

## Central East LHIN Health Equity Working Group Terms of Reference

### 1.0 Background/Context

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#### 1.1 Purpose

The Central East LHIN Health Equity Working Group (Health Equity WG) will support and guide the development of a Central East LHIN health equity framework, to be integrated into the organization’s day-to-day practices and sub-region planning infrastructure. The WG will be a key vehicle required to implement a standard approach to health equity across the seven sub-regions of the Central East LHIN. The mandate of the WG will include:

- Focus on the social determinants of health and health disparities;
- Identify best practices related to health equity;
- Alignment with external health equity strategies (e.g., the Black Health Equity Strategy); and
- Engagement across the Central East LHIN, to distil these strategies and improve health outcomes and patient experience.

The WG will be given the immediate deliverable of refining the Central East LHIN health equity framework and will implement an action plan that will be executed both LHIN-wide and on a sub-region basis. In addition, the perspectives of patients, and families’ experiences will be integrated into the work of this group. It is recognised that collective action is required for long-term success.

The Sub-region Planning Tables will be leveraged to ensure that health equity remains a local priority.

#### 1.2. Scope

“IN” Scope	“OUT” of Scope
<p>The Health Equity WG Will:</p> <ul style="list-style-type: none"> <li>• Share knowledge, experience and best practices pertaining to health equity</li> </ul>	<p>The Health Equity WG Will Not:</p> <ul style="list-style-type: none"> <li>• Undertake decision-making regarding service delivery operations and funding of</li> </ul>

“IN” Scope	“OUT” of Scope
<ul style="list-style-type: none"> <li>• Develop and implement a Health Equity Framework within the sub-regions and across the Central East LHIN</li> <li>• Address health inequalities at a sub-region level, leveraging Sub-region Planning Tables</li> <li>• Provide recommendations to the Central East LHIN Sub-region Planning Tables and Steering Committee on health equity strategies to improve patients’ health at a sub-region level</li> <li>• Engage Central East LHIN-funded Health Service Providers (HSPs) to support and improve health equity</li> </ul>	<p>individual health services providers/service providers/entities within the sub-region</p> <ul style="list-style-type: none"> <li>• Advocate on behalf of organizational interests</li> <li>• Collect data</li> <li>• Address patient-specific issues or concerns</li> </ul>

## 2.0 Roles and Responsibilities

### 2.1 Role of the Health Equity Working Group Members

The purpose and mandate of the Health Equity WG are outlined above. As such, members will assume the following responsibilities to achieve this purpose:

- Provide expertise and leadership to support the mandate and priority areas as established in the Central East LHIN’s Integrated Health Service Plan (IHSP4) and by the Sub-region Planning Tables.
- Champion health equity related work by leveraging opportunities to influence, educate, collaborate and integrate with others.
- Engage and build capacity among stakeholders by providing an opportunity for meaningful dialogue between the Central East LHIN, HSPs and diverse populations.
- Operate in a manner that demonstrates inclusiveness and respect for diversity of opinions.
- Use evidence-based approaches to guide and influence the work of the Central East LHIN.
- Act as an ambassador for health equity in the community at large and other Central East LHIN engagement structures.

The Role of the Co-Chairs will be to:

- Lead meetings to ensure advancement of the agenda within the timelines allocated for specific agenda items.
- Facilitate meetings to ensure input is solicited from members and each member has an equal voice.
- Organize the structure and function of the WG, ensuring responsiveness and effectiveness.
- Liaise with the Central East LHIN Health Equity Project Team to determine priorities for the WG.
- Receive advice and recommendations from Sub-Region Planning Tables and/or Sub-Region Planning Steering Committee.
- Create key messages from meetings for circulation.
- Develop an annual report of the activities of the Health Equity WG.

## 3.0 Central East LHIN Health Equity Working Group Members

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### 3.1 Membership

The Health Equity WG will be supported by representatives across the health system. Members of the WG will encompass diverse health sectors with expertise in population health planning, and complementary skills and perspectives in health equity. The Central East LHIN WG will comprise up to 12-15 members, including the Co-Chairs.

The membership of the Health Equity WG will include:

- **Co-Chair:** Central East LHIN Health Equity Director Lead
- **Co-Chair:** Appointed member of Health Equity Working Group
- Patient or Caregiver
- Francophone representative
- Indigenous representative
- New Immigrant representative
- Health Quality Ontario, Quality Improvement Specialist
- Sub-region Planning Table cluster representation (3 members)
- Municipal Services (County-level funder and provider of Affordable Housing, Food Security, Income/Employment, Child Care)
- Public Health Unit representation
- Health Service Provider representation (3 members)

Other subject matter experts will be engaged as required.

### **3.2 Reporting Relationships**

The Health Equity WG reporting relationships are as follows:

- Through the Executive Sponsor, the Health Equity project team will report recommendations to the Central East LHIN Senior Team related to best practices and implementation of the health equity framework.
- The Central East LHIN Health Equity WG will have dotted line accountability to the Sub-region Planning Steering Committee and will support the work of the Sub-region Planning Tables as needed, by providing recommendations for health equity best practices and the implementation of the health equity framework to address health disparities across the Central East LHIN.
- The Health Equity WG will consult with other existing LHIN engagement structures as needed (e.g., Regional Quality Committee).

### **3.3 Duration of Service**

The Health Equity WG members will be appointed for a two-year term, subject to review and mutual agreement to continue at the end of year one. Members will be eligible to serve two terms, and these terms need not be sequential and may be staggered to support succession planning.

## **4.0 Logistics and Processes**

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### **4.1 Frequency of Meetings**

The Central East LHIN Health Equity WG will meet monthly for the first year, and at minimum for eight meetings per year for 90 minutes. Meetings will be held at pre-determined alternating locations within the Central East LHIN. Additional meetings will be held at the discretion of the Co-Chairs, and alternative meeting formats (i.e. teleconference) will be considered.

### **4.2 Decision-Making Process**

Whenever possible, the Health Equity WG members will make decisions by consensus. Where consensus cannot be reached, a vote can be called and quorum requirements will apply.

### **4.3 Quorum Requirements**

Quorum<sup>1</sup> of the WG will be 50% plus one of its membership. To constitute a formal meeting a majority of members must be in attendance.

### **4.4 Review Terms of Reference and Evaluation of Outcomes**

The Health Equity WG will review the Terms of Reference annually, or when required. Effectiveness of the WG will be evaluated on a yearly basis.

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<sup>1</sup> Quorum is the minimum number of WG members required for a valid meeting. Members are considered present when participating in person or by telephone/video conference. Chairpersons are included in the 50% plus one quorum calculation.