

Disparities and Social Determinants of Health among three key populations in Canada

Dr. Kwame McKenzie, Sayani Paul and Aamna Ashraf, Centre for Addiction and Mental health (CAMH). Disparities and social determinants of health among three key populations in Canada. 2025. [Read the full report here.](#)

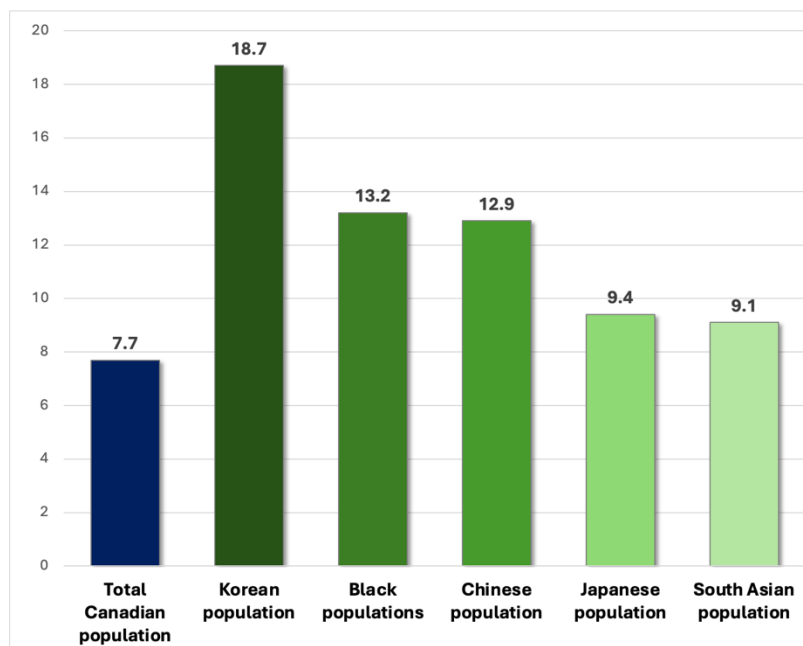
Disparities between racial communities*

- ❑ Specific racialized populations in Canada face persistent and preventable health disparities that are socially produced and sustained by inequitable access to housing, employment, and healthcare services.
- ❑ Disaggregated data reveal sharper inequities, underscoring the urgency of targeted, equity-focused interventions.

Housing and Employment

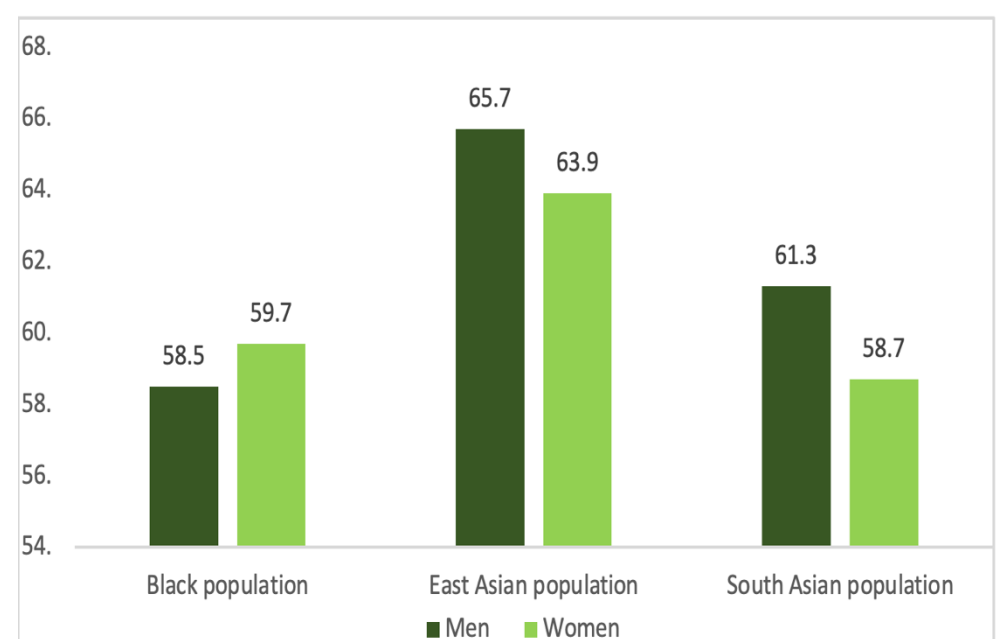
- All three racialized populations experience high prevalence of core housing need (i.e. housing found to be inadequate, unsuitable or unaffordable) compared to the total Canadian population.
- **Black and Korean populations** experience the highest rate of core housing need.
- **Black workers** face the **highest unemployment rate** (10.3%), nearly twice the national average.
- **Black workers** also have the lowest rate of paid sick day coverage, due to the nature of employment.

