

WOMEN'S COLLEGE HOSPITAL'S HEALTH EQUITY PLAN 2016-2020



Health(care) as a human right.
Bridging the health gaps.

Everyone should have the opportunity to the **highest attainable standard** of physical and mental health, including **access** to timely, affordable, and quality healthcare.

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WCHI
WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED

“WCH is working to **bridge the health gaps.**
We believe that everyone should have the opportunity to the highest attainable standard of physical and mental health, including access to timely, affordable, and quality healthcare.”

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EXECUTIVE SUMMARY

We are proud to present *Women's College Hospital's Health Equity Plan 2016-2020*. Women's College Hospital (WCH) embraces the bold concept of healthcare as a human right and recognizes that advancing health equity and addressing the underlying social determinants of health requires action both inside and outside of the health sector. We strive for equity of access, quality and care outcomes.

The plan applies an overall vision and reflects an ambitious four-year health equity strategy, building on our significant strengths and addressing new opportunities for growth and impact on healthcare as a human right. The process of developing this plan required an extensive look at the roles that Women's College Hospital can play in advancing health equity – through the policies, programs and practices of our organization, the greater health system and through ongoing collaboration with our health and community sector partners.

The plan also considers the Ministry of Health and Long-Term Care (MOHLTC) report: *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*, which outlines greater health equity as an anchor to achieve better access and integration of primary care services, more consistent and accessible home and community care and stronger links to population and public health. We are highly supportive of the MOHLTC's and LHIN's plans to promote population-based planning and focus on health equity. As *Patients First* proposal notes, many Ontarians struggle to access health and social services. Individual characteristics such as gender, racialization, sexual orientation, immigrant status, and income impact access to health services, quality of care and health outcomes.

Throughout history, WCH has been a champion for health equity and access – committed to reducing systemic barriers to care for individuals and communities. Income, race, gender and gender expression, sexual orientation, disability, language, immigration status and geography are among the most common factors for which there are correlated differences in healthcare access and outcomes. And different populations may require different solutions to achieve the same level of health status and same access to healthcare programs.

Building on our vision for health equity – *our commitment to optimal access and health outcomes for all women and their families through community informed, inclusive, and responsive services* – this plan is framed around three strategic themes:

- 1. Commitment to health(care) as a human right – identifying and addressing health gaps**
- 2. Community informed, evidence-based, responsive programs and services**
- 3. Inclusive, culturally welcoming, barrier-free environments**

Over the next four years we will work in concert with our partners – our patients, families and communities, our workforce, our academic, industry and governmental collaborators – to deliver on this expansive vision and overarching health equity goals, with our strategic themes guiding our action and efforts along the way.

OVERVIEW

Ontarians generally enjoy good health and health outcomes are improving overall. Even so, health inequalities and inequities persist and in some cases are growing. Health inequalities and health disparities refer to differences in health status experienced by different groups in society, regardless of their cause. The term 'health inequalities' is often used when referring to measured differences in health status. Health inequities refer to those health inequalities which are avoidable or remediable differences in health among populations or groups defined socially, economically, demographically or geographically.

WCH views healthcare as a human right. What we mean by this is that everyone should have the opportunity to the highest attainable standard of physical and mental health, including access to timely, affordable, and quality healthcare. We will strive for equity of access, quality and outcomes of care. We will create and advocate for conditions in which everyone can be as healthy as possible. Such conditions include ensuring availability of and access to appropriate health services. We also recognize that healthcare is just one aspect of health and that addressing the broad social determinants of health (e.g. income, race, gender and gender expression, sexual orientation, disability, language, immigration status, geography) requires action both within and significantly beyond the health sector.

PLAN DEVELOPMENT

This plan was informed through interviews and focus groups conducted by Nayar Consulting and SN Management with WCH program directors and managers, staff providers and external acute care, government and community partners and funders. Additional focus groups and surveys were conducted with patients, administrative staff, providers, directors and managers, research, senior leadership, Board of Directors and Women's College Hospital Foundation staff. A review of more than 35 WCH equity-related documents (e.g. patient and workforce demographic and experience surveys, policy and planning documents, performance scorecards, website content) and a scan of current research and health system planning priorities related to health equity also guided this plan development.

