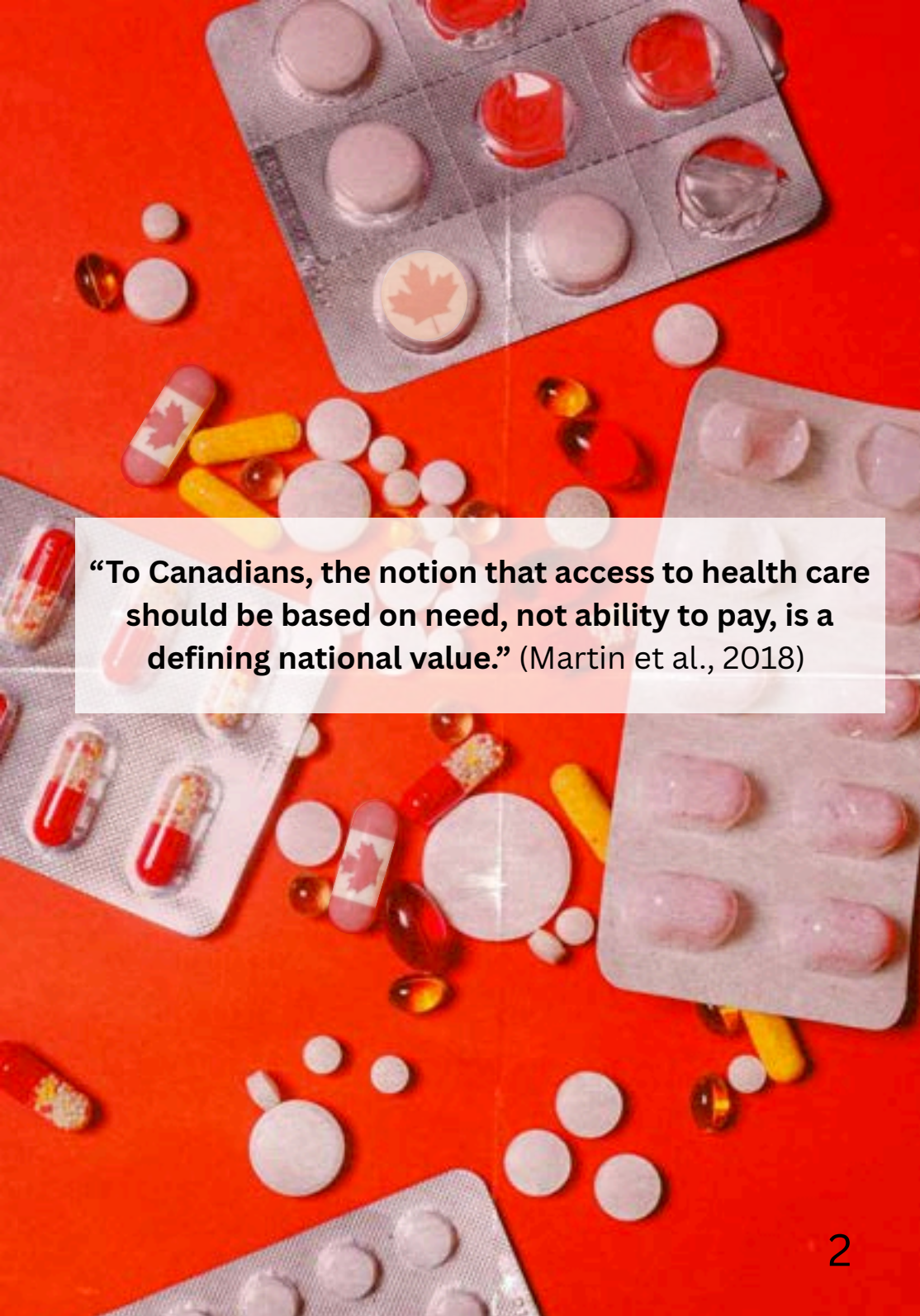
PUBLIC HEALTH AROUND THE WORLD: CANADA



“To Canadians, the notion that access to health care should be based on need, not ability to pay, is a defining national value.” (Martin et al., 2018)

Table of contents

Public Health Agency of Canada

Canada

HEALTHCARE SYSTEM

HISTORY

First Universal Hospital Insurance

1957

Premier Tommy Douglas introduces the Saskatchewan Hospital Services Plan, the first universal hospital insurance program in North America

Hospital Insurance and Diagnostic Services Act

1957

The federal government introduces legislation that shares hospital insurance costs with provinces (50/50) if they meet national standards like universality and accessibility.

