A Framework for Creating Health Equity

In the Toronto Central LHIN
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The Toronto Central LHIN Equity Context

A brief description of the Toronto Central LHIN

The Toronto Central LHIN was designated by the Ministry of Health & Long-Term Care to plan, integrate and fund local health services. In fiscal 2008/09 we fund nearly 200 unique health service providers that provide a variety of services, including a community care access centre, community health centres, community support services, hospitals, long-term care homes and mental health and addiction services.

An important aspect of what we do involves working with community residents and health service providers to ensure that our health care plans for the Toronto Central LHIN area make the best use of available resources and meet the needs of the communities served.

Communities served in the Toronto Central LHIN are diverse in every way. Here is a snapshot of our urban population:

Income disparity
Our LHIN is a study in contrasts with some of Ontario’s lowest income neighbourhoods and many of Ontario’s high income, high education neighbourhoods.

First home for recent immigrants and refugees
Residents come from over 200 countries and speak over 160 languages and dialects.

Socio-economic need that includes high rates of lone parent families, low income populations, people with low English language fluency, people with HIV/AIDS, youth unemployment and seniors living alone.

High concentration of people who are homeless including: psychiatric consumer survivors and people with serious mental illness.

Daily inflow of commuters—500,000 people travel in and out of the Toronto Central LHIN every day.

Why we are asking hospitals to focus on health equity

Health equity means ensuring equal opportunities for health for all. As the most socially diverse urban LHIN (for example: ethno-racial groups, women, LGBT, disabilities, seniors, mental health, homeless, HIV, children/youth etc.), we face enormous challenges in making this vision a reality. The health needs that go along with diversity are great, for example:

<table>
<thead>
<tr>
<th>Health Service Programs within the Toronto Central LHIN Mandate 2008/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Care Access Centres</td>
</tr>
<tr>
<td>Community Health Centres</td>
</tr>
<tr>
<td>Public Hospitals</td>
</tr>
<tr>
<td>Long Term Care Homes</td>
</tr>
<tr>
<td>Community Mental Health &amp; Addictions</td>
</tr>
<tr>
<td>Community Support Services</td>
</tr>
<tr>
<td>Assisted Living in Supportive Housing</td>
</tr>
<tr>
<td>Total Number of Funded Programs</td>
</tr>
<tr>
<td>Distinct Health Service Providers</td>
</tr>
<tr>
<td>* Some agencies provide multiple programs or have programs in more than one sector</td>
</tr>
</tbody>
</table>
- Diabetes is twice as high in low income versus high income neighbourhoods
- New immigrants are more likely to have cardiovascular disease because of language and other barriers to getting appropriate health care
- More low income people are living with pain and disability because they are receiving 60% fewer hip replacements than people with higher incomes

LHINs are accountable for improving the health care system. We will know we have been successful when everyone, particularly those in greatest need, has access to the right care, at the right time and in the right place.

The Toronto Central LHIN expects the providers we fund to be accountable for promoting equity. In the fall of 2007, the LHIN announced that hospitals would be submitting Health Equity Plans. The LHIN will also be requesting plans from community providers, in the future. The hospitals plans will provide an understanding of current priorities and actions toward reducing health inequity at individual hospitals and uncover themes and common activities across the hospital sector.

**How the Toronto Central LHIN will use these plans**

The Toronto Central LHIN and hospital members of the Hospital Collaborative on Marginalized Populations created this template for the health equity plans, collaboratively. The Toronto Central LHIN will conduct an internal review of the plans. The plans will provide important data to aid the LHIN in its role as health system manager. For example, the plans will help:

- Identify promising practices & potential areas for collaboration that could be promoted across the LHIN & among LHINs; particularly GTA partners with whom we share boundaries and patients/clients
- Develop performance indicators that will be incorporated into accountability agreements
- Guide community health service providers’ equity plans
- Identify LHIN-wide data support and analysis needs and opportunities
- Provide input into the refresh of the Integrated Health Service Plan (IHSP)

Equally important, it is anticipated that the creation and sharing of the results of these plans will further aid the hospitals in their collaborative efforts to address health equity. For example, the members of the Hospital Collaborative have pledged to share the plans and to use them to continue to build on current projects and identify other opportunities for integration.

**Toronto Central LHIN contact for more information:**

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The Hospital for Sick Children

The Hospital for Sick Children (SickKids) is a health-care community dedicated to improving the health of children. We strive to provide the best in family-centred, compassionate care, to lead in scientific and clinical advancement, and to prepare the next generation of leaders in child health. Improving the lives of children is the focus for all that we do. That was the promise made by Elizabeth McMaster when she opened this hospital in 1875. We re-confirm it everyday.

Our scope is provincial, national and international. This equity plan will focus on the needs of vulnerable children within the Toronto Central LHIN.

SickKids is uniquely positioned to change the global child health agenda, generate research, and create institutional knowledge that will help Canada become a leader in global child health and work towards eliminating health inequities both in Toronto and in the much broader environment. Since our establishment in 1875, SickKids has developed the reputation as the nucleus for international patient care, international health professional training, and global child health research. This reputation is a reflection of our impartial, scholarly, and collaborative approach. It is only through truly understanding the social determinants of health that an organization can begin to eliminate health inequities that exist for its patients.

Does your hospital have a health equity vision and if so, please describe how it aligns with the Toronto Central LHIN’s definition? If not, is there a plan to develop one?

The hospital’s current vision, mission and values, found below, encompass all aspects of health as it relates to children. We believe that health equity should be a lens through which we look when making all strategic and operational decisions. We are in the process of renewing the hospital’s strategic directions and validating our current vision, mission and values. This renewal will be informed by community engagements with key stakeholders. Our existing strategic directions have a strong focus on diversity and family centred care, cornerstones to delivering equitable services, and we will be advancing these strategies with an even more focused inclusion of health equity. To date, SickKids has released “SickKids Diversity in Action’ reports in 2007 and 2008 with the objectives to both raise the profile for diversity internally and externally and to educate staff around diversity issues.

The Hospital for Sick Children: Vision, Mission and Values

Vision
Healthier children. A better world.

Mission
As innovators in child health, we will lead and partner to improve the health of children through the integration of care, education and research:

Providing the best in complex and specialized health care for children;
Creating ground breaking scientific and clinical advancements;
Sharing our knowledge and expertise worldwide; and
Championing the development of an accessible, comprehensive and sustainable child health care system.

Values
Innovation...in creating, evaluating and disseminating new knowledge; in developing and implementing creative approaches for family-centered care, research and education; and in responding to the unique and changing needs of children and of the health care system.
Excellence... in compassionate family-centered care and service that embraces diversity; in management and decision making; in promoting teamwork and encouraging leadership; and in a safe and healthy environment.

Collaboration... in all our relationships; with families and children throughout the care process; building knowledge and capabilities across the health care system; and supporting transitions of care and service.

Integrity... in our commitment to accountability and transparency; in respect for all; in effective communication; and in our ethical practices.

Please outline your hospital’s access and equity priority areas. Through what process did your hospital select these? (E.g. those involved, environmental factors, community engagement, who took leadership, etc.)

In terms of health equity, SickKids involves a wide spectrum of professionals who address the needs of the vulnerable groups that we serve. It is known that recent immigrant, refugees, aboriginals, the mentally & physically challenged and visible minorities experience challenges regarding access to care. The hospital has specialized services dedicated to treating conditions associated with certain marginalized communities, for example 60-65% of patients in our HIV clinic come from Toronto’s Afro-Caribbean community. Our professionals are concerned with the overarching impact of poverty on care equity. These programs are detailed throughout this document.

As a public hospital, operating under the Ontario’s Public Hospitals Act, we are committed to achieving health equity and to ensuring access to care for all children in our broad community, regardless of race, religion, language, or socio-economic status. As is the case with all public hospitals working with finite resources, SickKids is committed to the responsible use of our resources to address the range of needs that patients and families have that may serve as obstacles to care and recovery. When prioritizing care the guiding principles are the urgency of need and the acuity of illness1.

SickKids Priority Areas

Poverty

High-poverty neighbourhoods constitute 25% of the total number of neighbourhoods in Toronto and contain 35 to 40% of all children. Here at SickKids children from high-poverty neighbourhoods constitute the majority of our patients however we define them. According to research conducted by Dr. Ted McNeill, Director of Social Work and Child Life at SickKids, children from high-poverty neighbourhoods make up:

- 56 per cent of our admissions from Toronto
- 7.6 versus 6.0 average length of stay
- 62 per cent of total length of stay
- 63 per cent of total weighted cases
- 2.0 versus 1.5 resource intensity weighting
- 64 per cent of unplanned re-admissions (between eight to 28 days)
- 50 per cent of clinic visits
- 60 per cent of missed clinic appointments
- 65 per cent of deaths

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1 SickKids’ Statement on Access to Treatment 2002
The World Health Organization states “The poorest of the poor have high levels of illness and premature mortality. But poor health is not confined to those worst off. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.”\(^2\) Our data clearly shows that the poor are experiencing worse health outcomes compared to the rest of the population that we serve, and has influenced the way we plan and execute our strategic directions.

**Diversity**

In 2004, an interprofessional team was charged with developing a Diversity Strategy for SickKids. This strategy was informed by community engagement of many of SickKids partners including: the families we serve, other health care organizations, the government, community stakeholders, and of course our diverse workforce. The comprehensive strategy was used as a framework for the Diversity in Action Initiative that was launched in 2006. The initiative focused on implementing the identified strategies with the goals on ensuring access to equitable care, enhancing patient satisfaction, and creating greater community collaboration. For our staff a focus of healthy workplace and pride of leadership was aspired to.

