Connecting People & Community for Living Well

Health Canada Grant Scale Activity – 2023 to 2026

INTENDED AUDIENCE:

The document was created to be a resource for communities participating in the "scale" activities as part of the 2023- 2026 Health Canada grant. The multi-sector teams will use the document to help them determine the underserved population in their community that will be the focus of their work.

PURPOSE OF THE DOCUMENT:

To highlight examples of underserved populations identified in Alberta through a literature search and from initial discussions with potential participating communities. The document does not provide an exhaustive list of all underserved populations in Alberta. Participating communities may use this resource to brainstorm:

- other potential underserved populations not captured here;
- underserved populations which combine multiple populations listed in the infographic;
- modify any underserved population listed to be more representative of the needs in their community.

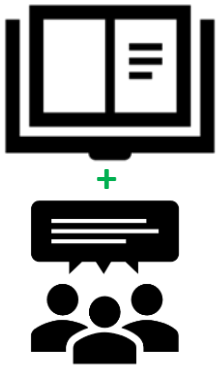
UNDERSERVED POPULATION DEFINITION:

For the purposes of this project the following definition will be used:

Underserved Populations - May include people who experience discrimination of any kind and encounter barriers (e.g., racial, ethnic, gender, sexual orientation, economic, cultural, and/or linguistic) to accessing public health and health care goods and services.[1]

- They receive fewer and lower quality health care and public health goods and services.[1]
- Have a lack of familiarity with the health care delivery system.[1]
- Face a shortage of readily available providers and lack access to quality systems of care.[1]

* For the purposes of the applied research in this grant, the focus will be on adults 18 years of age and older.

SOURCES OF INFORMATION	POPULATIONS IDENTIFIED
 Literature Search	▫ Adults (ages 18-30) ▫ Adults Living with Chronic Disease (ages 50-64) ▫ Carers ▫ Repeat Offenders & Those Under the Judicial System ▫ Victims of Domestic Abuse
 Discussions with Interested Communities	▫ Persons with Addiction and Mental Health Needs ▫ Persons with Disabilities ▫ Single Mothers ▫ Temporary Foreign Workers ▫ Veterans ▫ Victims of Human Trafficking
	▫ Immigrants and Refugees ▫ Indigenous People ▫ LGBTQ2S+ ▫ Low Income and Homeless/Underhoused ▫ Older Adults (ages 65+)

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Underserved Population	Comments
Adults (ages 18-30)	• Worse mental health for Canada's youth has been noted in comparison both with older Canadians (before and during the COVID-19 pandemic) and with youths 20 years ago.[2] • When compared with Canadian young adults 20 years ago, people in this age group are more obese, less active and eat fewer servings of fruit and vegetables.[2] ○ Young adults may already be struggling with the effects of the early onset of chronic diseases.[2] • Income and belonging to a group designated as a visible minority remain key social determinants among Canadian young adults.[2] • Young adults may struggle with financial security and unemployment due to a lack of professional development skills.[a] • Young adults in rural communities may struggle with the stress related to generational land transfer and ownership.[a]
Adults Living with Chronic Disease (ages 50-64)	• Although many individuals living with one or more chronic diseases maintains a high level of functioning during this age frame, living with multiple diseases can affect activities of daily living, reduce quality of life, and increase mortality risk.[3] • Additional challenges can arise when multiple medications are required which can lead to adverse drug events.[3] • Interventions can slow the progression of chronic diseases during this age frame.[3] • Those who may need to retire early or reduce hours because of effects of chronic disease may then be at risk of low income.[a]

Carers	• In Alberta, approximately one in four individuals over the age of 15 are carers. There is a total of one million carers (formal and informal) throughout the province.[4]
	• Carers provide around the clock care, supporting their loved ones in numerous ways including:
	  ○ scheduling and transporting to appointments
	  ○ navigating the healthcare system
	  ○ administering medication
	  ○ completing household chores
	  ○ obtaining and delivering groceries
	  ○ providing emotional support and companionship.[4]
	• Carers report higher levels of stress than do people who are not caregivers. Caregiver stress can put carers at risk of changes in their own health.[5]
	• Factors that can increase carer stress include:
	  ○ caring for a spouse
	  ○ living with the person who needs care
	  ○ caring for someone who needs constant care
	  ○ feeling alone, helpless, or depressed

