

# Advancing Health Equity in Health Care

## Equity Measure Findings

### Why is this Important?

**Health equity** is the principle of and commitment to incorporating fairness into health by reducing health inequalities.<sup>1</sup> It implies that all people can reach their full health potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender, sexual orientation, age, disability, social class, where they live, socioeconomic status or other socially determined circumstances.<sup>2</sup>

### Examples of Action Being Taken:

For examples of progress that is occurring in Saskatoon Health region, please see [Tackling the Barriers to Better Health for All](#).

To see how health equity is currently being considered in Saskatoon Health Region, please see [Measuring Equity Region Plans and Strategies](#).

### What More Can Be Done?

See the Chief Medical Health Officer's [Call to Action](#) for further recommendations.

### Methods and Tools:

- [What Did We Hear? A Summary of Health Care Sector Consultations](#)
- [Health Care Equity Audit Guide](#)
- [Technical Appendix](#)

### Highlights

#### Health Inequalities Remain Persistent.

- **Life Expectancy is Shorter for Some Residents:** Average life expectancy at birth is unfairly distributed in our city and the gap between those living in areas of highest and lowest deprivation of the city is widening [[The Deprivation Index](#)]. While life expectancy has continued to improve in areas of lowest deprivation of the city, it has remained unchanged for those living in areas of highest deprivation [[Life Expectancy Results](#)].
- **Gaps are Persistent:** Those living in the areas of highest deprivation in the city are experiencing poorer health compared to those living in areas of lower deprivation. Over time many of these gaps are persistent and unchanging [[Trends in Health Equity Summary](#)].
- **Health Improves as Deprivation Decreases:** For most conditions, the differences in health exist not only between areas of highest and lowest deprivation, but follow a gradient pattern. This means that residents living in areas of moderate deprivation experience poorer health than those in areas of lowest deprivation, and those in the highest deprived areas experience the poorest health of all.
- **Hospitalizations are Decreasing Disproportionately:** Cancer, chronic obstructive pulmonary disease (COPD), heart disease, intentional self-harm, mental health disorders, and stroke hospitalizations have consistently decreased since 1995. The general decrease has been disproportionate however, with large, persistent gaps between those living in the most and least deprived areas of the city for injuries, intentional self-harm, diabetes, heart disease and mental health disorders. For stroke and COPD, gaps are large but decreasing over time.
- **Primary Care Visits are Increasing Disproportionately:** Those living in areas of highest deprivation in Saskatoon are visiting a physician much more than those in other areas of the city. High inequalities and persistent wide gaps in primary care visits exist for all of the health outcomes examined. Further examination of these trends will be required to identify if service utilization is appropriate to need.
- **Prioritizing Action:** Areas like chronic disease<sup>i</sup> and mental health<sup>ii</sup> show some of the greatest inequalities. While some conditions, like COPD, have narrowing inequalities, the gaps remain wide and additional work is needed. Other issues, such as teen pregnancy and Hepatitis C, have high inequalities and widening gaps. We need to prioritize the population groups most vulnerable to health conditions showing the greatest inequalities. Links between some of these conditions, such as diabetes, COPD, heart disease, and mental health are particularly common and alarming<sup>3</sup>. For example, those living with mental illness often face challenges with living in poverty, finding stable housing, and having strong social networks. Because of this social disadvantage, people become vulnerable to acquiring additional chronic illnesses. Conversely, those living with chronic conditions also are at greater risk of experiencing mental illness.<sup>4</sup>

#### The Bottom Line:

The data is a starting point for conversations on health equity. Wide gaps between those living in the highest and lowest deprived areas of Saskatoon are persistent and, in some cases, growing. While it is important to identify trends and priority areas, the message is clear. We have work to do. Many factors that influence health lie largely outside the health care system; however, we must do what we can to decrease health inequities from within.

<sup>i</sup> The term chronic disease is used to refer to COPD data and diabetes data.

<sup>ii</sup> The term mental health is used to refer to intentional self-harm data and mental and behavioural disorders data.