**New Immigrants**

Toronto is the destination of choice for 45.7% of all new immigrants to Canada\(^3\). As the major children’s hospital serving Toronto, many children of immigrant families are referred for care at SickKids. The presence of a childhood illness or health condition can be a very stressful experience for children and families and when coupled with the stresses associated with settling in a new country can be overwhelming. Research indicates that the health of immigrant children is at significant risk in Ontario. This health risks can be somewhat attributed to poverty for new immigrant families Rates of LICO-BT family poverty among two-parent families in 2000 range from between 5% for European groups to 29% for Arabic and West Asian groups; rates of family poverty among female lone-parent families range from between 26% for European groups and 65% for African groups.\(^4\)

SickKids is ideally situated to make a significant contribution to the health and well-being of children from immigrant families and there is a unique opportunity to strengthen our capacity to support these children and families to ensure a better future. Reducing health disparities among children is critical, both for those children whose opportunities in life might otherwise be compromised, and for Canadian society, which has a responsibility to nurture a social environment where children can grow up healthy and realize their potential by achieving academic success, economic independence and engaging constructively with others as adult citizens. It is a matter of fairness and social justice that every child has the opportunity for healthy growth and development and many of the programs outlined in this document will help to ensure this important outcome.

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\(^4\) “Greater Trouble in Greater Toronto – Child poverty in the GTA” ( Report - Children’s Aid Society of Toronto - December 2008 )
**Complex Chronic Care**

Children with complex health needs are a vulnerable and growing group of children. Imagine caring for a child who has eight different medical problems, is treated by eight distinct sub-specialists, requires home care, has school issues and falls sick continuously. For parents and caregivers of children with medically complex conditions, this is life. These children are a diverse group with diagnostic conditions that are individually rare but collectively relatively common. Children who are medically complex have multiple health needs, requiring multiple services from multiple sectors in multiple locations. Care coordination for this population of children is challenging and if not optimized can lead to poor child- and family-centred health outcomes.

Across North America, estimates reveal that 12% of the total paediatric population has some degree of special health care needs and approximately 6,000 Ontario children are considered technologically dependent and/or medically fragile. While accounting for only 12% of the paediatric population, children with special health care needs consume 80% of all pediatric health expenses and those that are medically complex consume 56 times as many health resources as healthy children and are at much higher risk of repeated acute and critical care hospitalizations, medical errors and poor care coordination.

In terms of chronic conditions, interesting trends have developed which are resulting in a shift in disease burden from the acute disease mix of recent years to the increasing chronic disease mix of the present and future. The figure below shows the alarming statistics around mean age at death for many congenital anomalies (CA). For example, in 1960 the mean age of death for a child with congenital heart disease (CHD) was roughly eight years of age, this number jumped to roughly thirty seven years of age in 2003. Obviously the differences between an eight year old and a thirty five year old do not need to be mentioned. However, more than 85% of children born today with chronic medical conditions will live to adulthood, and many will transfer from the paediatric healthcare system to the adult system.

Models of care need to be changed as to the best way to support complex patients and families. When equity factors compound the already difficult navigation for these children and adults, they can easily experience “health care drop-out” and experience much poorer health outcomes as their

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7 R. Wilkens, Health Canada, 2007
8 Graham J. Reid, PhD, M. Jane Irvine, PhD, Brian W. McCrindle, MD, Renee Sananes, PhD, Paul G. Ritvo, PhD Samuel C. Siu, MD and Gary D. Webb, MD (2006) Prevalence and Correlates of Successful Transfer From Pediatric to Adult Health Care Among a Cohort of Young Adults With Complex Congenital Heart Defects. *PEDIATRICS* Vol. 113 No. 3 March 2004, pp. e197-e205
diseases go unmanaged. ‘Health-care drop-out’ can lead to increases in illness states and relapses, increases in ER visits and hospitalization and poor overall health outcomes which may include early death.

Strides have been made at SickKids to alleviate inequities in care, with many of the programs, projects, policies, and personal contributions outlined in this document. Having said this, there is still much work to be done to address health equity issues as they evolve and emerge. SickKids is well positioned to address these issues with the infrastructure we have developed and our approach to health equity as a strategic driver. There are many opportunities that we have taken to collaborate with our community partners to ensure that health equity issues are addressed using a systems approach, and we look forward to future collaborations and a more focused approach on the measurement of these efforts to show with data how we are achieving our vision of Healthier Children. A Better World.
**Section 1: Access, Priority Setting and Planning**

1a) How do your hospital utilization patterns compare to the profile of who lives in your catchment? (If your catchment is undefined, where do the majority of your patients/clients come from?) Please indicate data sources.

Due to the nature of services provided at SickKids, the hospital considers all of Toronto’s youth to be in its catchment area. According to the Statistics Canada website, the 2006 national survey determined that there are 5,113,150 people living in Toronto; of those roughly 1,289,875 are between the ages of 0-19. However, there are a disproportionate number of patients admitted to SickKids who live in the economically disadvantaged areas of Toronto.

As this data is so crucial to understanding our patient population, we will reiterate it. Children from families that live in high poverty neighborhoods (i.e., >26% of families falling below the Stats Canada Low Income cut Off - LICO) constitute 56% of admissions, 62% of total length of stay (i.e., average 7.6 days versus 6.0 days LOS), 63% of total weighted cases and 60% of missed clinic visits, 64% of unplanned re-admissions (7 – 28 days) and 65% of all deaths. These data are particularly significant because children from high poverty neighbourhoods constitute approximately 25% of Toronto’s total neighbourhoods (but may include up to 40 – 45% of all children in Toronto).9

Additionally, SickKids receives numerous acute cases from throughout Ontario and across Canada. Moreover, the International Patient Office receives over 1,200 inquiries for treatment per year and facilitates the care delivery of approximately 500 international patients10.

1b) What major inequities exist in regards to the social determinants of health among your patient/client populations? Please indicate data sources.

A National Academies11 report of 2005, suggested that “children’s health” should be defined as the extent to which children are able to, or enabled to:

- develop and realize their potential
- satisfy their needs, and
- develop the capacities that allow them to interact successfully with their biological, physical and social environments.

A clear recognition has emerged that the solution to many health problems lies in addressing their root causes – the health determinants - many of which are outside the direct control of the health sector. This means it is necessary to integrate effective health dimensions into other sectors such as education, health promotion and social services, in cross-sectoral policies. For example, poor housing, poor nutrition habits, and pollution all expose children to health risks. It is clear that the social determinants of health contribute to less than optimal health outcomes and health inequity for some children. The most influential of the social determinants of health is poverty

Children from the lowest 20% of incomes always demonstrate significantly lower functional health levels than any other income bracket12. Social stratification leads to those living at the bottom to be exposed to difficult living conditions resulting in a greater incidence of disease,

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9 Dr. Ted McNeill, Director of Social Work and Child Life at SickKids
10 SickKids Diversity in Action report (2007), pg 16
11 Children's Health, the Nation's Wealth: Assessing and Improving Child Health. Ambulatory Pediatrics, Volume 5, Issue 3, Pages 131-133 R. Stein
12 Raphael, Dennis. Implication of the Social Determinants of Health for Paediatric Practice presented at SickKids on September 19, 2008
injury and other health related problems which can manifest themselves in the form of other social consequences\textsuperscript{13}. Additionally, poverty contributes to parental depression and its consequences hugely influence the management of a child’s disease. Moreover, the implications of poverty have the potential to exacerbate problems like social exclusion, racism, community safety and household violence. SickKids’ agrees with the Toronto Central LHIN Health Equity Strategy that, “the roots of health disparity lie far beyond the health system in wider social and economic inequity... but a great deal can be done within the healthcare system to address the harsh impact of overall disparities and enhance the wellbeing of even the most disadvantaged,\textsuperscript{14}” and SickKids needs to have programs in place to address obstacles to care and to mitigate the effects that poverty can have on overall health outcomes. See attached Table.

Table 1: Profile of SickKids utilization for children from high poverty versus other neighbourhoods in Toronto.

<table>
<thead>
<tr>
<th>SickKids Service Description</th>
<th>High Poverty Neighbourhood (150)</th>
<th>Toronto Other Neighbourhood (380)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Length of Stay</td>
<td>Average Length of Stay</td>
</tr>
<tr>
<td>ADOLESCENT ICU</td>
<td>10</td>
<td>5.86</td>
</tr>
<tr>
<td>Pediatric Cardiology</td>
<td>151</td>
<td>1460</td>
</tr>
<tr>
<td>Pediatric Endocrinology and Metabolism</td>
<td>38</td>
<td>61</td>
</tr>
<tr>
<td>Pediatric Gastro-enteritis</td>
<td>75</td>
<td>1289</td>
</tr>
<tr>
<td>Pediatric Haematology</td>
<td>53</td>
<td>630</td>
</tr>
<tr>
<td>Pediatric Neurology</td>
<td>82</td>
<td>314</td>
</tr>
<tr>
<td>Pediatric Oncology</td>
<td>48</td>
<td>472</td>
</tr>
<tr>
<td>Pediatric Rheumatology</td>
<td>50</td>
<td>267</td>
</tr>
<tr>
<td>Pediatric Vascular Surgery</td>
<td>97</td>
<td>214</td>
</tr>
<tr>
<td>Pediatric Neurosurgery</td>
<td>10</td>
<td>626</td>
</tr>
<tr>
<td>Pediatric Orthopedic Surgery</td>
<td>208</td>
<td>895</td>
</tr>
<tr>
<td>Pediatric Plastic Surgery</td>
<td>146</td>
<td>417</td>
</tr>
<tr>
<td>Pediatric Urology</td>
<td>10</td>
<td>184</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>79</td>
<td>13</td>
</tr>
<tr>
<td>Pediatric Otolaryngology</td>
<td>191</td>
<td>361</td>
</tr>
<tr>
<td>Pediatric Ophthalmology</td>
<td>17</td>
<td>33</td>
</tr>
<tr>
<td>Pediatric Psychosurgery</td>
<td>10</td>
<td>520</td>
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<tr>
<td>Pediatric Hematology</td>
<td>223</td>
<td>2242</td>
</tr>
<tr>
<td>Neonatal-Perinatal Medicine</td>
<td>124</td>
<td>252</td>
</tr>
<tr>
<td>CRITICAL CARE DOCTOR</td>
<td>16</td>
<td>65</td>
</tr>
</tbody>
</table>

| Grand Total                | 2744 | 2532 | 7.8 | 6381 | 2.05 | 2286 | 12335 | 4.8 | 315 | 1.99 |

\textsuperscript{13} Ibid.
\textsuperscript{14} Gardner, Bob. \textit{Health Equity Discussion Paper Executive Summary}. Toronto Central LHIN, (July, 2008)

1c) Are there any specific health equity gaps and challenges that require greater attention at your hospital?

