

HEALTH Policy Briefing

Health equity does not happen by accident

Accepting the truth of health inequity requires us to be honest about the fact that not everyone starts from the same place.

Sueilyn Knight

Opinion



All Canadians should have what they need in order to be healthy—that is what health equity looks like. However, a finding from a recent study highlighting that Black Canadians are about 75 per cent more likely than white Canadians to delay or forgo filling their prescriptions because of cost should set off alarm bells.

It points to a stark truth too many people are still willing to ignore: many people in Canada, one of the wealthiest countries in the world, are being forced to choose between putting food on the table or buying the medications they need.

This is not an abstract policy failure, but a human one that lays bare the health inequities that exist in this country. They are real, measurable, and worsening.

It is time to acknowledge the harmful effect of health inequities and invest in pragmatic solutions. The overlapping connections between race, income, and health outcomes are striking and undeniable.

Communities that are underserved, marginalized, and underrepresented—including Indigenous communities, Black and other racialized individuals, and low-income populations—continue to face the greatest barriers in accessing health care.

At the same time, they also experience the greatest threats to their health based on social and economic factors—known as social determinants of health—including income, education, employment, housing, disability, and food security.

These differences result in poorer health outcomes, higher rates of chronic disease, and a shortened life expectancy—outcomes that are real, measurable, predictable, and, most importantly, preventable.

A recent report by the Wellesley Institute examining the social determinants of health on diabetes risk in Black people highlights the need for targeted interventions that tackle not just the barriers they face in accessing health care, but also the broader sociocultural, environmental, and economic factors that increase their risk of chronic diseases like diabetes.

Yet, at a time when the evidence of health inequities is clearer than ever, we are seeing a very troubling shift.

Equity is being dismissed by some as “woke” and divisive, as though it were an ideological matter that can be disregarded rather than an issue grounded in data, lived experience, and public health necessity.

This is not just misguided, it is dangerous.

Health equity is not about giving some people more. It is about ensuring that everyone has what they need to achieve comparable outcomes for optimal health.

Accepting the truth of health inequity requires us to be honest about the fact that not everyone starts from the same place.



Equity requires us to intentionally examine the underlying reasons for inequities, and then design solutions that meet people where they are, writes Sueilyn Knight. Photograph courtesy of Pexels

When someone cannot afford to fill a prescription, the consequences ripple outward. Chronic conditions worsen. Emergency room visits increase. Health systems become more strained. Costs rise for everyone.

Canada has long prided itself on having a strong and equitable health system, but the reality is it has many gaps and people from disadvantaged groups are more likely to fall through them.

This is why we need more investment in targeted strategies and in solutions that address not just symptoms, but also root causes.

Universal approaches alone will not close these gaps. If they did, we would not be here.

Equity requires us to intentionally examine the underlying reasons for inequities—including poverty, systemic racism, barriers in access, and policy blind spots and the different ways they impact diverse communities—and then design solutions that meet people where they are.

It also requires empathy and understanding—something that cannot be legislated, but must be cultivated.

Empathy and understanding build trust and break down barriers by valuing individuals’ lived experiences and recognizing the harmful effects that systemic discrimination, stereotypes, and biases can have on health outcomes.

We need to pair empathy and understanding with resources and targeted strategies that actually make a difference in the lives of people who are most affected.

This includes strategies such as addressing the social determinants of health and building a health-care system tailored to the needs of those most affected by systemic barriers.

Equity is not a static achievement. It is an ongoing commitment. It’s not the time to retreat and dismiss equity as unnecessary or divisive. It is time to lean in, follow the evidence, and invest in solutions that eliminate inequities.

After all, when we invest in health equity, everyone benefits.

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The Hill Times

Making Canada economically strong includes equal access to quality health care

Medicare should cover health services and treatments equally across the country. If we can come to national agreements on goods, we can do it on health care.

Louise Binder & Martine Elias

Opinion



Unless you have been living under a rock for some time, you know that Canada has been under siege by our American neighbours for the past year, both economically and politically. It has been gratifying, and somewhat comforting, to see the hard work at the federal and provincial/territorial levels to counter these threats with numerous tactics.

One of the strategies has been a commitment to remove trade barriers deemed unnecessary and economically damaging between the provinces and territories. It is good to know that we will soon be able to buy products from other provinces with fair and equitable pricing.

Imagine if we employed the same lens for publicly funded health care across Canada. Yet no one seems to be talking about creating equitable access to health treatments across the country, no matter where they live or what their personal financial situation may be.

Shouldn’t health care be as accessible across the country as Canadian goods? And isn’t quality, accessible health care just as important a strategy to keep Canada strong economically?

Health-care delivery, including providing treatments, is generally seen as a cost centre without recognizing it is also a strong positive driver for the Canadian economy. Healthy people help to make Canada strong by increasing productivity in the workplace, allowing Canadians to fulfill necessary family duties—which affects the health of all of our communities—without stress and hardship, and provides a stimulus to the economy through increased spending (a long-term investment).

The health-care sector also provides quality jobs in many areas of the economy, including in research and development, direct care, medical technology, and biomanufacturing. This, in turn, has a positive effect on other ancillary sectors creating spillover benefits to all areas of the economy.

Why not create a harmonious health system, remove red tape, and create cost savings by having provinces and territories in partnership with the federal government work together to create a single list of treatments covered by medicare instead of making province-by-province

decisions about what treatments to reimburse under our publicly funded health plan?

As longtime cancer patient advocates, we have seen people saved by access to health treatments through publicly funded plans—and lost to us for lack of such access. Many others have been bankrupted paying out-of-pocket for treatments and costs, including travel and accommodation, because a treatment is not available in their home province but available in another province (or even in another country).

It shouldn’t matter where you live in Canada—medicare should cover health services and treatments equally across the country. If we can come to national agreements on goods, we can do it on health care.

Sound impossible? We’re doing the impossible now, pivoting from an over-reliance on American trade, and looking to ourselves to be leaders of our own economic destiny.

And we aren’t starting from scratch. We already have pan-Canadian health technology assessment bodies. We negotiate for public drug plan pricing together. The beginning of national pharmacare has been in the works for some time now.

Yet, even after all of the work of these expert bodies to provide advice on treatment coverage across provinces, we stall when it comes to action. It’s time for the provinces and territories to come together on health care.

The federal government can help make it happen, just as it has on interprovincial trade.

It’s also about our values as Canadians. The unequal access to health treatments across provinces breaches the spirit of the five principles underlying the Canada Health Act (CHA). In this legislation, we are promised universality, portability, and accessibility, as well as comprehensiveness and public administration. Unequal access to treatments across provinces is simply not in line with these principles.

Provinces will argue that the CHA is solely about hospital and physician services. But this legislation was enacted before the development of a vast number of health innovative treatments and testing that we have today. We can get with the times.

If we want to “build Canada strong,” this means health care, too. Our mindset about the provision of health treatments must fundamentally change.

There is never a better time than now as we strive to make our country strong and united. The provision of equal access to necessary health treatments across Canada should be our goal because it is in line with our intention to make Canada strong economically—and upholds the social values we hold dear.

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