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Health Equity Roadmap: Policy Briefing

Building Equity In: Hospital Planning and Service Delivery

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The Challenge

Hospitals are a vital component of the acute health care system and the place where a huge number of people receive their care. It is crucial that hospitals build health equity into their planning and service delivery. This means ensuring that all services are accessible and delivered equitably to patients regardless of gender, socio-economic conditions or ethno-cultural background, and that services and planning take account of the unmet and often more complex health needs of disadvantaged populations.

Some hospitals have shown significant leadership in prioritizing health equity and identifying ways their services can address health disparities and access barriers; others less so. Here are five key arguments to hospital boards and leadership on why they need to prioritize equity and how they can act to deliver on their equity commitments. Links are provided to further Wellesley planning resources to support building equity in.

1: Emerging Quality and Performance Drivers

The recently passed Excellent Care for All Act changes the context for the overall system and health care institutions significantly, and provides support for quality and consumer-driven innovation. The Act includes equity and population health among its key principles.

More generally, it is clear that the Ministry of Health and Long-Term Care will be driving its priorities through performance management means: through adjusting allocations to hospitals and other sectors, tying some funding to achieving targets and priorities, and requiring that meeting quality and other deliverables be incorporated into CEO/senior management performance management and compensation processes. Given that equity features in overall Ministry and LHIN strategic priorities, it may very well be that explicit equity components will be built into quality and performance deliverables. Whether equity objectives and indicators are explicitly developed or are rather part of this overall framework and context for delivering quality, hospitals would be wise to anticipate these coming pressures.

More proactively, hospitals, realizing the pervasive disparities in health outcomes and conditions faced by many in their catchment areas and the increasing diversity of the Ontario population, can build equity and diversity into their overall quality and performance planning. For example, equity and diversity can be – and in some cases, has been – built into hospital balanced scorecards and other planning mechanisms.

2: Building Equity Into Planning

Hospitals will be developing quality improvement plans under the ECFA. Health equity advocates and experts have called on the Ministry and LHINs to use this opportunity to require that equity and diversity objectives and indicators be built into the quality improvement plans. These plans will be one of the vital levers for driving change within the acute health care system, and equity needs to be one of the priority components within this planning. Hospitals should begin to analyze how equity objectives and indicators can be built into their quality improvement plans and processes.

More specifically, several LHINs have already required their hospitals to develop formal equity plans. Toronto Central LHIN hospitals completed the second generation "refresh" of their equity plans in the fall of 2010. Hospitals should anticipate that priorities identifed within these equity plans will be incorporated in service accountability agreements moving forward, so the plans will have some "teeth" and impact.

The plans highlighted the large and varied number of promising equity-focused initiatives underway and the tremendous potential of sharing experience and insight across the hospital sector, and beyond to other provider partners. The plans also identified common challenges and opportunities and led to LHIN support for specific equity initiatives; for example, around efficient interpretation services, equity-relevant data collection, enhanced coordination in specific populations, etc. The process of developing these plans proved beneficial to embedding equity within routine planning and delivery. Developing the plans lead to broad cross-departmental consultation and collaborations within hospitals. Requiring senior management and Board chairs to sign off meant that the plans were taken seriously at the highest levels. A detailed analysis of the 2009 Toronto Central hospital equity plans highlighted these benefits.

Templates have been developed in two LHINs and can be easily adapted to other areas. Of course, it is hard to predict if the Ministry or other LHINs will require such plans from hospitals and other providers, but it would not be surprising. Again, given their demonstrated benefits in Ontario and in many other jurisdictions, why not get out ahead of this, and proactively lead? Hospitals can develop equity plans on their own initiative.

3: Delivering on Priorities

Hospitals already have to deliver on key Ministry and LHIN priorities around emergency room and other wait times, ALCs (alternative level of care), mental health, and diabetes. The roots of these problems can only be understood within an equity lens; for example, one factor in inappropriate ER use is inequitable and inadequate access to primary care for key disadvantaged populations, and chronic conditions are especially sensitive to social conditions.

Arguably, hospitals – and certainly the LHINs – will not be able to achieve their deliverables in these areas without taking equity into account in planning and programming.

While primary care is not always a central priority and responsibility for most hospitals, a number have been developing Family Health Teams [which is?]. Some have focused these primary care initiatives on particular vulnerable populations such as homeless people or recent immigrants.

4: Equity-Focused Planning Tools

A range of evidence-based and effective tools exist to support equity-focused planning. One that is getting emerging attention in Ontario is Health Equity Impact Assessment. An Ontario model was developed by the Ministry of Health and Long-Term Care and piloted in Toronto with the Toronto Central LHIN and the Wellesley Institute in 2009; the template was revised and a user workbook was developed; and this was further piloted in other areas.

A number of LHINs have been using HEIA systematically: for example, Toronto Central required short-listed applicants for recent Aging at Home funding to undertake HEIA, and its hospitals all used HEIA within their recent equity plan refreshes. Wellesley has been asked to present a number of workshops on HEIA in various sectors and settings (view a recent presentation to a hospital) and has created web pages with links to background resources from leading jurisdictions. The Ministry is developing user resources, and linking HEIA to other equity-orientated planning tools.

Hospitals will be facing difficult decisions in the coming months and years: as increasing demands, tighter budgets and competing priorities are juggled. It will be vital that equity not get lost in these tricky decisions; the historical vulnerability of equity and diversity-relevant services such as interpretation, cultural competence programs, and community outreach, when budgets get tight is a timely reminder. Hospitals boards and executives should apply an equity lens when considering re-alignment of services: could the proposed change have a disproportionate adverse effect on particular populations? Could the proposed change worsen access barriers? Hospitals can use HEIA to assess the possible equity implications of proposed service or organizational re-alignments.

It is difficult to predict if HEIA use will become mandatory, but it will definitely be encouraged and increasingly required for funding or other purposes. Hospitals across the province can begin to proactively experiment with a proven tool.

5: Building on Success/Highlighting Commitment

Finally, a number of hospitals – and not just the large Toronto academic hospitals – have shown leadership in prioritizing and driving equity. Their experience can be drawn upon. The OHA and other innovation exchange forums provide excellent opportunities to share this experience.

One crucial lesson learned from both here and abroad is that equity starts from clear strategic commitments. Every hospital can make an explicit commitment to equity within its vision statement or strategic plans.