	○ having money problems ○ spending many hours caregiving ○ having too little guidance and/or support from health care professionals ○ having no choice about being a caregiver ○ limited coping or problem-solving skills ○ feeling the need to give care at all times.[5]
Immigrants and Refugees	• There are some system issues which may pose additional challenges for immigrants and refugees.[6] ○ Immigrants not familiar with the Canadian health and social care systems may have trouble navigating the system, knowing what they are eligible for or, the roles of providers. It may be difficult for them to manage their appointments.[6] ○ Initiatives to assist newcomers in rural areas may be limited.[a] ○ Lack of awareness among health care providers of the prevalence of trauma, combined with language or cultural barriers may result in providers failing to provide opportunities for disclosure.[6] • Immigrants and refugees traditionally rely on settlement or other immigrant serving agencies, community organizations or family members to provide services related to health access.[6] ○ One common role is the provision of language or cultural interpretation to enable access to health services.[6] ○ For any seeking to support new Canadians, the availability of (or lack of availability of) translation/interpretation services will need to be a consideration in rural communities.[a] • One of the greatest areas of need for refugees is for mental health services.[6] ○ Immigrants overall utilize fewer mental health services than the Canadian born.[6] ○ Access to rehabilitation and therapy services may be more difficult for individuals who do not have insurance.[a]
Indigenous People	• A critical factor in initial access is the distrust and discomfort with health and social service systems experienced by many Indigenous people, based on personal and historical experience.[6] • Lack of respectful or compassionate treatment, as well as experience of overt racism and discrimination is commonly reported by Indigenous people.[6] ○ The assertion that many providers do not understand or appreciate Indigenous culture, traditions or experience is supported by recent Canadian studies which found that many health professionals in training received limited exposure to cultural issues.[6] • Jurisdictional confusion over responsibility for health service coverage presents difficulty for many Indigenous people due to the jurisdictional ambiguities in the *Constitution*'s division of powers.[6,7] • Low literacy and socio-economic status, as well as limited availability of linguistically and culturally appropriate health promotion and disease prevention information can cause a barrier.[6]
LGBTQ2S+	• Overt prejudice and discrimination can lead to a feeling of being unsafe within the health care system.[6]

	• An atmosphere which creates distrust and fear of "coming out", can impair communication with health providers, and result in avoidance of care.[6] • Lack of research on health issues of gay and lesbian persons, their exclusion from general research, and reluctant participation in research.[6] • Many providers lack awareness or knowledge around issues of sexual orientation, and health needs of gay, lesbian, and bisexual people.[6] • The population experiences higher rates of mental health concerns such as depression, anxiety, and substance use.[8]

Low Income and Homeless/Underhoused	• Characteristics of the homeless population have altered over the past decade, and there are more individuals in the following categories:
	  ○ women
	  ○ youth
	  ○ able-bodied young people lacking marketable skills
	  ○ runaways
	  ○ discharged psychiatric patients
	  ○ women and youth fleeing domestic violence
	  ○ families, and single mothers on social assistance
	  ○ working poor.[6]
	• Urban centres where there is a shortage of affordable housing are experiencing the greatest increase in homelessness.[6]
	  ○ Access to services such as homeless shelters, and low income housing in rural areas will also pose a challenge.[a]
	• Homelessness may include individuals living in hotels/motels in addition to those in shelters or who are unsheltered.[a]
	• Homelessness and low income include individuals struggling with food insecurity and lack of access to technology.[a]
	• This population has a very low health status. The homeless are also at greater risk for accidents and violence.[6]
	• The homeless experience various system barriers:
	  ○ Access to rehabilitation and therapy services may be more difficult for individuals who do not have insurance.[a]
	  ○ Many do not have a provincial health card, and so may be unable to access services to which they are entitled. It is also difficult to apply for a card without identification or an address.[6]
	  ○ Many individuals report being denied service because they were not clean and presentable.[6]
	  ○ Low income and few social resources also present problems in accessing non-insured services.[6]
	  ○ They lack transportation, find primary services (such as family doctors, nurse practitioners, pharmacists, etc.) unfriendly and intimidating, and often delay seeking care.[6]