Saskatchewan Introduces Medicare

1962

Saskatchewan launches universal publicly funded medical insurance, covering physician services for all residents.

Medical Care Insurance Act

1966

The federal government passes legislation providing financial support to provinces that implement universal physician coverage.

Nationwide Medicare

1971

All ten provinces adopt universal medical insurance, creating a nationwide Medicare system.

source: Commonwealth Fund, International Health Care System Profiles: Canada

CANADA HEALTH ACT

The Canada Health Act is passed in **1984**, establishing the five core principles of the Canadian health system:

THE FIVE PRINCIPLES

Health insurance plans must be publicly operated on a nonprofit basis.

Plans must cover all medically necessary hospital and physician services.

All residents must have equal coverage.

Coverage follows residents across provinces and during travel within Canada.

Health services must be available without financial barriers.

source: “Canada Health Act Annual Report 2024–2025"(2025)

13 provincial and territorial health insurance plans:
publicly financed but privately delivered

Regulates drugs and medical devices
Funds health services for certain groups:
First Nations and Inuit communities on reserves, Military members, Veterans, Federal inmates

FEDERALLY GUIDED | PROVINCIALLY OPERATED

Finance and administer their own health insurance plans
Negotiate physician payment rates
Fund hospitals and health facilities
Coordinate care through regional health authorities

The government pays for care while providers such as physicians and hospitals deliver services independently

source: Commonwealth Fund, International Health Care System Profiles: Canada

DECENTRALIZED DELIVERY

While governments pay for most medical services through public insurance, care itself is provided by many independent actors, including physicians, hospitals, and regional health authorities.

Most Canadian physicians work as self-employed contractors rather than government employees.

They typically:

- Bill provincial health insurance plans directly
- Are paid fee-for-service or through alternative payment models
- Operate private practices while delivering publicly funded care

Although physicians work within publicly funded hospitals and regional health systems, formal accountability relationships between doctors and government health authorities are limited.

Decentralization also exists across institutions within the system.

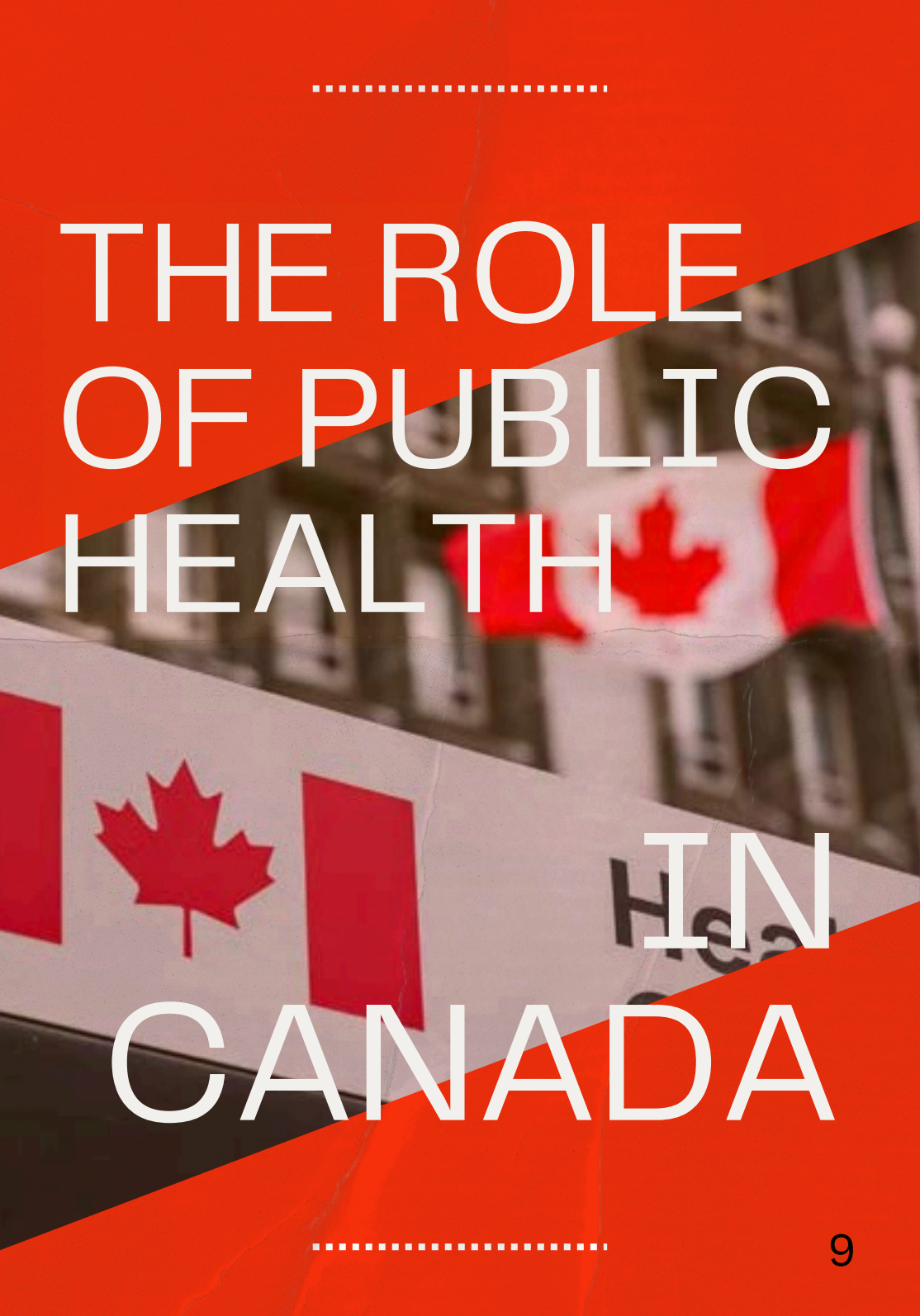
Many parts of the health system operate with separate governance structures, including:

