

Invest in social equity to improve health for low-income people

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Canada must invest in social spending and recognize that our health care system is not "universal" if Canadians living in low-income neighbourhoods are to have the same chance of good health as other Canadians, argues an editorial in *CMAJ (Canadian Medical Association Journal)*.

People living in poorer neighbourhoods are at higher risk of dying from preventable diseases than people in affluent neighbourhoods. Even when there are no financial barriers, people with low income access [health care](#) less frequently. For example, only 54% of women living in the poorest neighbourhoods in Ontario completed screening for [cervical cancer](#), compared with 67% of women in the richest urban neighbourhoods.

"These differences come with the human cost of thousands of avoidable deaths every year and are particularly harrowing for Indigenous Peoples," write Dr. Andrew Boozary, Executive Director of Health and Social Policy, University Health Network, Toronto, Ontario and Dr. Andreas Laupacis, CMAJ's editor-in-chief. "The persistence of these disparities amounts to discrimination against Canada's most disadvantaged populations."

Why is there such disparity in health outcomes? Poverty is associated with many health risks linked to social context, including housing insecurity, isolation, unhealthy food options and substance use disorders. In an international ranking of high-income countries, Canada came last

on social program spending in 2017.

As well, publicly funded health care in Canada covers only certain services, leaving out coverage of prescription drugs for many Canadians, mental health counselling, most home care services and physiotherapy.

Within the [health care system](#) itself, differences in access and outcomes according to income persist. "It is well past time that we act on the undeniable importance of the social determinants of health and remedy the inequities within the health care system itself."

The authors call for significant public investment, innovative approaches and political will to level the playing field.

More information: *Canadian Medical Association Journal* (2020).
www.cmaj.ca/sites/default/files/cmaj-192-E105.pdf

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