CONTEXT

The Ministry of Health and Long-Term Care (MOHLTC) and Health Quality Ontario (HQP) consider equity as a key dimension of quality care. WCH sits within the Toronto Central Local Health Integration Network (TC LHIN), a diverse population of 1.2 million people (*Statistics Canada, 2013*). Toronto has the highest percentage of immigrants and newcomers in Canada, with more than 140 languages spoken within the city. The fastest growing age group in the city is seniors, and the city is home to some of the richest and poorest neighborhoods in Canada, with 26 per cent residents living in poverty. Toronto's population includes the largest LGBTQ community in Canada and a rapidly growing Aboriginal population, many with complex health needs. Other intersecting factors include such things as gender and gender identity, disability, language, and immigration status.

There is significant work to be done to address the challenges that remain in advancing equitable opportunities for good health for all Ontarians. Holding equity as a core organizational value, WCH aims to reflect these distinct needs through our planning, practice and policies.

Beyond our local Ontario context, WCH is emerging as a global leader, promoting healthcare and women's health as a global human right. WCH's brilliant and compassionate leaders are making an impact around the world, from our Women's College Research Institute scientists who are working to close the global cancer divide for women to clinicians within our family health team who are improving global health and achieving equity by championing primary healthcare and medical education around the world.

HEALTH(CARE) AS A HUMAN RIGHT. BRIDGING THE HEALTH GAPS.

Women's College Hospital's equity vision underscores the hospital's strategic commitment to healthcare as a human right, identifying and addressing gaps in health outcomes and healthcare access. It also emphasizes the importance of patient and community engagement in the design, development and advocacy aspects of this work. Each tenet of the equity vision aims to increase access and reduce or eliminate barriers to our services, and to promote health equity as an integral part of our planning. Across all stakeholder interviews and input, the sentiment reflected a desire to continue to amplify and advance the hospital's health equity vision. The plan applies this overall vision and reflects an ambitious four-year health equity strategy, building on our significant strengths and addressing new opportunities for growth and impact on the health gaps. For more information on WCH's Health Gap campaign visit www.thehealthgap.ca.

WCH HEALTH EQUITY VISION

Our commitment to **close the health gaps** and **create** community informed, responsive and inclusive environments in which **everyone has an opportunity** to the **highest attainable standard** of physical and mental health, including access to **timely, affordable, quality healthcare.**

With a vision and mission to advance and advocate for the health of women and improve healthcare options for all, WCH is working to close the health gaps. Healthcare doesn't always work the same for everyone. From research to treatment options to access to programs and services, individuals are overlooked and underserved because healthcare has traditionally not considered the impact on marginalized and disadvantaged communities. This is a serious health gap. Women's College Hospital is working to close the health gaps through groundbreaking research, innovative models of care, education and specialized programs and services.

WCH HEALTH EQUITY PRIORITIES

PRIORITY 1:

Build a strong foundation for action, advocacy and influence across the organization and across the healthcare system

To build a strong foundation, stakeholders spoke to the importance of leadership and supportive environments, which anchor the integration of health equity as an organizational priority, and capacity, where the diverse range of individuals and organizations involved have the resources and training necessary to advance and promote the health equity agenda.

Targeted, thoughtful and collaborative advocacy work to inform and influence policy and programming where priority issues of gaps in health and healthcare exist and healthcare as a human right has been identified as a meaningful value across the organization.

REFUGEE HEALTHCARE AND HEALTH RESEARCH

Arriving in Canada with the hope of a better life, refugees often deal with the immediacy of finding housing and employment, culture shock and learning a new language. Many are struggling with existing health conditions stemming from poor healthcare in their home countries, as well as the physical and psychosocial effects of war, violence and refugee camps.

WCH's Crossroads Clinic and its community shelter satellite clinics ease the transition for refugees by providing comprehensive primary care tailored to this population. Led by an outstanding interprofessional team, Crossroads Clinic is a place where newly arrived refugees can get the help they need without the usual barriers of navigating the healthcare system.



The incredible partnerships with our patients at Crossroads inform care and guide clinicians about emerging issues faced by refugees and newcomers across the GTA. Medical director Dr. Meb Rashid is now working to foster greater research into health issues affecting immigrants to Canada and that is directly applicable to the GTA.