As is the case with other hospitals, SickKids does not have an effective system for gathering demographic data about the patients and families served through the hospital. We are in the process of reviewing the appropriate tools to incorporate into our admission data gathering software. We believe gathering of specific demographic data is essential to inform us of disease trends in vulnerable populations, therefore, reducing the challenge of monitoring health outcomes for these particular groups. Vulnerable groups would include Aboriginal children, visible minorities, new immigrants and refugees, single parents, street youth, etc. Acquiring data around country of birth, ethnicity, native language, at admission, would be ideal to both truly understand the needs of the vulnerable populations we serve and to create strategies to offer proactive health care advice and guidance to try and empower these vulnerable individuals. Given the international demographics that exist in our LHIN, SickKids sees many
new immigrant children, generally these children present with unique problems that may be medical, psychosocial, socio-economic or cultural. In 2006/2007 there were 409 unique refugee patients served and they visited SickKids 889 times.

<table>
<thead>
<tr>
<th>Visit Type</th>
<th># of Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMIT</td>
<td>39</td>
</tr>
<tr>
<td>EMERG</td>
<td>238</td>
</tr>
<tr>
<td>CLINIC</td>
<td>599</td>
</tr>
<tr>
<td>DSURG</td>
<td>13</td>
</tr>
<tr>
<td>Total Visits</td>
<td>889</td>
</tr>
</tbody>
</table>

One of the realities we are facing in today’s economic climate is a significant reduced capacity for families (specifically outpatients) to absorb the costs of caring for very ill or chronically ill children. With increasingly expensive drug therapies, and costly accommodations for children with disabilities, expenses are escalating to the point that they are often outside the reach of families. We are being asked more and more to shoulder this burden, and although we have some mechanisms to provide for some incremental necessities, through the patient amenities fund as detailed further in this report, there is still a great need for financial support for these families.

Additionally, although research into health equity gaps is ongoing at SickKids, and discussed later in this proposal, further resources are required to address the areas of Child Health, Health Disparities, Socioeconomic Status and Health, Economics of the Family, Data Quality and Measurement in Social Science and Public Health Research.

One initiative currently being implemented is an analysis of those patients who do not show up for clinic appointments and then linking this data to the Poverty by Postal Code work that has been done in collaboration with the United Way. The results of this comparison could be indicative and inform us of any trends in the association of missed clinic visits and poor families in Toronto and its surrounding neighbourhoods.

**Section 2: Promising Practices**

2a) Please briefly describe a maximum of 5 current hospital initiatives that help to improve access to health services by underserved or underrepresented populations?

Which population do they target and/or which access barrier do they seek to remove?

In what ways is success being measured and what outcomes yielded as a result? Please provide samples of related documents if any.

1. **Visiting Dietician Program:** SickKids has a diverse and complex patient population; many who need intense nutritional therapy post-discharge. A large proportion of medically complex children have elevated nutritional requirements that are complicated by fluid restriction, malabsorption, electrolyte imbalance, and food intolerance. Highly specialized pediatric nutritional care in the community is required but seldom available. In this program, children initially receive eight home visits by a dedicated SickKids “Link” dietitian. This dietitian completes a nutritional assessment and works with families to develop care plans, in collaboration with SickKids staff. If goals are not met, visits can be added. When goals are achieved, children are discharged from the program. Currently 28 children are represented on the visiting dietitian’s caseload. It should be noted that the majority of
families visited in this program represent members of marginalized communities in the GTA. Based on an ongoing program evaluation, the benefits to date of this program are as follows:

- More rapid integration back into their community for patients
- The same level of nutritional care and support at home as in hospital for patients
- Improved nutritional outcomes for children post discharge
- Enhanced communication and learning for both CCAC dieticians and SickKids health service providers recognizing a new awareness of the challenges faced by families upon discharge and resources available
- Promotes collaboration and avoids duplication of effort

2. **Patient Amenities Fund:** Poverty is a key barrier to achieving health equity for children. Consequently, in order to mitigate financial barriers to care and recovery, the hospital partnered with the SickKids Foundation to create an essential financial resource for low income families and those living in poverty. The Patient Amenities Fund is a composite fund which is administered through the Department of Social Work and encompasses financial supports, including the Parent’s Personal Services and the MultiOrgan Transplant Fund. These funds are used to assist low income families and those living in poverty to purchase medications, assist with travel costs, temporary accommodation while in Toronto, meals, medical equipment etc. In the last fiscal year, 940 families were assisted and a total of $204,449.00 was administered to assist these families. In the current fiscal year, we are forecasting an increase in the number of families facing financial hardships that impact their child’s care and have been working with donors and the SickKids Foundation to respond to these needs. In recent years a special fund, the Unforgetables Fund, was created by a committed group of physicians and others in the community to ensure low income families are able to provide a funeral for their child in the event of his/her death. The hospital has also partnered with the Canadian Cancer Society and the Paediatric Oncology Group of Ontario to administer funds raised by these groups to cancer patients cared for at SickKids.

3. **NICU Research Study:** Immigrant families tend to face challenges that the average Canadian born family does not face; including language barriers, little to no support network etc. SickKids recognizes this fact and in 2008 the NICU team was engaged in a research study examining cross-cultural healthcare within a neonatal setting. The purpose of which was to improve our understanding of the experiences of immigrant families and their health care providers in the delivery of health care services. The research proposal underwent scientific review and received ethics board approval. Results are pending.

4. **Pro Bono Lawyer Program:** An exciting new program that is a part of a partnership with Pro Bono Law Ontario will see the introduction this spring of a Family Health Legal Program which will include an on-site lawyer to enable low income families the resources to address legal issues that may be an obstacle or barrier to care. This program will comprise three key components: 1) education to health care professionals about legal issues that may impact child health, 2) services of a triage lawyer to assist children and families or connect them with pro bono legal services in their home community, 3) systemic advocacy to promote social justice.

5. **The Norm Saunders Initiative in Complex Care:** The Department of Paediatric Medicine at SickKids recognizes the gaps that exist in our present system and have created a complex

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15 Data from Debbie O’Connor (Interview conducted Sept. 18, 2008)
16 SickKids Diversity in Action report (2007), pg 12
The innovations that this program provides include:

1) A specialized inpatient team run by a nurse practitioner and a physician experienced in the delivery of complex care.

2) A Written Care Plan (electronic document) that functions as a medical passport for the child, so that all health care practitioners involved in the child’s care are kept ‘in the loop’ of what the child needs- this is especially helpful when English is not a first language. The usefulness of these care plans from a parent, patient and health care provider perspective is currently being investigated by our team.

3) A real and a virtual Complex Care Clinic which provides and coordinates care from a holistic perspective for this population and makes paediatricians and nurse practitioners accessible to parents outside of the hospital setting should they be needed. Families can call or email clinicians and get rapid answers to their questions and concerns. This program helps to ensure continuity in treatment, prevent crises and reduce the need for hospitalization and emergency room visits.

A recent study was completed by our team to evaluate the impact of a nurse practitioner/hospitalist-run complex care clinic in a tertiary care hospital on health care utilization, parental and primary care provider perceptions of care and parental quality of life. The study demonstrated that this kind of clinic can improve efficiency of resource utilization, parental and health care provider satisfaction with hospital-based care, and quality of life for parents of medically complex children.

In addition to the SickKids site we have developed a new intervention that is aimed at providing integrated community-based care coordination in collaboration with our tertiary care children’s hospital to provide complex care clinics to medically complex children in their own community. We have partnered with two regional centres (William Osler Health Centre in Brampton and Soldier’s Memorial Hospital in Orillia) to evaluate this model.

### 2b) Are there hospital based initiatives that address the social determinants of health identified in 1b? Please describe briefly.

**Social Paediatrics Program**

This new and unique field of pediatrics developing at SickKids focuses on the care for the disadvantaged, socially excluded child/youth and family. Recognizing that science is not enough to create health, this care is informed by the Social Determinants of Health, the new neuroscience of experience-based brain development and the U.N. Convention on the Rights of the Child (UNCRC). This unique program has developed due to the following three factors:

1) **We cannot successfully treat these kids, despite our knowledge.**
   Our specialists here are “experiencing limitations” in providing care; specialists in diabetes, critical care, nephrology, neurology, and others are finding that the socioeconomic and chaotic circumstances at home prevent the proper care from happening e.g. families are not able to buy preventive meds (e.g. $200/mo. for asthma), give meds regularly (e.g. insulin, asthma), provide special diets (e.g. diets low in salt, protein cannot be obtained at the Food Banks or within their budgets), keep appointments (e.g. unpaid if work missed, expensive/lengthy travel time (e.g. 1
2) The diseases are occurring because they are poor.
A recent report in the Canadian Pediatric Society Journal from Toronto’s Chief Medical Officer of Health (Gupta, PCH Oct. 2007) catalogued the following increased occurrence of conditions which coincidentally are all seen here:

**Infant mortality rate:** Toronto: 70% increased risk (1996-1998)
   - Lowest income neighbourhoods: 7.3/1000
   - Highest income neighbourhoods: 4.2/1000

**Low birth weight:** 40% increased risk (7% vs. 4.9%)

**Asthma** strong socioeconomic component

**Overweight and obesity**
- In 2-11 yr olds 25% vs. 16% (NLSCY 1998-99)
- In 5-17 yr olds 35% vs. 24% (NLSCY 2000-01)

**Injuries** intentional and unintentional
- 2.5 X risk of injury and 4.5 X risk of death due to injury

**Children’s Mental Health**
- Aggression: age 4-11 40% vs. 25% (NLSCY)
- Emotional disorder-anxiety 12% vs. 7%
- High hyperactivity scores: 20% vs. 12%
- ***Deep Poverty (> 75% below median): highest rates conduct disorders, hyperactivity and emotional disorders

**Functional Health** low functional health 4-11 yr. 2.5 X risk; also extra financial pressures in special needs children exacerbate needs

3) These early “Life Trajectories” also point to an unnecessarily unhealthy adulthood

Poor children are at risk of adult physical and mental/depression disability and premature death through the mechanisms of poverty, school problems, and teen pregnancy, etc. Further, low birth weight is linked to adult cardiovascular disease, diabetes, hypertension, obstructive lung disease, high cholesterol, renal damage; obesity to asthma, diabetes, diabetes, hypertension, heart disease; family issues to later emotional problems.