	○ Many do not know where to seek care, many of those requiring mental health services do not know where to go.[6] • They are reported to under-use preventive services, instead relying on emergency services. This is due in part to the way services are organized and the requirement that emergency departments must provide care to those who present to them.[6] • Homelessness also creates practical problems related to follow-up or communication of test results, safe storage of medications, or a place to be sent home to recuperate.[6]
Older Adults (ages 65+)	○ Within the 75+ age group which accounted for almost 18% of the total disabled population, the proportion of males and females were approximately 44% each, followed by the 64-75 with approximately 30% each.[9] • There is a lack of, or absence of specialized services and programs which support individuals as they age.[10] ○ Some individuals lack transportation, find healthcare services unfriendly and intimidating, and often delay seeking care.[10] ○ Ageism may lead to poor communication between health care providers and older adults, misdiagnosis of health conditions, and different recommendations for treatments for older people.[11] ○ There is also a call for improved health literacy to allow older adults and their caregivers to fully benefit from the health care system.[10] ○ Those with low income and few social resources can also have problem accessing non-insured services.[a] ○ There are also barriers to ongoing, timely insured services. For example, Alberta Health Benefits cover very limited services (a small number of appts or long waitlists to the specialists that will provide a free assessment to access treatments, etc).[a] ○ An increasing number have mental health issues related to isolation and loneliness and a lack of family or close relative support.[a] ○ Other aspects of the health care system may pose barriers such as: ▪ rural accessibility ▪ cultural beliefs ▪ provision of informal (e.g., caregiving) and formal care (e.g., elderly-friendly care, provider availability, continuity) ▪ availability of programs that support living well in older adulthood (e.g., with dementia, daily living).[10] • There are systemic challenges that hinder support for individuals as they age.[10] ○ There is an increased call to improve continuity of care when older adults are transferred between settings (hospital to home).[10] ○ Proactively support health, rather than reacting to disease and disability.[10] ○ Support preventive care which would allow people to maintain health and prevent avoidable illness, delaying the onset of disability and preserving independence for as long as possible.[10]

	○ In certain circumstances, some individuals are the sole or primary guardians of their grandchildren.[a]
Persons with Addiction and Mental Health Needs (including discharged psychiatric patients)	• 1,443 individuals in Alberta died of drug poisonings in 2022 between January and November. This was the third consecutive year where the count surpassed 1,000. Of these, 1,346 were attributed to opioids.[12] • Access to rehabilitation and therapy services may be more difficult for individuals who do not have insurance.[a] • Those reporting poor mental health are up to four times more likely to report increased substance use and abuse.[13] • Poor mental health and addictions increase absenteeism, sick days, presenteeism (coming to work even when the person cannot work well) and lost productivity.[13] • Some individuals who struggle with addiction and mental health conditions are also low income or homeless.[a] • Mental illness affects one in five Albertans during their lifetime. By the age of 40, about 50% of the population will have had an experience with a mental health condition in any given year.[13] • 60% of women aged 18-34 said their mental health had worsened throughout the pandemic, and that number jumped to 63% for woman aged 35-54.[13] • Almost one half (49%) of those individuals who have suffered from depression and anxiety have never sought help.[13] • About 30% of short- and long-term disability claims in Canada are attributed to mental health conditions.[13]
Persons with Disabilities	• Persons with disabilities have a high level of unemployment and are among the poorest in the society.[6] ○ They generally have less formal education than the general population.[6] ○ Due to low income, and additional costs which may accompany their disability (e.g., transportation, or communication aids), financial barriers to non-insured services (such as vision care, dental care, and prescription medication) are also an important concern.[6] ○ There are also barriers to ongoing insured services. For example, Alberta Income Support covers very limited services (a small number of appts or long waitlists to the specialists that will provide a free assessment to access treatments, etc).[a] • Particularly in rural areas, those with disabilities may not have access to specialized medical care or the support services needed to maintain independence in their communities.[6] ○ This may force them into a situation where they need to move away from family and community.[6] ○ This stresses the importance of having access to informal support from those who know them best.[a] • Availability of healthcare services and access to specialists may be limited by physical location.[6] ○ Transportation to health services is often a major problem, with constraints to special transportation systems which can make scheduling difficult.[6] ○ Training of providers or willingness to provide services to those with disabilities.[6] • Social isolation, low literacy, learning or intellectual disabilities may contribute to low awareness of services, and how to access them.[6]

