

Advancing Health Equity in Ontario Health Teams: A Primer

HSPN Monthly Webinar

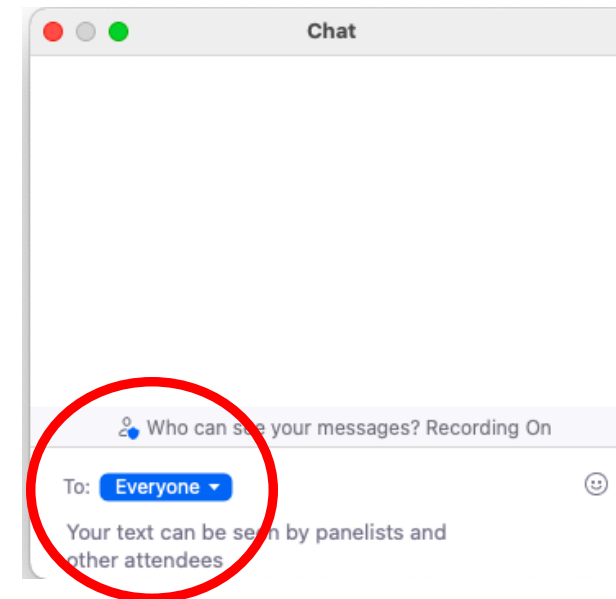
April 25, 2023

Welcome & thank you for joining us!

Please let us know who you are by introducing yourself (name & OHT or other org)

➤ Open Chat

➤ Set response to **everyone** in the chat box



Land Acknowledgement

We wish to acknowledge this land on which the University of Toronto operates. For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

Poll 1

Poll | 1 question | 104 of 147 (70%) participated

1. Have you joined us for an HSPN webinar previously ? (Single Choice)

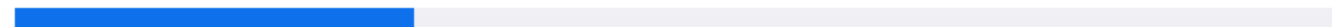
*

104/104 (100%) answered

Yes (73/104) 70%



No, this is my first event (31/104) 30%





Advancing Health Equity in Ontario Health Teams: A Primer

Speakers



Dr. Paul Wankah-Nji
Post-Doctoral Fellow
UofT and HSPN



Dr. Walter Wodchis
Principal Investigator
HSPN



Poll 2

Poll | 1 question | 88 of 156 (56%) participated

1. Where have you focused efforts in relation to Equity? [check all that apply] (Multiple Choice) *

88/88 (100%) answered



Background

Integrated health systems: collaborative care models (Kodner and Spreeuwenberg, 2002)



Commitment to Equity

- “ At maturity [...] The model will be designed to drive key goals: improving access, better efficiency and effectiveness and **improving equity.**” (MOH, 2019 p. 28)
- “**Reduce Health Inequities**” - 1st strategic priority of the Ontario Health Annual Business Plan 2022/2023



Equity: Key terminologies

Health: Health is the state of complete physical, spiritual, mental, emotional, environmental, social, cultural and economic wellness of the individual, family, and community (Ottawa Charter of Health Promotion, 1986)

Health care: All aspects of health services including, resource allocation, financing, utilization and quality of health services (WHO, 2008)

Health equity: A situation where every individual in the population has an equal opportunity to achieve their full health potential (Margaret Whitehead, 1992)

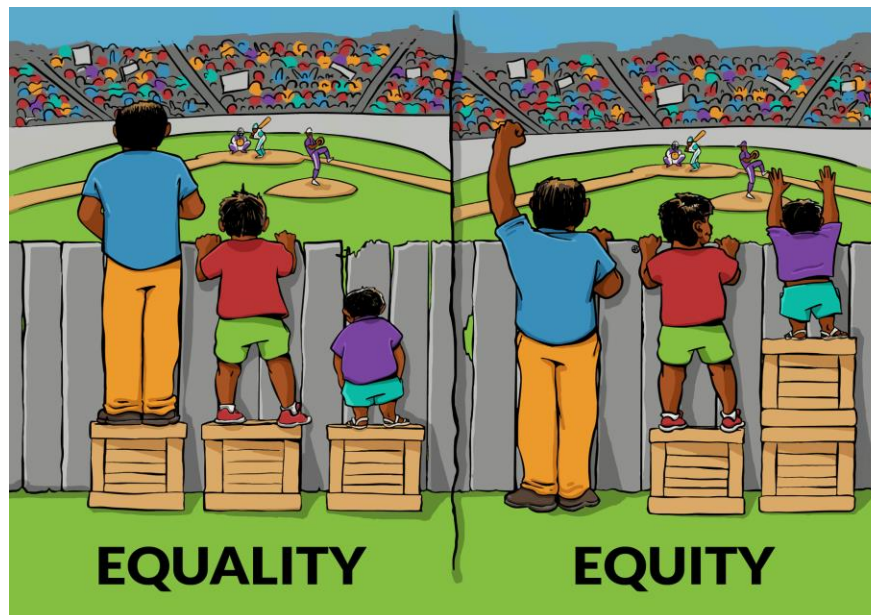
Health Inequities: Systematic, unfair and avoidable differences in health of various social groups (WHO, 2008)

Equity: key terminologies (2)

Social class: Groups of people occupying different ranks in terms of economic (wealth), social (personal networks) or cultural (knowledge) capital. This is determined by the **distribution of power, privilege and prestige across a society.** (Sayani, 2020)

Social Determinants of Health (SoDH): Conditions in which people are born, grow, work, live, and age that influence their health. (Raphael, 2016)

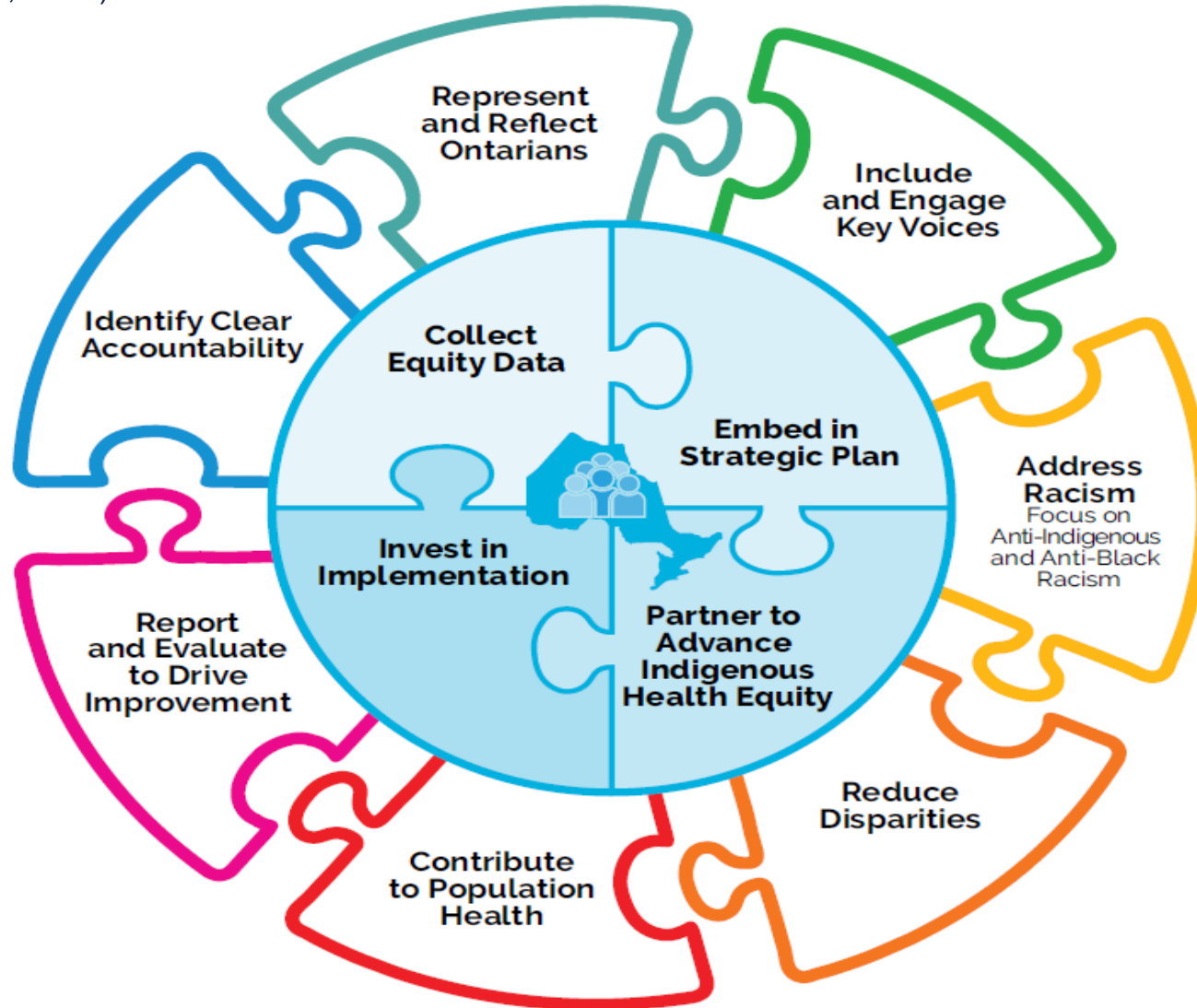
*Disability;
Early life;
Education,
Employment and
working conditions;
Gender;
Health care services;
Indigenous ancestry;
Immigrant status;*



*Food Security;
Geography;
Housing;
Income and
its distribution;
Race;
Social safety net;
Social exclusion;
Unemployment and
employment security*

Equity Promoting Integrated Health Systems

Ontario Health Equity, Inclusion, Diversity and Anti-Racism Framework (Corpus Sanchez International, 2020)



What does this mean for Ontario Health Teams?

- **Promoting equity in health and health care in all OHT interventions:**
 - Incorporating an equity lens in the organisation and delivery of health services
 - Considerations of socially disadvantaged groups in the organisation and delivery of services
- **Measuring progress in equity in health and health care:**
 - Ongoing assessment of patterns of health inequities, focusing on those that are more likely to be unfair and avoidable in order to inform and guide policies.
 - **Equity measurement strategy:** Special consideration is given to assessing health disparities between different social groups during all aspects of the evaluation and monitoring of health care systems.

Equity measurement strategy

- Multiple components/activities that aim to improve the assessment of health inequities in a given population.
- Part of a broader evaluation strategy AND separate discrete activities.