**Social Paediatrics Resident Activity/Projects**
The following list describes some of the current and planned projects that the social paediatric residents are focusing on:
- Continuity and chart review research
- Housing and food security survey
- Ontario early years centre/best start
- Vans as a mode of provision for health care
- Outliers of success in impoverished neighborhoods with Toronto Public Health
- Celebrating the 19th Anniversary of UN Convention on Rights of Child
- Initiating Aboriginal grand rounds

**Social Responsibility for Paediatricians**
The hospital is providing a series on Social Responsibility that has been arranged for trainees in Paediatrics as part of their academic half day. This series takes the form of an interview setting with one of the chief residents and the Chair of the Department of Paediatrics interviewing the individual. This is followed by an open Q&A session that will deal with the following topics:
1. Medicine and the Media
2. Prioritizing in Health Care
3. The Doctor and the Drug Company
4. Pitfalls in Practice

**Interpreter Services**

For the past 35 years, SickKids has had an interpreter service system that translates appointment information and treatment conversations between family and clinical team members. In order to ensure that language assistance is available, our coverage is provided through a tri-model approach which utilizes a combination of (i) staff Medical Interpreters, (ii) Contracted Interpreters, and (iii) Language Line telephone interpretation for time-sensitive needs, very short conversations (such as to confirm an appointment), situation in which we are not able to find an interpreter for a specific (and usually rare) language, and outside regular business hours when in-person interpreters are not available. The current Interpreter Services team consists of five Medical Interpreters and two Intake Language Coordinators who arrange for all the coverage provided by contracted interpreters.

**Translation of Hospital Written Material and Forms**

Lack of English proficiency is a significant obstacle to achieving health equity. SickKids is in the process of a significant translation project that will see:

1. Language translation of access and consent documents and forty-four core patient health education articles into Chinese, French, Tamil, Spanish, Portuguese, Punjabi, Vietnamese and Arabic.
2. The creation of PDF and audio files for the top 300 basic patient health education documents in English, French, Mandarin, Cantonese, Spanish, Arabic, Vietnamese, Tamil
3. The translation of AboutKidsHealth.ca into French and Chinese. This involves translating nearly 1.7 million words, captioning over 200 minutes of narrated animations, and captioning and labeling all medical illustrations and interactive features.

This project will reduce barriers to access of appropriate child health services, enhance understanding of the health care system and its utilization, increase compliance amongst newcomers in regards to medical treatment protocols for both acute and chronic conditions, enhance child health outcomes and reduce school and work absenteeism as a result of improved child health.

**Our Interprofessional Approach to Care**

At Sick Kids, interprofessional teams of health care providers develop expertise in delivering health care using a family centred care framework considering the diversity of the populations served within the hospital. The goal of the Sick Kids Collaborative Model of Family-Centred Care is to establish and foster relationships based upon interdependence, mutual respect and mutual satisfaction. The Model of Care acknowledges and builds on the strengths of children and families. Families and health care professionals work together to plan, provide and evaluate care. These interprofessional teams consist of physicians, nurse practitioners, nurses, social workers, and many other health care professionals who have an important role in working directly with marginalized populations to identify potential obstacles to care and to address circumstances in their social environment that may have an adverse impact on a child’s recovery. The team advocates for families who require additional support and partner with community resources to directly ameliorate the adverse impact of the social determinants of health.
**Diversity in Action Committee**

A key resource is our Diversity In Action committee which has taken a leadership role in raising awareness about diversity issues within the hospital. In 2008 an educational website ([www.sickkids.ca/diversityinaction](http://www.sickkids.ca/diversityinaction)) was launched for staff and families. The website deals with numerous issues surrounding diversity and has assembled tools to assist staff in developing competency by dealing with preconceived notions, appreciate similarities and differences between cultures, identify tensions, and come to a deeper understanding in order to advance social change. Moreover, as part of our planned New Immigrant Support Network program, a *Cultural Competence Education for Healthcare Professionals* regimen will be implemented over the next four years to ensure that ALL SickKids staff are given the tools to become culturally competent.

**Drug System Secretariat Advocacy Initiative**

In November 2005 SickKids submitted to the Drug System Secretariat a document consisting of recommendations for how the funding system could be enhanced to make it easier for sick children to get access to the medications they need. While not all the recommendations can be said to specifically address the social determinants of health, it can be logically deduced that many of them, if implemented, would serve to mitigate the impact of poverty on health outcomes. The recommendations and any related outcomes are as follows;

**Ontario Drug Benefit Program:**

- That the Ontario government consider creating a Paediatric Drug Benefit Program to cover the cost of medications for ALL children with chronic and recurrent diseases;
- That the ODB Formulary be expanded to address the special needs of children. SickKids indicated our willingness to assist with the review of the ODB Formulary; resulting in some changes in coverage being made but more are needed;
- That pharmaceutical manufacturers be asked to consider the needs of children as a specific component of their formulary submissions to the Drug Quality and Therapeutics Committee (DQTC);
- That DQTC membership include representation from the paediatric community to ensure ongoing consideration of the pharmacare needs of children

**Section 8 Process:**

- That a paediatric sub-committee of the DQTC undertake a review of Section 8 requests to identify and address those items which are submitted repeatedly on behalf of children, so that these products are added to the Formulary as Limited Use Paediatric Indications;
- That a fast-track process with clear expectations for turnaround times be established for Section 8 requests from acute care facilities;
- That all approvals received be retroactive to the date of the request or the date treatment started, whichever is the later;
- That an appeals/review process be developed for the coverage of drugs that are not marketed in Canada (i.e., drugs obtained through Health Canada’s Special Access Program) so that extraordinary circumstances are taken into consideration for the treatment needs of children;
- A new section 8 process was introduced - not specifically addressing paediatric issues;

Trillium Drug Program:
- That the Trillium Drug Program be reviewed to ensure that more people know about the Program and that the process of accessing the Program be simplified

Special Drugs Program:
- That the medications currently provided through the Special Drugs Program be integrated into the Ontario Drug Benefit Program, perhaps through a Paediatric Limited Use category;
- That a process be developed to ensure the listed medications continuously reflect current best treatment practices and cost-effective choices;

Medications for Rare Diseases
- That a model similar to that used by the Gaucher Review Committee be adopted to manage the review and approval process for the use of highly expensive biotech enzymes for metabolic diseases;
- That pharmaceutical manufacturers are required to partner with government to provide infrastructure support to establish patient registries for the tracking of clinical outcomes, as a condition of funding.
- There is a new national/provincial funding program for enzyme replacement therapies, managed by UHN, which employs some of these ideas, more work still needs to be done.

Enhancing Understanding of Community Health Resources

The ‘Community Health Systems Resource Group’ (CHSRG), a SickKids research team, strives to improve child and family health by coordinating dedicated health systems scientists conducting research in many areas important to the well-being and mental health of children. This is done using an innovative model that is distinct among paediatric health care centres, in that CHSRG partners with community organizations to develop and conduct research and then shares the results to improve the health and well-being of the world’s children.

Some examples of CHSRG results:
- “Hearing Voices: The Utilization of Qualitative Research in Early Psychosis” was held on October 15th, 2007. The symposium highlighted international qualitative research that reveals the voice of young people affected by psychosis, their families and the practitioners who served them.
- “Improving the prevention of eating-related disorders: Collaborative research, advocacy and policy change”. This symposium focused on Promoting Positive Body Image

Upcoming Events
- “Marginalized Youth and Contemporary Educational Contexts” which is a part of a series of events focusing on collaborative community research as a systemic approach to changing front-line practice. This event will take place on May 13th, 2009.
- The “Child/Youth Identity, Health and Wellbeing” symposium will bring together leading international experts in three fields of research: identity and diversity; migration and resettlement; child/youth health and wellbeing. Our aim is to collectively: explore and synthesize key findings regarding the linkages between identity processes, resettlement dynamics, and child and youth health/wellbeing; identify current research gaps in this area; and develop collaborative research and knowledge transfer initiatives. Sub-populations of particular interest include: immigrant/refugee, war-affected, ethno-cultural, visible minority, religious minority, and/or mixed heritage children and youth.

18 Ibid.
19 Data from Dr. Ross Heatherington (Interview conducted Sept. 23, 2008)
This symposium will be hosted on November 30th 2009 by Dr. Joanna Anneke Rummens.

In addition, other researchers from paediatrics, nursing, social work, psychology, dietetics, psychiatry, etc all conduct research to inform clinical practice and policy development related to eliminating negative health outcomes associated with the social determinants of health. This work is further evidenced in SickKids’ paediatric residency training’s focus on addressing the social determinants of health, our haematology and sickle cell clinics, obesity work in the Cardiology department, diabetes education and treatment initiatives and the recently enacted pro-bono law initiative that brings lawyers into the hospital to consult and refer families to free legal advice at Toronto area law centres.

