



The **Black**  
**Women's Institute**  
for **Health**

Health for **ALL** Black Women

# VOICES UNHEARD: EXPLORING BLACK WOMEN'S EXPERIENCES WITH PRIVATE HEALTH INSURANCE IN CANADA

A Report by The Black Women's  
Institute for Health (BWIH)

2025



# ACKNOWLEDGEMENTS



We extend our deepest gratitude to the **1,337 Black women** across Canada who courageously shared their lived experiences in the ***Voices Unheard Survey***. Your willingness to share your stories, insights, and vulnerabilities has allowed us to illuminate the systemic gaps in private health insurance and how they impact Black women's health and well-being. Your voices are the foundation of this work and the catalyst for change.

A photograph of a woman with dark skin and short, dark hair in braids. She is wearing a light pink cable-knit sweater. She is looking upwards and to the right with a thoughtful expression. The background is slightly blurred, showing an indoor setting with a white door and some greenery. A vertical yellow wavy line runs along the left edge of the image.

# INTRODUCTION





This report is rooted in the voices of Black women who have shared their experiences navigating Canada's private health insurance system. Their stories highlight how a system designed to provide security often leaves them feeling unseen, unheard, and unsupported.

**One participant shared,**

***"Being self-employed and not having a company plan makes it incredibly difficult to afford comprehensive coverage." Another revealed, "Without the benefit of an employer-sponsored plan, the cost of private insurance is simply out of reach."***

These testimonies reveal not only financial barriers, but also the weight of navigating complex systems built without their realities in mind.

As we move through the data and findings of this report, it is important to remember that these are not just statistics, they are reflections of lived experiences shaped by structural inequities. The Black Women's Institute for Health undertook this work to shine a light on the intersection of health insurance access and the lived reality of Black women across Canada. Our hope is that these insights will guide systemic changes and inspire more equitable approaches to private health insurance, centring the voices and needs of Black women.

## FRAMING THE REPORT: A LENS OF WEALTH AND ACCESS

***"Without wealth, or really good benefits, I do not know how people survive. I am lucky enough to be financially comfortable (but not wealthy) and have excellent benefits via myself and my husband. I can therefore access mental and physical therapy, prescription medication, and even paid time off with little financial or mental stress. The majority of people do not have this."***

— Voices Unheard Survey Respondent

This quote captures the essence of the disparities in private health insurance access for Black women in Canada. It highlights the stark difference between those with secure employment and comprehensive benefits and those who must navigate a system that leaves them vulnerable. While some Black women have access to employer-sponsored plans and the stability that comes with it, the majority face a precarious landscape, where gaps in coverage and the burden of out-of-pocket costs have real consequences for their health and well-being.

The data and stories in this report reveal that private insurance access is not simply a matter of employment or income, it is about whether the structures of work and insurance truly support Black women's health needs. Even among those who are financially comfortable, there is a recognition of privilege and a deep concern for those who do not share the same safety net. This lens of wealth, benefits, and systemic inequity is critical for understanding the barriers Black women face in accessing the full spectrum of care, mental, physical, and preventative. It calls for an urgent shift in how private insurance systems and employer-based benefits are designed and delivered, centering the lived realities of Black women and ensuring that no one is left behind.



Introduction

# EXECUTIVE SUMMARY

**The Voices Unheard Survey** is the first national study of its kind, centring the experiences of Black women in Canada and exploring their access to and use of private health insurance.

Conducted between **October and December 2024**, this study collected responses from **1,337 Black women**, alongside focus group data that provided critical qualitative insights. **In total 1966 women participated**. This work was driven by an initial observation: even when Black women reported having private health insurance, they were often not using the services available to them, and a significant number remained uninsured altogether. We sought to understand the barriers underlying these patterns and the broader implications for health equity.

Across Canada, private health insurance plays a significant role in accessing health services that are not fully covered by provincial public plans, including dental, vision, prescription drugs, and mental health care. **In 2023, nearly 30 million Canadians**, approximately **75% of the population**, had some form of private health insurance, primarily through employer-sponsored group plans.

However, this system inherently ties coverage to secure, full-time employment, leaving out those in precarious work, contract roles, and self-employment positions disproportionately filled by Black women.

The national landscape reveals that individuals without private insurance often face delayed care and significant out-of-pocket costs, exacerbating health inequities and disproportionately harming racialized communities.

In the **Voices Unheard Survey**, **76% of Black women** reported having some private health insurance, primarily through employer-sponsored plans. Yet, **24%** were uninsured, with barriers including high premiums, lack of employer coverage,

and ineligibility linked to part-time or contract work. Even among those who had insurance, many described plans that were inadequate, inflexible, or culturally irrelevant, especially in meeting mental health needs or covering services like alternative therapies.