PRIORITY 1 ACTION PLANNING

Commitment to health(care) as a human right. Bridging the health gaps.		
PRIORITY	APPROACHES	FOCUS AREAS
Support and advocate for newcomer health, particularly refugees, immigrant women and the uninsured	<ul style="list-style-type: none"> Expand primary care and primary care outreach Advance research Targeted growth/new clinical programs /services Targeted partnerships Advocacy -- Interim Federal Health Program 	<ul style="list-style-type: none"> Crossroads Refugee Health Clinic + increased research activity Shelter-based primary care for refugees and newcomers Explore partnerships and services for women involved in human trafficking and Muslim women Development of peer models Local and national advocacy
Promote equitable access to prescription medicines in the ambulatory setting	<ul style="list-style-type: none"> Advance research Advance knowledge exchange Increase equity of access to prescription meds 	<ul style="list-style-type: none"> Understand patient experience Conduct economic analysis Advise government and influence policy changes based on evidence WCH media appearances and events
Improve the landscape of transgender health services and access	<ul style="list-style-type: none"> Work with patients, community, government partners to influence policy and increase local access to healthcare Provide cultural humility training to workforce 	<ul style="list-style-type: none"> Ensure excellence in service for transgender and non-binary patients across WCH through training and knowledge exchange Establish ambulatory surgical services capacity in transgender health Promote changes in assessment policies and practice in order to reduce wait times
Champion and advance women's health and women's health research (older women; medicine; mental health and addictions care; trauma; sexual assault and domestic violence)	<ul style="list-style-type: none"> Increased access and improve patient experience Advance research 	<ul style="list-style-type: none"> Substance Use Network and advancing research to improve care through META:PHI project and rapid access; Extensive mental health and addictions research Retired Teachers of Ontario Chair in Geriatric Medicine Transforming BCBC The Health Gap Campaign
Improve access and services for Indigenous communities	<ul style="list-style-type: none"> Support implementation of Toronto's first Indigenous Health Strategy with our community partners 	<ul style="list-style-type: none"> Education Primary care access

PRIORITY 2:

Community-informed, evidence-based, responsive programs, services and research

Collaborate with our patients and other partners within and outside the health sector to provide evidence-informed, high-quality services to underserved populations.

Stakeholders highlighted the importance of patient and community engagement across all clinical, research and education pursuits. Clearly understanding the interests of the public and of community allies, and engaging the expertise and experience of patients, families and community stakeholders was identified as paramount to success.

Data can be a powerful catalyst for action. Strengthening the collection and use of data and evidence on the state of and trends in inequities, pathways to inequities and interventions to address them is critical to guiding service development and measuring progress. The development, use, and application of evidence are enabled by a robust and collaborative research and policy community, effective knowledge translation and exchange, and means of measuring results. Our researchers and academic partners can play a strong role in developing and translating research into practice.

With respect to working across sectors, it was acknowledged that a single hospital, or even the broader health sector does not have all the answers and cannot accomplish everything on its own, nor all at once. Rather, the health sector will have optimal impact if it determines where to focus its efforts, demonstrates the value it adds to the process, and works together with other sectors to improve the health and healthcare experience of our patients.

A THOUSAND VOICES FOR WOMEN'S HEALTH

In a follow-up study to the inaugural [A Thousand Voices for Women's Health, Part 1](#) report, in 2016 Women's College Hospital once again set out to learn what has changed since 2010 and how women's healthcare needs are being met today.

In part two of this pioneering study, we asked more than 1,000 women from diverse backgrounds about their experiences and what they want from hospitals, healthcare programs and the care they receive. The results, published in the 2016 [A Thousand Voices for Women's Health, Part 2](#) report will help to shape future programs and services offered at the hospital and are also being shared by WCH with stakeholders and partners across the healthcare system.

Download the full report [A Thousand Voices for Women's Health, Part 2](#) to find out what women told us they want from a hospital and from healthcare services, and learn how we're responding.

