Transforming Primary Health Care in Ontario: Spotlight on health equity

WE NEED A HEALTH SYSTEM THAT WORKS FOR EVERYONE

Ontario's health system needs to do a better job supporting everyone so they can achieve their best possible health and wellbeing. As things now stand, far too many people are disadvantaged because of poor living standards, geographic or social isolation, as well as racism and other forms of social exclusion. The result: avoidable illness and increasing pressures on our health system. Estimates show that 20 per cent of annual expenditures on health care can be attributed to socio-economic disparities.[1]

Ontario is stepping up efforts to correct this situation. New provincial legislation now mandates Local Health Integration Networks (LHINs) to pursue health equity in system planning. The Association of Ontario Health Centres (AOHC) welcomes these measures because our members champion health equity. This fact sheet shares the details and strong results of their rigorous approach for reducing disparities.

Equality doesn't mean **Equity**

OUR CHALLENGE

Some populations living in Ontario are much less healthy than others. For example:

- People in low income-areas live 4.5 fewer years than those in high income areas.[2]
- People in northern Ontario lose more years to premature death than the national average.[3]
- Indigenous peoples have on average lower life expectancies and higher rates of chronic disease.[4]
- The risk for diabetes is twice as high for those identifiying as "Black", "Arab", "South and West Asian" as those identifying as "White."[5]

Poor access to appropriate services plays a role in these disparities. For example:

- People in poor neighbourhoods are under-screened for cancer compared to provincial averages.[6]
- Immigrants, refugees and racialized communities are less likely to have access to mental health services and specialist care.[7]
- Every nine minutes someone visits an emergency department because they can't afford a dentist.[8]

MAKING HEALTH EQUITY HAPPEN IN ONTARIO

The 107 members of the Association of Ontario Health Centres include Community Health Centres, Aboriginal Health Access Centres, Nurse Practitioner-Led Clinics and Community Family Health Teams. Each serves very different communities but each champions health equity. Read on to learn about the effectiveness of their efforts.

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[1] Public Health Agency of Canada. Reducing health disparities–roles of the health sector: discussion paper. 2004
[2] Institute for Clinical Evaluative Sciences and Public Health Ontario. Seven more years: The impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario. 2012.
[3] Public Health Agency of Canada. Report on the State of Public Health in Canada. 2008
[4] Public Health Agency of Canada. Reducing health disparities–roles of the health sector: discussion paper. 2004
[5] Bierman AS, editor. Project for an Ontario Women's Health Evidence-Based Report: Volume 2. Toronto. 2010.
[6] Health Quality Ontario. Income and Health. 2016
[7] Toronto Public Health and Access Alliance. The Global City: Newcomer Health in Toronto. 2011
[8] Jacquie Maund. Information on Hospital Emergency Room Visits for Dental Problems in Ontario. 2014

HOW AOHC MEMBERS CHAMPION HEALTH EQUITY

Our members reduce health disparities in many different ways:

Relentless commitment – All AOHC members have adopted a Health Equity Charter, which calls for a "bold, strategic and relentless" approach to challenge social inequality, racism and oppressive policies and practices. The charter commits each member to confront oppressive and inequitable practices in their delivery of primary health care. It also commits them to work with community members advocating to change inequitable and unfair policies and practices that create health disparities.

People with complex needs are prioritized – AOHC members assign priority to populations and communities that face social and economic barriers to good health. Health teams collect and use data in ways that ensure they understand and respond appropriately to community needs.

Services meet linguistic, cultural and other needs – Based on changing demographic trends, AOHC members adapt and tailor their programs to meet the linguistic, cultural and other needs of the populations they serve. Staff receive regular training designed to address their own biases.

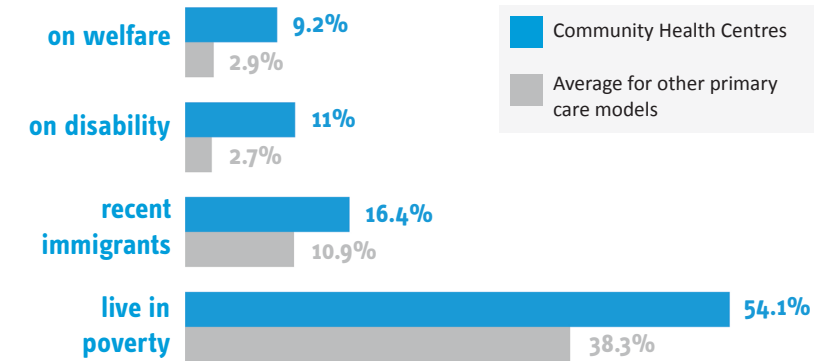
The right services are delivered from the right provider in the right place – AOHC members ensure people with complex physical, social and economic challenges can access the most appropriate services. In addition to clinicians, interprofessional teams include: social workers, mental health counsellors, and settlement and legal aid workers to name just a few. Teams proactively reach out to connect with those who don't know about the centres' service. To do this they deliver services in community-based settings such as schools, community centres and places of worship.

People receiving services play a strong role deciding what those services should be – AOHC members are governed by community boards that reflect the diversity of the populations they serve. Community members are also involved in planning, delivering and evaluating services.

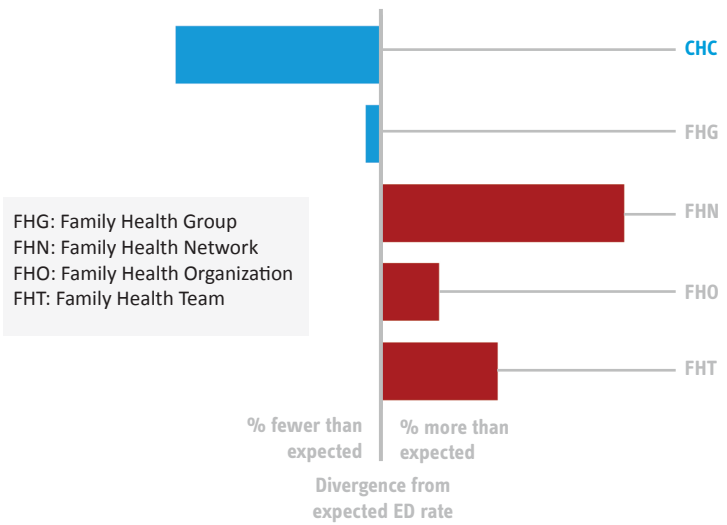
AOHC members partner with community members and build on their strengths – Members run peer support groups and mount community-wide initiatives designed to reduce the root causes of illness. The approach is always to work in partnership with the community, building on people's strengths.

HEALTH EQUITY IN ACTION TO ACHIEVE STRONG RESULTS[1]

CHCs serve a higher proportion of people with social & economic complexities that create barriers to accessing health care compared to other primary health care models.



Nevertheless people served by CHCs visit emergency departments much less often than expected: 21 per cent less.



[1] Glazier, Zagorski, Rayner J, Comparison of Models in Ontario by Demographics, Case Mix and Emergency Department Use. 2012