not sufficiently incorporating equity into planning or cutting equity-related resources could be a danger to meeting key priority deliverables.

Balancing Competing Priorities

While few would argue that equity is not important, it may be that it is by no means considered 'essential' within some institutions' working cultures. Recent experience indicates that equity and diversity-related resources such as interpretation, specialized staff, training, outreach to disadvantaged populations, etc. can be vulnerable when cuts are being made. Even with good intentions, the default position in budget planning can be balancing the bottom line and protecting 'core' medical services, at the expense of such 'soft' services.

The LHINs have system-wide and long-term responsibilities. One challenge is to ensure the reaction to current fiscal restraints are not totally short-term or panic-driven. Here are two hypothetical but evidence-based scenarios acute:

- if interpretation services are cut back, research from many jurisdictions indicates that this could contribute to mis-diagnoses, over or mis-prescriptions and avoidable hospital admissions or re-admissions – in other words, what would appear to be immediate savings could very shortly lead to increased costs, let alone adverse quality and patient outcomes;
- if nursing positions or hours devoted to pre and post-operative care and follow-up were reduced, could this contribute to increased complications and re-admissions?

In these examples, not only could quality and safety be compromised, but the fiscal impact could end up being even worse if avoidable costs were increased.

And carrying this kind of example forward, could particular service reductions have a disproportionate impact on those populations already facing less equitable access or more complex needs? Hypothetically, could reducing interpretation and pre/post surgical support affect those facing language barriers worse? None of this means that equity is the only factor to be considered, but it does mean that equity must be one of the factors to be balanced.

LHINs have various forums and networks with provider leaders in which the need for sophisticated and systematic decision-making in addressing any coming fiscal restraint can be discussed. The LHINs, working together and with the Ministry, could develop checklist-type tools to support decision-making that takes the whole range of critical factors into account.

Require Equity To Be Considered

There will undoubtedly be tough decisions to be faced by hospital boards and other providers. The LHINs' goal should be to ensure that these decisions are not solely driven by fiscal concerns, but also analyze impact on quality, health outcomes and equity. There has been considerable LHIN experience with one excellent equity-focused planning tool: Health Equity Impact Assessment has been piloted in several LHINs and is being used for a number of purposes and in different settings. Training has been held with many providers and resources are to hand from the Ministry and the Wellesley Institute to support HEIA's use.

The LHINs could require that any provider making a decision to significantly cut back or realign services must:

- employ a simple equity lens or screening question as part of this decision-making: could the planned financial decision have an adverse impact on equitable access to care, on services provided to particular health disadvantaged populations, on barriers to equitable access, or on health disparities overall within its catchment or community it serves?

- if the answer is yes and such an adverse equity impact is possible, then the provider will undertake an Health Equity Impact Assessment to analyse the potential adverse equity effects, how serious the impact could be, and how these impacts can be mitigated.

More generally, even in tight times, the LHINs can continue to use the key levers they control to advance health equity. For example, equity expectations and deliverables can be built into service accountability agreements.