- **Hospitals**
- **Regional health authorities**
- **Specialized care organizations**

These groups often have independent boards and budgets, meaning decisions about services and priorities may vary across regions.

source: Canadian Medical Association

THE ROLE OF PUBLIC HEALTH IN CANADA



PREVENTION

- Chronic diseases and injuries
- Infectious disease

PREPARDNESS

- Public Health Emergencies
- Natural Disasters

PROMOTION

- Health
- Wellbeing
- Equity

source: Government of Canada, Public Health Agency of Canada mandate (2016)

FEDERAL GOVERNMENT

Provide leadership and coordination through health agencies.

Key Responsibilities:

- Manage national disease surveillance
- Set health policies and strategies
- Emergency Preparedness and Coordination
- Provide funding to territorial and provincial government, research, and non-governmental organizations
- Set vaccine/immunizations guidelines
- Share alerts and recalls related to food or medication

Connection to Healthcare System:

- Fund health services
- Provide national guidelines used in healthcare
- Supports research that informs clinical care

TERRITORIAL & PROVINCIAL

Responsible for delivery of services

Key Responsibilities:

- Implementing policies set by federal government
- Deliver and coordinate public health services
- Respond to health emergencies within their regions
- Report data to federal agencies

Connection to Healthcare System:

- Coordinate healthcare services to public health efforts such as vaccine programs
- Promote equitable access to care
- Allocating resources to health clinics and hospitials
- Regulating workforce standards and licesing

Working Together:

Public health activities are organized among three levels of government

LOCAL

Collaborate with community and healthcare organizations

Key Responsibilities:

- Health promotion and education
- Report on health of citizens
- Local disease surveillance

Connection to Healthcare System:

- Work with hospitals and clinics during outbreaks
- Connect community members to healthcare services
- Promote preventive interventions to reduce healthcare demand and need

source: Government of Canada, The Federal Strategy(2004)

Public Health Agency of Canada

2004

Federal agency created after SARS breakout in 2003 to strenghthen collaboration across Canada's public health system.