The survey highlighted that Black women's higher-than-average educational attainment (**66% holding a bachelor's degree or higher**) and household incomes (**nearly 45% earning above \$100,000**) do not protect them from these gaps. Many are financially strained by intergenerational caregiving responsibilities, leaving little disposable income for supplementary insurance or out-of-pocket health expenses.

Focus group findings underscored the disconnect between having insurance and actually using it. Black women described experiences of exclusion and dismissal by healthcare providers, feelings of invisibility, and the emotional toll of navigating coverage that does not reflect their needs. Participants called for culturally relevant mental health support, flexible insurance models that account for self-employment, and recognition of the financial realities shaped by systemic anti-Black racism.

Ultimately, this report reveals that Canada's private health insurance system reinforces disparities. It creates a two-tiered reality: those with coverage can access timely, preventive, and holistic care, while those without face restricted health outcomes and greater economic and health vulnerability. For Black women, the interplay of employment status, systemic racism, and the limitations of traditional insurance structures creates a landscape where health equity remains out of reach.

This report calls on **private insurers** to help reshape this system, one that listens to the voices of Black women and addresses the real barriers they face in securing and using private health insurance.



## **METHODOLOGY AND APPROACH**

**The Voices Unheard Survey** is the first national initiative focused on understanding the lived experiences of Black women in Canada. For too long, Black women have been included in research in ways that do not centre their experiences or have been left out entirely. Voices Unheard was created to fill this gap and to bring forward data that can shape policy and improve health outcomes.

### **DATA COLLECTION METHODS:**

The survey was available in English and French, with translations in African and LatinX languages, and distributed through the Black Women's Institute for Health website. Outreach included a targeted Google AdWords campaign that generated nearly **10,000** clicks and over **2.6 million** impressions, as well as social media engagement across multiple platforms. The survey combined structured, quantitative questions with open-ended, qualitative questions to capture both data and the complexity of lived experience.

### **FOCUS GROUPS:**

To deepen our understanding of these experiences, focus groups were held with approximately **117 Black women in Ontario, Quebec, and Alberta**. These conversations allowed us to hear from those who often face additional barriers to accessing private health insurance, revealing unique challenges and systemic gaps. **Total Responses: 1,337 Black women** participated in the survey, making this the largest known dataset of its kind in Canada.

### **SYNTHESIS OF QUANTITATIVE AND QUALITATIVE INSIGHTS:**

A clear divide emerged based on how data was collected, illustrating how systemic and structural

barriers, combined with digital access and economic disparities, shape Black women's ability to secure private health insurance coverage.

- **Online Survey Respondents** tended to have higher digital literacy and access to technology, making it easier to complete the survey online. They also appeared more likely to work in stable employment settings with employer-sponsored benefits.
- **Focus Group Participants** engaged in in-person discussions, sharing deeper, more nuanced challenges that went beyond digital access. Many reported struggling to access reliable information about insurance options, facing systemic barriers that included both economic hardship and structural racism in employment and healthcare systems.

**This digital divide highlights a deeper economic divide:** those with reliable digital access are more likely to be in stable work environments where employer-based benefits exist, while those with limited digital access face more barriers to obtaining essential health services.

### **OVERALL IMPACT ON HEALTH AND WELL-BEING:**

While those with employer-based insurance benefit from comprehensive coverage that supports preventive and routine care, the uninsured segment is at heightened risk for adverse health outcomes. The qualitative findings from the **Voices Unheard Survey** underscore the cumulative impact of systemic racism, economic inequities, and the lack of culturally responsive care within insurance systems. These disparities result in delayed treatment, worsened chronic conditions, and further stress for Black women.

For private health insurers, these insights reveal the underlying causes of disparities in insurance access. They highlight the need for tailored, community-informed insurance solutions that respond not only to financial barriers but also to the deep-seated cultural and systemic challenges Black women face.

