

Health Inequity: How Canada's Health Care System is Failing our Most Disadvantaged

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What would Emmett Hall think of Health and Health Care in Canada today?

Argument 1:

Health inequity in Canada is profound.
The Healthcare System may serve to
make this worse.



Argument 2:

For disadvantaged communities our Health Care System is unacceptable.



Argument 3 :

New models of care are needed. These will require a fundamental reconsideration of Health and Health Care for all.



Case Study



**“..whatever you did for one of the least of these brothers
and sisters of mine, you did for me.”**

Matthew 25:40

Health Equity

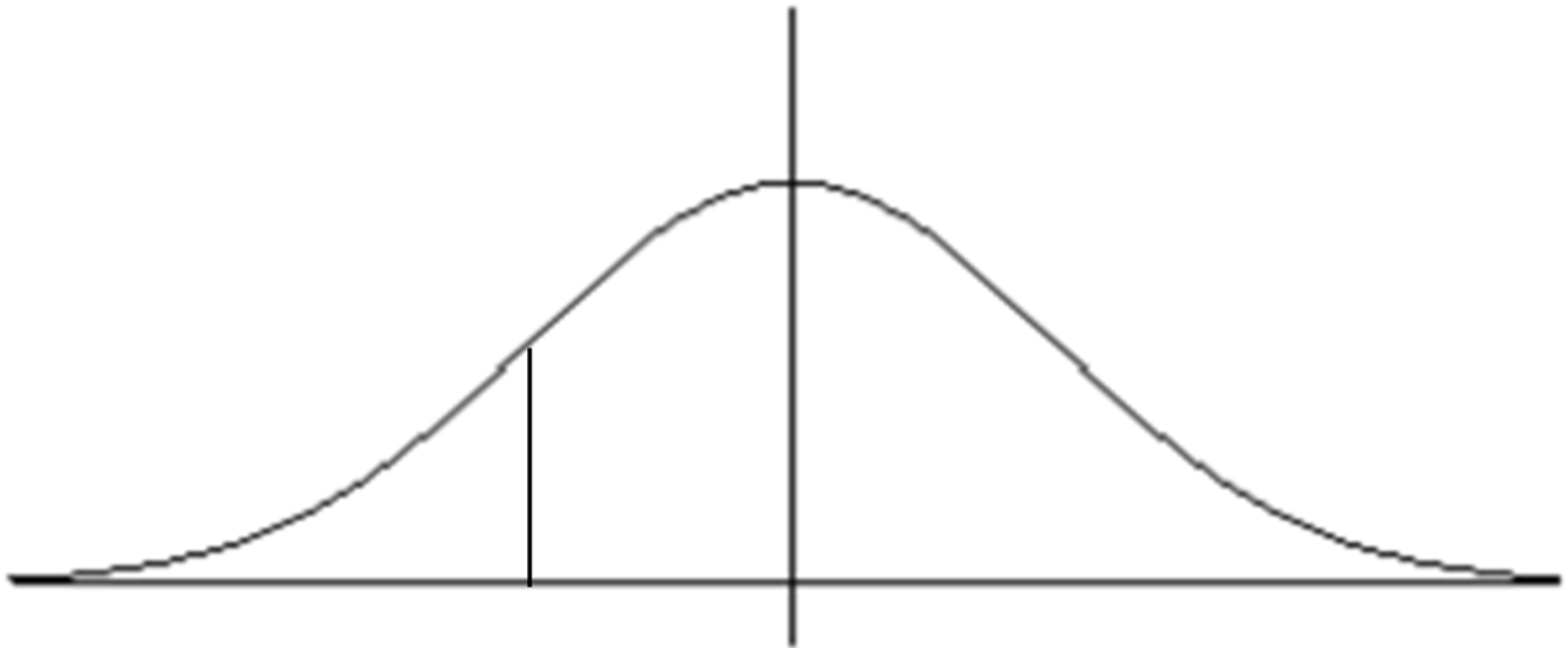


Health equity allows people to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have or who they are