PRIORITY 2 ACTION PLANNING

Community-informed, evidence-based, responsive programs, services and research		
PRIORITY	APPROACHES	FOCUS AREAS
Increase opportunities for patient and community engagement	<p>Patient demographic and experience surveys</p> <p>Voices of 1000 Women</p> <p>Peer models</p> <p>Patient expert roster and committee involvement to drive quality improvement</p> <p>Utilize new facility to facilitate community engagement</p>	<p>Advance demographic information links to health outcomes data and promote utilization of information to inform service improvements</p> <p>Introduce evidence based peer models</p> <p>Establish a roster of patient experts/ advisors that can inform program development and design</p> <p>Community curated spaces/art/ programs</p>
Participate in care networks and cross-sectoral collaboration to ensure most informed and responsive programs and services	<p>Strengthen services and address social determinants through community partnerships</p>	<p>Substance Use Network, Trauma Informed Care, Mental Health Network</p> <p>Newcomers/refugees</p> <p>Support Indigenous health services (e.g. Toronto Birth Centre)</p> <p>Young Muslim women (Outburst)</p> <p>Women impacted by trafficking due to precarious immigration status/ poverty</p>
Strengthen community informed research and knowledge translation	<p>Patient and community engagement considered in community-based and academic research</p>	<p>Women's Xchange research and events continue to focus on health equity</p> <p>Build sex and gender-based research analysis competencies</p> <p>Implement a patient consent to research component into aEPR</p>
Contribute to population health measurement of health equity outcomes in Ontario	<p>Embed equity measures within aEPR and corporate/ departmental scorecards</p>	<p>Triple aim quality measures that begin to assess health equity outcomes</p>

PRIORITY 3:

Inclusive, culturally welcoming, barrier-free environment

Build health equity competencies, champions and leadership across our workforce.

Stakeholders consistently reinforced the importance of educating and training our workforce and learner communities to provide the most culturally welcoming and inclusive services at WCH. We are building health equity capacity among staff, providers, volunteers and learners through training and structural approaches that embed health equity strategies throughout our organization.

Recognizing and mobilizing the energy of individuals who hold a passion and skill for health equity work will enable us to live our health equity vision and widely promote health(care) as a human right. Leaders and peer champions can be supported to actively advance a health equity agenda internally and externally.

Where possible and with our community, industry and health sector partners, we are identifying and addressing barriers to accessing healthcare services including broad social determinants of health.

STELLA'S PLAYROOM HELPS REMOVE BARRIERS TO ACCESS

Stella's Playroom is a free, supervised, short-stay "play zone" for children to have fun and relax while their families are tending to healthcare appointments at Women's College Hospital. Public health studies show that lack of childcare is a major barrier to women seeking healthcare and our own 1000 voices study indicated that women want healthcare that accommodates them in the context of their own lives. The playroom is intended to support the health of parents and remove barriers to access by providing childcare so they can attend to their own healthcare appointments. The service is operated by a Registered Early Childhood Educator through Kids & Company and the space is located just beyond the 7th floor mental health waiting room.



RAPID ACCESS: SUBSTANCE USE AND ADDICTIONS

Evidence shows individuals with Substance Use Disorders (SUDs) are often best cared for in their own primary care settings. Women’s College Hospital is introducing a shared care model aimed at improving access to comprehensive addiction care for marginalized populations in downtown Toronto.

The feasibility of this new model was examined in partnership with Sherbourne Family Health Team and Queen West Community Health Centre through the Substance Use Network (SUN). This rapid access clinic for outpatient medical detoxification and SUN’s addiction physicians will provide urgent clinical advice via telephone and e-mail consultations. SUN is advancing primary care physicians’ knowledge and skill in managing substance use disorders and increasing access to shared, interdisciplinary care across primary care, hospital and community service environments working with populations addressing SUDs. As a network of shared care is established, and relationships are built on the foundations of population health and clinical service goals, there is a wide range of opportunities for additional service partnerships to ensue amongst the network partners.

PRIORITY 3 ACTION PLANNING

Inclusive, culturally welcoming, barrier-free environment		
PRIORITY	APPROACHES	FOCUS AREAS
Build cultural humility and competencies across staff, volunteers and providers	Define performance expectations Focused priorities based on TC LHIN data (e.g. Indigenous health; LGBTQ; aging population; newcomers)	Equity accountabilities in work plans Identify and recruit internal health equity champions/working group Consistent communications related to health equity
Understand and eliminate barriers to care and service	Critical barriers to care analysis Articulate and scale up leading practices across WCH	Develop programs and/or partnerships (e.g. Stella’s Playroom) that address pressing barriers to care and social determinants of health Continue to optimize language access services Understand and support disability access and services; renew accessibility plan
Continue to improve referral pathways to foster increased access and health equity	Understand and identify referral challenges that may impact health equity and/or access to services	Focus on referral pathways between primary care and specialty services at WCH and in the community