

Health Equity as a Critical Dimension of Quality

Monday May 11th, 2015

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Health Quality Ontario**





“Our Current System of Health Care is Unsustainable”

Sustainability is “value for money”

From Consensus to Action

Provider-focused	→	Patient-centered
Acute care paradigm	→	Chronic disease management
Individual, isolated practice	→	Group-connected, team-based, accountable practice
Rhetoric	→	Data/evidence/quality/effectiveness reduced variance
Silos	→	Integrated regional systems-based care
Unrestricted growth	→	Evidence informed innovation technology with CPG's
Unsustainable value proposition	→	Sustainable cost effective services supporting generational fairness
Social inequity	→	Health promotion and health equity

Health and Health Care Through a Health Equity Lens



Defining Equity

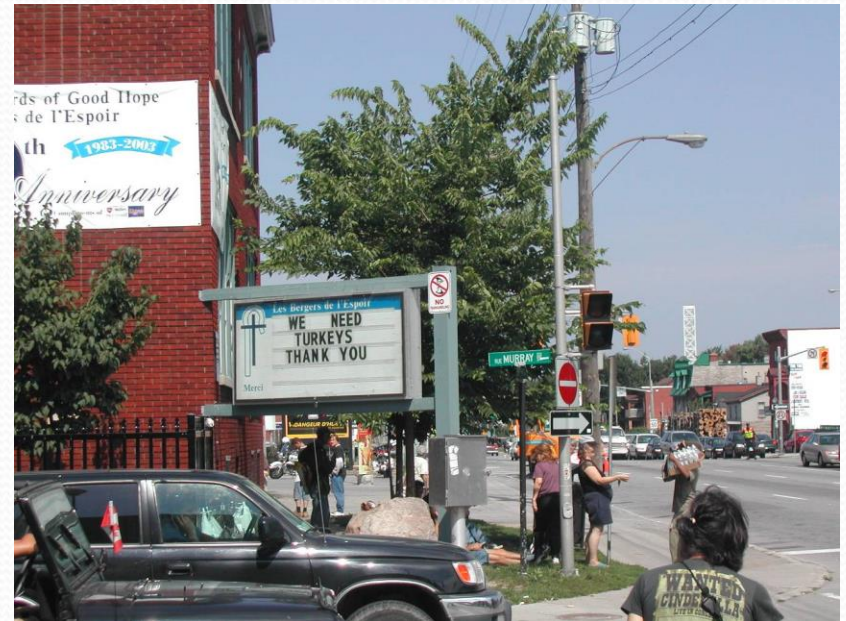
- Health inequality is when there are differences in health experiences or outcomes between different populations
- Health inequities attribute these differences to systematic disadvantages that are unequal and unfair

Health and Health Care

Scope of Equity

- 1) Equity in Access: the right care at the right time, in the right place, for the right person
 - Care that is available, accessible, acceptable
- 2) Equity in healthcare outcomes
- 3) Equity in health (social determinants of health)