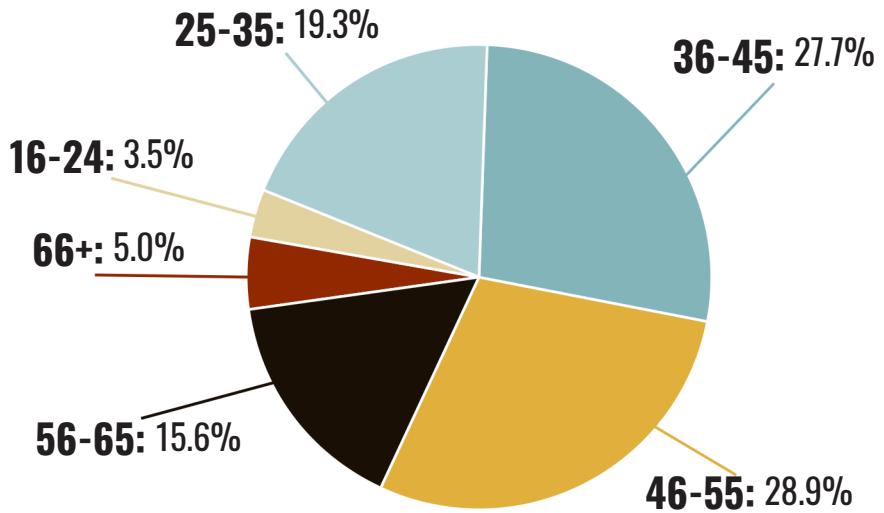


# DEMOGRAPHIC PROFILE:

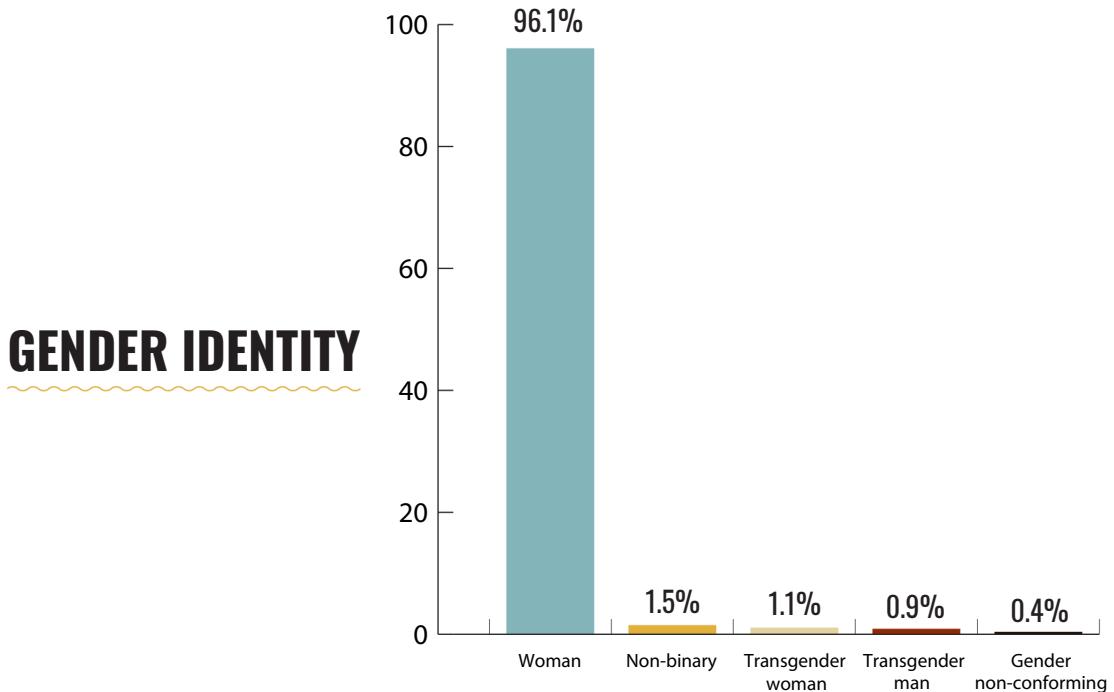
Participants represented a wide range of ages, income levels, and educational backgrounds. Most lived in urban centres, with Ontario having the largest number of respondents, followed by Quebec and Alberta. A significant portion of respondents work in healthcare, education, and social services. Many balance these roles with caregiving responsibilities for children, elders, and extended family members.

This mixed-methods approach, quantitative data from the survey and qualitative insights from focus groups, ensures that this report reflects the complexity of Black Women's health and economic realities in Canada.

