

Mississauga Halton LHIN Health Equity Plan Executive Summary

February, 2010

FINAL

The Mississauga Halton LHIN Health Equity Plan – Executive Summary

The goal of this health equity plan is to reduce health disparities and differential outcomes in the Mississauga Halton (MH) LHIN with the help and shared responsibility of our health service providers and partners. The MH LHIN had a vision for health equity and diversity because of the great diversity in our LHIN. We also know that an effective way to achieve a more healthy population is by removing disparities in access to and in the quality of services people receive. This is one of the main reasons LHINs were created and made accountable for improving the local health care system. We will know we have been successful when the population's health and wellness is good and everyone, particularly those with the greatest need have access to the right care, at the right time and in the right place.

We will engage diverse communities to participate in all community engagement events, leadership and governance opportunities and policy and program planning. This health equity plan calls for action from all prospective partners to work more transparently and collaboratively in the development and implementation of a more comprehensive, consistent, equitable and inclusive approach to building health equity across the MH LHIN.

Health disparities or inequities are differences in health outcomes that are avoidable, unfair and systematically related to social inequality and disadvantage¹. The origin of health disparities goes well beyond the health system into areas of wider social and economic inequality, and many of the solutions to health disparities lies in macro social and economic policy and in policy collaboration and coordination across governments. In general, Canada is a prosperous country with a healthy population. However, not all Canadians are equally healthy.

In terms of the health of populations, it is well known that disparities – the level of inequality in social and economic status between groups within a given population – greatly affect the health status of the whole. The larger the gap, the lower the health status of the overall population²

The MH LHIN is committed to supporting and advancing a professional culture of shared values and behaviours, which are consistent with the mission and mandate of the organization.

¹ Toronto Central LHIN, Health Equity Discussion Paper, Bob Gardner, July 2008

² Wilkinson, R. & Marmot, M. (Eds.) (2003). *Social determinants of health: The solid facts*. Copenhagen: World Health Organization. Retrieved from www.who.dk/document/E81384.pdf

THEREFORE:

The MH LHIN will strive to reduce health disparities as a shared responsibility with its health service providers by integrating health equity into strategies and activities that fall within our mandate and influence.

What will this look like?

Action Plan:

1. Recruit and select the types of Board members that will ensure the MH LHIN continues to have a highly skills based Board of Directors exhibiting diverse and independent thought in order to meet the needs of our diverse communities.
2. Adopt a framework for social inclusion that considers and integrates the needs of diverse communities and builds equity into planning and service delivery.
 - a. Monitor our Health Service Providers and ask them to share best practices around program evaluation specific to health equity.
3. Continue to engage diverse communities in all community engagement processes and any leadership and governance opportunities.
 - a. Ongoing inclusion through all community engagement events, governance to governance sessions, committee membership such as IAG, etc.
 - b. Continue to keep the Board involved in community engagement events.
 - c. Keep the community engaged with LHIN policy planning.
4. Develop strategies with our Health Service Providers, other partners and the community to reduce health inequities.
 - a. Identify and target investments and interventions in the most disadvantaged or vulnerable populations.
5. Continue to include health equity indicators as criteria used to score proposals for new funding and used for evaluation of existing programs.
 - a. Impact on health equity is a criteria used to score Aging at Home proposals.
 - b. Health Equity is also a criteria established by the Board.
6. Develop a Community Engagement Plan that involves both LHIN staff members and Board members in order to facilitate ongoing interest and recruitment of individuals of diverse backgrounds to our Board and staff complement.

7. Evaluate the implementation of this health equity plan after one year and develop action plans for subsequent years.

These additional items will become a focus for all staff and Board members³:

- A. Being aware of and acknowledging the tremendous diversity within and among people.
- B. Learning about and understanding what constitutes diversity, access, and equity.
- C. Understanding the importance of diversity, access, and equity (e.g. the impacts) as an integral part of excellent practice.
- D. Being aware of and acknowledging that we all have strengths and areas for growth and development, particularly in relation to diversity, access, and equity.
- E. Being aware of and recognizing that we all have pre-formed preferences, concepts and ideas which are based on our experiences, social position, level of privilege, among others, and that these shape our intentions (motivation), values, attitudes and behaviours.
- F. Being aware of and taking an active part in what is happening in relation to diversity, access and equity around us.

Implementation Plan:

This health equity plan will become effective once Board approval is received. Implementation steps following Board approval will include:

- Posting this plan onto the MH LHIN website
- Awareness building
 - Developing a communication strategy
- Creation of a refreshed Community Engagement Plan
- Evaluation of the implementation of this plan after one year

Some Definitions

Diversity: the presence of a wide range of human qualities and attributes within a group, organization, or society. The dimensions of diversity include, but are not limited to, ancestry, culture, ethnicity, gender, gender identity, language, physical and intellectual ability, race, religion, sex, sexual orientation, and socio-economic status⁴. Diversity in its broadest sense is inclusive of all people.

³ Diversity, Access and Equity Board Training Session. Mississauga Halton LHIN. Facilitator: Kwasi Kafele, May 28, 2008. Participants Resource Workbook.

⁴ Ontario's Equity and Inclusive Education Strategy, 2009

Diverse Community: In general diverse means variety. So a diverse community is different people living in one community, they may be different because of their gender, social class upbringing, culture/religion etc.⁵ According to Martin Luther King Jr., “A community can be diverse in many ways. The people could be diverse in varying ages, wealth, race, or religion.”

Equity: A condition or state of fair, inclusive, and respectful treatment of all people. Equity does not mean treating people the same without regard for individual differences⁶.

Holistic: relating and dealing with the whole.

⁵ WikiAnswers. Accessed on November 4, 2009 at http://wiki.answers.com/Q/What_is_the_definition_of_a_diverse_community

⁶ Ibid.