**New Immigrant Support Network**

SickKids is also in the process of creating a multifaceted New Immigrant Support Network that, in addition to massive document translation and intensive case management components, will feature an in-depth education program that will see staff participate in several workshops geared towards reflection on personal beliefs and values as well as health care strategies for working more effectively with new immigrant patients and families. Proposals are underway to identify means to help these new immigrant families navigate the health care system across the community. (See section Citizenship and Immigration in response to 2c.)

**AboutKidsHealth**

www.aboutkidshealth.ca: A sophisticated online tool that provides families with reliable, current information about all areas influencing child health and family quality of life in an easy to understand format. Launched in 2004, the site contains an extensive collection of information on child development, common health problems, and health care, as well as regular expert columns, news, and features on the latest in child health research. The site also has a ‘Just for Kids’ section that has age-appropriate animations on many different health topics. Additionally, the site has recently launched a feature called “Ask Dr. Pat” which allows visitors to ask specific health related questions that can be answered by a paediatrician at the About Kids Health partner Hospital for Children in Halifax. All language on the website is written in an easy to understand form to facilitate equity in comprehension across the educational diversity spectrum. Grant funds have been secured to translate the ‘About Kids Health’ website into both French and Chinese. To ensure cultural sensitivity, physicians that are native language speakers of these dialects will be instrumental in these translations.

The website targets parents of children with complex diagnoses through the establishment of online resource centres for conditions like brain tumors or heart disease essentially forming an online textbook. It also targets families of typically developing children who want to improve their overall health outcomes or cannot find more specialized information in the reading material available to the general public (i.e., development of executive function, real risks of household cleaners). Additionally, the site targets children by providing information on complex conditions, disease management, puberty, health, tonsil removal etc in an animated narrated manner. The “How the Body Works” aspect, while designed for families, is also a valuable resource for professionals with its animated guides to anatomy and physiology.

The impact of this website has been measured by conducting several usability tests by focus groups who gave the initiative favorable ratings. Moreover, as it is an evidence-based resource, user numbers can be interpreted to indicate success. www.aboutkidshealth.ca has seen an 80% year-to-year increase, with roughly 1 million visits in the past 12 months. Currently it is receiving about 130,000 visitors per month from 450-500 different Canadian cities and 170 foreign
countries. Additionally, efficacy research is being conducted on two (soon to be three) additional resource centres related to teen transition, disease management and medical decision making for Scoliosis and Juvenile Idiopathic Diabetes.

**AboutKidsHealth Resource Centre:** For additional support, there is a physical space in the hospital called the AboutKidsHealth Resource Centre which provides families with information in plain language about treatments, supplies media (books, DVD’s, videos), supplies pamphlets and serves as a space for families to access the internet, make phone calls, send and receive faxes and conduct tele-conferences. Moreover, the AboutKidsHealth Resource Centre has special headphones and an UbiDuo type communication device for the hearing impaired. The centre also facilitates access to social workers and Interpreter services, public health nurses, family health units.

The AboutKidsHealth Resource Centre seeks to minimize the information access barrier that exists between families and staff by providing a forum and facility for family members to learn about a myriad of hospitalization related issues. An evaluation conducted in June 2008 ascertained from 26 completed surveys that 96% of those using the facility were parents or friends/relatives of parents or patients. Parents used the computers to access email, CarePages, (need to define) banking, keeping up with work related tasks and medical information searches. Most of the users accessed the services to research medical information on specific diseases and conditions online or by requesting an Information Search by a staff member or volunteer at the centre.

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2c) Describe specific partnerships, projects or activities that your hospital has undertaken with other organizations to address health equity, including those addressing the broader social determinants of health. Please include the names of those organizations and outcomes of the projects.

**United Way**

SickKids worked in conjunction with the United Way which produced the Poverty by Postal Code report to examine the role of poverty within the SickKids patient population from Toronto. The findings from this research were listed at the outset of this report. The United Way provided SickKids with the first three digits of the postal codes (i.e., the Forward Sorting Areas – FSA’s) associated with the high poverty neighbourhoods in Toronto. SickKids data were then mapped to the FSA’s to examine the profile of utilization of services by children from high poverty neighbourhoods.

As part of an advocacy effort to raise awareness about the relationship between poverty and child health, SickKids partnered with a number of community groups to produce a Poverty brochure. Partners included St. Michaels Hospital, Campaign 2000, and the Community Social Planning Council of Toronto recently published a brochure outlining the facts about Toronto’s child poverty situation and how poverty affects health outcomes for children. This publication was led by SickKids and supported by PedNig, the Ontario College of Family Physicians, Best Start/Meilleur Depart, the RNAO, the OPA, Dieticians of Canada, Health Providers Against Poverty, the Council of Medical Officers of Health and the Ontario Association of Social Workers.

**Toronto Central CCAC**

The aforementioned Visiting Dietician Program is a great example of a community partnership that works. There are a group of children who need dietitian services in the community, but because of their complex nature require the expertise of a tertiary care facility. SickKids, in partnership with the Toronto Central CCAC, has developed a program to ease transition from hospital to discharge/community care for these children. Referrals are made by in-hospital
staff, and sent to the Hospital Care Coordinators. Children receive up to 8 visits in 4 months, with the possibility of service extensions. Home visits are made by a SickKids dietician, who also attends in-hospital clinic visits with these children; acting as a “link” between the hospital and community. This “link” dietician completes a nutritional assessment and works with families to develop a care plan in collaboration with SickKids staff.

**SickKids Sunnybrook and Mount Sinai Very Low Birth Weight Study**

An example of a complex patient population at SickKids, is the approximately 8.2% of all Canadian infants are born preterm (< 37 weeks gestation) of which ~2,500 are born of very low birth weight (VLBW, <1500 grams). Technological advances (e.g. assisted ventilation, surfactant, antenatal corticosteroids) in the NICU have greatly enhanced the survival rate of VLBW and today > 90% survive initial hospitalization. However, a significant proportion of surviving VLBW infants have substantial neurological morbidity (~25%) and most show continued neurologic sequelae such as cognitive deficits, academic underachievement, grade failures and the need for remedial assistance at school.

Breastfeeding is the gold standard and strongly preferred method of feeding infants. Health Canada and the Canadian Pediatrics Society recommend mothers’ own milk as the exclusive source of milk for infants during their first 6 months of life. Despite these endorsements, many mothers of VLBW infants, for a variety of reasons such as illness, stress and other factors related to preterm birth, are unable to express adequate amounts of breast milk. A strong inverse relationship exists between the provision of human milk and maternal education and income. Hence VLBW infants born to families that are economically disadvantaged and less educated, are set up for the poorest neurodevelopmental outcome.

Given the plethora of recent data supporting the benefit of mothers’ own milk for VLBW infants, and evidence that PDM may confer many of the same benefits, a multi-disciplinary team of health care professionals from The Hospital for Sick Children, Mount Sinai Hospital and Sunnybrook Health Sciences Centre have come together to plan for the Ontario Human Milk Bank. Establishing this PDM bank will improve the outcome of all VBLW infants born in Ontario, and it will remove the inequity experienced by VLBW born to mothers’ least able to provide breast milk.

**Canadian Paediatric Hospitals**

[www.aboutkidshealth.ca](http://www.aboutkidshealth.ca) is in the process of integrating its online database into the websites of every major Canadian hospital. The database will continue to be hosted at SickKids. This initiative will create a standardized national library of child health information while involving the faculties of other facilities in the review and creation of content. The website has recently added a feature where visitors can ask questions of a paediatrician at IWK hospital in Halifax Nova Scotia

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Pro Bono Law Ontario

Family Health Legal Program (mentioned above) is a partnership with Pro Bono Law Ontario to provide legal services to children and their families when legal issues threaten to adversely impact a child’s health. The program has been piloted over the last year with great success and is about to be launched formally in the spring.

Citizenship and Immigration Canada

The New Immigrant Support Network is a hospital wide, multi-faceted proposal that will significantly improve the access to care experience for new immigrant patients and families. It involves a massive translation project, expanded staff education and cultural competence training, and broad scope advanced case management for high-risk families. This proposal is being developed in conjunction with the Federal Department of Citizenship and Immigration and is being championed at SickKids by Margaret Keatings and Jeff Mainland, Chief of Interprofessional Practice and VP of Corporate Strategy & Performance respectively.

Other Adult Hospitals

Good To Go Program - helps prepare SickKids patients with chronic diseases for the transition into the adult healthcare sphere in a smooth, transparent manner. The team deals with language issues, resource issues, adherence to medication regimens, stress management, navigating the healthcare system, talking to new doctors and general education as they prepare to enter a system that may not be adequately prepared for their arrival. The Good to Go program has numerous partnerships in place with other Toronto hospitals (Bloorview, PMH, TGH, St. Mikes, etc) to facilitate transition of patients into their systems.

Membership in Equity-related Networks and Alliances

Hospital Collaborative on Marginalized Populations

The Hospital Collaborative (HC) is a group of Chief Executive Officers and their designated representatives from Toronto-area Acute Care Hospitals working in partnership to reduce health inequities for vulnerable and marginalized populations.

Service to uninsured clients has become a primary area of focus for the Hospital Collaborative. Reviewed and discussed have been annual financial expenditures, the duty to care, and varying corporate policies and practices among member hospitals regarding uninsured clients. Also reviewed have been potential and parallel research initiatives, including the Women’s College Task Force on Uninsured Clients Practice & Procedures survey, data tracking among member hospitals, and the development of a Hospital Collaborative template to capture volumes, policies and practices regarding uninsured clients specifically in Obstetrics.

The HC’s Annual Report recommended that members work toward cross-hospital consistency on uninsured patient services policies and practices (See Hospital Collaborative Appendix for Recommendations). A common statement of principle on services to uninsured clients has been drafted for discussion among HC members; and discussion has been initiated with the Community Health Centres of Greater Toronto (CHC-GT) representatives regarding standardizing relations among hospitals and CHCs for the referral and treatment of uninsured patients.

