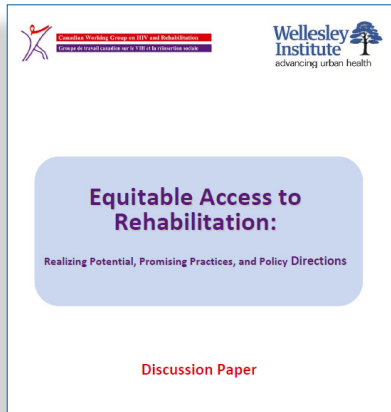


Health Equity Resources

Health equity resources from the Wellesley Institute. Visit us online at www.wellesleyinstitute.com for free downloads, news, blogs, and extensive resources in health equity, community-based research, housing, income inequality, and immigrant health.



Equitable Access to Rehabilitation (upcoming release)

With an aging population, the increasing incidence and impact of chronic conditions, and other health system trends, physiotherapy, occupational therapists and other high quality rehabilitation services will be increasingly important to more and more people and crucial to creating and sustaining an effective overall health system. But this potential is not being realized: inequitable access to rehabilitation is creating adverse effects for many Canadians. The Wellesley Institute and the Canadian Working Group on HIV and Rehabilitation worked together to develop this paper on how access to rehabilitation can be improved. The Wellesley Institute works to identify how to embed equity in system priorities, drivers, planning and delivery and enhancing equitable access to rehabilitation is a crucial lynchpin in creating a more responsive and equitable overall health care system.

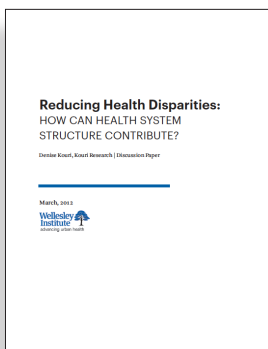
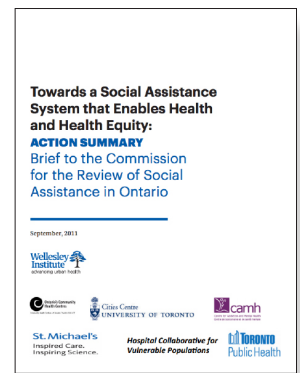


Building Equity into Ontario's New Health Care Action Plan

The Minister of Health and Long-Term Care recently released an ambitious plan to transform Ontario's health care system. It identifies key drivers of change to improve access, quality and value; all underlain by improved system coordination and coherence, and by service and quality innovation. These are positive directions, but there is a critical element missing. We need to ensure that this transformation also contributes to reducing pervasive and damaging inequities in health that exist in the province, so we need to build equity into these reforms from the outset. The Action Plan emphasizes the high proportion of costs attributed to preventable illness.

Social Assistance Review

The Wellesley Institute was part of a broad partnership of health sector leaders that came together to ensure that health and health equity are emphasized in the review. Our submission sets out a range of recommendations including the development of a basket of essential supports, providing enhanced opportunities for workforce participation and training that reflect individual need and capacity, and enhanced policy coordination and alignment across government.

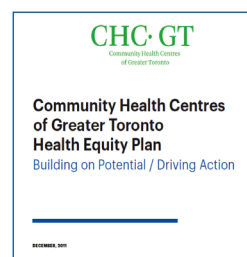


Reducing Disparities: Through an Effective Health System Structure

Health system transformation is incredibly complex. Wellesley commissioned health policy expert Denise Kouri to analyze the most effective governance structures, alignment, responsibilities and balance between acute care, public health, health promotion and community services that can build equity into comprehensive health reform.

Hospital Equity Plans

Several LHINs have had their provider partners develop equity plans. These have proven very useful in driving awareness and planning within the organization, in supporting a wide range of front-line equity innovations, and in identifying access barriers, gaps and common challenges across the system. This site has our analysis of the second generation of Toronto Central LHIN hospital equity plans: it highlights and lists promising equity innovations, analyzes how equity is being embedded within hospitals' working cultures and planning processes, and makes action recommendations for building on these plans.



**The Real Cost of Cutting Refugee Health Benefits:
A Health Equity Impact Assessment**

Steve Barnes

May, 2012



**Wellesley Health Equity Lens
for Policy Makers**

The Wellesley Health Equity Lens for Policy Makers is a scoping tool to help policy makers think about how particular policies may impact health disparities and/or health disadvantaged populations. This tool facilitates the building of strategies to mitigate adverse health effects on vulnerable populations, enhances equity objectives, and provides guidance in setting targets and measurements to determine a policy's success. The Wellesley Institute has used this tool to identify and analyze potential health inequities in the City of Toronto's budget and in the federal government's decision to reduce refugee health benefits.

**The Real Cost of City Cuts:
A Health Equity Impact Assessment**

Steve Barnes

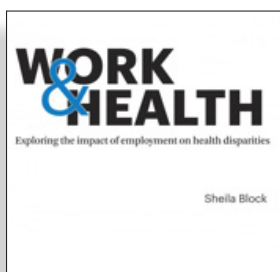
November, 2011



Colour Coded Health Care

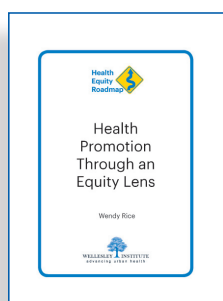
Canada's universal health care system is often understood as a central pillar of a national commitment to social equity and social justice. Such an understanding makes it difficult to raise the issue of racial inequalities within the context of the Canadian health care system. Indeed, far too little research has been conducted in Canada on racial inequality in health and health care.

Colour Coded Health Care, a new literature review by Sheryl Nestel, offers a survey of relevant academic and community-based research on racial disparities in the health of Canadians appearing between 1990-2010. In addition to surveying the research on mortality and morbidity by racialized groups in Canada, it surveys the evidence of bias, discrimination and stereotyping in health care delivery.



Work and Health

Our working lives are an essential contributor to what keeps us healthy and what makes us sick. In this recent release, Work and Health: Exploring the impact of employment on health disparities, Sheila Block, the Wellesley Institute's Director of Economic Analysis, delves into the linkages between labour market policies, employment conditions, working conditions and health disparities.



Health Promotion Through an Equity Lens

Health promotion is crucial to keeping people well and preventing illness. A major challenge is that many programs do not take peoples' unequal conditions and opportunities into account, are consequently not effective for vulnerable and marginalized communities, and can actually make disparities worse if they are taken up disproportionately by the more advantaged. This paper analyzes how equity can be built into health promotion.