	○ Those with sensory or intellectual/learning disabilities are particularly at risk for barriers to preventive and health promotion information and programs.[6] ○ Specialized programs often do not tailor services to meet the needs of people with disabilities.[6] • Once inside a facility, there may be physical barriers: ○ inaccessible washroom facilities ○ lack of accommodation in waiting areas for special seating ○ inaccessible examining tables ○ failure to provide patient information in a variety of accessible formats (Braille or audiotape) ○ lack of interpreters or telecommunications devices for deaf patients.[6] • Traditionally, the health system has focused on disability as an individual physical impairment and ignored the psychosocial dimensions of disability including mental health care.[6]
Repeat Offenders and Those Under the Judicial System	• More than 40% of inmates released are returned to custody within two years, usually due to parole violations, lack of safe, and timely reintegration services (e.g., post-incarceration housing, employment and continuity of health care).[14] • The proportion of prisoners from Black and Indigenous backgrounds, those with serious mental illnesses, and elderly offenders is growing.[14] • Stigma surrounding previously incarcerated individuals also detracts from their reintegration and may impede their access to necessary services upon release.[14] • The health status of repeat offenders is poor compared with the general Canadian population. They are at much higher risk of physical and mental health ailments such as the following: ○ Depression ○ psychosis and schizophrenia ○ substance-use disorders and overdose ○ chronic illness (HIV, chronic obstructive pulmonary disease, diabetes).[14] • There is a call to move away from the untailored, “one-size-fits-all” model of prison re-education and job training, to better allow prisoners to successfully access community services and address pressing health conditions, without fear of care being revoked.[14] ○ Re-education and job training can be limited in their usefulness because they do not take into account the unique needs each individual may have.[a] ○ Many institutions have cut their rehab/recover/social programs for inmates due to budget cuts. While the “one-size-fits-all” model may not be the most beneficial, sometimes it is better than nothing.[a]
Single Mothers	• In 2021, there were 177,190 one parent families in Alberta. 76.2% of these families had the single parent as a mother.[15] • Some single mothers are also low income or homeless.[16]

	○ Single-mother households experience poverty at more than twice the rate of households led by a single father.[16] ○ According to Statistics Canada data, more single mothers were living in poverty (34.5%) than single fathers (13%)[16] ○ Ongoing wage inequities between men and women add to the complexities for single mothers.[17] ▪ The cost and access to childcare for a single mother to pursue employment may be prohibitive and cost more than the income made.[18] • Being a single mother means juggling multiple expenses such as housing costs, food, utilities, childcare, etc. on their own.[17] ○ They also expressed concern over time constraints related to child rearing responsibilities and wanting to pursue paid employment to have control over working and living conditions.[18] ○ Similar concerns pertain to single fathers as well.[a]
Temporary Foreign Workers	• In 2022, Alberta reported having 45,000 Temporary Foreign Workers (TFWs), a 62% increase from 2021. Alberta is currently on pace to employ 77,000 TFWs in 2023.[19] • Occupational health and safety risks increase injury rates.[20] • An increasing number struggle with mental health issues related to isolation and job-related stress.[20] • There are also various challenges for TFWs in their community including: ○ language barriers ○ isolation ○ difficulty changing jobs ○ violation of workers' rights ○ lack of job security ○ barriers in accessing services (including migrant serving agencies) ○ lack of access to permanent residence.[20] • They experience lack of access to health care services due to being a temporary foreign worker and the present systemic challenges.[20] ○ Regulations associated with temporary or seasonal workers can limit access to healthcare by making it contingent on the worker's possession of a valid work permit. This may result in challenges if they are unfairly dismissed due to illness or injury, when their work permit expires, or in the case of being pregnant and needing to take a leave such as maternity leave. [20]
Veterans	• It is reported that less than 20% of veterans receive Veterans Affairs Canada (VAC) benefits.[21] • There are currently an estimated 658,000 Canadian veterans, representing about 4% of the Canadian adult male population (less than 1% of the Canadian adult female population).[21] ○ By 2026, it is estimated that there will be about 600,000 veterans and a third of these veterans will be older than age 70.[21] • Health indicators and chronic conditions for veterans are worse than compared to their Canadian comparators.[21]