Prompted in part by the data demands of health equity planning, HC members have also examined requirements for and member capacity in health equity data collection and analysis. To the general end of being able to assess hospital health equity performance, the HC is collaborating with the Centre for Research in Inner City Health (CRICH) on a project entitled
“MEASURING EQUITY OF CARE IN HOSPITALS: From Concepts to Indicators”. The project objective is to report on optimal approaches for conceptualizing, operationalizing, and measuring equity of care in hospital settings, through a review and synthesis of scholarly and grey literature on equity measurement in service provision settings. Results will be presented to the full HC membership mid-2009.

The HC is also planning a health equity data workshop for member hospitals, but open to other health service providers, to address challenges of health equity needs assessment: knowing what are the greatest health equity needs in their community, whether people with the greatest health needs and access barriers are being equitably served, and whether they are receiving equally good quality of care.

This workshop will provide examples of what organizations can do now using existing administrative and community data, as well as strategies for new data collection that health service providers can consider. Individual assistance will be available for participants, for example, in geocoding their client postal code information to geographic units (e.g. census tracts, neighbourhoods) in order to develop more detailed socio-demographic profiles of service users.

While tied most immediately into health equity reporting, these data initiatives provide a foundation for improving integration between community and administrative data for community health needs assessment, health service planning, and hospital performance monitoring more generally.

**Section 3: Policies, Procedures and Standards**

3a) What specific policies, procedures and/or standards does your hospital have to ensure equitable access and treatment for all patients/clients? (E.g. a Patient Charter)

How do you ensure that these policies are followed?

**Specific Policies**

SickKids has numerous policies in place to promote equitable access and treatment for all children and their families.

**Family Bill of Rights and Responsibilities**

This SickKids policy outlines what families are entitled to in regards to appropriate coordinated care, dignity, respect, emotional support, information access, confidentiality, cultural sensitivity, health records access and inclusion in the provision of health care as well as what is expected of them when they have children in the hospital.

**Native and Traditional Healers - Collaborative Traditional Care**

This SickKids protocol that outlines the policies and procedures for aboriginal patients who wish to receive treatment at the hospital that is administered in conjunction with traditional practices. This policy allows for the inclusion of practices like the burning of sweet grass or the playing of drums in a manner that is medically sound and not adversely affecting the quality of care delivered to other patients.

**Complementary and Alternative Therapies**

SickKids has a policy that safely sets out procedures for collaborating with families who may wish to use complementary or alternative approaches to their child’s care. Like the policy above, this policy has been in place for many years.

**Ensuring Compliance with Hospital Policies and Procedures**
There is Patient Representative Service to provide an opportunity for patients or families who have a concern about the care that they are receiving to receive help to make their concerns known and to resolve any conflicts that might arise with members of the health care team. The Patient Representative Service will listen to concerns from patients and families who feel they were not treated in a manner in keeping with equity practices, and they will follow up with the interprofessional team to develop strategies to address these inequities.

When ethical concerns are raised by physicians, families or patients regarding care issues, the hospital provides a bioethics consultation which allows staff to tap into the resources provided by a trained professional who has been specifically educated to identify and help understanding of ethical issues. This helps to ensure that issues relating to equity are handled in a fair and ethical manner.

The consultations are performed by staff in the Department of Bioethics. This department was initiated in January 1991 as an academically grounded and clinically focused ethics service. The Hospital for Sick Children is affiliated with the University of Toronto Joint Centre for Bioethics.

The department’s roles include education of bioethics students and health care professionals (both those in practice and in training), research, policy preparation and dissemination, participation in the life and culture of the organization in a variety of ways, and involvement in the bioethics community more broadly. The consultation services are available to all decision-makers, including patients, families, and health care practitioners, who want assistance with the ethical decision-making process.

3b) How does your hospital provide for the delivery of culturally-competent care? Please provide specific examples.

Do you have any special programs or policies that address the needs of Aboriginal and Francophone communities? Please describe.

**Diversity in Action**

As mentioned, this initiative focused on implementing the identified strategies with the goals on ensuring access to equitable care, enhancing patient satisfaction, and creating greater community collaboration. For our staff a focus of healthy workplace and pride of leadership was aspired to.

This initiative has been successful in identifying and bringing together our community partners through Diversity Fairs and our very successful Diversity Symposium targeting both internal and external health care professionals. We continue to offer continuing education programming that is innovative and has impact on creating diversity awareness within our paediatric health care setting, identifying issues related to diversity that influence relationships, practice and patient outcomes within paediatrics and to disseminate strategies addressing diversity concerns that enhance the quality of health care for children.

As an organization committed to diversity, SickKids and its staff work to embrace practices that minimize barriers and attitudes to inclusiveness, facilitate equal access to quality health care and employment and raise awareness of issues of national and international importance. Our commitment includes advocacy, respect, forward thinking in relation to systems barriers, and an ability to be open and inclusive.

We are committed to completing staff surveys and focus groups to ensure we are meeting the needs of the children, families and staff. As well, we continually identify and profile our community partners who are committed to diversity.
Our Diversity Fairs seek to include staff members involved in patient care and research, as well as members of the community, who have a vested interest in the patient population being treated by culturally competent health care practitioners in an overarching culturally competent environment. Please see the list below for the breadth of involvement in these fairs.

**External Group/Organization**
- Ability Online
- About Face
- Alliance Multicultural Community H.C
- Bloorview Kids Rehab
- Camp Bucko
- Camp Oochogeas
- Central Toronto CCAC
- The Employment Accessibility Exchange
- George Hull Centre for Children and Families
- Health Guidance Services
- Language Line Services
- Horizon for Youth
- Mazemaster/Youth@abilities
- Phillip Aziz Centre
- Shepell-fgi
- Toronto Board of Education at SickKids
- Youth Services

**Internal Participants**
- Chaplaincy
- Childlife with Social Work
- Conflict Management
- Diversity in Action
- Family Advisory Committee
- Family Resource Centre
- Infant Mental Health Prog
- SickKids International

With regards to the needs of aboriginal families, please see the description of the ‘Native and Traditional Healers - Collaborative Traditional Care’ policy above in response to question 3a.

3c) What non-English language services are provided corporately?

How are these services provided? (E.g. Volunteers, staff, contractual agreements, family members, telephone, etc.)

Please name or attach the list of languages available and the number of requests you receive for each language, if this is recorded.

**SickKids Interpreter services (further detail in response to 2b)** began in 1973 with a single Italian interpreter, now the services employ five Medical Interpreters and two Intake Language Coordinators. Language assistance is provided for treatment related appointments/conversations between family and clinical team members. In order to ensure that language assistance is available, SickKids coverage is provided through a tri-model approach which utilizes a combination of (i) staff Medical Interpreters, (ii) Contracted Interpreters, and (iii) Language Line telephone interpretation for time-sensitive needs. The service receives approximately 5,500-6,000 requests for an interpreter per year and provides/arranges for interpretation services in 45-50 unique languages. Additionally, the intake coordinators can arrange for an American Sign Language interpreter for hearing impaired patients/families.

Language Line has been installed in all patient care clusters as well as at the prescription counter at the hospital pharmacy, on Acute Care Transport Services and with the Dietician Services on assignment outside the hospital. In 2006 the Language Line was used approximately 1,100 times for 46 languages; Mandarin and Cantonese account for the majority of all calls placed using this service.
Future plans to adjust for language related disparity has been addressed in the proposal submitted to the Department of Citizenship and Immigration (i.e., the New Immigrant Support Network mentioned above) which includes the translation of many health–related documents and pamphlets into many languages, as stated in response to 2c.

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<th>3c) Does your hospital have dedicated FTE or other positions that promote, lead or address your health equity goals? (E.g. Director of Corporate Diversity, Access or Human Rights Officer, Mentorship Coordinator, Equity Trainer, etc.) If yes, please list main role components.</th>
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<td>SickKids has integrated responsibility to promote, lead and address our health equity goals into existing roles. For example, the Associate Chief of Nursing and Inter-professional Education is the hospital lead on Diversity and Accessibility. The re-designed role of Director of Family Resources has responsibility for the patient representative area which has the mandate to advocate on behalf of children and families. This position also leads the Patient Interpreter Service. This health equity mandate is integrated into other roles such as the Director of Bioethics, some key Physician leaders in pediatrics and surgery and with scientists in the Research Institute. It is through this integrated fashion that we believe health equity is best addressed. Also, it is through many of the programs and committees outlined in this report that these issues are addressed. The hospital has folded these integrated roles into many of the portfolios in our organization including but not limited to: Department of Paediatrics, Clinical Services and Programs, Nursing and Interprofessional Practice, Learning Institute, Research Institute, Human Resources, Corporate Strategy and Performance, and Communications and Public Affairs.</td>
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<th>3d) How has your hospital implemented any special initiatives to mentor, recruit and retain staff from diverse communities? (E.g. where jobs are posted, Internationally Educated Professionals projects, staff education, etc.)</th>
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<td>SickKids actively seeks out the best and brightest individuals for all positions at the hospital. For example, physicians for our fellowship programs are actively recruited from the global pool of fellowship-qualified physicians to come to SickKids to teach about the specialties in paediatrics. Beyond our international fellowship recruiting, SickKids actively hires other healthcare professionals from around the world who have immigrated to Canada and, case specifically, will assist in their upgrading or attaining of credentials to work in Ontario (e.g., Nursing Initiative and Preceptorship Program). Social work has been working with the Internationally Educated Professionals program at Ryerson University and has offered placements to a number of social work professionals needing Canadian work experience. This has resulted in the hiring of a handful of these individuals into staff positions at SickKids. Currently, SickKids is considering posting jobs in a culturally specific manner (e.g. advertisements for SickKids Nursing positions in Toronto based Chinese language newspapers).</td>
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<tr>
<th>3e) Please give some examples of how your hospital accommodates patients/clients, visitors and staff with disabilities and/or other special needs in compliance with the Ontarians with Disabilities Act.</th>
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| **Access for the Disabled**

SickKids has dedicated significant time and resources to minimizing physical, architectural and social barriers towards those with physical limitations. In 2005 the SickKids’ Accessibility Committee undertook an inclusive process to solicit barrier-reduction initiatives through
director-level staff in the hospital. In 2006-07 and 2007-08 comprehensive surveys of SickKids Facilities were conducted and physical alternations were carried out to improve physical access to the hospital. Additionally, plans for any new construction within the hospital are made with the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) and Ontarians with Disabilities Act, 2001 (ODA) in mind. The full scope of this action is identified below.

