

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

## ***Workshop Proceedings and Final Report***

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Toronto, Canada**

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### **In Partnership with:**

**The Toronto Central Community Care Access Centre  
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## Executive Summary

'Access & Equity in Home Care' was a half day workshop that took place at the Primrose Hotel (Toronto, Ontario) on November 12, 2010. The workshop was organized to bring together home care company 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 gender and sexual-orientation inclusive and to support access to quality in-home health care services for diverse lesbian, gay, bisexual and transgender (LGBT) populations.

The 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 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 (lesbian, gay, bisexual, and transgender) in in-home care services and to pilot an organizational LGBT Access and Equity framework that was created by Dr. Daley and Dr. MacDonnell.

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. Strengthen existing partnerships between York University, Community Care Access Centers (CCAC) and Rainbow Health Ontario (RHO).
3. 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 Wjotak (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 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 tool and commented on its usefulness and applicability for supporting LGBT diversity and access in home health care.

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 in-home care, Drs. Daley and MacDonnell have conducted a qualitative study to explore access and equity issues related to in-home health care services for LGBT communities.

Using data obtained from the first phase of the study they have developed an Access & Equity framework tool (A&E) 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 ... The A&E tool consists of: a) the invitational approach framework (ref?); and b) six access and equity elements – people, places, programs, processes, policies and politics (the six 6Ps). Using this framework, organizational spaces, such as home care services 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 & services, community engagement, education and training, and politics (Appendix D).

The Access and 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 workshop began November 12, 2011 in the Rainbow Room of the *Primrose* hotel at 8am and ended 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, position, 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 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 lafrate, 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 & immigrants, racialized individuals, refugees, seniors, homeless & low income people, aboriginal people and people with disabilities).

Drs. Daley & 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. The also presented a draft of the Access and Equity framework for home care (Appendix C) discussed earlier in this document

The second half of the Workshop included participant small groups to explore the feasibility and usefulness of the draft Access and 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, a hot lunch was provided for the attendees, which allowed for the opportunity for attendees to network with colleagues and to informally discuss the Access & Equity framework and diversity in home health care service provision.

## **Exit Survey**

At the end of the workshop, attendees were invited to complete an exit survey (Appendix B). The primary purpose of the survey was to allow participants to anonymously respond to the A&E 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.

## **Findings of the Workshop**

### **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 A&E 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 A&E 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 A&E 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 enforced 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 implanting 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 A&E 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 A & E Framework tools.

### **Large group Feedback**

At the end of the breakout 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 services 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 A&E Framework very useful and relevant. 81% of surveys identified that the workshop either met, or exceeded their expectations (13/16 answered this question, 3 abstained). Written comments on the workshop overall included:

“Organized well, facilitation was excellent”

“Well balanced”

“This was a fantastic opportunity to discuss issues and share experiences”

“Great opportunity to become aware of resources and networking”

“It gave me ideas for policy changes at my agency”

To the question of what attendees found most valuable about the 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 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. In addition, 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 and Equity Framework to the Wellesley Institute, as a community contact. In addition, Dr. Gardner and Drs. Daley and MacDonnell exchanged information about existing health services access and equity lens towards the refinement of the draft access and equity framework presented at the Workshop. The participation of Anna Travers (Rainbow Health Ontario) supported the exchange of knowledge about the LTC experiences of LGBT older people and home care service providers. The workshop allowed for home care attendees to be introduced to the A&E Framework and to contribute to its further development and refining so to increase its usability and usefulness. Based on the feedback provided by attendees at the workshop, Drs. MacDonnell and Daly will modified the A&E Framework.

As a result of the success of the workshop, the organizers and partners (RHO, TCCCAC, Drs. Daley & MacDonnell) have decided to form a joint working group to further discuss how to best implement diversity in home care services and to pilot the A&E Framework.



Three research papers are planned as further dissemination of the Drs. Daley and MacDonnell's research and workshop findings. These papers are as following:

1. Manuscript reporting on the findings of a critical discourse analysis of the existing health-related access and equity literature in relation to LGBT health services access and equity
2. Manuscript that reports on the opinions, ideas and experiences of LGBT key informant service providers in relation to health services access for LGBT communities
3. Manuscript that outlines the LGBT Access & Equity Framework that was piloted during the workshop

Drs. Daley & 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.

