ADVANCING HEALTH EQUITY IN LONG-TERM CARE:

A Health Equity Evaluation of CareTO

Executive Summary

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Wellesley Institute
advancing urban health

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Dr. Brenda Roche

The Wellesley Institute was retained in Fall of 2022 to evaluate the CareTO **pilot at Lakeshore Lodge** through a health equity lens. Findings build on CareTO's strong, person-centred model of care and providing insights into:

- Current understanding of health equity as a construct among residents, staff, and management
- How health equity relates to CareTO's model of person-centred care
- What is required to achieve cultural transformation as it relates to the delivery of health equity for residents and their loved ones, and staff members.

BACKGROUND

CareTO is an innovative model of long-term care designed to transform the culture of care, moving from a task-oriented, schedule-driven medical model to a person-centred approach that emphasizes flexibility, choice, and personal agency to ensure that care meets the individual needs of each resident.

There were three stages to the CareTO pilot evaluation:

1. An implementation evaluation conducted by Sunnybrook Research Institute.
2. An internal evaluation of outcome measures.
3. An evaluation of the model through a health equity lens led by the Wellesley Institute.

While this Executive Summary reports on the health equity evaluation conducted by the Wellesley Institute, findings from all three evaluations will be used to inform roll-out to the other City Long-Term Care (LTC) homes.

Evaluation Approach

This mixed methods study took place between November 2022 and June 2023, with primary data collection occurring in the period of March through April 2023. Data were collected in the following ways:

- *A review of internal documents* (n=31) to explore how the culture of care was described and how equity and diversity were reflected in policies, resources, and materials.
- *Site observations* using field notes to document observations. A total of five observations (25 hours) which involved observing activities and having informal conversations with staff.
- *Meeting observations* using field notes to document observations. The research team observed seven meetings including one Residents' Council, one Family Council, one Home Advisory Committee meeting, one Confronting Anti-Black Racism (CABR) staff meeting and three CareTO Steering Committee meetings.
- *Survey of staff and volunteers*: A questionnaire was made available online and in hard copy, estimated to take 30-minutes to complete. The survey included 36 statements to be rated on a five-point Likert Scale, three open-ended questions, and demographic information. Forty-eight respondents complete the survey (36% response rate).
- *Interviews/focus groups with residents, families, and staff*: A total of 48 semi-structured interviews or focus groups were completed using purposive sampling, broken down by participant group as follows: residents (n=7), family members (n=9), Lakeshore Lodge management (n= 9), divisional management (n=6), frontline staff (n=17). Interviews were 30-90 minutes in length.

Research Questions

The study was designed to answer the following two research questions:

1. Have the components of CareTO been implemented with attention to equity? Have there been unintended negative impacts on equity-deserving communities and if so, how can the model be modified to enhance positive care experiences and relationships for diverse residents, families, and staff.
2. How has CareTO influenced overall culture within the long-term care home?

What is Health Equity?

Health equity is achieved when everyone has opportunities to attain their full health potential and are not disadvantaged because of social factors (Whitehead, 1992).

Why is Health Equity Important?

Research indicates that differences in social determinants such as race, ethnicity, religion, gender, age, and socioeconomic status are linked to **80% - 90%** of the factors that shape health outcomes (Magnan, 2017). Individuals deprived of social factors that promote health are placed at a disadvantage and face worse outcomes than those who can access resources.

Staff and residents in the City's LTC homes are very diverse. Both groups may experience differential impacts to their health that are avoidable due to social factors.

STAFF

SSLTC is the most diverse workforce in the City of Toronto

- 41% of direct care workers are Personal Support Workers (PSWs)
- High percentage of PSWs are racialized women
- Many are newcomers and/or are main wage earners for their families
- Some belong to 2SLGBTQI+ community

RESIDENTS

Residents reflect rich diversity of Toronto

- 63 countries of origin; 52 languages/dialects; 34 faiths
- 73% have moderate to severe cognitive impairment
- 88% dependent on others or require extensive assistance
- 43% are subsidized, requiring financial assistance or rate reductions
- Some belong to 2SLGBTQI+ community

Report Highlights

1. Conceptually, there is universal acceptance that equity is important; that strengthening the delivery of equity centred practices will facilitate cultural transformation. Furthermore, SSLTC leadership believes that equity is an important feature of the CareTO model.