Components of the equity measurement strategy

- **Identifying social groups of concern within a population:** e.g., Racialized and Indigenous groups, sex and gender groups
- **Identifying indicators of interest:**
 - a) **health status;**
 - b) **major determinants of health status** apart from health care;
 - c) **healthcare** (financing, resource allocation, utilization, and quality) that are particularly suitable for identifying gaps between more or less advantaged social groups.

Components of the equity measurement strategy

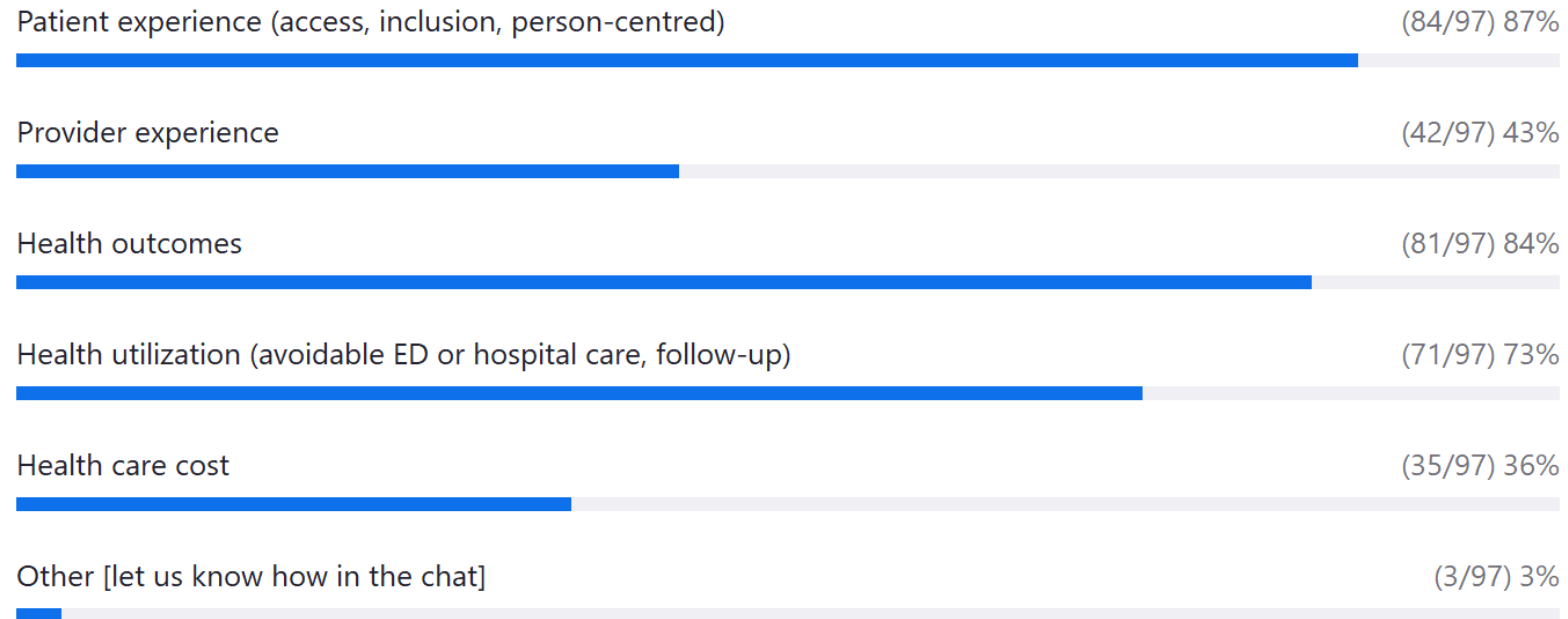
- **Identifying the appropriate data source for good information**
 - **Surveys:** Organisational self assessment surveys; household surveys; community surveys;
 - **Census data:** National level
 - **Administrative data:** Patient demographics e.g., hospital register
 - **Clinical Data:** Patient medical information e.g., EMRs
- **Describing patterns of health inequalities**
 - Stratified summaries
 - Sophisticated statistics approaches
- **Considering policy and practice implications for the health inequalities**
- **Developing a plan to address these inequalities**

Poll 3

Poll | 1 question | 97 of 156 (62%) participated

1. What indicators are you interested in considering in relation to equity?[check all that apply] (Multiple Choice) *

97/97 (100%) answered



Equity Measurement Using the Quadruple Aim

A Compilation of Past Equity work by HSPN

What we're trying to do

Improving Value Means Increasing Population Health and Equity



COMMENTARY

Walter P. Woodhys, PhD

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Toronto, ON

Research Chair in Implementation and Evaluation Science
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Chief Scientist
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Trillium Health Partners
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ABSTRACT

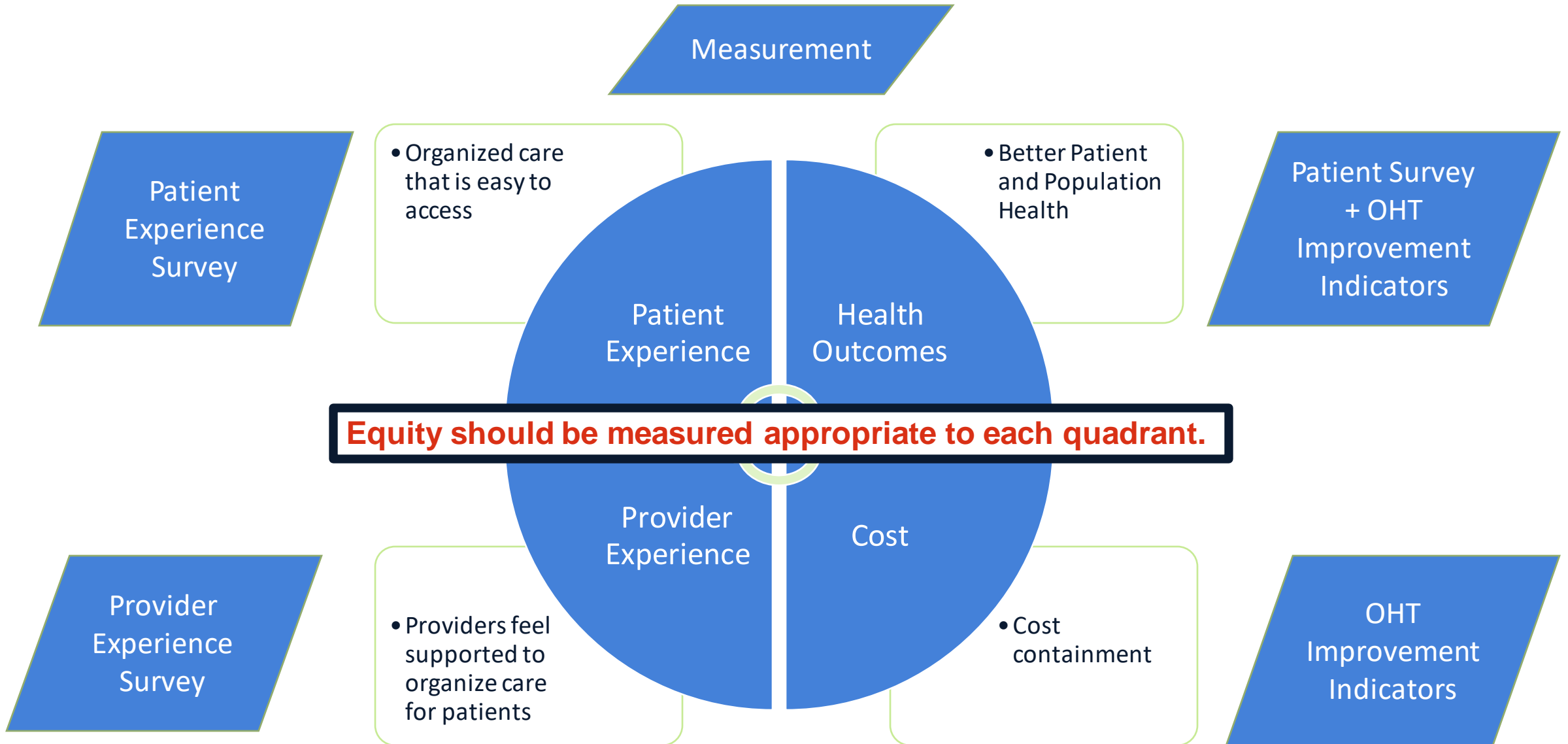
The purpose of this commentary is to outline a vision for the future of value-based healthcare in provinces across Canada and offer a few suggestions for the requirements to make substantial gains in value, based on learnings from past initiatives. We declare as our premise that improving value in healthcare means to improve population health. The goal of improving population health means to improve both average quality of life and life expectancy and to reduce inequalities in these health outcomes. That is, to "shift and squeeze" the population health distribution, as Dr. Patricia Martens phrased it in the Emmett Hall lecture at the Canadian Health Services and Policy Research conference in 2014.

Background

What does improved value and improved population health look like? Let us make the comparisons with other healthcare systems,

starting with the Organisation for Economic Co-operation and Development (OECD) as a benchmark for what has been achieved at this time on this planet.