## **APPENDIX A- Participating Organizations**

Canadian Red Cross – Community Health Services  
CBI  
Central Neighbourhood House  
Circle of Care  
Closing the Gap Health Care Group  
Comcare Health Services  
Older LGBT Program – 519 Community Centre  
Paramed Home Health Care – Toronto Central  
Rainbow Health Ontario – Community Outreach Worker  
Revera Health Services – Toronto  
MOHLTC - Senior Policy Advisor  
Saint Elizabeth Health Care  
SPRINT  
Spectrum Health Care  
SRT-Med Staff  
Street Health  
Toronto Central CCAC  
Wellesley Institute

## APPENDIX B - Exit survey

### Section One: Demographics (Please Mark One Answer per Question)

- A. I am primarily a:
- ☐ RESEARCHER
  - ☐ MANAGER
  - ☐ POLICY WRITER
  - ☐ HEALTH CARE PRACTITIONER
  - ☐ OTHER \_\_\_\_\_ (Explain)
- B. My organization is part of the \_\_\_\_\_ sector:
- ☐ PUBLIC
  - ☐ PRIVATE
  - ☐ Mixed (PUBLIC and PRIVATE)
- C. My organization is:
- ☐ FOR PROFIT
  - ☐ NOT FOR PROFIT
- D. I work for a
- ☐ HEALTH AGENCY
  - ☐ HOME CARE AGENCY
  - ☐ OTHER (Explain) \_\_\_\_\_
- E. If Applicable (Circle all that apply): My organization provides the following home health services:
- ☐ PERSONAL SUPPORT
  - ☐ NURSING CARE
  - ☐ THERAPY (OT/PT/SP)
  - ☐ SOCIAL WORK
  - ☐ OTHER (Explain) \_\_\_\_\_

### Section Two: Workshop Goals

1. To promote information sharing and capacity building between stakeholders and researchers to create policy that supports LGBT diversity in home health care.
2. Strengthen existing partnerships between York University, Community Care Access Centers (CCAC) and Rainbow Health Ontario (RHO).
3. Support a culture of research and learning within the TCCCAC.

Please comment below on whether you feel that the above objectives were met for you during the workshop:

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Please Turn Over...

## **EXIT SURVEY CONTINUED...**

### **Section Three: Detailed Comments**

1. How well did the session meet your expectations?

1  
Well Below  
Expectations

2  
Below  
Expectations

3  
Met  
Expectations

4  
Above  
Expectations

5  
Far Exceeded  
Expectations

2. What information did you find most valuable?

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3. What information did you find least valuable?

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4. Comment on the organization of the workshop:

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5. What further changes/suggestions do you have for the draft of the Equity Document:

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6. Please suggest other organizations that you feel may be interested in future workshops on diversity in Home Care?

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7. Would you like to be contacted about future diversity in home care initiatives by the organizers of this workshop?

☐ Yes

☐ No

***Thank you!***

## APPENDIX C – The Case Scenario

### **ACCESS & EQUITY IN HOME CARE: *ENHANCING ACCESS FOR DIVERSE & LGBT COMMUNITIES***

#### **CASE SCENARIO: EARL**

Earl is 78. He left Tobago in his twenties because his sexual behaviour with other men had become known and he suffered severe beatings. Earl came here because he had a friend who lived in Scarborough.

Earl has never really been part of the Church Street gay scene because he found it racist and excluding. He has a small group of friends who live in the suburbs, mostly other men of colour. Unfortunately, many of Earl's friends died of HIV/AIDS during the 1990's before there were anti-retroviral drugs.

Earl is very depressed and his drinking has increased. He is not eating properly and has lost a lot of weight. His doctor is suggesting he arrange for meals on wheels and an assessment by a seniors mental health worker. Earl is worried about people coming into his home and judging him. Over the years his home has been his sanctuary and contains many of his treasures.