2006-2007 Barrier-removal Initiatives as pertaining to staff:

1. Re-arrangement of all chairs and table setup in the fountain area to provide easy access for wheelchair-users, strollers etc., as well as appropriate signage to indicate flow of traffic.
2. Ongoing discussions with landlords to identify barriers and ensure leased SickKids properties include access to people with disabilities.
3. Addition of wheel-chair accessible washroom in Diagnostic Imaging department.
4. Three additional wheelchair accessible washrooms have been completed.
5. Room 1527, Gerrard Wing is now a wheel-chair accessible conference room. Further designs are now in progress with SickKids Foundation in terms of improving accessibility to this room.
6. The following actions were taken to improve knowledge and understanding for managers considering accommodation for employees returning back to work from injury and/or illness:
   - Series of education sessions for managers/supervisors provided on Health & Absence Management Program (HAMP) held in early 2006; additional customizes sessions also provided on request
   - Details on role of supervisor with HAMP available online through e-HR for leaders
   - Nurse case manager provides one-on-one coaching for supervisors when needed
   - Absence Management Policy developed and communicated; available through Lotus Notes
   - Information on HAMP included in new manager orientation sessions
7. In 2006, 119 modified work placements were made in addition to a further 6 permanent accommodations.
8. Information, including a description of the Accessibility Planning Committee and its mandate was published in the hospital’s newsletter (This Week), with an invitation for staff to provide feedback. Contact information for members of the Accessibility Planning Committee for 2007/08 was provided.
9. Volunteers who offer assistance navigating the hospital.

The Accessibility Plan that saw to the changes noted above with relations to staff members with disabilities also had a significant impact on improving accessibility for patients and families with disabilities. The changes made are listed below:

1. Installation of signs on each serving station inside the cafeteria, indicating that our staff is there to help anyone who needs assistance. Cafeteria staff education in terms of awareness and sensitivity training to assist persons with disabilities.
2. Development of Braille “Consent to Treatment” forms for patients and families.
3. Achievements in web accessibility in 06/07 included a selection of a content management system and vendor that has made web accessibility a priority in its system’s functionality.
4. Plans for major renovations and new construction all have wheelchair accessibility included.

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5. Wheelchair access for sinks, washrooms.
6. AboutKidsHealth Family Resource Centre initiates or partners with organizations to engage in health promotion activities, making this information accessible to many individuals, in the redesign of the centre, care was taken to ensure the physical environment met the needs of all our patients, families and visitors. Wheelchair accessibility is available for all computer stations and laptop workstations are completely accessible for persons in wheelchairs. Families can request information regarding community supports available to them with respect to culture and ethnic backgrounds. Print materials are limited but access to on-line sources is made available if requested. In addition, the centre remains open to innovative ideas in relation to technology enhancing resources.

7. Telehealth: Healthcare providers have recognized the potential for using technology to erase the geographical barriers that separate them from their patients and colleagues. The Telemedicine Program delivers high-quality health care to the communities thus enhancing and standardizing the medical care provided. The vision to integrate Telehealth as a standard healthcare delivery system is designed to improve access to specialty paediatric healthcare, enhance information sharing and collaboration at healthcare centres and community hospitals at the provincial, national and international levels. Over the last several years, Telehealth has become increasingly more accessible to patients and families with disabilities. Split screen availability can now allow for sign language capabilities for persons with hearing impairments. ASL can be arranged through our Interpreter Services Department.

8. Physiotools computer-program purchased by Rehabilitation Services to provide printed illustrations and directions for home exercise programs for patients and families.

9. Implementation of a major initiative to rewrite, reformat, and redesign all SickKids patient information brochures. Brochures have been revised to ensure the material conforms to best practice in plain language writing and document design and augmenting it with information and original medical illustrations (where appropriate). These materials will be made available online, and will be printable in PDF format. By the time of completion, over 700 brochures will be re-created.

10. AboutKidsHealth.ca is a website developed and launched through SickKids where parents can read aloud about the latest child health news, find in-depth information on complex medical conditions, or search a range of everyday topics from child development to safety advice. Since its’ launch, Browsealoud, an application that reads the text on a website as the user rolls their mouse over the passage, has been implemented. Browsealoud is a free plug-in for browsers that many individuals with visual impairments or reading disabilities use to access material on the Internet. As well, an in-line pop-up glossary to define difficult words, and make liberal use of medical or information illustrations, animations, and other images was developed to more clearly communicate the ideas into text.

11. An adolescent change area had been identified on ward 7D. Utilization of this room for these purposes is being finalized. Plans are also underway to assess the need for an additional increase in the number of adolescent change tables available in our outpatient population.

12. Updated pool lift for patients; upgrade of slip-resistant flooring and installation of paediatric-accommodating handrails and non-slip stairs in hydrotherapy area in Rehabilitation Services.

13. Addition of a dedicated room on the Main Floor for g-tube feeding.

In addition to the efforts of the Accessibility Committee, in April 2008 Entro Communications was retained to develop an approach and design concept to a way findings system that is in

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26 SickKids Diversity in Action report (2007), pg 12
harmony with the hospital’s commitment to operational excellence, reflects exceptional patient care, addresses the growing needs of the hospital and reflects the organizational brand strength. Some of the key considerations that will be reflected in the new way findings system include; language consistency, compliance with accessibility standards as laid out in the Ontario Disabilities Act 2001, respect for multicultural patient and staff population, child-friendly environment, patient, visitor and staff safety and flexibility to update and adapt the system to meet the evolving needs of the hospital.

Section 4: Governance

4. Do you collect information to evaluate how well your employees and Board of Directors reflect the communities you serve? If yes, please describe how well your employees and Board reflect your communities and indicate your data sources. If not, please explain why.

SickKids Board of Trustees prides itself on being a skills based board that consists of a cross-section of professional and competent members with the necessary skills, expertise, experience and qualities to carry out its responsibilities effectively in meeting its legal, financial, operational and social responsibilities now and in the future. The Trustee nomination and recruitment process focuses on identifying these requirements and assess the profile of the current Board.

We do not currently collect employment equity data on our employees. Our focus within our organization has been on diversity. We have a well established diversity council that we believe is focused on the appropriate priorities to drive this agenda.

Section 5: Targets and Measurement

5a) Please outline the goals and action plans to address your health equity and access priorities.

A diversity monitoring group has been created which will be comprised of SickKids’ Chief of Interprofessional Practice & Chief Nurse Executive, Vice President of Corporate Strategy and Performance, Director of Social Work, Associate Chief of Nursing and Interprofessional Education and the Manager of Strategic Initiatives. This monitoring group will review current status and determine health equity and access priorities at SickKids.

Although a formal plan is not yet in place, the following issues for consideration and possible development have been identified:

1. There is a need to gather more complete demographic data to facilitate improved analysis of the services and health outcome relating to specific groups of patients served at SickKids (e.g., culture, race, religion, gender, financial status, first language, immigration status, etc.). This will allow better tracking of ‘at risk’ populations.
2. Identification of the most suitable indicators for monitoring health equity across population so consistent data can be collected and analyzed over time.
3. Improved screening of the non-medical needs of children and families that may adversely impact on a child’s health so services can be targeted to address the barriers to care and/or recovery. Particular attention to potential obstacles associated with the social determinants of health has been identified.
4. Planning to ensure the appropriate IPP staffing mix on patient care programs is needed to respond to the range of needs that children and their families have. This may require targeted investment to ensure an optimal mix of health care disciplines to promote health equity. For example, staffing resources in social work appear to be significantly below benchmarks and the needs for interpreter services will need to be closely monitored.
5. Research is needed to examine in greater detail the way that the social determinants of
health adversely affect particular patient populations served at SickKids. Using qualitative and quantitative methodologies as appropriate, this will include needs assessments, population profiles, program outcome evaluations, biomedical research.

6. Improved education of all staff about the toxic effects of poverty and the sensitivity of health to the social environment.

7. A review using a health equity lens of hospital policies and procedures regarding uninsured patients is needed. Collaboration with Hospital Collaborative on Marginalized Populations and the TC LHINS to ensure a consistent approach across hospitals.

8. Develop expertise within SickKids to incorporate data bases such as CIHI, Intellihealth, census track data in conjunction with SickKids data to enrich analysis for planning and evaluation.

9. Incorporate an equity lens for all hospital planning.

10. Enhance child health advocacy efforts by partnering with other like-minded groups to advocate regarding the legislative, institutional and societal barriers to achieving health equity.

5b) Please provide some examples of how you incorporate your access and equity objectives, or use an equity lens, in your initiatives to address the MOHTLC and LHIN priorities? (E.g. Strategic Plan, Wait Times Reduction, Patient Safety, Staff Interactions, Capital Projects including Facility Improvements, etc.)

On the research front, our clinicians and scientists conducted studies that examined priorities issues including patient safety and wait times for common pediatric surgeries. Some of these study results were published in CMAJ and they included: 1) the recent study by Drs. Langer and To27 examining the risk of incarceration of inguinal hernia among infants and young children awaiting elective surgery; 2) Dr. Parshuram’s28 systematic evaluation of errors occurring during the preparation of intravenous medication; and 3) Dr. Birken’s29 study assessing influence of socioeconomic status on the trends in rates of death from unintentional injury among Canadian children.

5c) What indicators and tools are used to monitor progress? (E.g. interpreter requests, accessibility plan implementation, balanced scorecards, patient compliments and complaints, etc.)

