Moving Forward: *The POWER Health Equity Road Map*

Across POWER Study chapters, health inequities emerged as a major challenge in Ontario. However, there is also cause for optimism, as there are many opportunities for intervention and improvement.

Innovative work is underway by many individuals and organizations across the province aimed at tackling these health inequities. We offer the POWER Health Equity Road Map, a ten-point plan to move us forward. The road map emerged from our analyses and broad community consultation and dialogue.

The POWER Study findings underscore the value, both social and economic, of achieving health equity. While the social determinants of health are well recognized as the primary drivers of health status, as a society we still do not have a clearly defined strategy to address them. Approaches such as Health in All Policies and tools such as Health Impact Assessment can help us make progress towards creating a healthier and more productive society.[52, 53] Likewise, it is also well recognized that effective primary care that is patient-centred, culturally responsive, and linked to the community can improve individual and population health as well as reduce health inequities. Despite large investments in primary care, there is still much room for improvement.[20]
In summary, the POWER Health Equity Road Map recognizes the centrality of health equity to health system goals, the primacy of the social determinants of health, and the need for sustained primary care reform. Success will require approaches and interventions built on "outside the box" thinking coupled with incentives and mechanisms for accountability. The following themes, drawn from the road map, provide a summary of overarching approaches that can drive change.

Integration and Coordination: Across Ontario there is growing attention to the need to integrate and coordinate health care delivery across settings of care. However, health system integration is essential but not sufficient for improving health and reducing inequities. It will also be important to integrate and coordinate social and community services with primary, secondary, and tertiary care delivery. Similarly, coordinating population health, public health, and health system efforts will help accelerate progress.

Innovation and Learning: In our stakeholder consultations, we learned of many excellent innovations in diverse settings across the province and heard from many who are working to improve health and health care in their communities. There is a need to scale up effective interventions so that all may benefit. There is also a need to adapt effective interventions developed in other contexts to the Ontario setting and evaluate them. Creation of learning networks, support for rigorous evaluation, and research on implementation are all needed.

Measurement and Monitoring: Performance measurement and monitoring are an essential element of health system transformation. The POWER Study findings illustrate why gender and equity analysis needs to be a routine and integral component of health system performance measurement. Routine monitoring of the POWER Study Leading Set of Health Equity Indicators can provide a powerful tool for guiding interventions, evaluating their effectiveness, and monitoring progress.

The time to move forward is now. What is needed is the will and commitment.

POWER HEALTH EQUITY ROAD MAP

1. Equity, a major attribute of high-performing health systems and important dimension of health care quality, is key to health system sustainability and needs to be a priority.

- Progress in achieving health equity can make important contributions to health system sustainability by reducing the incidence of costly and preventable illnesses such as late stage cancer (identified through screening) or hospitalizations for diabetes or heart failure (through better chronic disease management).
- Health systems can make important contributions to efforts to reduce inequities in health through health system redesign aimed at meeting the needs of populations at risk for poor health, as well as through cross-sectoral partnerships aimed at addressing the social determinants of health.

2. Health equity cannot be achieved without moving upstream and addressing the root causes of disease in the social determinants of health.

- Focusing efforts upstream through cross-sectoral collaboration to address the root causes of health inequities (i.e., income, education, food security, housing, and environment) while reducing the burden of illness in the population is essential. A multifaceted approach is required to tackle the many complex problems which contribute to greater chronic disease prevalence and poorer health outcomes in these groups.
- Policy approaches such as Health in All Policies encourage the consideration of the health impact of policies across all sectors. Tools to accomplish this, such as Health Impact Assessments, are available and currently being used by the Ontario Ministry of Health and Long-Term Care, some Local Health Integration Networks, and hospitals. These efforts should be encouraged.

3. Prioritize chronic disease prevention and management to improve overall population health and reduce health inequities.

- Because chronic diseases and their risk factors contribute greatly to health inequities, the implementation of a comprehensive and coordinated chronic disease prevention and management strategy—one that addresses the needs of at-risk populations—is the key to improving population health and achieving health equity.
- Because socioeconomically disadvantaged populations have a higher burden of chronic illness and disability, the current mismatch between the way care is organized and the needs of people with chronic illness disproportionately impacts those who are disadvantaged. Health system redesign that supports chronic illness care and fosters patient empowerment and community partnership is an important strategy for driving health equity.