Increasing Social Inequity & Health Inequity





Equity as an Essential Quality Principle

Safe

Effective

Patient centred

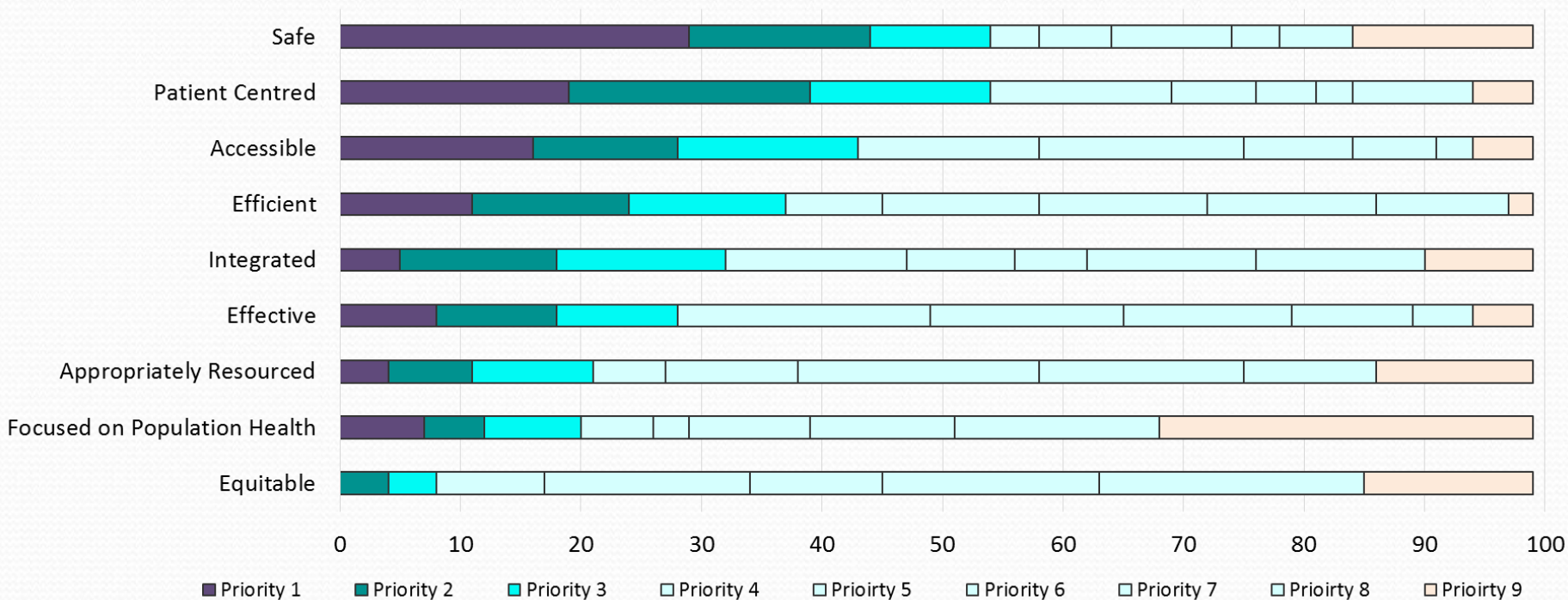
Efficient

Timely

Equitable

Equity as a Priority in ON Organizations

Which aspects of quality are being prioritized in your organization?



Survey responses from 186 attendees at HQT session on QI/Clinical Engagement HQT session November 2014

Impact on Health

- Generally poorer health than other citizens, although self reported health often does not reflect reality (adaptation effect)
- 4x age adjusted mortality rate, typically die 25 years earlier than housed counterparts
- Greater exposure to communicable diseases (i.e., Hepatitis, HIV)
- More likely to suffer complications from simple health problems (fractures, rashes)

Impact on Health Care System

- Higher burden of disease
- Greater exposure
- Lack of basic resources for self care
- Other circumstances (i.e., mental illness, substance use, need to find shelter) may interfere with efforts to seek care appropriately
- Complex system of entitlements is challenging to both patient and doctor



Communities with Differential Impact

- Gender and sexual orientation
- Ethno-cultural differences including linguistic/refugee health
- Aboriginal people
- Frail elderly
- Rural & remote residents
- Single-parent families
- Physically disabled
- Mentally ill/drug and alcohol addiction
- Recent immigrants
- The young and the elderly
- Poverty including the homeless

Who are our High-Risk, High Cost Populations?

The Target 5% Experience:

- Lack access to effective care and entitlements
- Receive care that is fragmented, episodic, crisis driven and not integrated
- Vulnerability/isolation /resilience/voiceless
- Poverty



Some Thoughts on Health Equity & New Models of Care

- Define the nature and extent of the community involved
- Consider systems based barriers to access
- Engage patients and communities in effective solutions
- Care on their terms
- Mitigate underlying social factors through partners and advocacy
- Define and measure success on their terms

Define the nature of the community: The Homeless In Ottawa



Homelessness in Ottawa

- 6705 individuals



379 Youth

706 families

984 women

3180 men



Obstacles to Care

- Transportation
- Stigma
- Education
- Concept of health
- Drug cards
- Medications
- Health care providers judge negatively



Inner City Health

A health inequity mitigation strategy



Summary of Inner City Health Program and Services

- Managed Alcohol Program 16 beds
- TED 46 beds
- Special Care for Women 16 beds
- Special Care for Men 30 beds
- Hospice 14 beds
- Supported Housing
- Oaks 55 units
- Booth House 20 units
- Supportive Housing (SSH) 10 units
- Primary Care Clinic



Access

The right care, at the right time, in the right place.