The Quadruple Aim Framework



Ways that HSPN is Measuring and Reporting on Health Equity

- Patient experience measures analyzed and reported by individual sociodemographics & Social Determinants Of Health
- Health administrative data on Patient and System measures analyzed and reported by neighbourhood material deprivation:
 - OHT-level analyses: show OHT performance according to degree of material deprivation
 - Within-OHT analyses: ratio of highest vs lowest quintile on neighborhood material deprivation index
- Provider experience measures analyzed and reported by socio-demographics

Health Equity

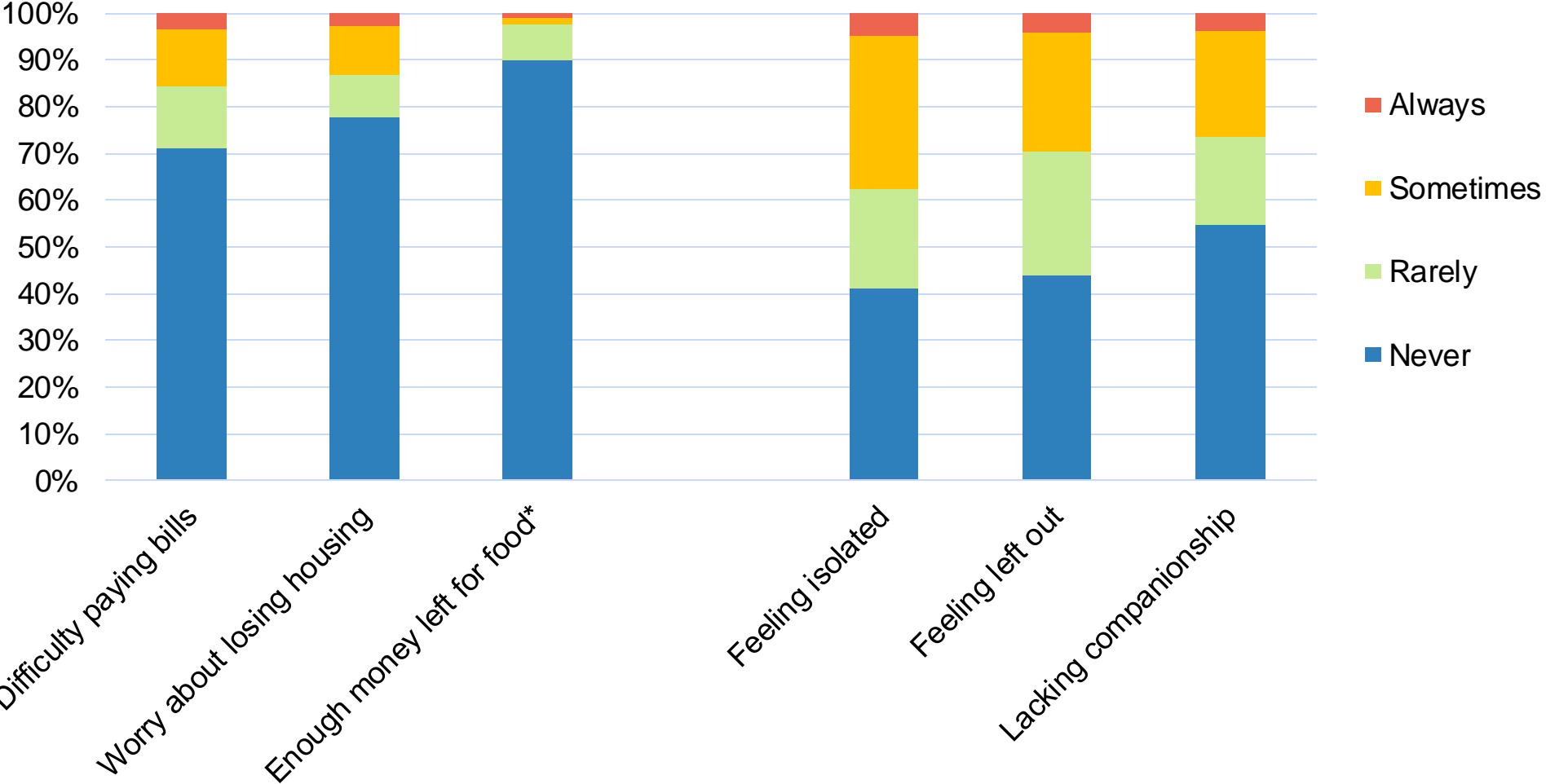
- Equal opportunity for individuals to attain their full potential for health or for the use of health care regardless of demographic, social, economic or geographic strata. (1)

e.g.

- Age , Sex, Race/Ethnicity
- Food/Housing/Income security
- Social Isolation
- Rurality
- Health needs

1. Roberts T. What is the difference between equity and equality? J Health Serv Res 1997;2:129.

Social Determinants of Health Amongst OHT Patients



Ontario Marginalization Index

Area-level (from census)

Residential Instability

- Focus on family or housing instability
- Related to neighbourhood cohesiveness and support

Dependency

- A measure of adults who are unemployed, unable to work and in unpaid professions (income from employment), mostly age-related (<18 + >65)

Ethnic Concentration

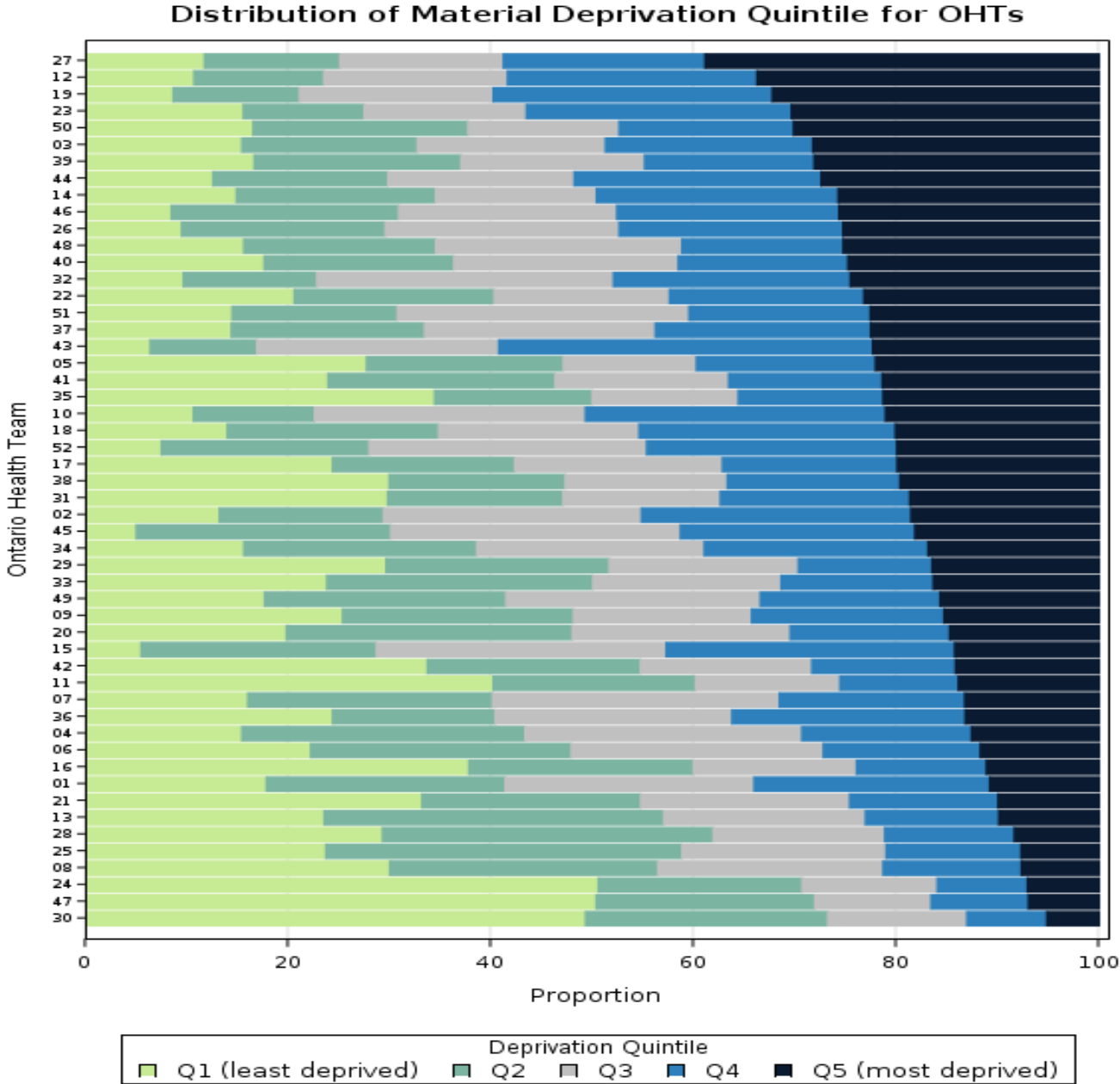
- Focus on residents who are recent immigrants and/or visible minorities

Material Deprivation

- Focus on income, education, family structure and housing quality
- Measures the inability to access and attain basic material needs
- Closely connected to poverty
- Linked to poor health outcomes

Equity measurement for all indicators: Material deprivation varies across OHTs

Quintile data: a score of 5 means it is in the most deprived 20% of Ontario



For information on ON-Marg, see: Matheson FI and van Ingen T. 2016 Ontario Marginalization Index User Guide. Toronto, ON. St. Michael's Hospital; 2018. Joint publication with Public Health Ontario.

HSPN OHT Patient Survey



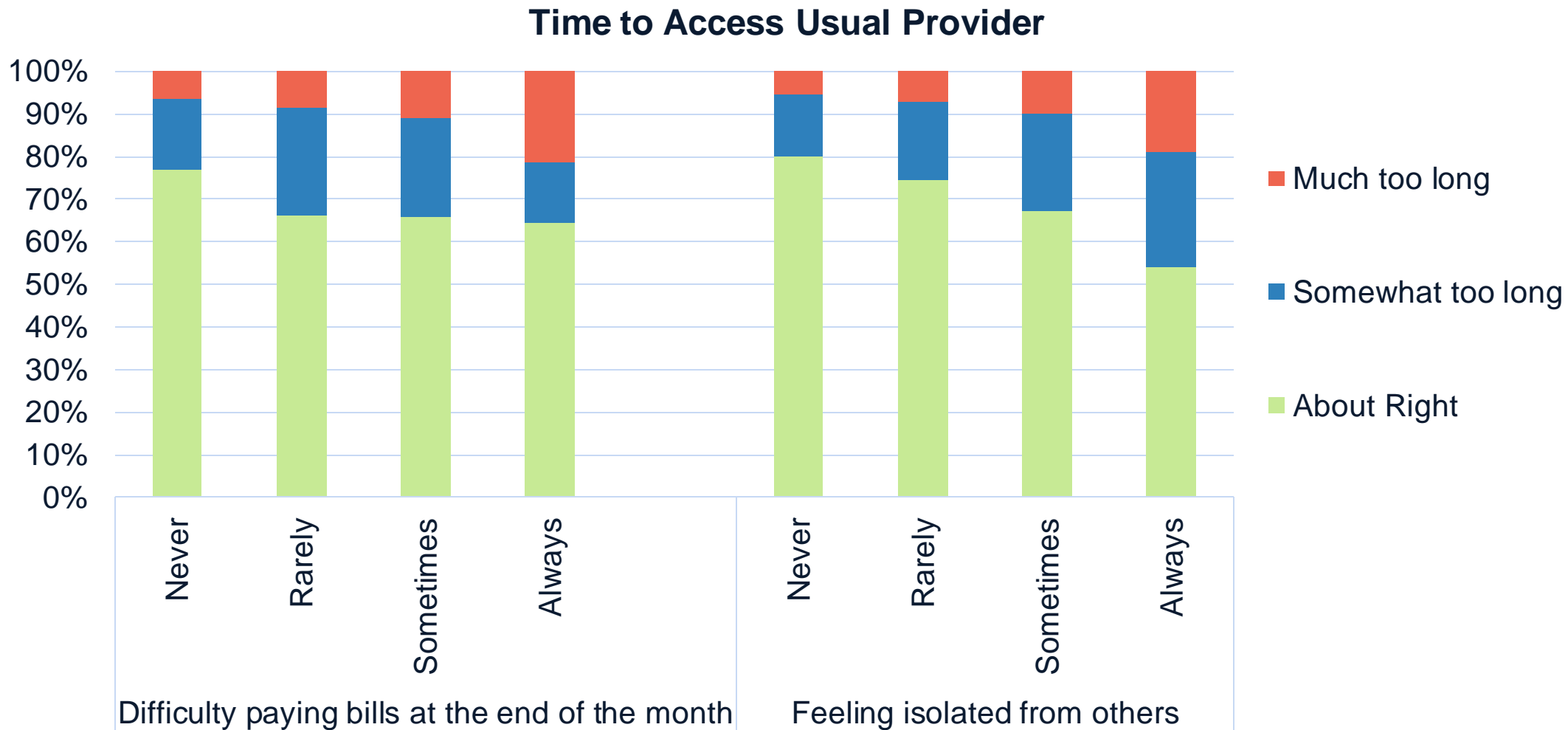
6 attributes of patient-centredness:

- Easily access health & social care
 - Having someone to count on
 - Being heard
 - Knowing how to manage health
 - **Independence & Well-being (PROM)**
 - Feeling safe
- } PREM

Other measures:

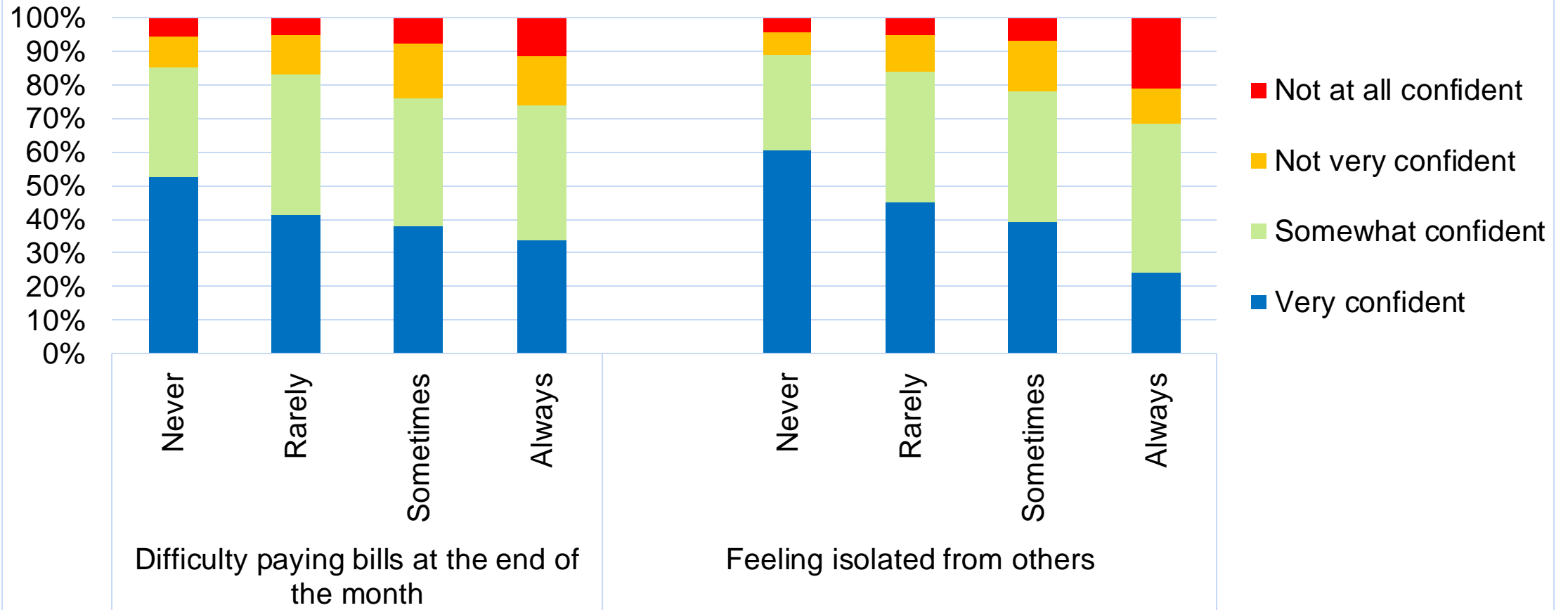
- Health services and digital use
- Transitions (acute, ED, physician, lab)
- ❖ Age, Gender, Race/Ethnicity
- ❖ Social Determinants of Health (Income, Food & Housing Security) + Social Isolation

Those with financial difficulty and those feeling isolated experience greater difficulty accessing care



Those with financial difficulty and those feeling isolated have less confidence in having someone to count on

Confidence that healthcare provider will check up to ensure needs are met



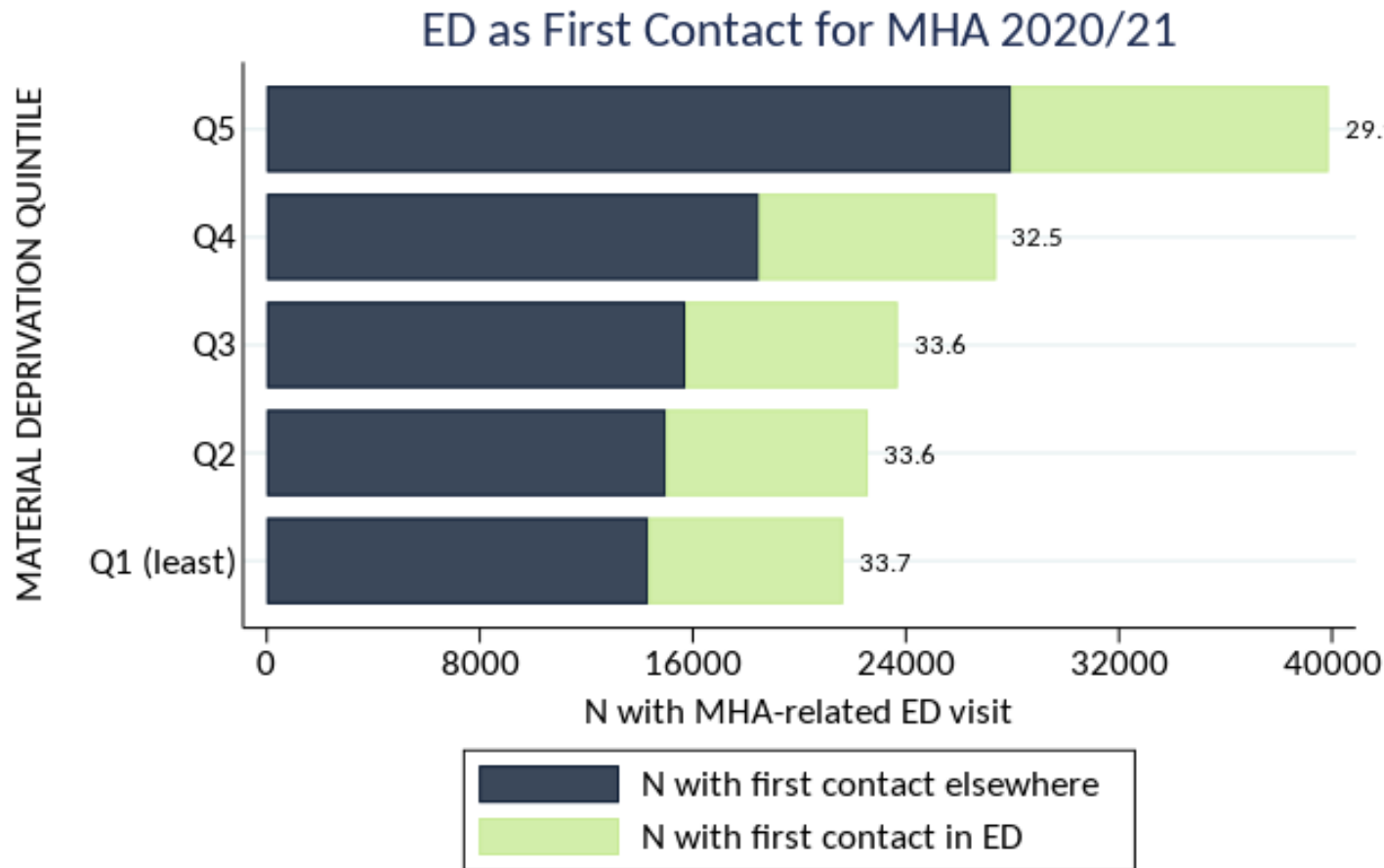
Proxy Measures of Patient Experience



Access to appropriate care:

- Emergency Department as First point of contact for Mental Health and Addictions-related care
- Deaths in Hospital

Emergency Department visits is the first point of contact for Mental Health and Addictions-related care more often amongst less deprived though the total number of individuals with MHA ED visits is much higher in most deprived



Notes:
 *Rate of ED as first point of contact for MHA is shown at end of bar.
 *Data are suppressed for deprivation quintiles with small counts.
 *Overall rate per 100 in Ontario=32.3.