As a world leader in children’s health care, SickKids is committed to achieving world-class outcomes in clinical care, education and research and the hospital is proud to be part of a system in Ontario that is focused on quality, accountability, transparency and results. To measure performance and monitor progress SickKids uses its own balanced scorecard. The SickKids Scorecard is an integrated framework for describing and translating strategy through key performance indicators (KPIs) in four balanced perspectives. One of the quadrants is dedicated to measuring indicators associated with patients and families. The SickKids Scorecard is a performance measurement tool that assists in the ability to manage performance, both strategically and operationally, at the hospital. The Scorecard is seen as a valuable tool to measure the impact of quality improvement initiatives related to health equity.

As part of our current Strategic Directions Renewal process we are examining all indicators across the organization to ensure that we are measuring progress in all aspects of strategy and operations at the hospital.

5d) What information and data do you require in order to better identify and monitor health inequities?

SickKids lacks sufficient, reliable demographic data about those whom we serve; (e.g., race, culture, aboriginal status, family configuration [single parents, street youth], employment & socio-economic status). These data would be beneficial for identifying and monitoring health inequities. We need more complete information about the patients who come to SickKids so we can start to track outcomes or utilization profiles to enable health care professionals to achieve consistent health outcome. For example, analysis of who misses clinic appointment and the reasons would assist planning.

The ITHELLPS indicators (Income & Food, Transportation, Housing, Education, Literacy, Legal Needs, Personal safety and Community Support) reflect some of the key components of the social determinants of health. If this type of data was more available to hospital clinicians/researchers/policy makers it would facilitate the creation of a system far more capable of improving health outcomes of all patients.

Continued research about the obstacles and barriers that affect marginalized communities served at SickKids are priority foci for Social Work and Social Paediatrics. For example, research regarding the housing and living conditions of patients would help us understand what portion of our patients live in sub-standard residences and have to deal with bedbugs, vermin and heating concerns. Living in such conditions increases the chance of contracting infections and can also significantly increase recovery times after discharge. Sub standard housing is likely accompanied by food and transportation difficulties which contribute to the elevated levels of stress that are associated with living in poverty. This type of research would enable us to more fully understand the impact of the social determinants of health on the health of Toronto’s paediatric population.

The issues related to health inequities are complex. A number of our clinicians and scientists at SickKids are leading studies that identify at risk populations (e.g. immigrants, low SES families, aboriginals, children with single parent etc.). For example, results from the collaboration of our SickKids clinicians and scientists on children with asthma indicated that children with drug insurance coverage were less likely to have acute asthma episodes (adjusted odds ratio = 0.36; 95% CI, 0.15-0.85; P < .02) or repeat ED visits. Risk factors identified can help target vulnerable populations for proper interventions, which may include efforts to maximize insurance coverage for asthma medications and strategies to improve asthma self-management through patient and provider education.

**Systematic data collection** will be important for long-term monitoring of health and outcomes in these patients so that evidence-informed decisions/policies can be made and health programs designed and targeted. Moving forward, to better identify and monitor health inequities, strategies/interventions will include an evaluation component to measure “change” or impact. Data on specific indicators will be important and should be collected in the following major domains: Access to Care, Clinical Effectiveness, Patient Centeredness, System Integration and Patient Safety. These domain indicators are recommended and used by organizations such as the Agency for Healthcare Research and Quality (AHRQ) and the Ontario Health Quality Council (OHQC).

5e) How are members of diverse communities, staff and board members involved in planning and setting health

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equity priorities for action by your hospital? (E.g. community engagement approaches)

The most formalized method SickKids employs to engage diverse communities is through our newly structured Family Centred Care Advisory Council. This body is comprised of concerned parents and family of current or former patients. The council meets monthly to discuss issues affecting care delivery and family comfort while staying at the hospital. This council considers inclusion of members from diverse communities (ethnic, socioeconomic, religious etc.) to be one of its priorities.

As part of the Strategic Directions Renewal process we will be engaging the following community partners:

1) **TC LHIN Providers** – including key leaders from UHN, St. Mikes, Sunnybrook, Mount Sinai, Toronto East General Hospital, St. Joseph’s, Toronto Rehab, BKR, Toronto CCAC, Toronto Public Health

2) **Non-TC LHIN Providers** – including key leaders from Children’s Hospital of Western Ontario, Children’s Hospital of Eastern Ontario, McMaster Children’s Hospital, North York General Hospital, Credit Valley Hospital, Rouge Valley, William Osler, Trillium

3) **Government** – including key leaders from MOHLTC, TC LHIN, Ministry of Children and Youth Services, Ministry of Health Promotion, Provincial Council for Children’s Health, Children’s Mental Health Ontario, Ontario Hospital Association and City of Toronto

4) **Academic** – including key leaders from U of T, Ryerson, Michener, ICES and CIHR

5) **Donors** – work with our Foundation to identify key donors who would provide useful input to the strategic planning process.

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**Section 6: Communications**

6. In what ways are your health equity goals communicated to the following groups?

- **Staff & Physicians** - Annual Diversity Reports communicate SickKids’ health equity goals, and Quality Management Council
- **Board of Directors** - Regular presentations and reports of health equity and Quality Council of the Board
- **Patients/Clients, Families and Community Members** - Annual Diversity Reports, presentations and the live Diversity website (www.sickkids.ca/diversityinaction) communicates the hospital’s health equity goals to patients, families and the community.
- **Health and Social Service Partners** - Annual Diversity Reports, presentations and the live Diversity website (www.sickkids.ca/diversityinaction) communicate the hospital’s health equity goals to health and social service partners. Social work staff are in regular contact with community based services and resources to ensure effective collaboration and planning.
- **The Toronto Central LHIN** - Through this document, participation at TC LHIS meetings and membership on the Hospital collaborative on Marginalized Populations

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**Section 7: Potential Roles for the Toronto Central LHIN**

7. Does your hospital have specific requests, actions or comments that the LHIN should consider to ensure a system-wide approach to improving health equity?

**Demographic Data Collection**

One of the key factors to providing equitable care is the understanding of exactly where and for whom health inequities exist. The ability to collect demographic data regarding race, religion, language status and other demographic profiles from our patients would be instrumental to inform other data around both health status and outcomes and access and operational challenges with regards to certain populations. Collection of this data in a systematic fashion
would allow for comparisons among all organizations in the Toronto Central LHIN catchment area that face similar challenges regarding vulnerable populations.

We must use data to inform any strategies formed to address the health inequities that exist within our population, and this data must be comparable from organization to organization. Section 30 (2) of PHIPA notes that ‘a health info custodian shall not collect, use or disclose more PHI than is reasonably necessary to meet the purpose of the collection... ’ - The purpose of the collection for hospitals is for the provision of health care. With guidance from the LHIN, organizations would be able to collect sensitive demographic data in a coordinated and comparable fashion to help inform research around the effects of social determinants of health on the provision of health care. This research could significantly influence the practice of care for vulnerable populations.

**Proposed Mental Health Strategy**

Mental health care is an integral part of a child and youth's overall healthcare. The need to respond to the mental health and substance abuse needs of children and youth is urgent. SickKids’ believes that children and youth and their families should have access to a comprehensive and coordinated system of care, including a full range of psychosocial, behavioral, and pharmacological services that work together to optimize treatment outcome. To build on this belief, SickKids’ Board will approve a three to five year ‘Strategic Focus for Mental Health at SickKids’ coinciding with our Strategic Directions that will identify our preferred role. This work has been completed by a planning team of experts augmented through a comprehensive stakeholder analysis. This proposed mental health strategy will:

- Build upon the existing base of programs and services, human resources, and relationships at SickKids focused on improving the mental health of children and youth;
- Solidify SickKids place in Ontario’s developing mental health system for children and youth; and;
- Lay the foundation for SickKids’ role as an international leader in this field.

Mental health care needs to be addressed as well from a systematic standpoint, to address the fragmentation and variation in service levels within our LHIN and throughout the province. We are willing to take on a leadership role and will rely on the continued support of the LHIN in this area.

**Advocating for Improved Health for Children**

Many of the solutions to improving health outcomes for marginalized populations, that experience diminished health outcomes due to social circumstances, require coordinated efforts from many different sectors. To fully address health inequities due to social circumstances, marginalized neighbourhoods in Toronto require more robust primary care resources, more focused health promotion material delivered in a culturally competent manner, safe spaces for children to play and grow, and a champion to ensure that these resources are maintained and enhanced as needed. SickKids dedicates significant time and resources to ensuring that the vulnerable populations that we serve are cared for in a culturally competent and compassionate manner. Additionally, we perform substantial research that generates significant data on these marginalized populations, this data can be utilized by the LHIN to help inform future strategies to alleviate health inequities.
## Section 8: Attachments

8. Please list all attachments to this report here.

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<th>Description</th>
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<td>Family Bill of Rights and Responsibilities</td>
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<td>2.</td>
<td>SickKids patient visits by unit</td>
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<td>3.</td>
<td>City of Toronto 2001 – Economic Family Poverty Rates</td>
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<td>4.</td>
<td>SickKids Interpreter Services request (01/01/2007 – 12/31/2007)</td>
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<td>5.</td>
<td>Toronto Central CCAC – SickKids Complex Nutrition Needs Collaboration Project</td>
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<td>8.</td>
<td>Diversity in Action: Guide for Practitioners</td>
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<td>9.</td>
<td>“Poverty can have serious effects on child’s health” brochure</td>
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<td>11.</td>
<td>Bioethics Consultation Service brochure</td>
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<td>12.</td>
<td>Diversity in Action: An evidenced based diversity program using champions to facilitate knowledge transfer and organizational action</td>
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<td>13.</td>
<td>Native and Traditional Healers – Collaborative Patient Care</td>
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<td>14.</td>
<td>Hospital Collaborative Appendix</td>
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<td>15.</td>
<td>SickKids Adopted View of Social Determinants of Health</td>
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**Section 9: Contact and Authorization**

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