Integrated Case Management with Alignment of Goals for Health and Health Care



Team-Based Care

New roles, new providers, new partners



Stabilizing Sources of Inequity and Setting Goals Appropriately





TED

Targeted Engagement & Diversion

An integrated response for the Homeless with Co-Occurring Mental Health and Substance Use Disorders in Ottawa

Impact

January 2014 - 2015

- True ER Diversions = 5320 events
 - 3480 (842 clients)
 - 473 > 1 admission
 - 83% < 10
- Transfer to ED from TEDS = 108 (3%)
- Transfer to Police from TEDS = 89 (2.6%)
- Cost (Paramedics + ED Assessment + \$500.00) without diversion = 1.7 million
- Cost of TED = \$300,00.00

Proposal HQO and a Health Equity Lens;

- An essential principle in health quality
- Part of our overall strategic direction
- Must be done in conjunction with our partners; especially provincial government
- Must focus on health and health care

- www.HQOntario.ca

A change for the better

Alcoholics band together, collect pennies to help kids

By Matt ...
A group of alcoholics has banded together to help children in need. They are collecting pennies to help fund a program that provides food and clothing for children in the community. The group, known as the 'Alcoholics Anonymous' group, has been active for several years and has raised thousands of dollars for the cause. They are currently collecting pennies to help fund a program that provides food and clothing for children in the community. The group, known as the 'Alcoholics Anonymous' group, has been active for several years and has raised thousands of dollars for the cause.



Vernissage
October 31, 2005

Exhibit & Sale
Oct. 31 to Nov. 30, 2005

Sweetgrass
Aboriginal Art

Archie East
415-562-2443
108 Murray Street
Victoria, BC V8M 1G8



Thunder Bay Regional Health Sciences Centre (TBRHSC) is an academic health sciences centre serving Northwestern Ontario.



Equitable

Providing care that does NOT vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socio-economic status.