**Use the six P's (policies, practices, people, processes, places, politics) to explore the following questions:**

What issues related to diversity, access and home care services are presented in this case scenario?

What issues related to LGBT diversity, access and home care services are presented in this case scenario?

What elements of the access and equity framework (community engagement, leadership, environment, policies, education & training, programs & services) does your agency have that would foster Earl's perception of intentionally inviting care?

What aspects of the access and equity framework (community engagement, leadership, environment, policies, education & training, programs & services) could be developed by your agency to further foster Earl's perception of intentionally inviting care?

What challenges might you experience when developing these aspects?

What external and/or system resources would support the development of aspects of the framework?

(Case Scenario: 'Earl' adapted from Travers, A. 'LGBT Seniors', 2010)

## APPENDIX D - Access & Equity Framework Checklist

**6P's: People, Places, Programs, Policies, Processes, Politics**

**6 Components: Community Engagement, Programs & Services, Environment, Leadership, Policies, Education & Training**

### **Community Engagement**

- ☐ Integrated into agency processes
- ☐ Involved on ad hoc basis
- ☐ Needs assessment
- ☐ Involved in program directions
- ☐ Involved in evaluation
- ☐ Hiring processes
- ☐ Diversity of communities represented

#### People

Q Are LGBTQ people engaged with the agency? Which LGBTQ people are involved in the community engagement process to ensure their diversity is represented?

#### Places

Q How are LGBT people engaged so that they can see themselves meaningfully represented in the agency and feel a sense of belonging?

#### Programs

Q How are LGBT people involved in a needs assessment, identifying program/service directions, delivering them and evaluating them?

#### Processes

Q What processes are in place to ensure consistent and ongoing community engagement (e.g., advisory committee), as well as on ad hoc basis?

#### Policies

Q How are agency policies developed to ensure hiring of LGBT staff, appropriate data collected about LGBT people in the agency?

#### Politics

Q How does the agency engage with LGBTQ people across e.g., age, ethnicity, condition (cancer), to advocate more broadly for resources, support relevant health concerns?

### **Leadership**

- ☐ Shared leadership
- ☐ Board of Directors
- ☐ Senior Management
- ☐ Management
- ☐ Front Line
- ☐ Staff
- ☐ Volunteers & Allies
- ☐ Advocacy
- ☐ Consult with 'out' staff to assist in identifying positive change

### People

Q Are people at all levels of the organization involved in leadership opportunities including volunteers and allies associated with the organization?

### Places

Q Are openly LGBT people in positions of leadership including 'Out' senior management.

### Programs

Q How is shared or distributive leadership implemented across agency programs?

### Processes

Q Is leadership on a project distributed across a broad base of employees with each having distinct and different responsibilities that contribute to the overall success of the agency as well as particular service access initiatives?

Q Is decision-making authority spread throughout the agency, creating a "flatter," more representative governance structure?

### Policies

Q Are agency policies developed through the participation of staff at all levels of the agency?

### Politics

Q Is shared or distributive leadership used across sector-specific agencies/organizations – such as home care service provider organizations – to engage in systems advocacy, for example, in relation to obtaining the resources (e.g., training resources, research) required to address health disparities and access barriers for diverse communities including the LGBT communities?

## **Environment**

- ☐ Staff have understanding of & use language that is inclusive of same-sex relationships
- ☐ Positive images of LGBT people on agency brochures, materials
- ☐ LGBT visual cues on relevant printed material
- ☐ Distribution of LGBT inclusive brochures, policy, client Bill of Rights
- ☐ Advertise positions in LGBT media

### People

Q How do staff use language to convey recognition, acceptance and affirmation of LGBT people?