> ***"There is actually no way to do this model without having equity and health equity at the core it…It actually has to be the driver if we're going to be able to give folks that we care for, and folks who are doing the care, what they need to be successful."***
> **[SSLTC Leadership]**

2. There is limited understanding of the term health equity among study participants. Many respondents could not accurately define health equity and were unclear on what equity-centred care means for their life and work in LTC, or how it aligns with the CareTO model of service delivery. Some believed that equity was achieved through character or through good teamwork; others saw resident participation in decision-making to reflect personal choice as delivering equity-centre care.

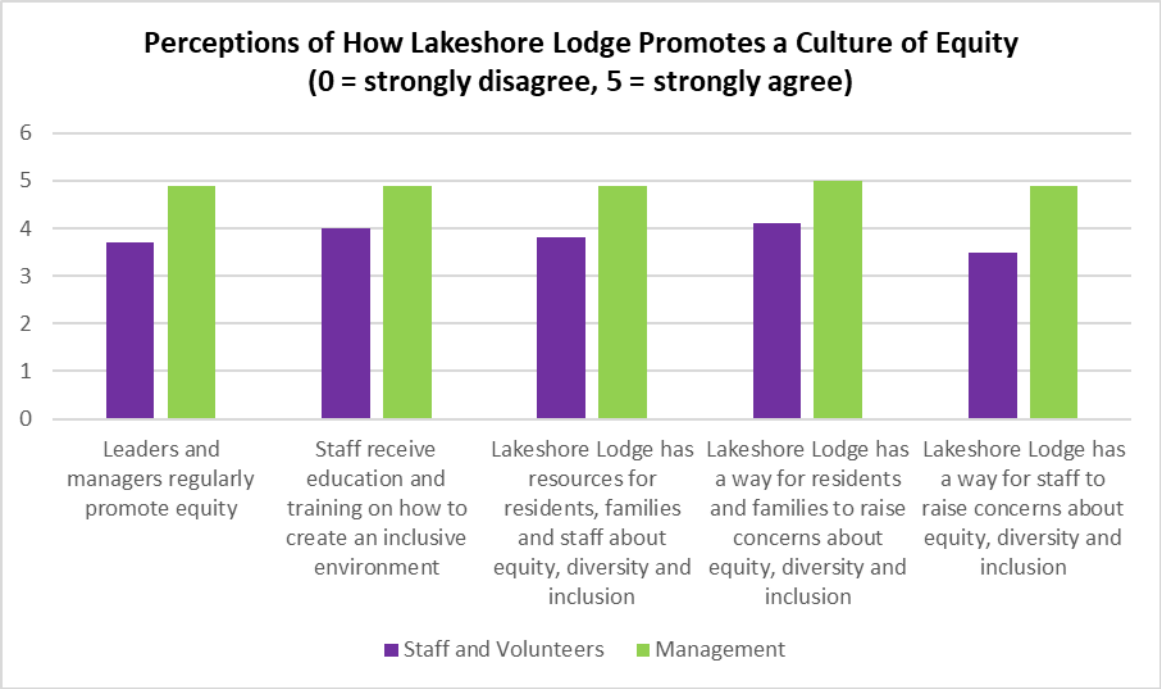
> ***"Fairness and equal – treated equally."*** [Resident]
> ***"Humanity; human condition, eye contact. I don't care who you are. That is what the whole thing is about."*** [Family member]

   The absence of a clear understanding of the term is not surprising as the term health equity was not part of the language used to describe the essence of the CareTO model.