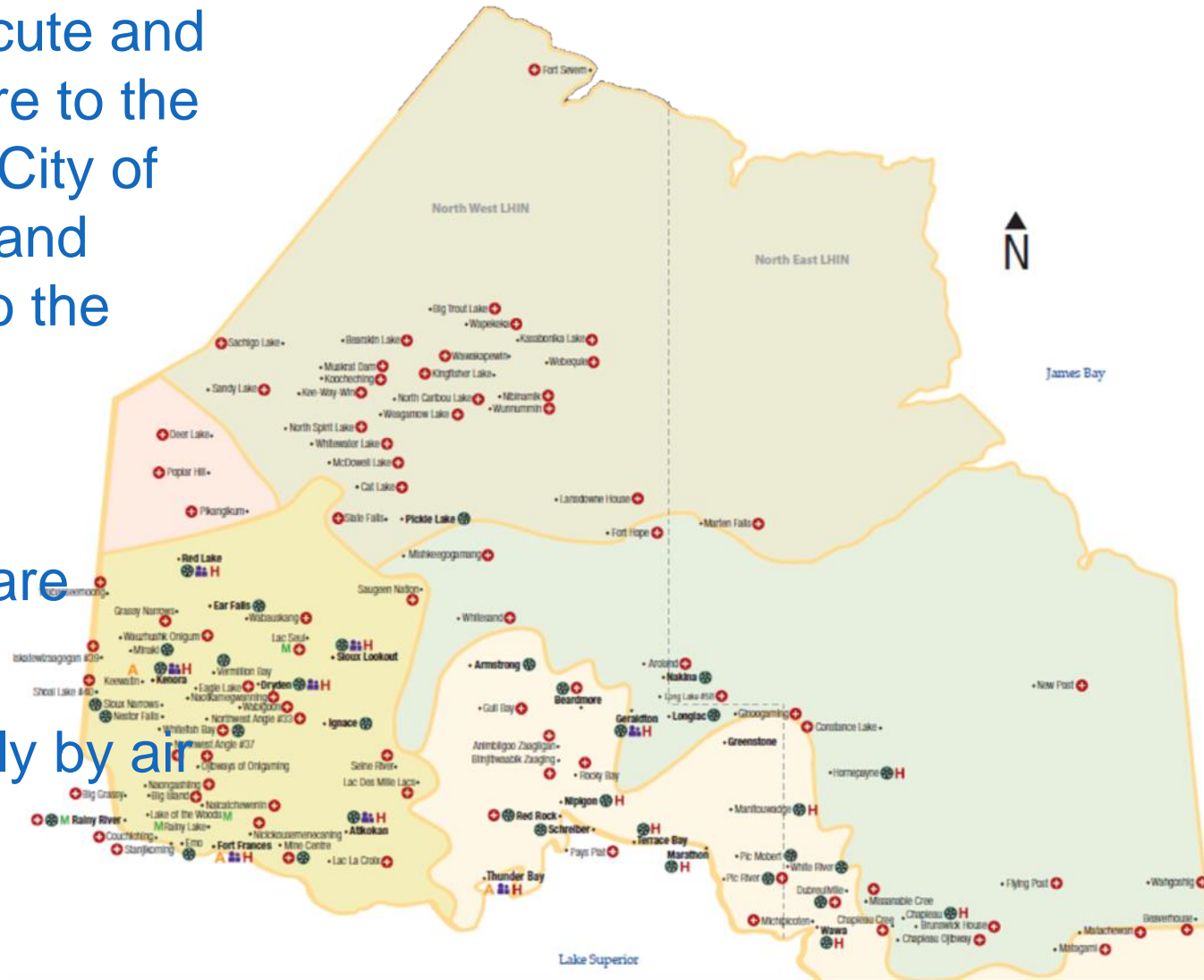


We are a unique hospital in a unique area with uncommon challenges. Northwestern Ontario is a sparsely populated expanse of land with a geographical size considerably larger than the entire land mass of France.



We provide acute and secondary care to the people of the City of Thunder Bay and tertiary care to the entire region.

Many of our communities are remote and accessible only by air



The population of our region is 20% Aboriginal. Our Aboriginal population has poorer health status than our non-Aboriginal population and, in addition, there are cultural and societal barriers to effective care in our region.



Our Strategic Plan identifies strategies to improve access and health outcomes for Aboriginal people.



We will deliver a quality patient experience in an academic health care environment that is responsive to the needs of the population of Northwestern Ontario.

This is a priority.
We want to make a
difference and provide
the best, most
culturally appropriate
care and research.



TBRHSC is making serious efforts and good progress in addressing some of the behavioural, cultural and societal issues that result in challenges to caring for our Aboriginal population.



Serving the Aboriginal population at TBRHSC

Many activities have already been completed to improve care and access. For example:

We employ five aboriginal patient navigators to aid Aboriginal patients through the process of care at the hospital, particularly for those patients who don't speak English.



Through our Prevention and Screening program and Cancer Care Ontario, we are reaching more women from First Nation communities with a mobile screening coach that travels to rural and remote communities throughout Northwestern Ontario to provide mammograms to women in those communities.





TBRHSC features a room where traditional Aboriginal ceremonies and practices can be conducted, including smudging (an exception to our strict smoke-free grounds policy).





"Spiritual Vision"
Artist
Mrs. Thomas
Funded by
Thunder Bay Regional Health Sciences Centre
Family Care Centre

We are dramatically increasing the presence of Aboriginal art in the facility to create a more welcoming environment.



TBRHSC is introducing mandatory cultural sensitivity training for all staff.





All patients can access a Healing Garden on site featuring the four sacred medicines.





We have created an engagement strategy with Aboriginal partners to help guide our work to improve Aboriginal health. This includes an Aboriginal advisory committee.



Our regional cancer program also has (and is implementing) an Aboriginal Cancer strategy. It specifically addresses under and never screened Aboriginal populations and is led by an Aboriginal physician.



