Learning Essentials for Advancing Health Equity
Module One, Part One: *Health Equity 101*
BUILDING CAPACITY FOR EQUITY-INFORMED PLANNING AND EVALUATION

Health Equity Project Leader
Access Alliance Multicultural Health and Community Services

Health Equity Project Capacity Building Partner
Association of Ontario Health Centres

7 Health Equity Project Champions
Chigamik, Planned Parenthood; North Lambton; Rideau; Somerset West; Témiskaming; and Women’s Health in Women’s Hands Community Health Centres

Funder: Ministry of Citizenship and Immigration
Today’s learning objectives are to:

1) Understand global, national and regional perspectives on health equity
2) Review key inequities that provide opportunities to impact the health system
3) Understand basic building blocks for achieving health equity
4) Gain perspective on current work around health equity.
A global perspective on health equity

The WHO focuses on

• preventable health inequalities, as distinct from biological ones, and
• human rights principles.

A 2008 report asserts the need for clear goals that lead to better policies and interventions and reduce the gap so that everyone has access to fruit on the healthcare tree.
What about health care and health equity in Canada?

Tension exists between

• our overall commitment, and
• persistent inequities.
National and provincial sources

- Black Health Alliance
- Well Living House
- Rainbow Health Ontario
- National Collaborating Centres
- Canadian Association for Mental Health
- Upstream: Institute for a Healthy Society
- Wellesley Institute
- Health Nexus
Shared Model of Health and Wellbeing
The causes of health disparities

• Data shows that Indigenous and racialized communities experience broad health disparities.

• Sexism, racism, homophobia and other types of social exclusion are linked to health care barriers and negative health outcomes.

• Race and poverty remain the strongest indicators of poor health.
Data collection by our project champions

- Racial/ ethnic group, gender, date of arrival to Canada, sexual orientation, disabilities; francophone, fluency in official languages, spoken language/ preferred language, country of origin, education, household composition, Insurance status, household income, # of persons supported by income;

- Type of housing, employment status, food security, transportation barriers, social network, sense of belonging and rurality.
Indigenous Health

• Over 60% of Ontario’s Aboriginal population lives in urban areas. Public health assessment data for this population is almost non-existent, despite its size (150,570 persons).

• Over 90% of Toronto indigenous population lives below the before tax low income cut off. (2016)

• 52% of the First Nations population in Hamilton reported at least one visit to the emergency room over the past 2 years for acute problems compared to 22% of the Hamilton and 20% of the Ontario population.
## Socio-economic disparities

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Canadian earners</td>
<td>40,782</td>
<td>28,860</td>
</tr>
<tr>
<td>Black</td>
<td>27,446</td>
<td>27,137</td>
</tr>
<tr>
<td>Latin American</td>
<td>31,932</td>
<td>23,346</td>
</tr>
<tr>
<td>South Asian</td>
<td>30,674</td>
<td>20,863</td>
</tr>
</tbody>
</table>

Source: Statistics Canada, 2016 Census of Canada
## Racialization of Poverty

**Prevalence of low-income among visible minorities:**

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>All Canadians</td>
<td>14.2%</td>
</tr>
<tr>
<td>Arab</td>
<td>36.2%</td>
</tr>
<tr>
<td>Black</td>
<td>23.9%</td>
</tr>
<tr>
<td>Chinese</td>
<td>23.4%</td>
</tr>
<tr>
<td>Korean</td>
<td>32.6%</td>
</tr>
<tr>
<td>West Asian</td>
<td>34.7%</td>
</tr>
</tbody>
</table>

*Source: Statistics Canada, 2016 Census of Canada*
Rural and Remote Health Disparities

Comparing life expectancy in 3 Local Health Integration Network (LHIN) regions, 2015:

<table>
<thead>
<tr>
<th>Northwest LHIN</th>
<th>Central West LHIN and Central LHIN</th>
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<tr>
<td>78.6 years</td>
<td>83.6 years</td>
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</table>
LGBTQ+ Health Disparities
16% of Canada’s population lives with some form of disability. This affects their level of freedom, independence or quality of life.