Horizontal axis shows the total number of individuals with Mental-Health and Addictions-related ED visit:

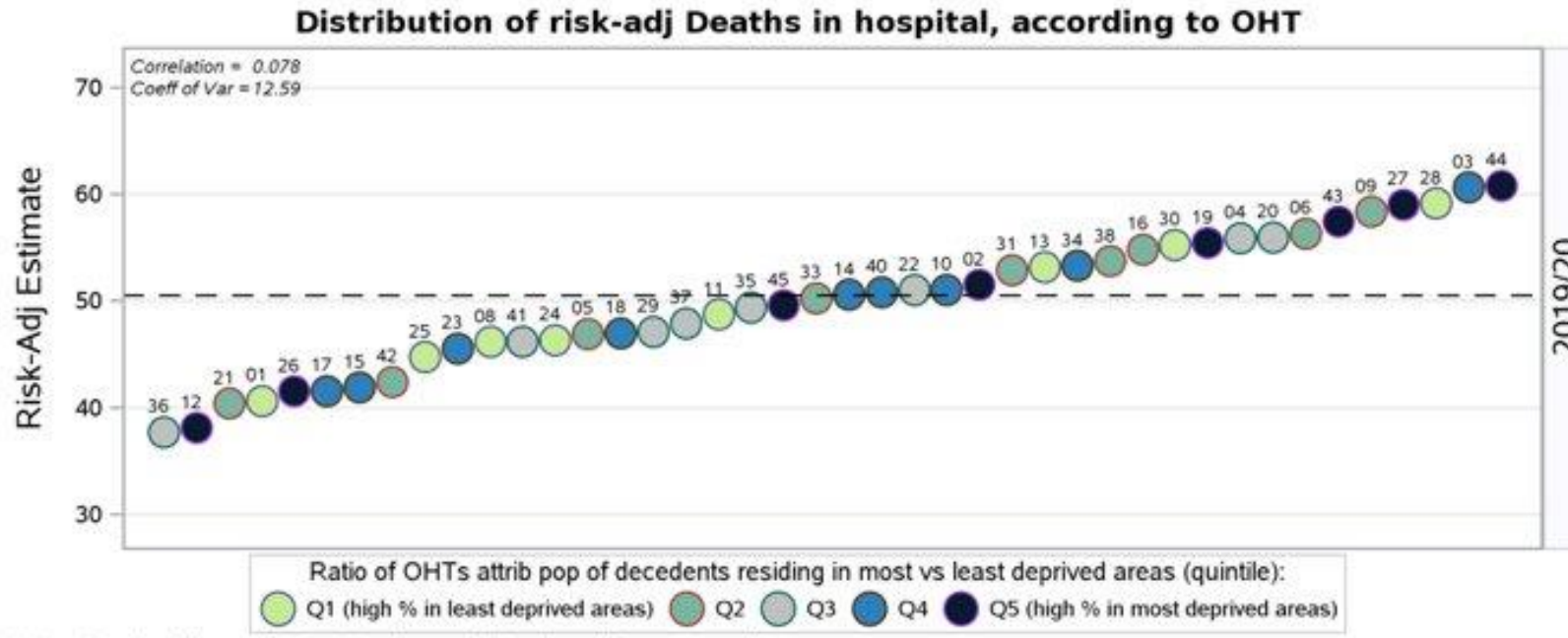
- Q5 is neighbourhood with highest level of deprivation;
- Bright green indicates number of individuals for whom first contact for MHA was at an ED;
- Dark blue represents number of individuals with previous contact for MHA;
- Number to the right is the rate of each segment with ED as first point of contact for MHA.

Deaths in hospital are not related to Material Deprivation

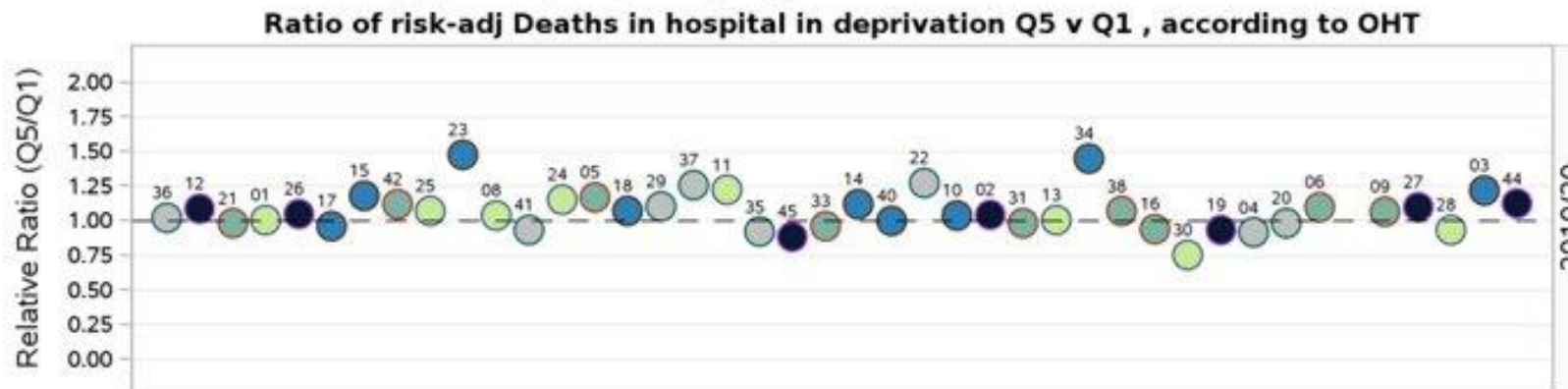
Mean: 50.5%
 Range: 37.7-60.8%

Weak correlation with deprivation

Modest/High variability across the OHTs



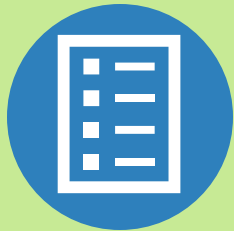
Note: Dashed line reflects total population (crude) average in year



Note: Dashed line reflects null value (no difference between Q5 and Q1). OHTs with small Ns (numerator or denominator) are suppressed.

Some OHTs have much higher rates of hospital deaths amongst those in areas of high deprivation.

