

**Addressing the State of International Healthcare:  
An Analysis of Health Inequities in Developed Nations**

*A Proposal*

Healthcare and the right to good health is a fundamental aspect of basic human rights. It serves as the bedrock of a good quality of life, ensuring that people are allowed to live their lives comfortably. I believe that in a free world, healthcare must form the essence of a government's duty to its people. However, global data shows that health inequities continue to prevail, indicating that healthcare is not meeting the needs of the people.

It has been shown that governments do not necessarily need to trade between equitable and efficient healthcare. Countries around the world have established healthcare systems that are accessible to all citizens regardless of their status in society. However, establishing such healthcare systems has proven to be a challenge in the Western market economy world. Even when establishing universal healthcare, countries such as Canada have failed to ensure equity. As research into the subject continues, it has been found that there are many discrepancies in health outcomes. Access to healthcare may be equal, but it is becoming evident that certain groups are not receiving equitable health outcomes. In many cases, these people belong to either marginalized communities or low-income groups. In a country that is meant to provide equality for all, this disparity is often overlooked, which is what drew my interest to the subject matter. In countries such as America, wherein healthcare is almost entirely privatized, equity is an even more unattainable goal.

My research is aimed at answering two important questions: (1) What are the socioeconomic factors that contribute to inequality in health outcomes? (2) How can government structure and political ideology shape a country's response to healthcare? Through this research, I am hoping to achieve three main goals: outlining potential sources of inequity, opening a discussion on these underlying causes, and highlighting potential policies to move towards equity.

I will be looking at three countries for my research: Canada, Denmark, and the United States of America. I plan to focus on four key factors which may contribute to the inequities in health outcomes.

Firstly, I will look at race as a contributor to health inequities. In Canada, Indigenous and Black communities have the lowest health outcomes of any race category (PHAC). In the United States, African Americans have a huge disparity in health outcomes when compared to White Americans (Nash). However, in Denmark, the racial distribution is quite different. Over 86% of the population is ethnically Danish, meaning that racial margins are considerably narrowed (Sawe). This could point towards a correlation between race and health outcomes, as Denmark has significantly better health outcomes with a much smaller minority population.

The second factor I will be considering is socioeconomic status and income levels. The poverty rate in Canada is about 11% (Statistics Canada), while in America, that number is about 10% (Bureau, US Census). Meanwhile, in Denmark, the poverty rate is just over 4% (Statistics Denmark). Income status could bear a correlation with the ability to afford healthcare, thereby affecting the ultimate health outcomes of the countries' respective citizens.

The third factor I will be looking at is governance structure. While all three countries are free market capitalist countries, Denmark's government has a greater emphasis on welfarism. What's interesting here is that Denmark actually spends less on healthcare than Canada or America, but still has better health outcomes. Moreover, Denmark also has a national prescription drug policy, making it more affordable for citizens to buy medication. This is an important notion when considering ultimate health outcomes. I will also look at specific policy implementations in the three countries, to see their individual responses to health inequities.

The last factor I want to look at comes from a general perspective, which is the political discourse around equity and health as human rights, and the social foundations of health. I want to examine the potential relationship between health outcomes and the modern focus on sufficiency over egalitarianism. We have shifted from a welfarist rhetoric about equal outcome to one that has

allowed us to grow comfortable with simply creating a social minimum, which allows for further inequities as it only gives access, but not the route necessary to gain that access.

My planned methodology involves a combination of literature review and remote interviews. I will divide my 8 weeks evenly among my four chosen areas of focus. Within each of these 4 periods, I will conduct preliminary research through literary review, and then supplement that research with information gathered from interviews with experts. I am, however, flexible with overlaps, as I am aware that it may not be possible for me to schedule all my interviews for each subject area into their respective time periods. As such, I will ensure that I am on schedule with my literary reviews, so that I may allow for more flexibility with the interviews. I will look at texts dealing with global health inequities to provide a macro-perspective on the larger-scale issues in all countries. I will also focus on government documents and case studies that deal with health inequities in my three chosen countries. This will provide me with the microperspective needed to truly root out the correlations between health outcomes and my four factors. These case studies include ones focusing on policy failures (Kirst et. al.), income disparities (McGrail et. al.), and socioeconomic inequalities (Ullits et. al.) I also plan to conduct interviews to gain first-hand information from experts in the field of health inequities. I am planning on reaching out to the following individuals to further my research:

- Patti Tamara Lenard: Professor at the University of Ottawa and editor of *Health Inequalities and Global Justice*
- Michael Marmot: Professor at University College London and author of *The Health Gap: The Challenge of an Unequal World*
- Joia Mukherjee: Associate Professor at Brigham and Women's Hospital and Harvard Medical School
- Monica Webb Hooper: Deputy Director of the National Institute on Minority Health and Health Disparities
- Paul Farmer: Professor at Harvard Medical School and Co-Founder of Partners in Health
- Sonya Shin: Associate Professor at Harvard Medical School
- Daniel Weinstock: Professor at McGill University
- Magnus Heunicke: Danish Minister of Health

This list of individuals is tentative and subject to change. The prevalence of the COVID-19 pandemic means that the global health community is difficult to reach, and as such, I have prepared multiple alternate experts to reach out to to facilitate my research. I will supplement this by also researching and reaching out to several institutions and organizations around the world, including:

- The National Academy of Medicine
- The Danish Ministry of Health
- The Danish Health Authority
- Partners in Health
- The Health Equity Leadership and Exchange Network

My research advisor's primary role will be in guiding my approach to my four topics. Professor Joy Fitzgibbon has carried out significant research in global health inequities, with her thesis (*The Reckoning: Improving the World Health Organization's Tuberculosis Control Policy Through Practical Knowledge*) focusing on disparities between marginalized and vulnerable communities around the world. As such, she will be helping me throughout the research process as I explore my four topics, and will be providing her input and expertise in the subject matter. Moreover, she is also knowledgeable on other experts in the field, and has already begun assisting me in narrowing down the list of individuals and organizations whom I might reach out to for their input into my research project.

The key goal of my research is to move towards the admittedly grandiose objective of health equity. My goal for this summer is to collect information on the prevailing causes of inequalities in health outcomes, which will serve as a steppingstone in future policy recommendations. In the long run, I hope to outline the notion that equity is possible, and that there are steps and policy implementations that can be undertaken to realize it. Health equity must be upheld as a fundamental human right. Access to healthcare is not enough, and I believe that my research can outline steps that can ensure equity.

## References

- Public Health Agency of Canada & Pan-Canadian Public Health Network. (2018). *Key Health Inequalities in Canada: A National Portrait*.  
[http://epe.lacbac.gc.ca/100/201/301/weekly\\_acquisitions\\_list-ef/2019/19-06/publications.gc.ca/collections/collection\\_2019/aspc-phac/HP35-109-2018-1-eng.pdf](http://epe.lacbac.gc.ca/100/201/301/weekly_acquisitions_list-ef/2019/19-06/publications.gc.ca/collections/collection_2019/aspc-phac/HP35-109-2018-1-eng.pdf)
- Bureau, US Census. "Income and Poverty in the United States: 2019." The United States Census Bureau. Accessed December 28, 2020.  
<https://www.census.gov/library/publications/2020/demo/p60-270.html>.
- Kirst, Maritt, Ketan Shankardass, Sonica Singhal, Aisha Lofters, Carles Muntaner, and Carlos Quiñonez. "Addressing Health Inequities in Ontario, Canada: What Solutions Do the Public Support?" *BMC Public Health* 17, no. 1 (December 2017): 7.  
<https://doi.org/10.1186/s12889-016-3932-x>.
- McGrail, Kimberlyn M., Eddy van Doorslaer, Nancy A. Ross, and Claudia Sanmartin. "IncomeRelated Health Inequalities in Canada and the United States: A Decomposition Analysis." *American Journal of Public Health* 99, no. 10 (October 2009): 1856–63.  
<https://doi.org/10.2105/AJPH.2007.129361>.
- Nash, David B. "Health Inequities in America." *American Health & Drug Benefits* 10, no. 6 (September 2017): 279–80.
- Sawe, Benjamin Elisha. "Denmark Demographics." WorldAtlas, August 31, 2018.  
<https://www.worldatlas.com/articles/ethnic-groups-living-in-denmark.html>.
- Statistics Denmark. "SDG Indicator: 1.2.1 - Poverty Line." Accessed December 28, 2020.  
<https://www.dst.dk/en/Statistik/Sdg/01-afskaf-fattigdom/delmaal-02/indikator-1>.
- Ullits, Line R, Linda Ejlskov, Rikke N Mortensen, Steen M Hansen, Stella R J Kræmer, Henrik Vardinghus-Nielsen, Kirsten Fonager, Henrik Bøggild, Christian Torp-Pedersen, and Charlotte Overgaard. "Socioeconomic Inequality and Mortality - a Regional Danish Cohort Study." *BMC Public Health* 15, no. 1 (December 2015): 490.  
<https://doi.org/10.1186/s12889-015-1813-3>.