Mission: "Improve the health of all people and communities in Canada by addressing public health priorities through science, innovation, service delivery and collaborative action."(Government of Canada, 2016)

Managed by Chief Public Health Officer → Reports to Minister of Health

Core Values:

- Agility
- Health equity
- Integrity
- Scientific excellence and a culture of innovation
- Collaborative leadership
- Culture of community

Services and focuses:

- Public health notices
- Diseases and conditions
- Healthy living
- Border and travel health
- Food recalls, risks and outbreaks
- Vaccines and immunization
- Biosafety and biosecurity
- Pandemic preparedness and response
- Funding opportunities
- Health science, research and data
- Public health practice

source: Government of Canada, Public Health Agency of Canada mandate (2016)

SUPPORTING THE HEALTHCARE SYSTEM

HEART PORTFOLIO

The Health Portfolio operates under the management of the Minister of Health and encompasses five federal agencies responsible for improving and maintaining the health of Canadians.
They operate with an annual budget of over 3.8 billion funded by taxpayers.

- Public Health Agency of Canada: Promote health, prevent disease, and emergency preparedness.
- Health Canada: Ensures the delivery of healthcare services by working with provinces and territories. Also focuses on food, drug, and workplace safety.
- The Patented Medicine Prices Review Board: Review patented medicine prices to avoid high costs of drugs for canadians.
- The Canadian Food Inspection Agency: Prevent and mitigate food related risks by inspection and regulation of animals and plants.
- Canadian Institutes of Health Research: Funds and supports health research to improve health services and healthcare system.

Canada's public health system structure works to prevent disease thereby supporting their universal healthcare system by helping maintain its capacity and reducing longterm costs.

source: Government of Canada, Health Portfolio (2024)

EVALUATING CANADA'S HEALTH SYSTEM:

EQUITY AND TIMELINESS

EQUITY ANALYSIS

Equity: How we measured it

- Financial barriers to care
- Outcome disparities by income and racial/ethnic group

What Canada Does Well

- Provides universal access to hospital and physician services
- Reduces cost barriers for medically necessary care

Remaining Equity Gaps

1. **Health disparities by income:** Higher-income Canadians continue to experience better health outcomes. Evidence suggests income-based disparities may be even more pronounced than in the U.S. (see table below)
2. **Indigenous health disparities:** First Nations people with Registered or Treaty Indian status had a life expectancy of about **74.0** years, and Inuit about **71.9** years, both substantially below the life expectancy of **85.0** years for non-Indigenous Canadians (Statistics Canada, 2026)
3. **Limited coverage beyond core services:** Prescriptions, dental, and vision are not universally covered, and are privately financed or obtained through employer insurance

1 in 4 Canadian households report that a member of their household is not taking their medications due to cost
Source: Angus Reid Institute, 2014

Health Utility Index (HUI) — Partial Effect of Income

Age Group	Canada	U.S.
18 - 64	0.0005–0.0009	0.0004–0.0008
65 +	0.0003–0.0005	0.0005–0.0008

Source: (O'Neill & O'Neill, 2007)

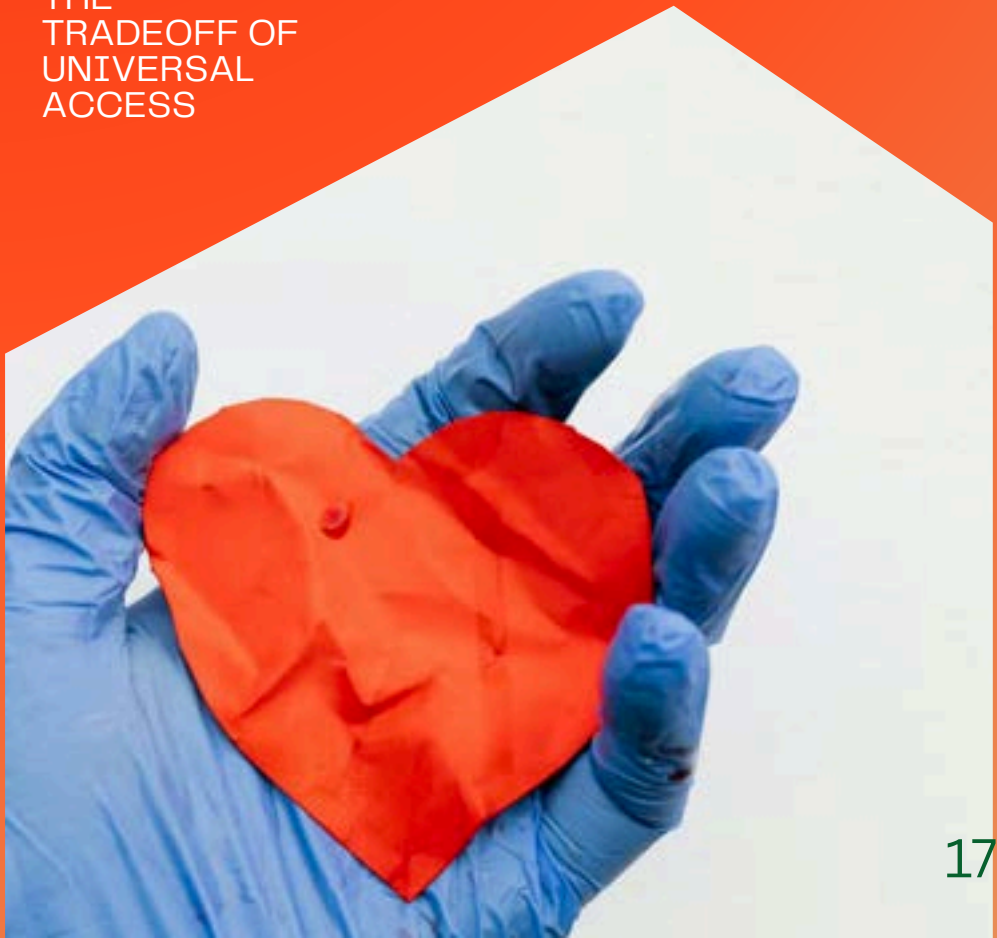
What it means:

The HUI is a measure of overall health, where higher values indicate better health. The "partial effect of income" shows how much a person's health changes with each additional $1,000 of income. In other words: for Canadians 18 - 64, income has a slightly larger impact on health compared to the U.S.

Key takeaway: Universal coverage is meant to improve equity by reducing financial barriers to care, making health services available to all regardless of income. Canada's system generally delivers this core promise by ensuring coverage for basic care, but fails to ensure equitable health outcomes for low-income and indigenous populations.

TIMELINESS ANALYSIS

THE TRADEOFF OF UNIVERSAL ACCESS



Timeliness: Why It Matters

Timely access ensures patients receive care when needed, reducing preventable complications and unmet health needs. Lack of timely care is a common critique of Canada's health system.

What Canada Gets Right

- Emergency and primary care appointments are generally timely
- Preventive services (e.g., vaccinations) efficiently delivered via coordinated public health programs

About **27%** of adults in Canada were able to see a health provider the same or next day when needed in 2024 (with children slightly higher at **~42%**) (CIHI, 2024)

More than **60%** of Canadian adults reported being satisfied with wait times to see a health provider (CIHI, 2024)

Weaknesses

- Long waits for specialists and elective procedures such as knee replacements, non-emergency surgeries, and some diagnostic tests can take significantly longer in Canada than in the U.S.
- Impact on unmet needs: **11%** of Canadians report unmet medical needs, with over half citing wait times; in the U.S., **14%** report unmet needs, with cost being the primary reason (O'Neill & O'Neill, 2007)

Key Takeaway: Canada provides timely access to urgent and preventive care, but long waits for elective services contribute to unmet health needs.

WHAT CAN THE UNITED STATES LEARN?