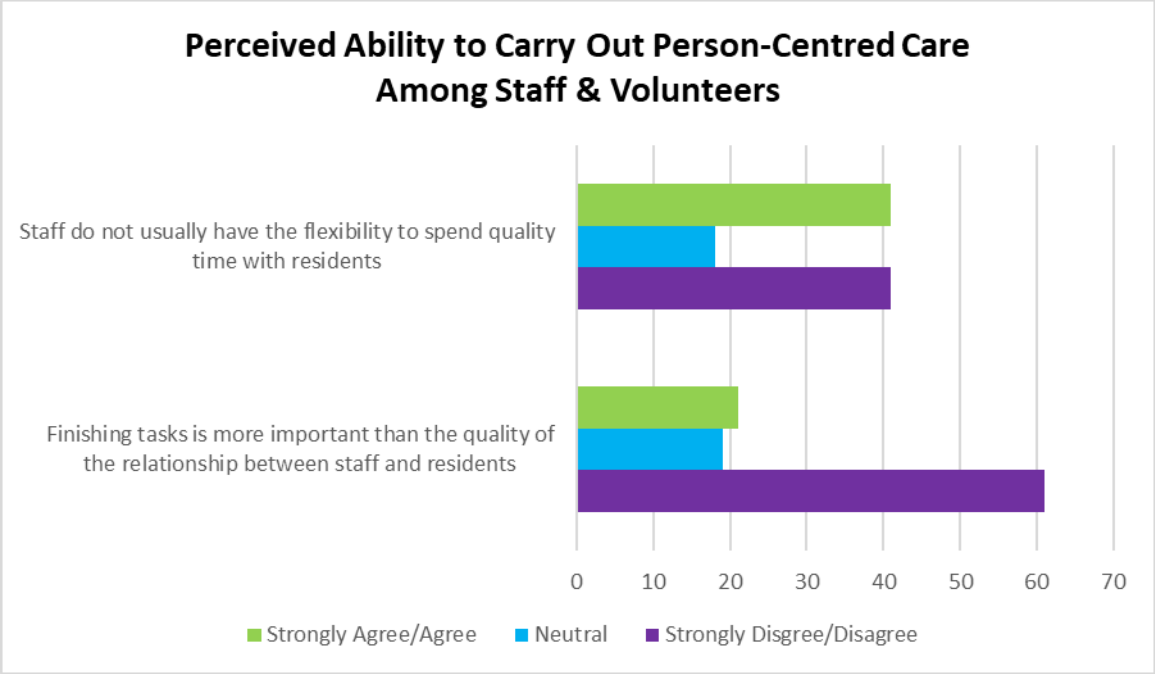
3. There is clear evidence of early-stage efforts toward delivering resident-focused care through an equity lens. These efforts are acknowledged in documentation and training (CABR and 2SLGBTQI+). However, trainings are experienced as stand-alone and not integrated throughout CareTO training modules and appear to be lacking is a unified organizational strategy and clear direction on how to operationalize health

equity in the work. As a result, delivering a health equity lens is not in the forefront and may have been applied inconsistently.

4. <u>There is some misalignment of management and frontline staff perceptions</u> of how well equity is promoted and what the feedback loop is. Management's perceptions were consistently higher than frontline staff on all five attributes surveyed. This indicates that additional work is required to ensure that EDI resources and training are being adopted by all staff members, with clear pathways for staff to voice concerns and find resolutions as it relates to staff-resident interactions.



5. <u>The external environment can impact an organization's ability to adopt an equity lens.</u> For example, LTC legislation prioritizes task-based, compliance driven care; negative media reports during COVID created heightened anxieties with families which disrupted the ability to form strong relationships within the care circle. These external forces were both described as factors that negatively impact on staffs' ability to consistently deliver resident-focused care with an equity lens. These external pressures may have contributed to just over 40% of staff and volunteers perceiving that they don't have the flexibility to spend time with the residents.



It is worth noting that external factors may shift in a positive direction as the importance of delivering care using a health equity lens becomes more prominent within the sector. SSLTC is committed to leading these efforts.

Conclusion

There are strong commitments to equity that exist at all levels of the organization and leveraging these commitments to enhance the CareTO model by including a health equity lens when delivering person-centred care builds a culture that is more inclusive and responsive to the needs of diverse residents, their loved ones, volunteers, and staff members.

The report highlights a need for health equity education for staff and management to help build a clear understanding of how adding a health equity lens to person-centre care will further strengthen the model and provide staff and volunteers with the knowledge they need to clearly understand what health equity is and how they can apply it to their work and service within the LTC homes.

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