United Kingdom research (2015):
• 23% of disabled people feel lonely most days
• 38% of young disabled people feel lonely most days
• 29% can only meet with friends once a month or less
• 6% report having no friends at all

Source: Holt-Lunstead et al. (2015)
Interconnected Factors Impacting Access

1) Determinants of health,
2) Socio-demographics, and
3) Structural factors
Access to public vs. private services

What affects access to public healthcare?

- immigration status (i.e. not having status or precarious status)
- being very recently arrived (3-month wait)
- being homeless and uninsured

What affects access to private health care (dental, eye care, or prescription drugs)?

- being the working poor/precariously employed adult
- no extended healthcare benefits
- self-employed
Disparities in cancer screening rates

1. Cervical cancer screening rates (Ontario)
   - Women living in poorest urban areas: 54.5%
   - Women living in wealthiest urban areas: 66.7%

2. Overdue for colorectal cancer screening (Ontario)
   - People living in poorest urban areas: 49.7%
   - People living in wealthiest urban areas: 34.9%
Screening rates for same ethnic group

East Asian and South-East Asian women

- Screening rate for breast cancer: 91.4% (highest among all ethnic groups tracked)
- Screening rate for cervical cancer: 63.6% (lowest among all ethnic groups tracked)
Colorectal cancer screening rates

- All Latin American, Arab/West Asian and South Asian groups
- Within East/South-East Asian groups
- Lowest rates among all ethnic groups tracked
- Men are twice as likely to have the screening test
CHCs are champions for health equity
1. % of organizations that offer programs/initiatives to reduce: tobacco use; unhealthy eating/food insecurity; problematic substance use; obesity/healthy weight management; physical inactivity; and social isolation

2. % of clients reporting involvement in care decisions

3. % reporting self-rated physical health as excellent or very good

4. % reporting self-rated mental health as excellent or very good
#5 to #8: Vital Eight Core Indicators

5. % of eligible clients who received/offered colorectal/cervical cancer screening stratified by income

6. % of clients who always feel comfortable and welcome at [your CHC]

7. % of ongoing primary care clients receiving inter-professional care

8. % clients reporting very strong or somewhat strong sense of community belonging
CHC leadership to address inequities

CHCs will be collecting data on the percentage of clients who received or were offered:

- cervical cancer screening in the previous 3 years
- colorectal cancer screening in the last 2 years

either at the CHC or outside the CHC, by income level
Good News for Advancing Health Equity

- Ontario government has prioritized health equity under Bill 41, the Patients First Act (2016)

- Health Quality Ontario (HQO) is ready for Health System Performance Measurement of Health Care Equity and sees us as leaders.
Successful advocacy with Ontario government: Patients First Act (2016)

Two pillars of the act are

- health equity, and
- health promotion

AOHC members are strong in these non-clinical factors, and we can influence the new regional model that applies to LHINs.
Health Quality Ontario’s HEALTH EQUITY PLAN

Let’s make our health system healthier
What does the Health Equity Plan apply to?

It applies to

• health (status and outcomes), and

• healthcare (access and service quality)

It affects decisions related to allocation of resources.

It assigns priority to reducing health inequities.
QIP Top Equity Themes – CHCs 2016

- Increased access
- Staff training
- Cancer screening
- Sociodemographic data collection
- Client experience
- Outreach
- HEIA
Reflection:

What does being “bold, strategic and relentless...” mean for you?

What conversations about equity are you having at your team level?
Resources

Health Equity Charter (Association of Ontario Health Centres)
https://www.aohc.org/Health-Equity-Charter?lang=en

Model of Health and Wellbeing (Association of Ontario Health Centres)
https://www.aohc.org/model-health-and-wellbeing

Health Equity Project Information on AOHC website including link to Baseline Assessment Survey
https://www.aohc.org/Health-Equity-Indicators-Project