4. Focus on patient-centredness to improve access to, satisfaction with, and outcomes of care for all.

- Patient-centred care is care that is respectful of and responsive to individual patient preferences, needs, and values and ensures that patient values guide all clinical decisions. It is care that addresses an individual's constellation of problems rather than being disease specific. Patient-centred models of care that address the multiple health care needs of individuals and are sensitive to gender and cultural differences can improve patients' experiences with care and increase satisfaction with access to care and the care received. Patent-centred models of care that integrate and coordinate care across care settings are central to improving satisfaction with health care access.

- Chronic disease management must also take into consideration that many Ontarians have multiple chronic conditions in part due to common risk factors for many of these conditions such as diabetes, heart disease, cancer, and arthritis. The adoption of a more patient-centred focus to chronic disease management that acknowledges this high prevalence of comorbidity and integrates care is essential. This can be accomplished through primary care-based medical homes with strong linkages to speciality services and community care.
- Improving access to and quality of care is dependent upon understanding access barriers as experienced by populations at risk and developing effective interventions to address them. Our findings highlight the need to address cultural and linguistic barriers to care among Ontario's diverse population. There are models to draw upon internationally and locally that, with wider implementation and adaptation to the needs of specific communities, can help meet this objective. Because barriers encountered by women and men in cultural and linguistic minority communities differ, these interventions need to be gender sensitive. Community engagement and partnership along with increased diversity in the health care workforce, with the explicit goal of addressing these barriers, can help to ensure access to effective care among Ontario's diverse communities.

5. Province-wide, integrated, organized models of care delivery can improve health outcomes and reduce inequities in care.

- We found few inequities in the delivery of acute cancer and stroke care—areas where organized, integrated, and coordinated strategies for guideline implementation, as well as quality improvement using performance measurement and feedback with validated quality indicators, have been implemented. Expanding this approach across other health care sectors and especially to primary care practices can help foster health equity.
- Integrated, organized models of care can also help to make our complex and often fragmented system easier to navigate.

6. Coordinate population health, community, and clinical responses.

- There are many important ongoing activities aimed at improving health in the province including: targeting population-based health promotion, enhancing the quality and capacity of community-based services, and improving the quality of care delivered in clinical settings. Efforts to integrate and coordinate these efforts could produce synergies to accelerate progress in improving health and reducing health inequities among Ontarians.
- It is especially important to identify specific opportunities to improve quality of life and functional status through both community-based and health care interventions. For example, community-based interventions combined with clinical preventive services, such as for tobacco control and smoking cessation, together can be more effective. Falls prevention interventions in clinical practice can address medical factors to reduce falls, while community-based interventions such as activity promotion can also reduce the risk of falls.

7. Link community and health services to optimize outcomes and improve efficiency.

- Both health services and community services are vital for maintaining and improving health. Strengthening linkages between these sectors can help assure that people can readily access needed care and services to promote, maintain, and improve health.

8. Implement a health equity measurement and monitoring strategy and routinely include gender and equity analysis in health indicator monitoring.

- Equity analysis and reporting should be integrated into ongoing measurement efforts. We have identified a leading set of health equity indicators based on POWER Study findings and broad-based consultation that can be used for this purpose. Adoption of these indicators can provide the needed information to effectively target gender, socioeconomic, and ethnic inequities in health. Monitoring these indicators over time will allow us to assess progress in improving health and reducing inequities.
- Incentives to foster health equity can be created. For example, health equity indicators and targets can be included in accountability agreements for Local Health Integration Networks, hospitals, family health teams, and other care providers.
- Improvement in data quality, availability, and timeliness is needed to support monitoring and reporting strategies. There is a particular need for data on ethnicity to improve the capacity to measure, monitor, and improve health for Ontario's diverse communities.

9. Develop strategies for effective implementation by creating learning networks and designing innovations for scale up and spread.

- There is a great deal of local innovation aimed at tackling the issues reported by the POWER Study. We now need to identify which innovations are most effective and promising for large scale adoption and design them for "scale up and spread" and sustainability.
- Support of a health equity knowledge exchange infrastructure by creating learning networks for innovation and equity can accelerate the adoption of best practices.

10. Create a culture of innovation and learning while building the evidence base for accelerated improvement through rigorous evaluation and research.

- Creation of a culture of innovation and learning across communities, sectors, and settings of care can play an important role in successfully implementing strategies aimed at achieving health equity.
- While there is much known about patterns of health inequities and their causes, there is a critical need for evidence specific to what works to close existing gaps. Critically evaluating health equity policies, strategies, and interventions to determine what works and what doesn't work is required to build the evidence base needed to accelerate progress and support wide-spread adoption of best practices.
- It will be important to take a continuous quality improvement approach to implementing this road map by identifying specific interim points to evaluate progress and making adjustments based on these assessments.