Lesson 1: Implement Universal Health Coverage

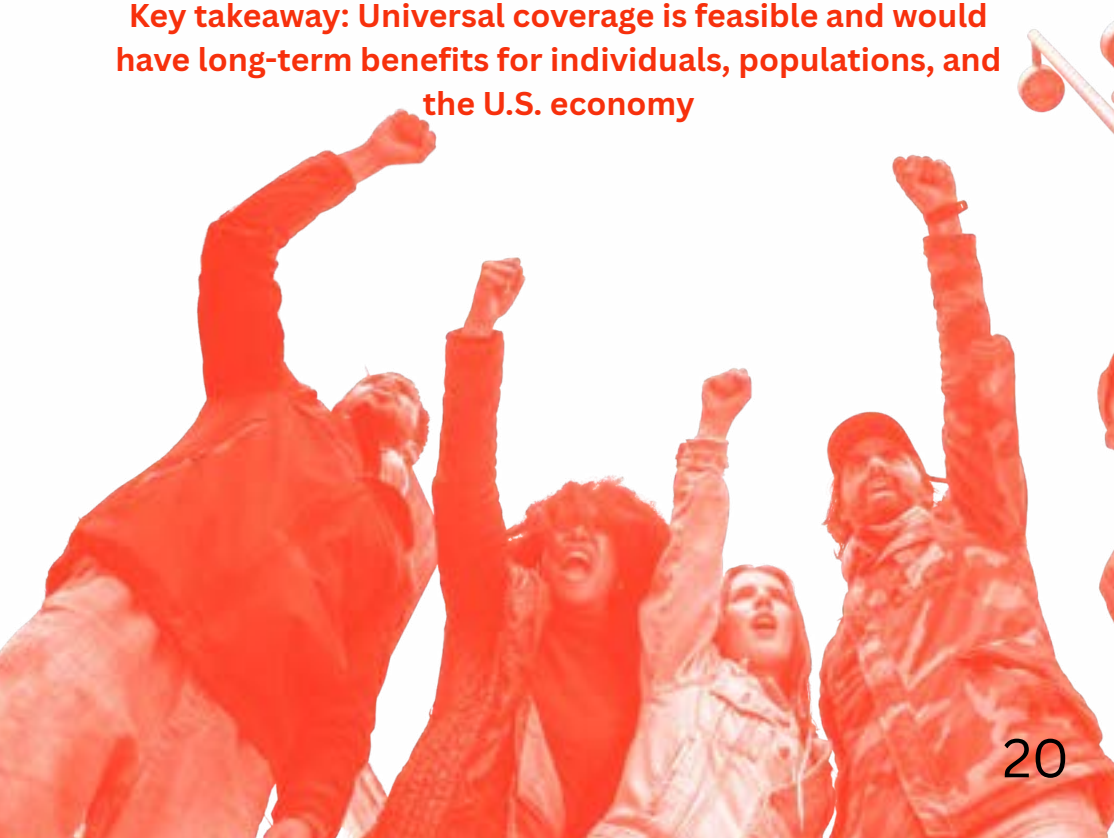
10% of the U.S. population under age 65 is uninsured. The uninsured may require more costly care later, and contribute negatively to population health (Tolbert et al., 2025).

The U.S. spends more almost **double per capita** on healthcare compared to Canada. Yet, there are more uninsured in the U.S. than the **entire population** of Canada (Wager et al., 2025).

Implementing universal coverage could save **13%** of U.S. national health expenditures by reducing delayed care and inefficiencies (Galvani et al., 2020).

Universal coverage does **not require a single-payer system.** Options include: expanding Medicaid and Medicare, strengthening employer-based insurance, and improving individual marketplace plans.

Key takeaway: Universal coverage is feasible and would have long-term benefits for individuals, populations, and the U.S. economy



Lesson 2: Reduce administrative waste with "smart cards"

Administrative costs account for **25%** of US hospital expenditures, but only **12%** of Canada's hospital expenditures (Himmelstein et al., 2014).

A **smart card** is a secure, digital card storing a patient's insurance and health information. It can be scanned at check-in or linked to electronic health records.

Benefits:

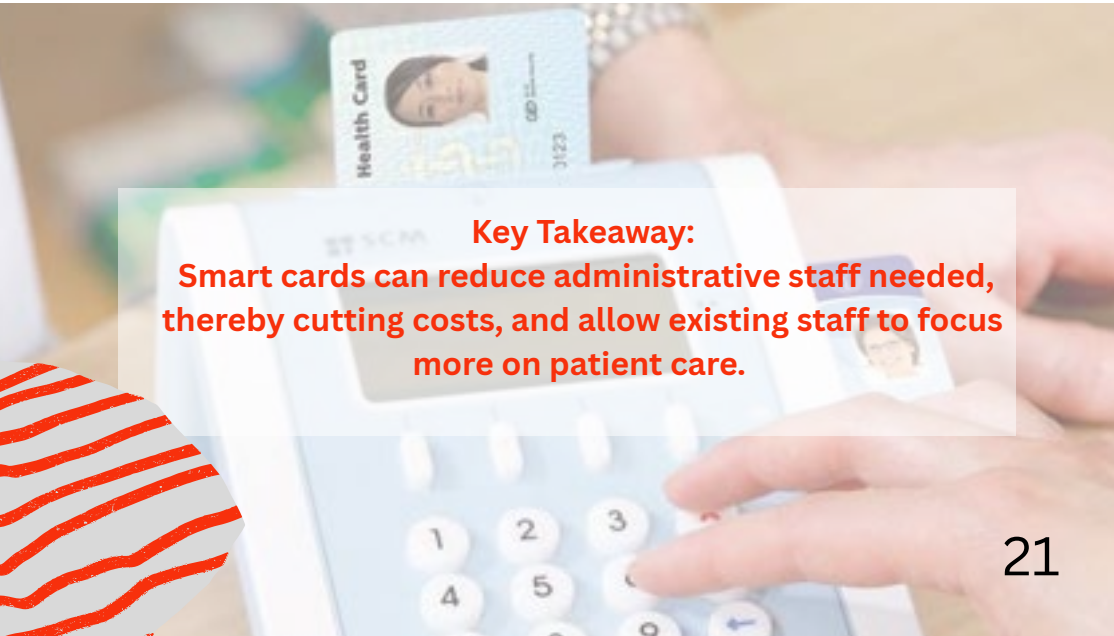
Automatic insurance verification
- Staff no longer need to manually check coverage or call insurers
- Reduces time spent on billing-related phone calls or paperwork