Core Housing Need 2021



Source: Statistics Canada, 2023

Paid sick day coverage



Source: Maclsaac and Morissette 2023

Impact on Black populations

- Black populations are disproportionately impacted by chronic diseases such as heart disease, stroke, and diabetes, exacerbated by risk factors like hypertension, chronic stress and obesity
- However, only 72% of Black adults have a regular provider, compared to 84% of white adults.
- Black populations report fair/poor self-rated health and more frequent use of emergency care
- Avoidable hospitalizations are significantly higher among Black individuals compared to non-racialized as well as to the other racialized groups addressed in this report due to poorer access to primary care

Impact on South Asian populations

- South Asian population face specific health challenges, including the highest prevalence of type 2 diabetes (15.3%), and high prevalence of cardiovascular problems and asthma.
- South Asian populations experience higher rates of anxiety and mood disorders compared to the overall population but are 85 per cent less likely to seek treatment; highlighting a need for culturally appropriate care and stigma reduction.

Impact on East Asian populations

- The Chinese population has the lowest rate of avoidable hospitalizations as well as a relatively lower use of health care services due to barriers such as language barriers, cultural barriers, stigma, lack of health system related knowledge
- Anti-Asian hate crimes that peaked during the early phases of COVID-19 pandemic impacted the mental health of many East Asians compared to white Canadians (Depression Scale mean score of 11.49 vs 9.51).

* The report was strictly limited to these populations: Black populations (aggregate), South Asian populations (aggregate) and East Asian populations (Chinese, Japanese, Korean, Taiwanese).



Without systemic change, specific racialized populations will continue to experience **higher burdens of illness, lower quality of care, and shortened life expectancy.**

Three Priorities of Critical Action

Importantly, the critical actions address **barriers to care at different levels**: **Intrapersonal barriers**: Health systems related knowledge, stigma. **Interpersonal barriers**: Experience of discrimination, language barriers, cultural differences. **Systemic barriers**: Economic barriers, access to regular healthcare provider, systemic racism and discrimination, lack of culturally relevant care.

Improving Employment Equity and Working Conditions

- Focus on **barrier removal** (e.g., recognition of international credentials, specialized funding programs and expanding access to mentorship and networks to build pipeline).
- Hold **meaningful consultations** with disadvantaged racialized communities when action-planning to advance equity and inclusion.
- Tighten regulatory oversight** (e.g., mandating Equity Diversity Inclusion (EDI) training, improving HR practices and collection of disaggregated data)

Improving Housing & Built Environment

- Introduce an **equity-based approach to housing policy** at all levels of government (e.g., collection and public reporting of disaggregated race-based data, tax subsidies that benefit low-income households over high-income ones, and robust legislation to address discriminatory landlord practices)
- Increase **supply of social and affordable housing** (e.g., construction of new housing, acquisition or retrofit of existing housing)
- Improve affordability** (e.g., introducing rent stabilizing policies, expanding benefits to low-income families)

Improving Access to Health Services

- Advance awareness** of intrapersonal, interpersonal and systemic barriers for policymakers and healthcare organizations¹
- Develop and enforce legislation** to ensure health and mental health services are equitable in both access and outcomes
- Mandate race-based data collection** and analysis as part of a health equity strategy
- Deploy specific strategies how **health care organizations can have a direct impact** on the multiple determinants of health
- Develop **partnerships with community** organizations
- Invest in culturally **relevant and appropriate interventions** (screening as well as treatment)





Without systemic change, specific racialized populations will continue to experience **higher burdens of illness, lower quality of care, and shortened life expectancy.**

Three Priorities of Critical Action

Improving Employment Equity and Working Conditions

- Focus on **barrier removal** (e.g., recognition of international credentials, specialized funding programs and expanding access to mentorship and networks to build pipeline).
- Hold **meaningful consultations** with disadvantaged racialized communities when action-planning to advance equity and inclusion.
- Tighten regulatory oversight** (e.g., mandating Equity Diversity Inclusion (EDI) training, improving HR practices and collection of disaggregated data)

Improving Housing & Built Environment

- Introduce an **equity-based approach to housing policy** at all levels of government (e.g., collection and public reporting of disaggregated race-based data, tax subsidies that benefit low-income households over high-income ones, and robust legislation to address discriminatory landlord practices)
- Increase **supply of social and affordable housing** (e.g., construction of new housing, acquisition or retrofit of existing housing)
- Improve affordability** (e.g., introducing rent stabilizing policies, expanding benefits to low-income families)

Improving Access to Health Services

- Advance awareness** of intrapersonal, interpersonal and systemic barriers for policymakers and healthcare organizations¹
- Develop and enforce legislation** to ensure health and mental health services are equitable in both access and outcomes
- Mandate race-based data collection** and analysis as part of a health equity strategy
- Deploy specific strategies how **health care organizations can have a direct impact** on the multiple determinants of health
- Develop **partnerships with community** organizations
- Invest in culturally **relevant and appropriate interventions** (screening as well as treatment)

1. **Intrapersonal barriers:** Health systems related knowledge, stigma. **Interpersonal barriers:** Experience of discrimination, language barriers, cultural differences. **Systemic barriers:** Economic barriers, access to regular healthcare provider, systemic racism and discrimination, lack of culturally relevant care. Please see full report for further details.

