

## Ethnicity, Income and Access to Health Care in the Atlantic Region: A Synthesis of the Literature

It is a well-documented fact that the Atlantic provinces are the poorer cousins of other regions of Canada. How that national inequality translates into income and other inequalities in the Atlantic region, and what role other factors such as geographical location (urban/rural) and ethnicity play, are questions that must inform any social policy (national and provincial). Although income clearly plays an important role, the “well-being” of Atlantic Canadians depends upon the opportunities they have to develop “human capabilities” which represent the ability of humans to function in society economically, socially and politically. The anchor for human development is health since that determines whether, and to what extent, human beings can function. Thus, good health allows us to enroll in schools, learn skills, look for employment and earn income. It is also the foundation for forming families and raising children. There is also an important inter-generational impact.

*Ethnicity, Income and Access to Health Care in the Atlantic Region: A Synthesis of the Literature* scans the relevant academic and popular literature on the accessibility to health care of different income and/or ethnic groups in the Atlantic region. This synthesis highlights the important dimensions of health care accessibility from the point of view of marginalized groups in the region. Inequalities in access to health services can be examined in the context of broader inequalities in the socio-economic sphere which might stem from the income status and ethnicity of individuals, their geographical location, as well as age and gender.<sup>1</sup>

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<sup>1</sup> Of course, income status is likely to be related to ethnic background, as well as to age, gender and geographical location.

### Findings

The report identifies the following areas of research:

- Perceptions about well-being, health and health care accessibility among Blacks (mainly in Nova Scotia) and Aboriginal groups (in all Atlantic provinces), and to some extent among ethnic immigrant groups (mainly in Nova Scotia and Prince Edward Island), and the Acadian sub-populations of New Brunswick.
- Related issues of identifying the needs and problems of access of low-income groups (including rural households, disadvantaged ethnic groups and women).
- The relationship between socio-economic status and health care.
- Problems of health care delivery modes as they relate to the needs of an increasingly diverse population.
- Problems of health care access and funding arising from the trend towards greater reliance on community-based health care (i.e., the economic and social burdens of home care, for example in rural communities, and especially for the elderly).
- Description of health-related initiatives targeted towards low-income/ethnic populations.

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## Knowledge Gaps

Since the purpose of building research-based knowledge is to inform policy, it is imperative the knowledge base be adequate. In the context of health care accessibility of various ethnic groups and those with a low income in Atlantic Canada, the report notes critical gaps in the knowledge base.

- We need more information on the health problems and needs of ethnic minority populations, especially the newer ones. The fact that new ethnic minorities constitute a small proportion of the provincial population is precisely why they can become marginalized, especially those who belong to low-income groups, if health care policy is not informed about these sub-populations. That older minority groups continue to have difficulties with public health care provision warns against complacency.
- There is a clear lack of information on the gender aspects of health care accessibility. Much of the existing literature relates to only to women. A gender perspective might be especially important for understanding the health care access of both groups, and especially ethnic groups whose cultural values differ from those of the dominant cultures.
- The health care access problems of low-income, rural groups, including ethnic minorities, need more extensive documentation, especially with regard to home care, and the potential for new communications technology such as tele-care that has been used in New Brunswick and Nova Scotia to reach remote communities.
- Although various health policy initiatives aimed at marginalized groups in the Atlantic provinces have been taken, we know little about how they have been doing, the problems they face and how they have adapted to those problems.

## Directions for Future Research

The limited research base on health care accessibility in the Atlantic region is in contrast to work being done in other parts of Canada. There is, therefore, a need to make a long-term commitment to such research in the region. In order to reduce these gaps, the future agenda for research needs to be directed towards:

- Systematic quantitative and qualitative work on the determinants of health care accessibility across the broad spectrum of health care products and services, and to disentangle more definitively the links between income status, location and ethnicity, and health care usage.
- Information on the varying health problems and needs of ethnic minorities, especially the newer ones, paying attention to the role of gender.
- The special problems of access to health care by low-income populations, especially those with minorities (e.g., Acadians, Blacks and Aborigines).
- The emerging problems of home care in general, and how they relate to low-income and/or rural households, with special attention to the gender dimensions.

It is also important to note that Atlantic Canada does not benefit from a Metropolis Centre of Excellence on immigration research.

To build a critical mass of research-based literature on the subject of ethnicity and socio-economic status, as it relates to health care accessibility in the Atlantic provinces, requires a strategic investment in health-related research. There is, otherwise, the danger that Atlantic Canada will continue to lag behind in the creation of such a body of research.

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