Faster patient registration & check-in
- Patient data stored on the card or linked system speeds up admissions
- Reduces admin staff hours per patient

Fewer errors & duplicate records
- Correct patient identification prevents misfiled claims and duplicate records
- Avoids costly corrections and claim rejections

Streamlined billing & claims
- Data from the card automatically populates billing systems
- Reduces manual coding and staff intervention

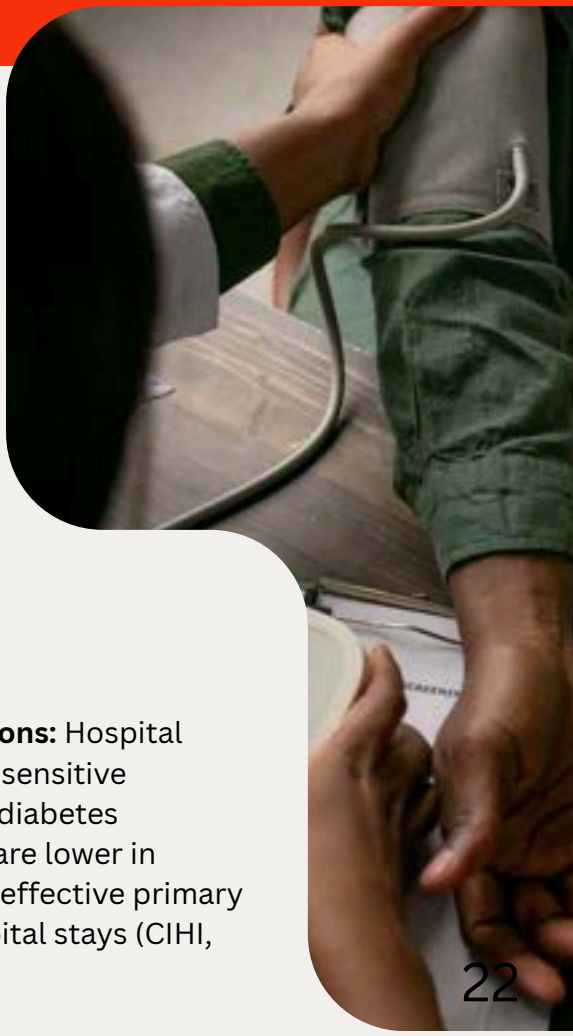
Smart card info from Secure Technology Alliance, n.d.



Key Takeaway:
Smart cards can reduce administrative staff needed, thereby cutting costs, and allow existing staff to focus more on patient care.

Lesson 3: Invest in coordinated primary care

Canada emphasizes primary care providers as coordinators of patient care, linking patients with specialists, preventive services, and public health programs.



Benefits

- **Improved care coordination** - supports vaccination campaigns, chronic disease management, and preventive screenings (Weil, 2016)

- Expanding patient-centered **medical homes** or **regional primary care networks** could improve care coordination, equity, and population health outcomes (Martin et al., 2018)

- **Reduces avoidable hospitalizations:** Hospital admissions for ambulatory-care sensitive conditions (ACSCs) like asthma, diabetes complications, or hypertension are lower in Canada than the U.S., indicating effective primary care prevents unnecessary hospital stays (CIHI, n.d.; AHRQ, 2018)

REFERENCES

Agency for Healthcare Research and Quality. (2018, June). Potentially avoidable hospitalizations. AHRQ. https://www.ahrq.gov/research/findings/nhqrdr/chartbooks/carecoordination/measure3.html

Angus Reid Institute. (2015). Prescription drug access and affordability in Canada [Survey]. https://angusreid.org/prescription-drugs-canada/

Canada Health Act Annual Report 2024–2025." Health Canada, Government of Canada, www.canada.ca/en/health-canada/services/publications/health-system-services/canada-health-act-annual-report-2024-2025.html.