Patient Outcomes



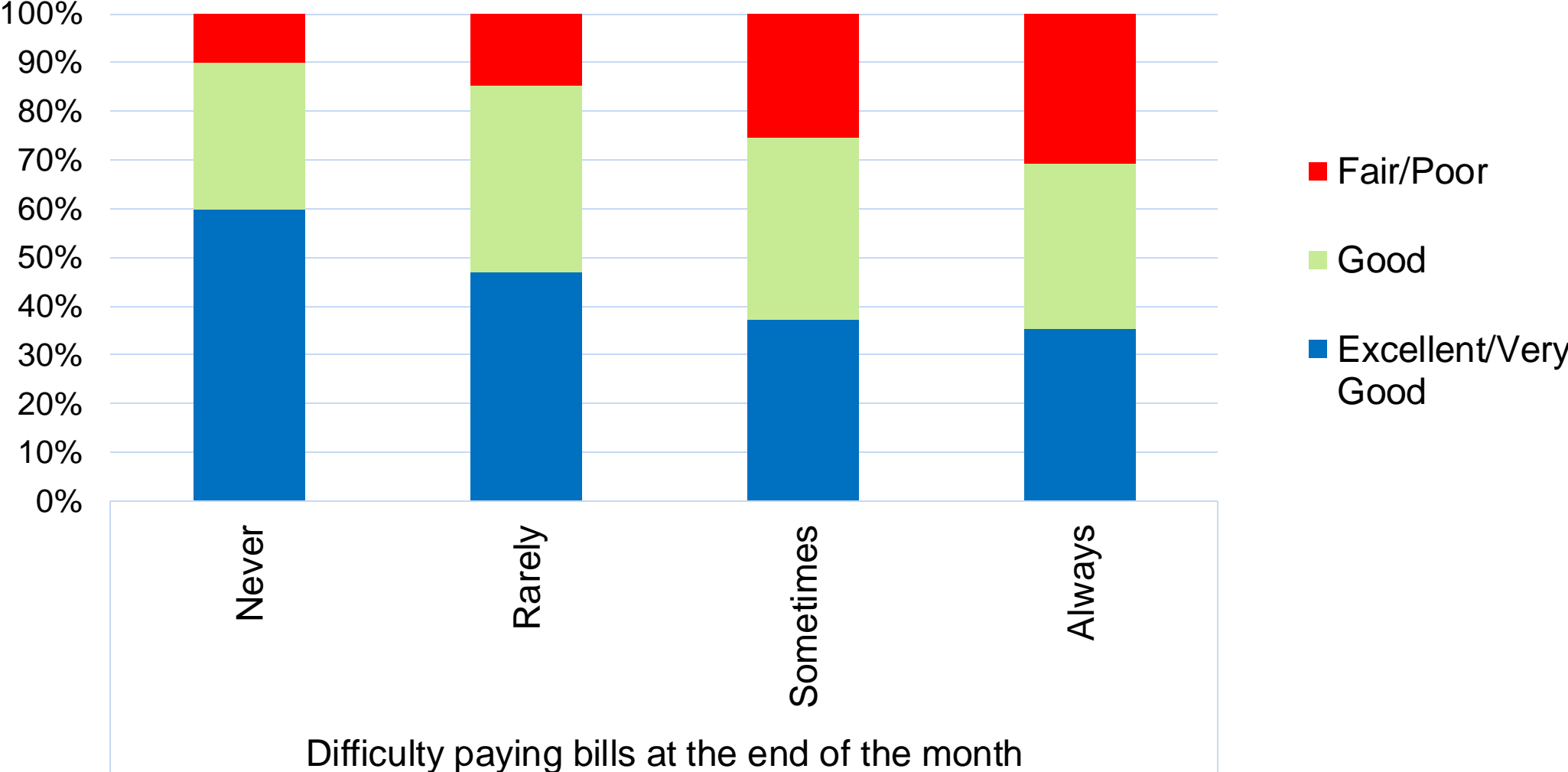
Patient-Reported Outcome Measures

- Overall Physical Health & EQ-5D
- Overall Mental Health & PHQ-2

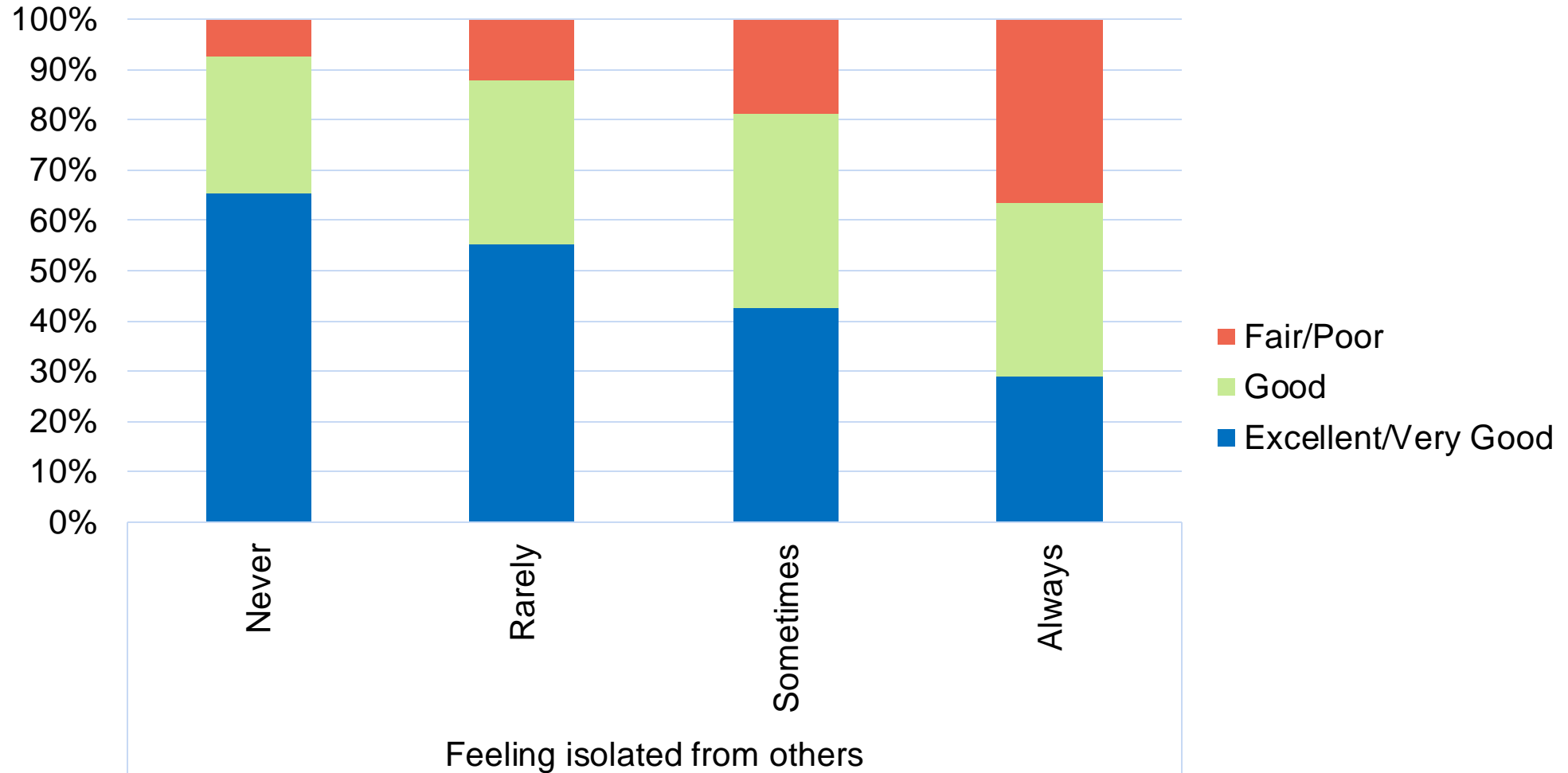
Premature Mortality

Changes in Health Status amongst frail older adults

Overall health status of OHT members is much worse amongst those who have difficulty paying bills at the end of the month

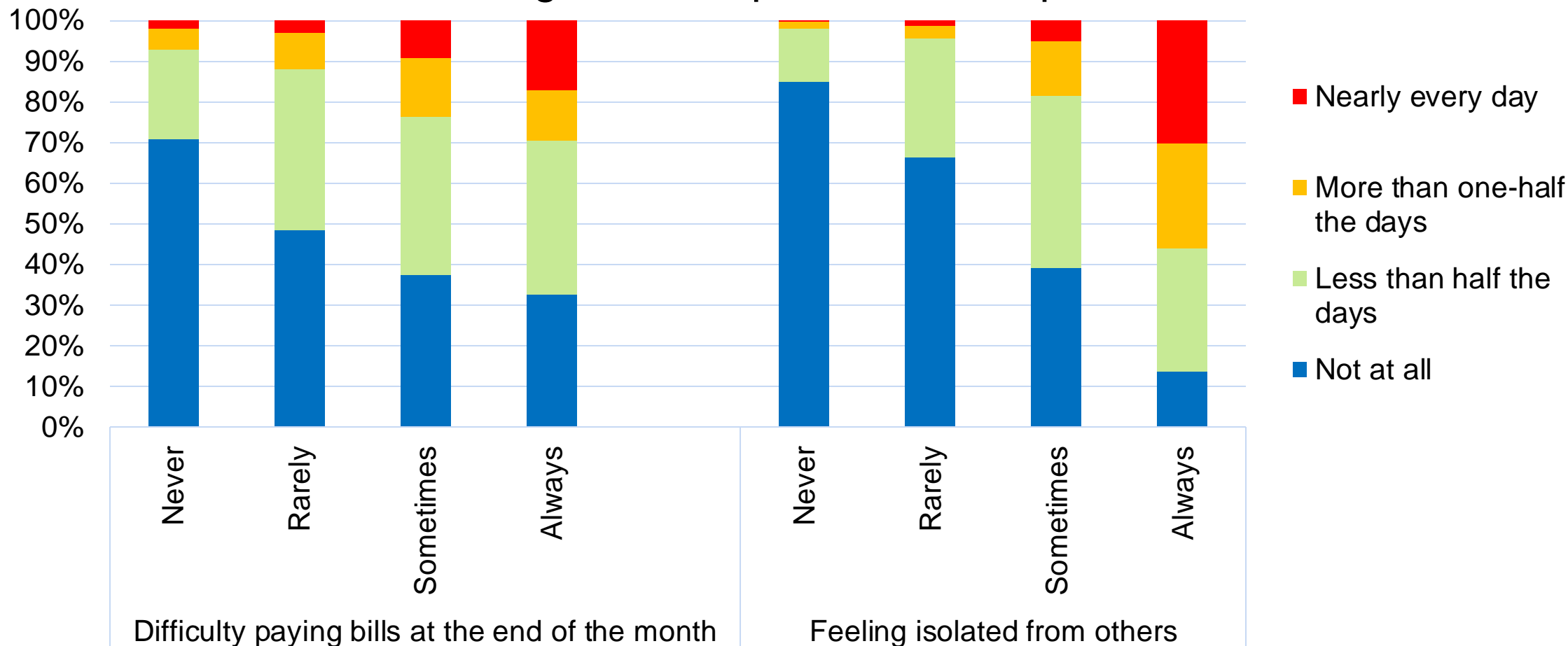


Overall health status of OHT members is much worse amongst those who indicate they feel isolated from others



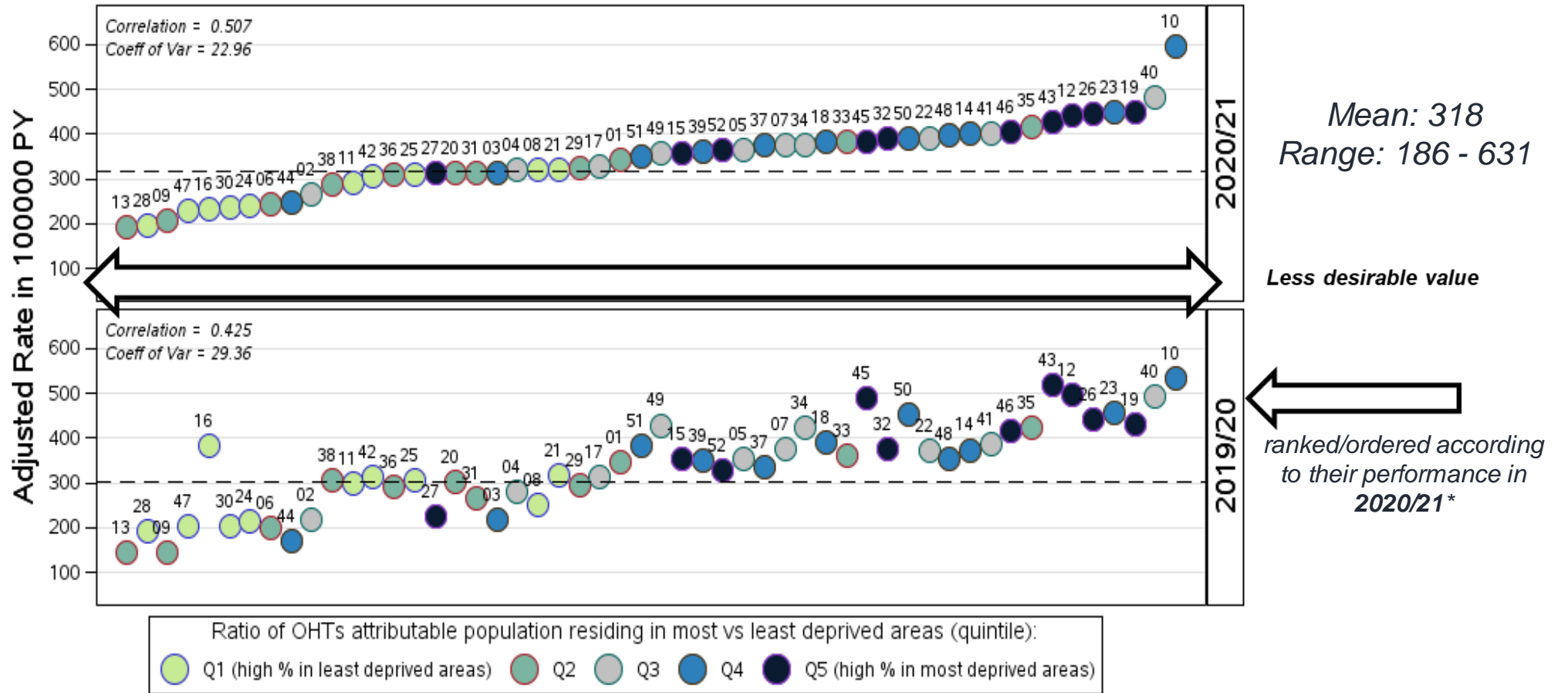
The associations for financial difficulty & social isolation with mental health are stronger than with physical health

Feeling down, depressed, or hopeless



Premature mortality is strongly associated with material deprivation

Distribution of risk-adj premature mortality, according to OHT



Note: Dashed lines reflect total population (crude) average in given year

Correlation with deprivation	Variability across OHTs (same year)
Moderate-Strong ($\tau_{2020/21}=0.507$)	High ($CV_{2020/21}=23.0$)