### Places

Q Are LGBT people able to see themselves represented in visual cues within the physical environment of the agency? (rainbow/triangle symbols, LGBT representation of available brochures/ posters; LGBT relevant brochures/ posters, promotional materials for agency services and programs are LGBT inclusive)

### Programs

Q Do program-specific intake forms include demographic options that convey recognition, acceptance and affirmation of LGBT people? (gender neutral options such as 'domestic partner' or 'same-sex partner' along with options to choose male/female/both/neither, and gender neutral questions about relationships and sexual behaviour)

### Processes

Q What processes are in place to foster the creation of safe space and organizational support of LGBT employees? How does the agency administratively support LGBT employee networks/working groups

### Policies

Q Is there a policy that explicitly states that confidentiality is protected and privacy respected (in response to service users being inhibited about disclosure d/t concerns about confidentiality)

### Politics

Q Does the agency advocate for health equity initiatives to address systemic disparities in access? For example, does the agency advocate for community-based research that will increase their knowledge about the issues in providing LGBT inclusive services and programs?

### **Policies**

- ☐ Comply with human rights
- ☐ Clear harassment policy
- ☐ Non-discrimination policy
- ☐ Discriminatory language policy
- ☐ Anti-homophobia policy
- ☐ Anti-transphobia policy
- ☐ Recruit LGBT for all positions
- ☐ Openly 'out' staff at all levels

### People

Q Are there agency policies that address equity for both LGBT clients/service users and employees

### Places & Politics

Q Is there an overarching agency anti-oppression/diversity policy and/or philosophy that guides policy and program planning and delivery?

Q Is the anti-oppression/diversity policies visible and accessible to clients/service users, employees & the public?

### Programs

Q Are policies that address equity for both LGBT clients/service users and employees consistent across all programs?

### Processes

Q Do hiring practices include assessing diversity/LGBT competence? Do staff evaluation practices include assessing diversity/LGBT competency?

Q Have procedures been developed to deal with complaints of discrimination or harassment?

### **Education & Training**

- ☐ Staff
- ☐ Volunteers
- ☐ Students
- ☐ Management
- ☐ Board of Directors



- ☐ Mandatory
- ☐ Volunteer
- ☐ One-off
- ☐ Ongoing
- ☐ Inclusive of LGBT
- ☐ Excludes LGBT
- ☐ Orientation includes reporting processes/LGBT education
- ☐ Continuing education
- ☐ Specialized education
- ☐ Development of LGBT education (allies/communities)
- ☐ Review of existing training for LGBT inclusivity
- ☐ Training/education for/with partners in care, interprofessional education

#### People

Q Who receives education and training within the agency?

Q How are diverse LGBTQ people reflected in education?

#### Places

Q Where does training occur inside/outside the agency? On site? Online? With partner agencies?

#### Programs

Q What training opportunities occur? (Orientation, inservices, continuing ed, specialized training to build clinical and human resources capacity?)

Q What content is included about antidiscrimination policies/reporting practices?

#### Processes

Q How are LGBTQ people involved in education, development of material? (e.g., train the trainer?)

Q How is it embedded in the organization-encouraging informal & formal education opportunities?

#### Policies

How is education framed in terms of meeting agency goals for quality (mandatory/elective), accreditation?

#### Politics

Q How does the agency culture support the notion of a learning organization, allowing for critical questioning?

Q How does the agency advocate for resources for education/training for providers?

### **Programs & Services**

- ☐ Community linkages
- ☐ Monitoring/data collection
- ☐ Intake & assessment forms
- ☐ Visibility of LGBT across services
- ☐ Provision for targeted/specialized services/supports
- ☐ Hiring/LGBT expertise for programming
- ☐ Congruency of LGBT inclusion in agency mission/vision, strategic plans

#### People

Q How are LGBTQ people/staff involved in programming, agency processes (e.g. strategic planning)?

### Places

Q How does the agency represent the voice/visibility of LGBTQ in programs and services?

Q How does the agency support a culture of disclosure for LGBTQ staff?

### Programs

Q How are all programs inclusive of LGBTQ health (e.g., intake forms)?

What unique programs/resources are available?

### Processes

Q How are programs developed, delivered, evaluated with LGBTQ communities?

### Policies

Q What reporting processes for clients/staff are in place re discrimination, quality of care/work environment?

### Politics

Q How is the agency involved in research, advocacy for research/programming to meet the needs of LGBTQ people across e.g., ethnicity, condition, age?