Canada, Health System of." PMC/NCBI, National Center for Biotechnology Information, pmc.ncbi.nlm.nih.gov/articles/PMC7149582/.

Canadian Institute for Health Information. Attentive management of chronic conditions helps avoid complicated problems . Accessed March 2, 2026.

Canadian Institute for Health Information. Canadians With Same Day or Next Day Access to a Health Provider. Accessed March 2, 2026.

Canadian Institute for Health Information. Canadians Who Were Satisfied With the Wait Time to See a Health Provider. Accessed February 28, 2026.

Canada. International Health Care System Profiles, Commonwealth Fund, www.commonwealthfund.org/international-health-policy-center/countries/canada.

"Departmental Plan 2024–2025." Health Canada, Government of Canada, www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/report-plans-priorities/2024-2025-plan-at-glance.html.

Galvani, A. P., Parpia, A. S., Foster, E. M., Singer, B. H., & Fitzpatrick, M. C. (2020). Improving the prognosis of health care in the USA. The Lancet, 395(10223), 524–533. https://doi.org/10.1016/S0140-6736(20)30115-1

Government of Canada. (2024, September 23). Health Portfolio [Organizational descriptions]. https://www.canada.ca/en/health-canada/corporate/health-portfolio.html

Government of Canada. (2004, September 1). The Federal Strategy [Education and awareness;organizational descriptions]. https://www.canada.ca/en/public-health/corporate/mandate/about-agency/federal-strategy.html

Government of Canada. (2016, May 26). Public Health Agency of Canada mandate [Organizational descriptions]. https://www.canada.ca/en/public-health/corporate/mandate.html

Himmelstein, D. U., Jun, M., Busse, R., Chevreul, K., Geissler, A., Jeurissen, P., Thomson, S., Vinet, M. A., & Woolhandler, S. (2014). A comparison of hospital administrative costs in eight nations: US costs exceed all others by far. Health affairs (Project Hope), 33(9), 1586–1594. https://doi.org/10.1377/hlthaff.2013.1327

O'Neill, J. E., & O'Neill, D. M. (2007, September). Health status, health care and inequality: Canada vs. the U.S. (NBER Working Paper No. 13429). National Bureau of Economic Research. https://doi.org/10.3386/w13429

"(Re)examining the Canadian Health Care System through an Equity Lens." Canadian Public Policy, University of Toronto Press, 2024, doi.org/10.3138/cpp.2023-060.

Secure Technology Alliance. (n.d.). Smart cards and healthcare providers FAQ. Retrieved March 2, 2026, from https://www.securetechalliance.org/publications-smart-card-technology-in-healthcare-series-smart-cards-and-healthcare-providers-faq/

Statistics Canada. (2026, March 2). Table 17-10-0160-01: Life expectancy at birth of Indigenous populations in Canada [Data table]. https://doi.org/10.25318/1710016001-eng

Tolbert, Jennifer, Bell, Clea, Cervantes, Sammy & Singh, Rakesh, The Uninsured Population and Health Coverage. In Altman, Drew (Editor), Health Policy 101, (KFF, October 2025) https://www.kff.org/health-policy-101-the-uninsured-population-and-health-coverage/ (March 2, 2026).

Wager, E., McGough, M., Rakshit, S., & Cox, C. (2025, April 9). How does health spending in the U.S. compare to other countries? Peterson-KFF Health System Tracker. https://www.healthsystemtracker.org/chart-collection/health-spending-u-s-compare-countries/

Weil T. P. (2016). What can the Canadians and Americans learn from each other's health care systems?. The International journal of health planning and management, 31(3), 349–370. https://doi.org/10.1002/hpm.2374

"Who Pays for Canadian Health Care?" Canadian Medical Association, www.cma.ca/healthcare-for-real/who-pays-canadian-health-care.