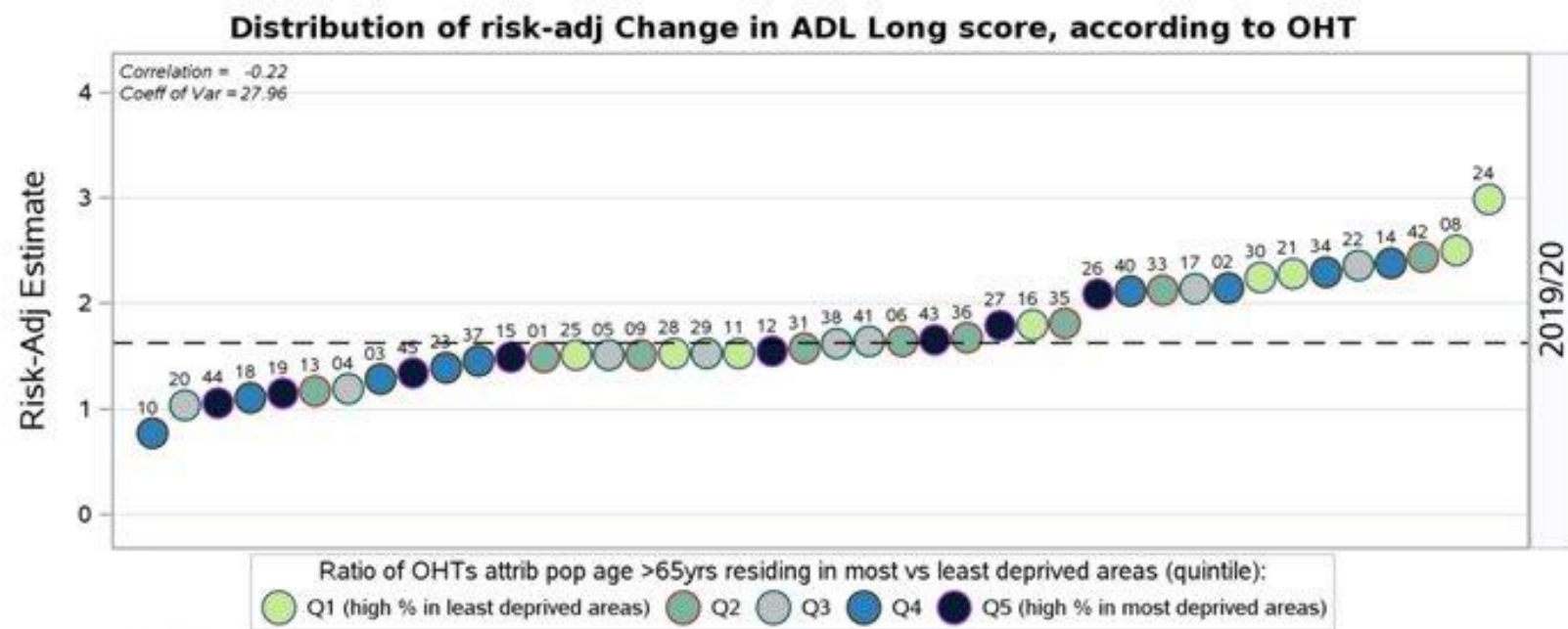
Change in ADL Long score among frail older adults is slightly [inversely] related to deprivation (home care clients)

Higher is Worse

Mean: +1.6

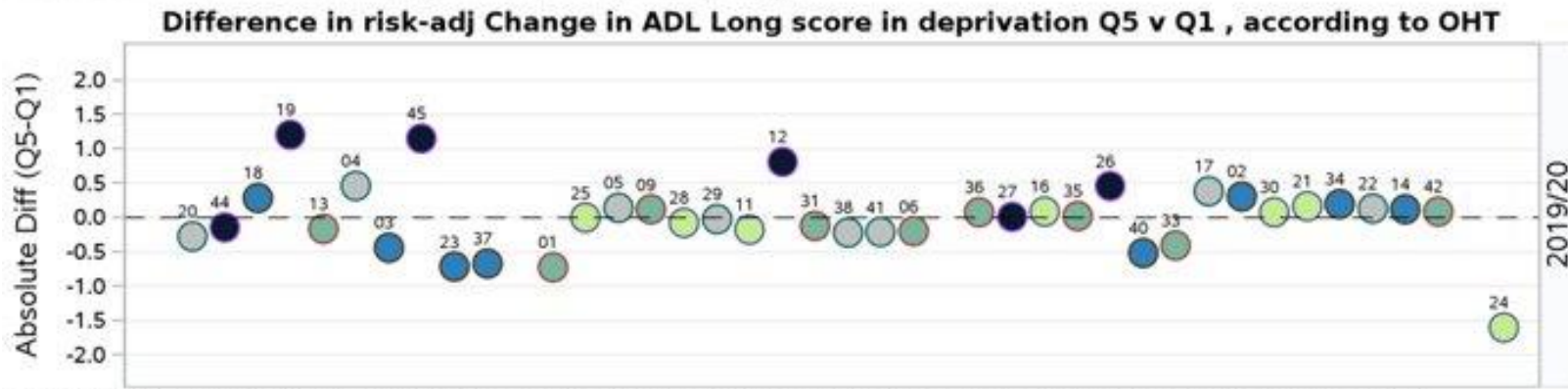
Range: 0.8-3.0

Weak inverse correlation with deprivation



Variability across OHTs

Note: Dashed line reflects total population (crude) average in year



Note: Dashed line reflects null value (no difference between Q5 and Q1). OHTs with small Ns (numerator or denominator) are suppressed.

Cost / System Use Measures



Health System Cost

Total days in acute care

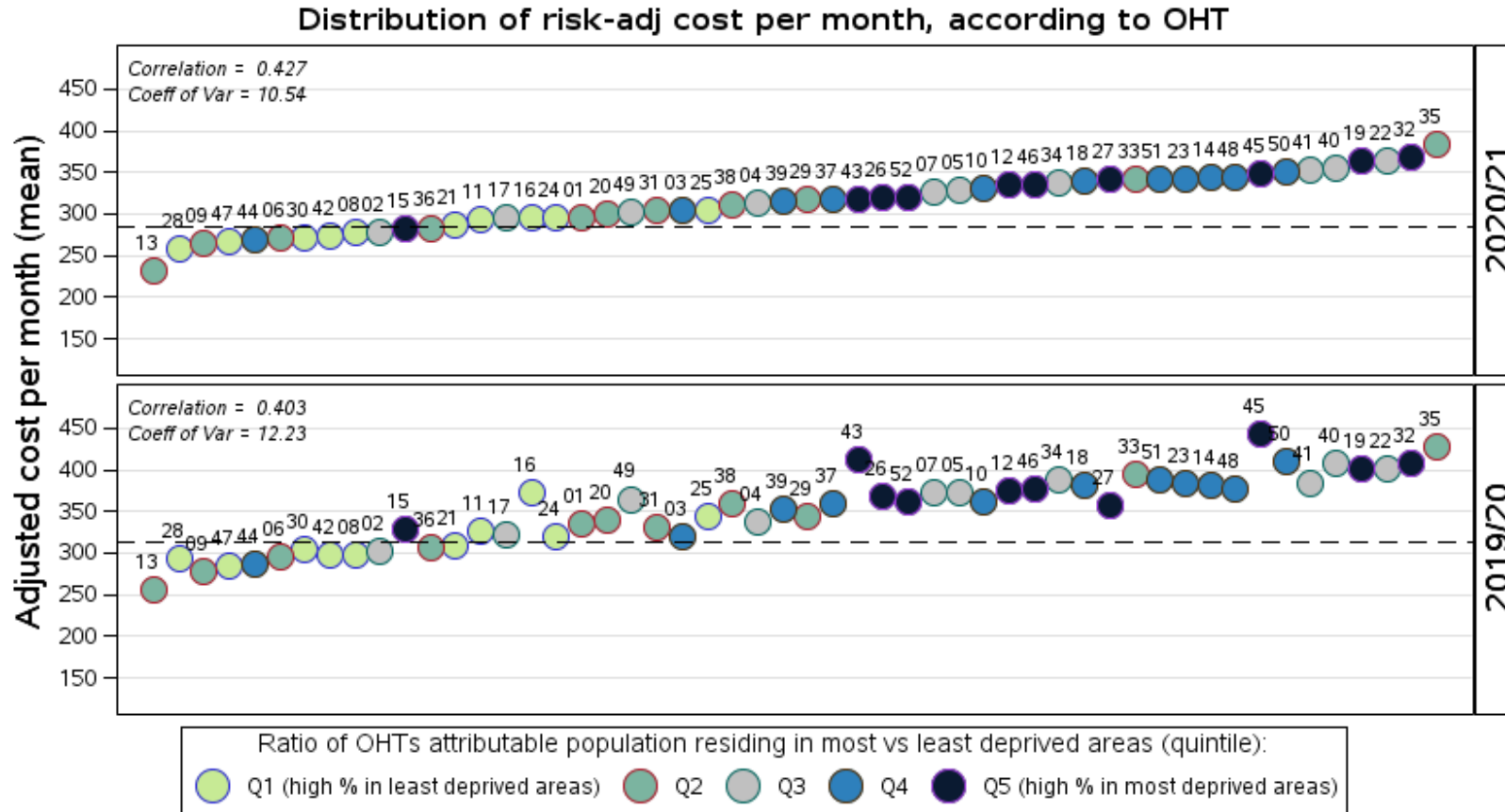
Total System Cost per OHT member is associated with material deprivation

Higher is Worse

Mean: \$ 296

Range: 251 - 404

Strong correlation with deprivation



Note: Dashed lines reflect total population (crude) average in given year

Correlation with deprivation	Variability across OHTs (same year)
Strong ($\tau_{2020/21}=0.427$)	Moderate ($CV_{2020/21}=10.5$)

Provider Experience (Survey)



Five domains:

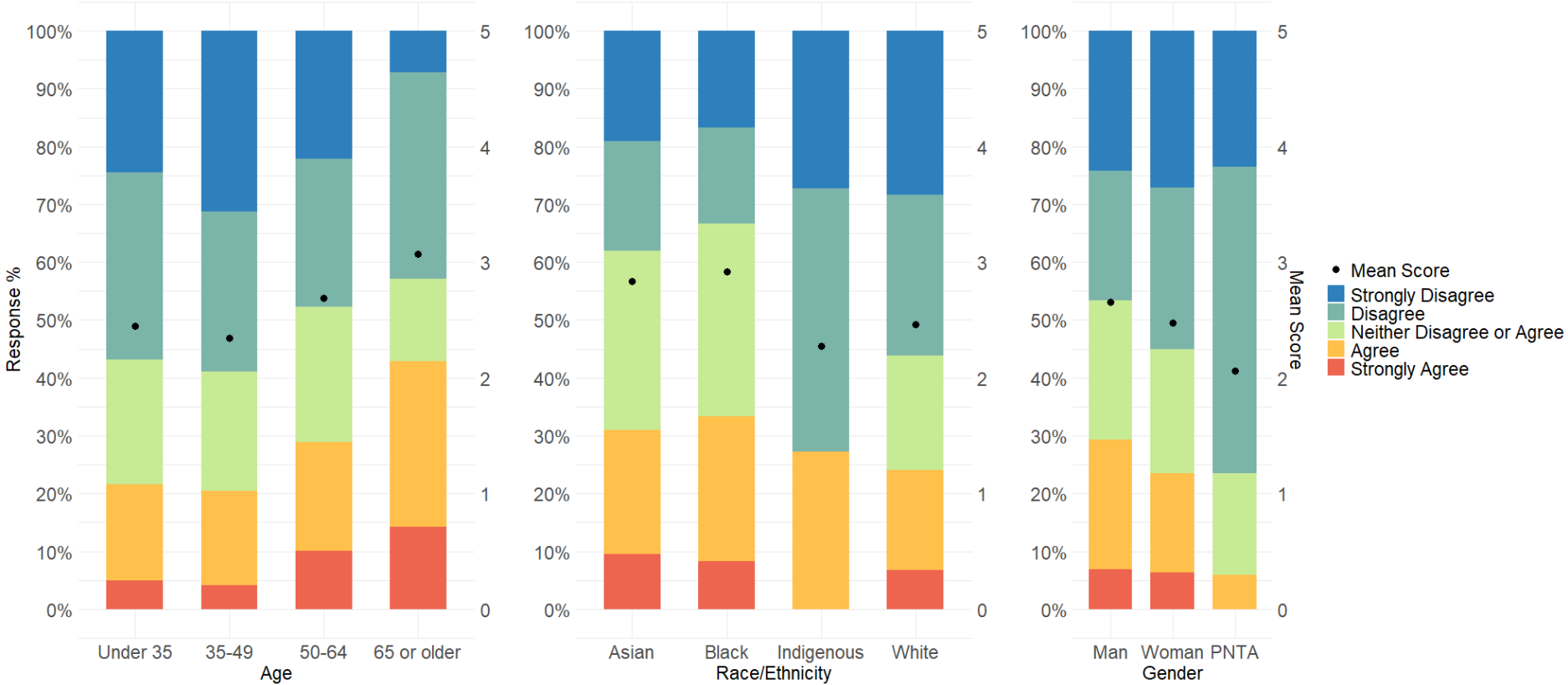
- Care coordination
- Workplace culture
- Autonomy
- Burnout/satisfaction
- Digital/virtual care

Other measures:

- ❖ Age group, Gender, Race/Ethnicity, Provider type, Workplace setting, Employment status, OHT Involvement

There are some variations in provider involvement in decision-making according to age, race/ethnicity and gender

I have opportunities to contribute to major strategic decisions (e.g., mergers, partnering)



There are some variations in provider burnout according to age, race/ethnicity and gender

Using your own definition of burnout, please select the statement that best describes your situation at work



Data based on 483 surveys from 5 OHTs (84% women; ~30% in each age (3% 65+); 85% white)

Some take-aways from these examples

- Considerable variation across OHTs in the distribution of their attributable population residing in areas of low to high material deprivation.
- Equity measures in patient surveys show some important issues related to social determinants of health and social isolation.
- Equity measures in provider surveys are less striking but smaller sample sizes means we still have relatively little information about non-white, and less represented genders.

Some take-aways from these examples

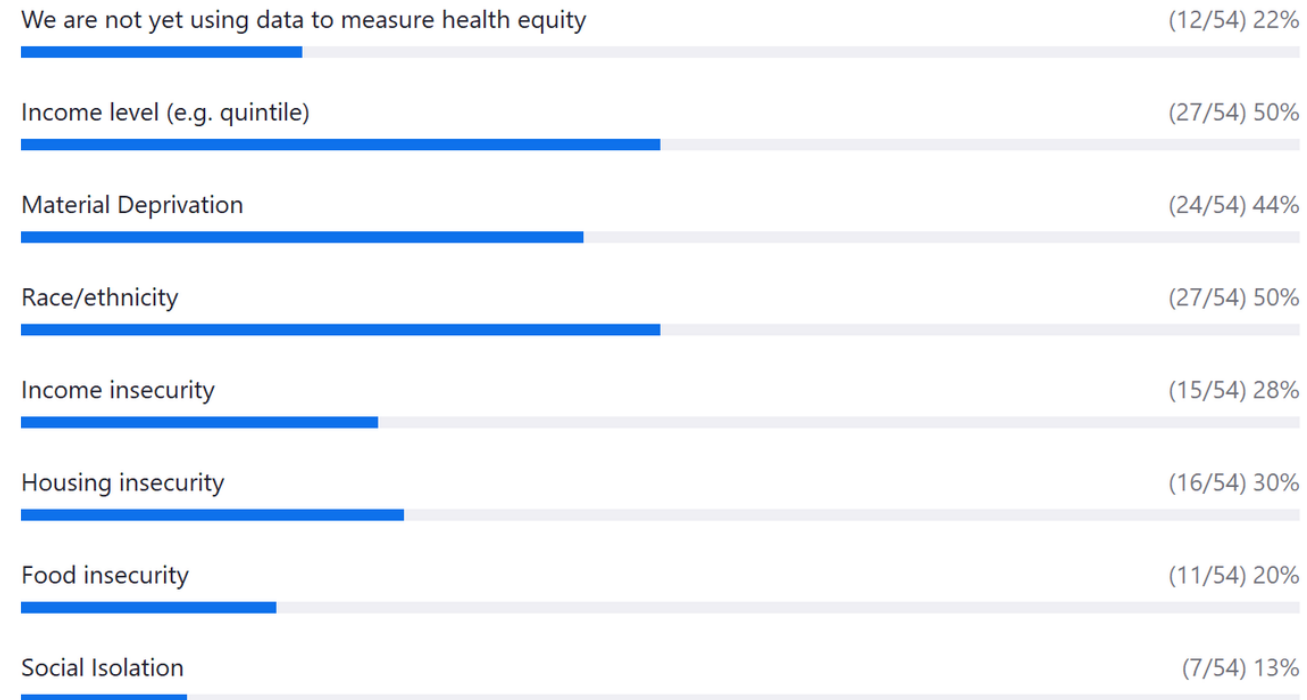
- Social Determinants of Health have a substantial and statistically significant relationship with Patient Reported Experience and Patient Reported Outcome Measures in the HSPN patient survey.
- Some proxy measures of appropriateness (e.g. ED first for MHA and Deaths in Hospital) have little association with area-level deprivation.
- Measures of health outcomes (e.g. premature mortality) have larger associations with area-level deprivation
- Health care cost is moderately/strongly related to area level deprivation.
- Provider experience has some but variable associations with individual socio-demographic measures.

Poll 4

Poll | 1 question | 54 of 134 (40%) participated

1. What dimensions are you using to assess equity?
[select all that apply] (Multiple Choice) *

54/54 (100%) answered



Key questions for our discussion

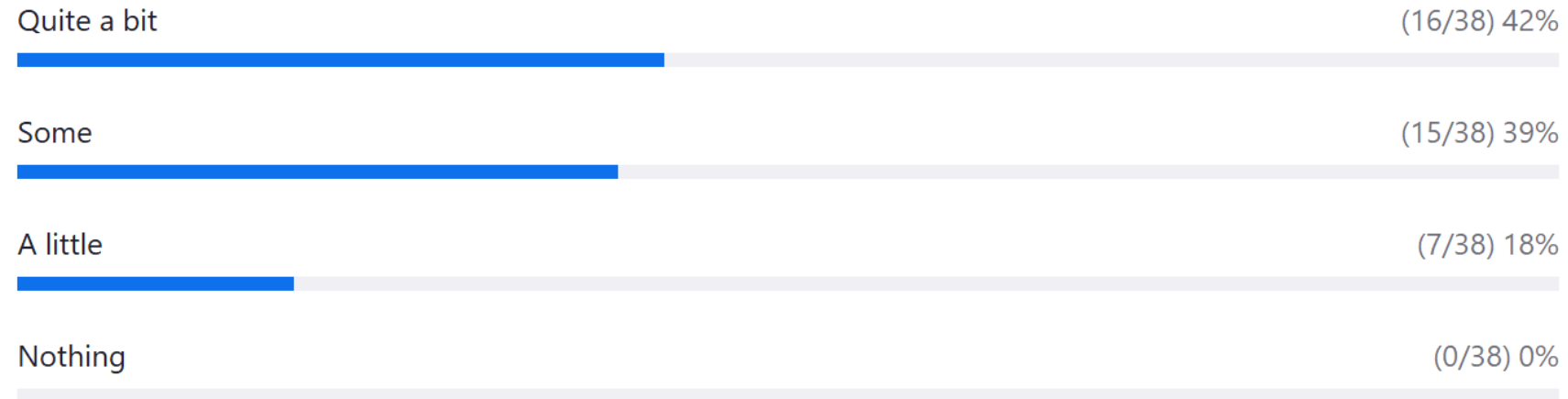
- Are you building capacity to measure and address equity?
HOW?
- Are you measuring equity? HOW?
- Have you designed interventions to address inequities in health? HOW?

Poll 5

Poll | 1 question | 38 of 100 (38%) participated

1. How much of today's information will you use to inform measurement in your OHT? (Single Choice) *

38/38 (100%) answered



Up Next

HSPN Webinar Series

- 4th Tuesday of the Month: 12:00 – 1:30pm

EQUITY SERIES

- May 23 - Building Capacity
- June 27 - Measuring Equity
- July 25 - Addressing Inequities

**Can you share some feedback?
Scan here ! (or click link in chat)**



THANK YOU!



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The Health System Performance Network



hspn.ca

Resources From the Chat

- [The Racial Equity in Healthcare Progress Report | Rush System](#)
 - [Report EGAP FINAL 3 \(blackhealthequity.ca\)](#)
- [Ontario Marginalization Index \(ON-Marg\) | Public Health Ontario](#)
- [The Development Model for Integrated Care: a validated tool for evaluation and development | Emerald Insight](#)
 - [Health Equity Guideline, 2018 \(gov.on.ca\)](#)