ACCESS & EQUITY IN HOME CARE: 
ENHANCING ACCESS FOR DIVERSE & LGBT POPULATIONS

“Out” in Home Care Invitational Stakeholder Workshop 
Proceedings and Final Report

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Executive Summary

The “Out” in Home Care: Access & Equity Workshop was a half day invitational stakeholder workshop that took place at the Primrose Hotel (Toronto, Ontario) on November 12, 2010. The workshop was organized to bring together home care provider organization managers, researchers and policy makers working in the Toronto Central Local Health Integrated Network (TCLHIN) to discuss how to make home care service organizations more inclusive and to support access to quality home health care services for diverse lesbian, gay, bisexual and transgender (LGBT) populations.

The invitational stakeholder workshop was conceptualized by Dr. Andrea Daley and Dr. Judith MacDonnell, and organized in partnership with Rainbow Health Organization (RHO) and the Toronto Central Community Care Access Centre (TC CCAC). Funding for the workshop was provided by the Canadian Institutes of Health Research through an Institute of Gender and Health Meetings, Planning and Dissemination grant.

The main purpose of the workshop was to explore how to support access for diverse LGBT populations in home care service provision and to pilot an organizational LGBT Access & Equity Framework that was created by Dr. Daley and Dr. MacDonnell based on their recent research in this area.

The workshop had three main objectives:

1. To promote information sharing and capacity building between stakeholders and researchers to create policy that supports LGBT diversity in home health care.

2. To strengthen existing partnerships between York University, Community Care Access Centers (CCACs) and Rainbow Health Ontario (RHO).

3. To support a culture of research and learning within the Toronto Central Community Care Access Centre.

The workshop included a panel presentation by Dr. Bob Gardner (Wellesley Institute); Anna Travers (Director, Rainbow Health Ontario); Anne Wojtak (TC CCAC, Senior Director, Performance Management and Accountability) and Sandra Iafrate (TC CCAC, Client Service Manager, Community Independence Team); and Andrea Daley (School of Social Work, York University) and Judith MacDonnell (School of Nursing, York University). The workshop was facilitated by Douglas Stewart, a trained facilitator in anti-oppression and social justice education.

The invitational stakeholder workshop brought together 28 home care sector stakeholders, including home care agency managers, health care practitioners and community workers, and health policy decision-makers to discuss the need to incorporate diversity into existing home
care services, organizational policies, and service delivery. Participants learned about different health systems equity initiatives, health care access barriers for LGBT people, and the available services for LGBT people living in the Greater Toronto Area. Participants also tested out the Access & Equity Framework and commented on its usefulness and applicability for supporting LGBT diversity and access in home care services.

The workshop was largely considered a success as it achieved its three main objectives. In addition to presenting the Access & Equity Framework to home care sector stakeholders, the workshop also actively engaged participants in discussions of LGBT diversity, and other types of diversity, that will need to be incorporated into the planning and provision of home care services in the future.

Access & Equity Framework

In response to research evidence on access barriers to hospital-based health services for LGBT people and the relative lack of evidence-informed knowledge about their experiences of accessing and receiving home care services, Drs. Daley and MacDonnell conducted a qualitative study to explore access and equity issues related to the provision of home care services for LGBT communities.

Using data obtained from the first phase of the study they developed an Access & Equity Framework which served as the foundation for the workshop discussed in this report. This Phase 1 consisted of: 1) a synthesis and critical discourse analysis of the ‘key indicators’ literature on access and equity in health care organizations informed by a gender-based diversity analysis; and 2) key informant interviews with LGBT-positive health service organizations that explored experiences, opinions and insights into the history and development of established agencies providing service to members of LGBT communities.
The Access & Equity Framework consists of: a) a framework based on the “invitational approach” and b) six access and equity elements – people, places, programs, processes, policies and politics (the six 6Ps) (MacDonnell & Andrews, 2006; Purkey & Novak, 2008; MacDonnell, Lazier, & Daley, 2010). Using this framework, organizational spaces, such as home care service provider organizations, can be assessed along a continuum of intentionally inviting, unintentionally inviting, unintentionally disinviting and intentionally disinviting for LGBT people. A checklist included with framework supports organizations in assessing where they are located along the continuum. The checklist includes the six components: leadership, environment, programs and services, community engagement, education and training, and politics.