	• Veterans may require more help with activities of daily living.[21]
	• Veterans have lower wellbeing indicators related to employment, postsecondary education, life satisfaction and sense of community belonging.[21]
	• Mental health conditions, such as depression, anxiety, and post-traumatic stress disorder are more prevalent in veterans which can result in issues with substance abuse.[22, 23]
	• Disability rates among veterans are almost three times more than those of the Canadian general population.[22]
	• With greater rates of disability and chronic conditions, veterans should be more likely to access health care compared to the general population.[23]
	  ○ The greater likelihood of unrecognized needs and reluctance to seek help may be attributable to the high value often placed on emotional strength in the military, further supported by a masculine-dominant military environment, with most members being male.[22]
	  ○ Male veterans are less likely to report unmet health care needs and are generally less likely to access health care.[22]
	• Barriers to seeking care also include stigma, especially for mental health issues; distance to care; and lack of awareness of benefits and services they are entitled to receive.[23]

Victims of Domestic Abuse	• There were 358,244 victims of police-reported violence in Canada in 2019.[24]
	  ○ Three out of ten victims were victimized by an intimate partner.[24]
	• Many victims of domestic abuse don't report their experience to the authorities due to a variety of reasons:
	  ○ fear of shame/stigma
	  ○ fear of court intervention
	  ○ the belief that it's a private matter
	  ○ lack of trust in the justice system.[24]
	• Domestic abuse can happen in both public and private areas, and in the digital world.[24]
	• Violence can come in many different forms:
	  ○ stalking - repeated conduct that threatens the safety of an individual or their loved one
	  ○ emotional and psychological abuse
	  ○ sexual violence
	  ○ spiritual abuse
	  ○ financial or economic abuse
	  ○ cyberviolence - any online behavior that causes psychological, emotional, financial, and/or physical harm of an individual or group.[24]
	• Many victims of abuse may not recognize the signs that they are in a toxic relationship or are experiencing harm.[24]
	• Physical and mental health can be impacted with exposure to domestic abuse. Examples can include:
	  ○ chronic pain
	  ○ disability

	○ sleep disorders ○ general reductions in physical functioning ○ depression, anxiety disorders (especially post-traumatic stress disorder – PTSD) ○ substance dependence and abuse.[25]
Victims of Human Trafficking	• From 2009-2018, Canada reported 1,708 incidents of human trafficking, whereby most had a common relation to sexual services.[26] ○ Men, women, and children fall victim to this crime, although women represent 97% of victims in Canada.[26] ○ Almost half of all victims were between 18-24 years of age.[26] ○ As a group, sex workers experience lower than average levels of physical and mental health, higher levels of stress, depression and post-traumatic stress disorder, higher rates of disability and a variety of other factors that contribute to poor health outcomes.[27] • The extent of human trafficking, both in Canada and internationally, is difficult to assess due to: ○ the hidden nature of the crime ○ the reluctance of victims and witnesses to come forward to law enforcement ○ the difficulty of identifying victims ○ barriers of accessibility of resources for victims ○ systems working in silos.[26] • Those who are likely to be at-risk include: ○ Indigenous women and girls ○ migrants and new immigrants ○ LGBTQ2S+ persons ○ persons living with disabilities ○ children in the child welfare system ○ at-risk youth ○ those who are socially or economically disadvantaged.[28] • At -risk individuals are particularly vulnerable to exploitation and abuse due to many factors, such as: ○ language barriers ○ working in isolated/remote areas ○ lack of access to services and support ○ lack of access to accurate information about their rights.[28] • Persons who are trafficked experience psychological distress.[26] • Health care providers may be the only person a trafficked person encounters outside of the trafficking process, highlighting education of health care providers is essential to aid in prevention, identification, and response to human trafficking, and ultimately prevent missed opportunities.[26]

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