

HEALTH EQUITY PROJECT PROFILE:

Centre de santé communautaire du Témiskaming



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communautaire
du Témiskaming

ABOUT THE CENTRE

Centre de santé communautaire du Témiskaming aims to help the francophone population and the Temiskaming communities choose lifestyles and behaviour that will improve, strengthen and maintain their state of health, well-being and quality of life at the highest possible level both at individual, family and community level.

ABOUT THE PROJECT

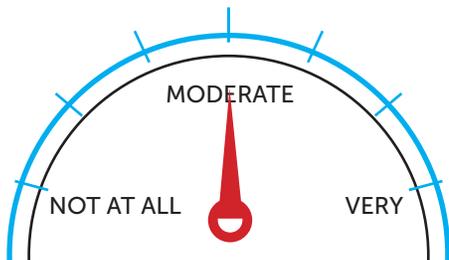
This is a profile of one of seven champion Community Health Centres of the Health Equity Project, an initiative led by Access Alliance Multicultural Health and Community Services. The project aims to build knowledge, commitment, and capacity at the champion organizational level to routinely use a health equity framework and evidence to overcome systemic inequities in healthcare access, healthcare quality, and health outcomes. This profile was built from a survey conducted at the start of the project, and presents the baseline capacity, unique needs, and opportunities around health equity work that exist with each champion.

WHERE THE CENTRE STARTED

Our Definition of Health Equity

Working to remove the inability to acquire transportation, low income, poverty, and isolation while improving access to services, language barriers, and literacy.

Familiarity with Health Equity



Which indicators do we collect?

Témiskaming collects all mandatory and required indicators. Missing data is highest for number of persons supported by income, followed by racial/ethnic group and arrival to Canada.

Indicators

Required Indicators (must collect):

- Sex
- Gender
- Insurance status
- Spoken language
- Preferred language

Mandatory Indicators (should collect):

- Country of origin
- Date of arrival to Canada
- Disabilities
- Education
- Household composition
- Household income
- # of persons supported by income
- Racial / ethnic group
- Sexual orientation
- Type of housing

Key Facts About Témiskaming Community Health Centre



5+
sites



4,519
active
clients



41-60
staff



Strengths

- The board purposefully uses practices that reinforce equity, diversity and inclusion principles
- The current staff composition strongly reflects the populations served
- The organization often considers health equity when making decisions on programs and services
- The centre has policies on human rights, anti-harassment, anti-racism, accommodation and accessibility.



Challenges

- A very small proportion of staff have received training on health equity in the past three years
- Challenges collecting socio-demographic data due clients feeling unwilling to share personal information and staff feeling uncomfortable to ask for personal information
- Inadequate quality of francophone (evidenced based) resources, and transportation present barriers at the operational and system levels
- No efforts have been made to analyze client data to understand inequalities within and between client groups
- There are currently no dedicated staff or other positions that promote, lead or address health equity objectives
- There are no health equity policy and practice guidelines
- Health Equity Impact Assessment (HEIA) tool is never used for planning and evaluation purposes



What We Want To Learn

Looking for tools and training to:

- Acquire a better understanding of the health equity challenges of the community to enhance health outcomes
- Better analyze equity data to be able to use evidence to improve planning and evaluation of all programs and services and evaluate impact, and also specific health equity initiatives
- Learn how to ask sensitive socio-demographic questions around topics such as sexual orientation and income in order to ensure the quality and accuracy of the data being collected

Which Inequities Do We Discuss Often?

MOST OFTEN

Poverty, economic inequality, disability



LEAST OFTEN

Racism, sexual orientation, gender



Where we're headed: Our Unique Health Equity Work

We proposed to work with a coach around identifying barriers and facilitators to the collection of health equity data at our CHC, in particular, looking at ways to improve collection of data on income. The goal is to eventually be better able to support the implementation of a food insecurity program and measure if it's making a difference.

WHAT'S NEXT

At the Champion level, this work contributes to building organizational level knowledge, commitment and capacity to routinely use a health equity framework and evidence geared at overcoming systemic inequities in healthcare access, healthcare quality and health outcomes.

And beyond...

Mobilizing a community of practice within the CHC sector and across sectors (e.g. settlement) to inspire shared visions and actions for advancing health equity.

To learn more about the equity work at **Témiskaming**, contact [Nadia Pelletier Lavigne, NadiaPelletier@csctim.on.ca](mailto:NadiaPelletier@csctim.on.ca).