The Access & Equity Framework is a tool that will support home care organizations to evaluate their existing policies and practices in relation to service access and equity for LGBT populations. This framework has been developed to be relevant to the particular nature of home care services agencies that are unique in terms of their type of service provision, service populations and accountability needs.

Workshop Overview

November 12, 2010

The invitational stakeholder workshop began November 12, 2011 in the Rainbow Room of the Primrose Hotel at 8am and ended at 1:30pm.

The first half of the workshop included a panel discussion focused on equity and access in health care planning and delivery generally, and in home care and LGBT populations specifically. The panel included:

Dr. Bob Gardner, Director of Health Care Reform and Public Policy, Wellesley Institute who presented on health equity assessment in health care generally. Dr. Gardner discussed the challenges of achieving health equity and provided an overview of the equity initiatives undertaken by the Wellesley Institute.

Anna Travers, Director, Rainbow Health Ontario spoke about the process of organizational change in relation to providing service to diverse LGBT people in long-term care. She also provided an overview of issues that confront LGBT seniors and that health care service providers must consider in order to support LGBT seniors’ health.

Anne Wojtak, Senior Director, Performance Management and Accountability and Sandra Iafrate, Client Service Manager, Community Independence Team presented the Toronto Central CCAC Access Framework (in progress). They discussed some of the challenges related to the development of equity issues and TC CCAC priority populations (children and youth,
newcomers and immigrants, racialized individuals, refugees, seniors, homeless and low income people, aboriginal people and people with disabilities).

Drs. Daley and MacDonnell presented findings that emerged from their literature review of health-related access and equity documents and key informant interviews with service providers employed within existing LGBT health and social services. They also presented a draft of the Access & Equity Framework discussed earlier in this document.

The second half of the workshop included participating in small group discussions to explore the feasibility and usefulness of the draft Access & Equity Framework. Following the break out group session, participant feedback was elicited through large group discussion on how to refine and revise the draft Framework for future use in home care. Participants were able to comment on the ease of use of the Framework and potential revisions that would need to be made to enhance its usability.

At the end of the workshop, lunch was provided for the attendees, which allowed opportunity for attendees to network with colleagues and to informally discuss the Access & Equity Framework and diversity in home care service provision.

Exit Survey

At the end of the workshop, attendees were invited to complete an exit survey. The primary purpose of the survey was to allow participants to anonymously respond to the Access & Equity Framework, the workshop format, and indicate their desire to be contacted about further LGBT diversity initiatives in the future. Details of this survey are discussed in the next section of this report.

Workshop Findings & Outcomes

Break out Groups Discussion

There were five break-out groups in total. Each group included a mixture of different service provision organizations and was moderated by a trainee who led the group through a case scenario and exploratory questions about the ways in which LGBT access can be developed using the Access & Equity Framework. Participants in each group discussed the need to incorporate LGBT diversity into home care service provision, current LGBT diversity challenges and experiences, and the feasibility and usefulness of the draft LGBT Access & Equity Framework. Participants also discussed strategies that their agencies are currently using to enhance access for LGBT communities and explored how the Framework can help support these initiatives.

Many stakeholders indicated that diversity in general is something that their organizations are just beginning to consider implementing and many are currently struggling with how to best
achieve this. They indicated that there is a need for organizational tools such as the Access & Equity Framework and for guidance on how to proceed with respect to specific populations such as LGBT populations.

Overall, stakeholders noted that diversity initiatives/supports within their organizations were limited to broad-based cultural competency training, which often tended to be sporadic in nature and not attended to regularly by upper management. LGBT diversity was especially lacking and many attendees indicated that they needed more training and education on LGBT issues and experiences.

Participants identified that they would have challenges implementing the Framework due to a lack of internal resources and suggested that the following would be necessary in order to proceed with change initiatives:

- Further training in LGBT issues such as learning modules that are mandatory for all employees.
- Organizational dedication from board members and senior managers in relation to becoming competent in LGBT and other types of diversity.