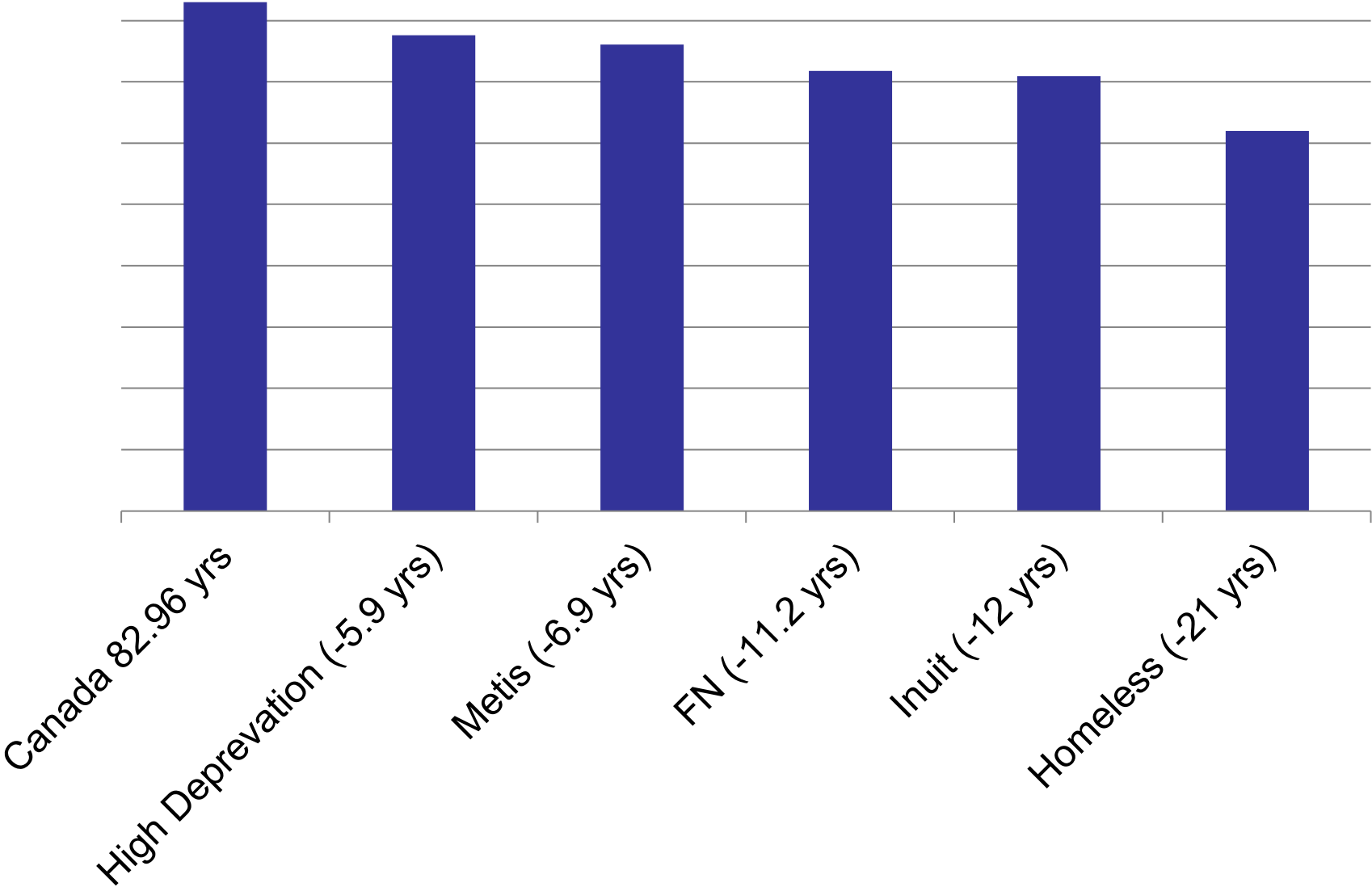
Health Equity and the Impact on Health

82.96 years



Life expectancy in Canada 2021

Life Expectancy Chart (Years)



Priority Populations & Impact of Inequality

- Addiction
- Obesity
- Trauma
- Mental Health
- Suicide
- Diabetes
- Asthma

1.5- 4 times higher

Disadvantaged communities

Who are Canada's Most Disadvantaged Populations?

- Overlapping and compounding risks, unified by poverty
- Failed by a health care system that is not: available, accessible, acceptable or accountable



Communities with Differential Impact

- Gender and sexual orientation
- Ethno-cultural differences including linguistic/refugee health
- Indigenous peoples
- Frail elderly
- Rural & remote residents
- Single-parent families
- Physically disabled
- Mentally ill/drug and alcohol addiction
- Recent immigrants
- The young and the elderly
- Poverty including the homeless

Making the Case Health Equity

“...any man's death
diminishes me,
because I am involved
in mankind.”

John Donne

Making the case for equitable health care:

- Quality/social accountability
- Human rights
- Can't afford not to.



The Challenge of Those Living in Poverty & With Mental Illness

The right care, at the right place at the right time



New Models of Care: New Roles and Competencies for Providers



Patient/Community Centered Care & New Models of Care

- Define the circumstances of the individual or the nature of the community involved
- What does good health and health care look like to that person or community?
- Consider personal or systems based barriers to health and health care
- Engage individuals and communities in effective solutions
- Care on their terms (right care, right time, right place)
- Build trusting relationships
- Mitigate underlying social factors through partnerships and advocacy
- Define and measure success on their terms

Innovations in Care: New service models for homelessness



Ottawa Inner City Health 2001-2021

Shelter Based Program	
TED	49 beds + 8 OBS
Third Floor	55 beds
Special Care for Men	30 beds
Hospice	21 beds
Primary Care Clinic	
Supportive Housing	
Oaks	55 units
Booth House	20 units
Gardner (HS)	34 units
Kanata	99 units
765 Montreal Rd	42 units
Carruthers	50 units
Telus Mobile Health Van	
MOP	
Safe Supply	
SIS (CTS)	

Case Examples:

The Opioid Crisis



Case Examples:

The Challenge of COVID



Some Thoughts on Developing New Models of Care that Serve Disadvantaged Populations

- Must be built on values, trust
- Must be built around individuals/communities' need not providers
- Requires new partnerships/collaborations/community engagement
- Existing policies/procedures can be impediments
- Must be driven by data/evidence/accountability
- We are too risk averse
- In the end it's about changing the culture, finding meaning, engaging communities

All Canadians deserve the same potential for health and access to high quality health care based their needs.



Emmett Hall would accept no less.

*The woods are lovely, dark, and deep,
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep*

Robert Frost, *Stopping by Woods on a Snowy Evening*, 1923