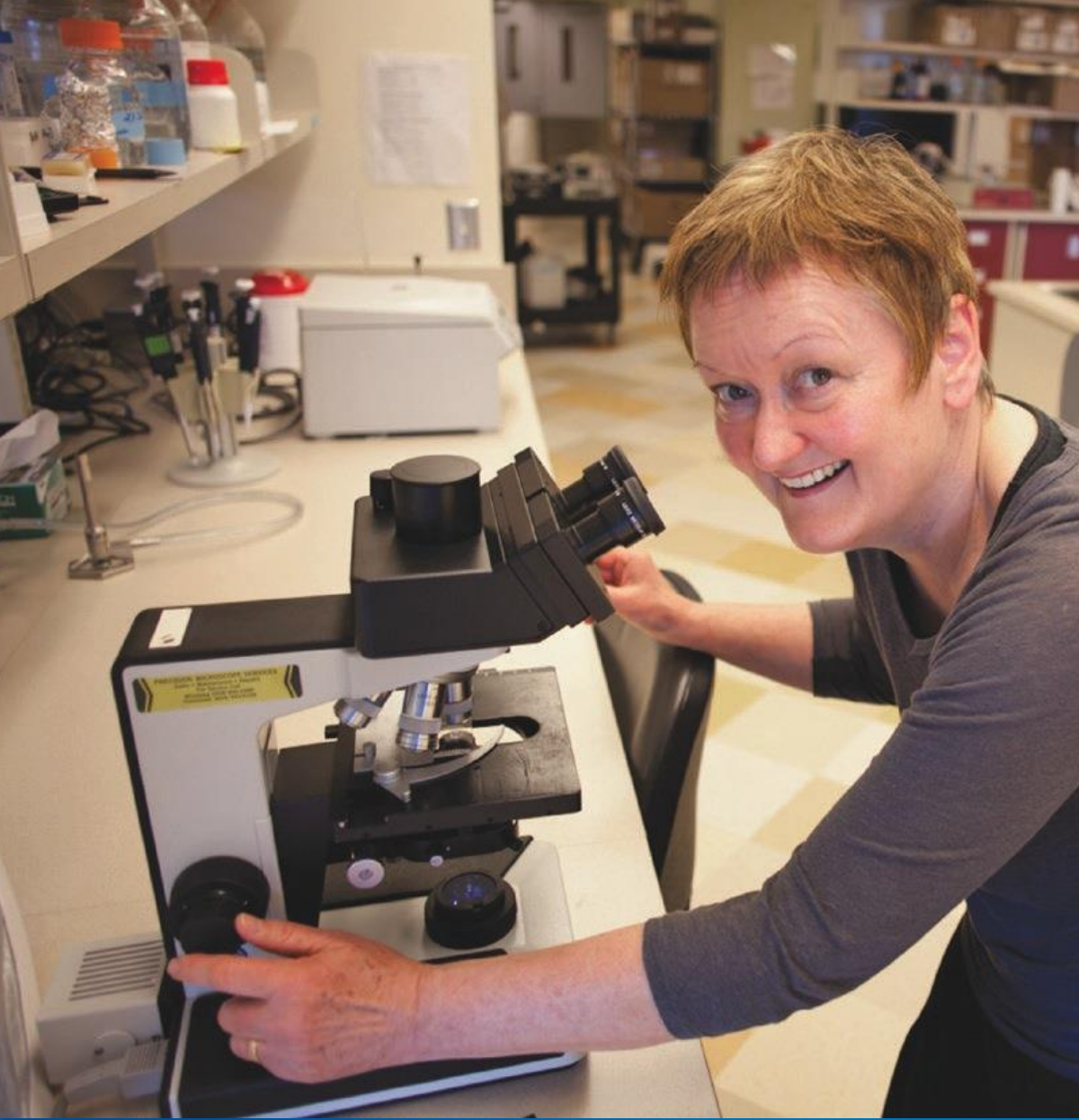


TBRRI: Improving health outcomes of the Aboriginal population

TBRRI is engaged in several research projects to better understand and address the health status of Aboriginal populations in Northwestern Ontario. For example:

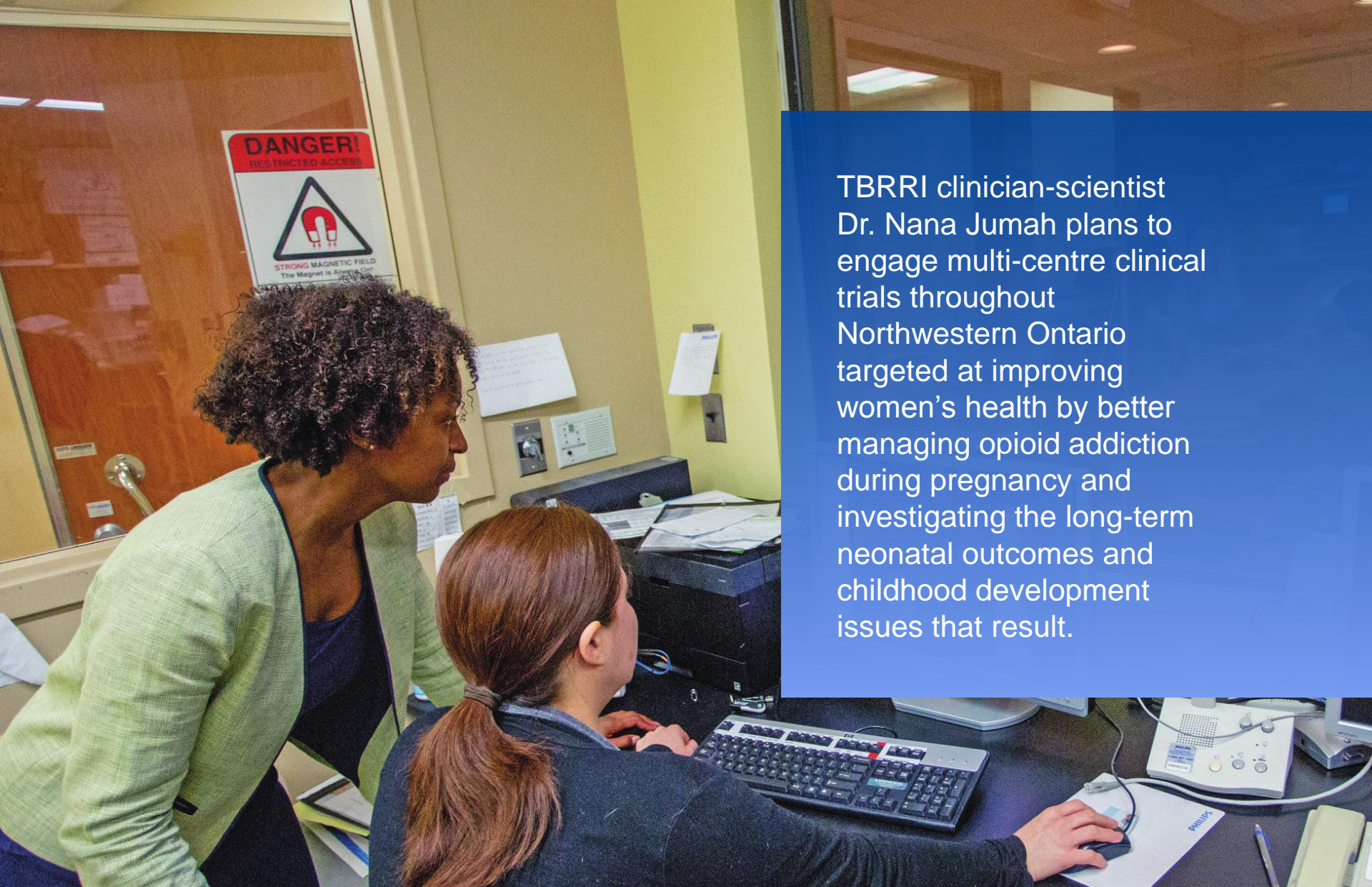
Developing an integrated vaccination, screening and treatment program to increase screening rates and reduce high rates of cervical cancer among Aboriginal women.





Dr. Ingeborg Zehbe is working with others to pioneer culturally appropriate approaches to explore with First Nations women how factors such as colonialism, the residential school system and exposure to racism might influence the risk of human papillomavirus (HPV) infection and screening behaviours.





TBRII clinician-scientist Dr. Nana Jumah plans to engage multi-centre clinical trials throughout Northwestern Ontario targeted at improving women's health by better managing opioid addiction during pregnancy and investigating the long-term neonatal outcomes and childhood development issues that result.





Dr. Zehbe's team is integrating the arts into research to improve community health capacity and increase cancer screening rates through education that promotes cultural safety, increases empowerment of women to direct their wellbeing, and deeper commitment by women to share their learnings in their community.



TBRHSC and TBRI are deeply committed to Aboriginal health, and enhancing culturally appropriate care for the people of our community. Working together, the possibilities to radically change the approach to delivering health care to the Aboriginal population and the outcomes of that care are enormous.





Thunder Bay Regional Health Sciences Centre

