

CHC·GT

Community Health Centres
of Greater Toronto

Community Health Centres of Greater Toronto Health Equity Plan

Building on Potential / Driving Action

EXECUTIVE SUMMARY

DECEMBER, 2011

Executive Summary

Community Health Centres (CHCs) are uniquely positioned to lead equity-driven reform in health care. Our work in addressing health disparities and serving marginalized populations across Greater Toronto provides us with a foundation upon which to build and serves as a platform for thinking about health equity in broad and strategic terms. New requirements by Toronto and other Local Health Integration Networks to develop equity plans therefore presented an opportunity for Toronto's CHCs to demonstrate leadership by creating a sector-wide plan that leverages the potential of equity initiatives already underway, identifies common challenges and maximizes synergies.

Building on Potential/Driving Action was developed using data gathered through a survey of CHCs and an exploratory session with CHC leadership on existing equity initiatives, desired outcomes, measurement tools and unmet needs, and prepared for CHC-GT by the Wellesley Institute. The plan is based on a shared goal: CHCs are committed to advancing health equity by providing the highest quality care to all and by addressing the roots of health inequalities through a community development approach. We will achieve this by working together at three levels: through the development of a powerful common strategy, by adapting this framework to the specific needs of the communities we serve, and by working collaboratively on solutions to pressing common challenges.

ALIGNING EQUITY EFFORTS: A COMMON SECTOR STRATEGY

In the face of competing priorities and in the context of fiscal restraint, the challenge for CHCs moving forward will be to maintain momentum on health equity. To do so, CHCs will need to integrate an equity approach within existing and emerging processes and initiatives. Specifically, GT CHCs will:

1. **Build equity into priority setting and service planning:** A more explicit planning framework – incorporating community engagement, a common equity lens, and the use of the Health Equity Impact Assessment tool – will ensure equity is embedded in routine planning within each CHC.
2. **Align equity with system drivers and priorities:** CHCs will highlight the role health equity plays in contributing to a number of current system priorities, including quality improvement, chronic disease prevention and management, Alternative Levels of Care (ALCs), wait times and sustainability.
3. **Embed equity in performance measurement and management:** CHCs will build on extensive international, provincial and local efforts to develop and measure explicit equity targets. Specifically, CHCs will develop and implement a sector-wide performance measurement and management strategy that embeds equity and uses common equity indicators.
4. **Target for equity impact:** Within their strategic and operational plans, CHCs will target key access barriers and priority populations, based on evidence and analysis of local health care issues and community involvement in planning and priority setting.
5. **Build equity into health promotion:** Health promotion activities that reach only the well informed or most connected run the risk of widening health disparities. CHCs will lead in employing a strategy of “targeted universalism” to ensure health promotion campaigns reach those communities who need them most and address the impacts of poverty and unemployment, enable community development and civic engagement, and build resilient communities.
6. **Build in social determinants:** CHCs will position the client-centred care agenda as an opportunity to reach well beyond health care and empower communities to address inequities caused by social and economic policy and underlying structures.
7. **Drive equity through innovation:** CHCs will continue to address equity in collaboration with mental health, ethno-cultural and other community-based providers and to share and build upon successes. The emerging model of the CHC as a multi-service hub in high-need areas will be carefully evaluated for its potential in reducing inequities.

DRILLING DOWN: ADAPTING IN INDIVIDUAL CHCS

Implementation of the seven sectoral strategic directions outlined above will take place at the organizational level and within a context of each community's needs, priority populations and identified access barriers. Key to the success of implementation efforts at this level is to build in objectives of learning and accountability. To achieve this, each CHC will prepare an annual performance report on the activities and impact of the equity directions and objectives as adapted to their specific context, and present this report, as well as key lessons learned on promising practices and front line innovations, to an equity symposium organized annually by the CHC-GT forum.

BUILDING ACROSS AND TOGETHER: ADDRESSING COMMON CHALLENGES

Consultations with CHC leadership revealed three issues best addressed through by working collaboratively across the sector. To advance health equity over the next three years, Toronto CHCs will:

1. **Share interpretation resources and capacities:** Language remains a crucial barrier to equitable access to health care in Toronto. Toronto CHCs will develop, in 2012, a concrete plan to streamline access to interpretation services, share training guides and other resources, and develop common standards and processes to ensure consistent high quality and access.
2. **Build equity into performance measurement and management:** Leveraging our experience in addressing health care inequities, CHCs will play a leadership role in incorporating equity into comprehensive quality improvement strategies and mechanisms at the provincial level. By 2013, CHCs will devise a set of performance indicators that measure not just access and quality of health care services, but equity-focused health promotion and enabling community engagement and social participation.
3. **Develop a systematic strategy for non-insured populations:** CHCs will build on work done to date for this highly vulnerable population to identify service gaps and develop consistent policies and procedures for assessing and supporting people without insurance, including sector-wide arrangements with hospitals, common data collection, and resource sharing mechanisms. This project will be implemented in the first and second years of this plan, through 2012 and 2013.

Operationalization and development of this plan will be a dynamic and iterative process. It is intended to build on a variety of initiatives in planning, measurement and service delivery already underway in the health care sector. As these initiatives are implemented and evolve, CHCs will demonstrate their continued leadership in this area by communicating the impact of these changes on Greater Toronto's most vulnerable populations, and by extending our reach even further to better meet the needs of the communities we serve.

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