Participants also indicated that they required external resources in order to proceed with change initiatives including:

- Government participation in terms of required LGBT and diversity competence training.
- Government funding to support home care agency training initiatives in LGBT diversity.

Overall, participants felt that the Access & Equity Framework was very useful and relevant for home care agencies, but desired more explanation of its components and how it can be applied:

- Attendees identified the need for more explanation of how to practically apply the Framework and associated checklist within all areas of their organizations.
- Participants determined that the implementation of the Framework should be initiated alongside mandatory diversity training across all levels of organizations.
- Participants identified a need for more concrete measures of how to evaluate their progress/success in terms of working with the Framework.

The feedback summarized above was discussed by the organizers with partner agencies - the TC CCAC and RHO - with plans to develop a joint working group to explore the development of the Access & Equity Framework.
Large Group Feedback

At the end of the break out groups, each break out group presented one significant issue or comment on the Framework that emerged from their group discussion. Overall, the feedback centered on the applicability of the Framework and the feasibility of applying the Framework in home care service organizations. Attendees identified the need for provincial and federal oversight and for increased funding of the home care sector to allow individual home care organizations to implement the Framework. The Framework itself was thought to be appropriate, useful and workable.

Exit Survey Feedback

Just over one half of the attendees completed the exit surveys (16/28), which represented a 57% response rate. Overall responses indicated that stakeholders found the workshop and the Access & Equity Framework very useful and relevant. 81% of surveys identified that the workshop either met, or exceeded their expectations (13/16 answered this question). Written comments on the workshop overall included:

“Organized well, facilitation was excellent”
“It gave me ideas for policy changes at my agency”
“This was a fantastic opportunity to discuss issues and share experiences”
“Great opportunity to become aware of resources and networking”

To the question of what attendees found most valuable about the invitational stakeholder workshop, responses included:

“The Framework was very valuable”
“The Framework itself & how it can be applied to our organization”
“Identifying gaps”
“Invitational approach was very helpful in thinking about creating positive space in any type of service”
“Ideas regarding incorporating diversity questions into the interview and hiring process”
“The ability to share ideas and information with other service providers”

Participants indicated that they found the workshop very valuable in terms of knowledge sharing and networking and felt that there is a need to incorporate LGBT diversity. They also identified a need for further guidance and resources on how to proceed.

93% of attendees who completed the exit survey indicated that they would like to be contacted in the future by the organizers about future initiatives.
Next Steps...

The “Out” in Home Care”: Access & Equity Workshop created the opportunity for several knowledge translation opportunities to occur. The TC CCAC has been influenced by the dissemination of evidenced-informed knowledge on the need for LGBT diversity to begin to consider the intersection between LGBT identities and determined priority populations including seniors and newcomers/refugees, for example. As well, workshop participants were introduced to the Toronto Central CCAC Access Framework. The inclusion of Dr. Bob Gardner from the Wellesley Institute as a panel speaker provided opportunity for Drs. Daley and MacDonnell to disseminate the Access & Equity Framework to the Wellesley Institute, as a community contact. Dr. Gardner and Drs. Daley and MacDonnell exchanged information about existing health services access and equity lens towards the refinement of the draft Access & Equity Framework presented at the Workshop. The participation of Anna Travers (Rainbow Health Ontario) supported the exchange of knowledge about the long-term care experiences of older LGBT people and home care service providers. The workshop allowed for home care attendees to be introduced to the Access & Equity Framework and to contribute to its further development and refining so to increase its usability and usefulness. Feedback provided by attendees at the workshop will be used by Drs. MacDonnell and Daley to modify the A&E Framework.

Conference presentations and publications are planned as further dissemination of Drs. Daley’s and MacDonnell’s research and workshop findings. These papers include a focus on:

1. A critical discourse analysis of the existing health-related access and equity literature in relation to LGBT health services access and equity.
2. Findings based on data collected from LGBT key informant service providers in relation to health services access for LGBT communities.
3. The development of the draft LGBT Access & Equity Framework that was piloted during the workshop.

Drs. Daley and MacDonnell have also received Canadian Institutes of Health Research funding to investigate the current state of LGBT diversity in Ontario-based home care services. The research is planned to begin in mid-2011.

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References