## DEMOGRAPHIC PROFILE OF VOICES UNHEARD SURVEY PARTICIPANTS (N=1,337)

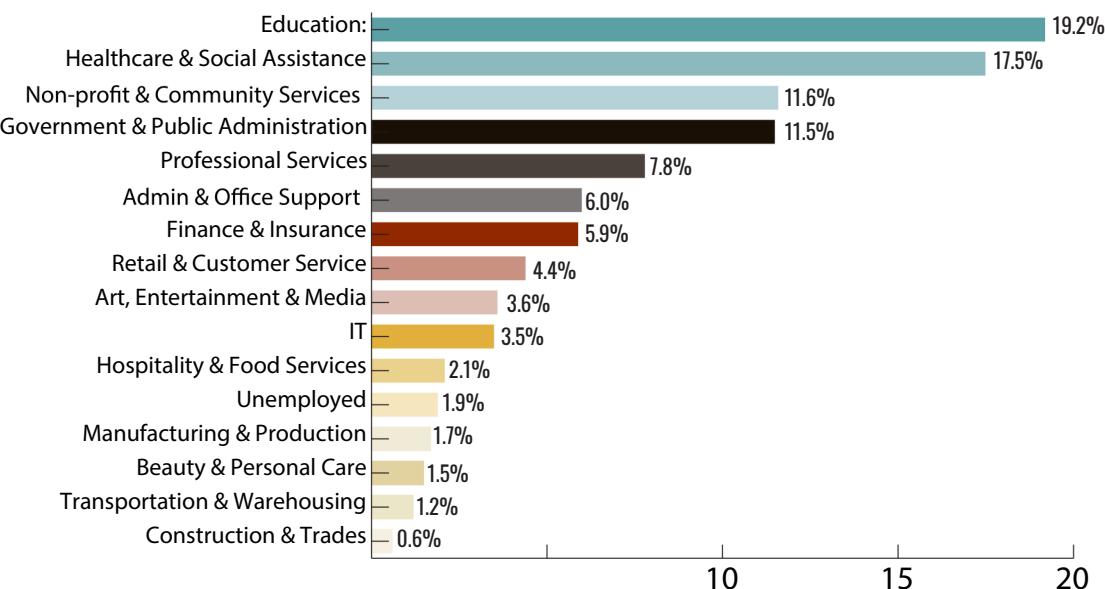


The age distribution of respondents shows a majority of participants in the mid-career range of **36-55 years old (56.6% combined)**. Young adults aged **16-24** were the smallest group (3.5%), while **older adults aged 66 and above** comprised 5% of the sample.



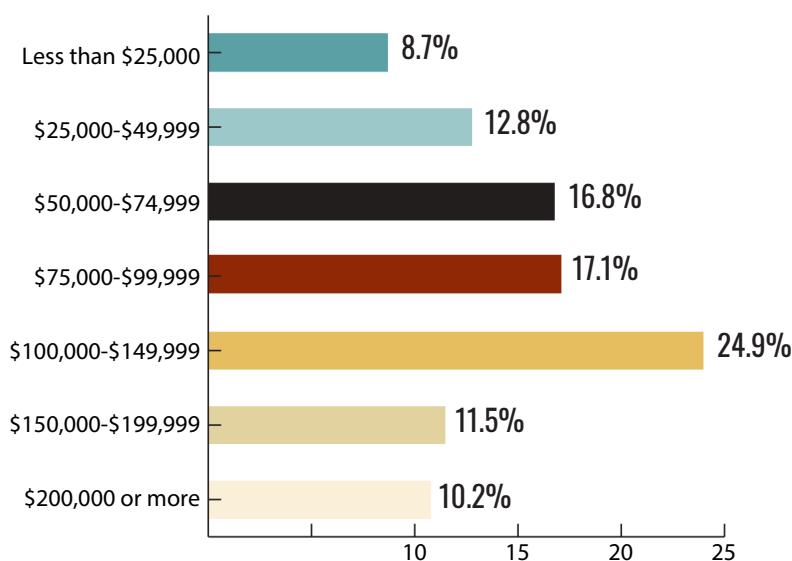
Most respondents identified as **women (96.1%)**. Small but significant representation from **non-binary, transgender**, and gender non-conforming individuals enriches the inclusivity of the survey.

## EMPLOYMENT INDUSTRY



Education and healthcare/social assistance are the top two sectors represented, reflecting the high engagement of Black women in caregiving and community-focused roles. Notably, about **1.9%** of respondents were unemployed, and smaller percentages work in sectors like manufacturing, beauty, and transportation.

## HOUSEHOLD INCOME (BEFORE TAXES)



Although **47.2%** of respondents have household incomes below **\$100,000**, nearly half earn above this threshold, with a significant **10.8%** earning over **\$200,000**. This highlights the diversity of economic realities within the Black women's community and underscores the importance of insurance coverage that is accessible **regardless of income**.



These data points from the Voices Unheard Survey reveal a striking demographic profile of **1,337 Black women** in Canada. Over **66%** of respondents held a bachelor's degree or higher, and nearly **45%** had household incomes above **\$100,000**, with **10.8%** earning more than **\$200,000**.

Yet, despite this educational and economic strength, **24%** of participants had no private health insurance, while many who did reported that their coverage was inadequate and did not meet their real needs. This data underscores a critical point, income and education do not insulate Black women from the systemic barriers and racial inequities embedded within Canada's private health insurance system.

As one participant shared in a focus group,

***"We make over \$100,000, but we are still struggling financially because we are taking care of generations, our parents, our children, and extended family."***

Another respondent noted,

***"Although I have access to primary health, the quality of said services is extremely low. I am often left to research my own conditions and attempt to diagnose, treat, and prevent multiple conditions based on my own evidence."***

Black women's high educational attainment and income levels do not protect them from discrimination in accessing insurance, nor from the structural realities of precarious work and limited benefits that shape their experiences. Many Black women work in sectors such as healthcare and education, which may offer group insurance plans, but report that the coverage often fails to include the services they actually need, like culturally competent mental health care or holistic health supports.

One survey participant explained,

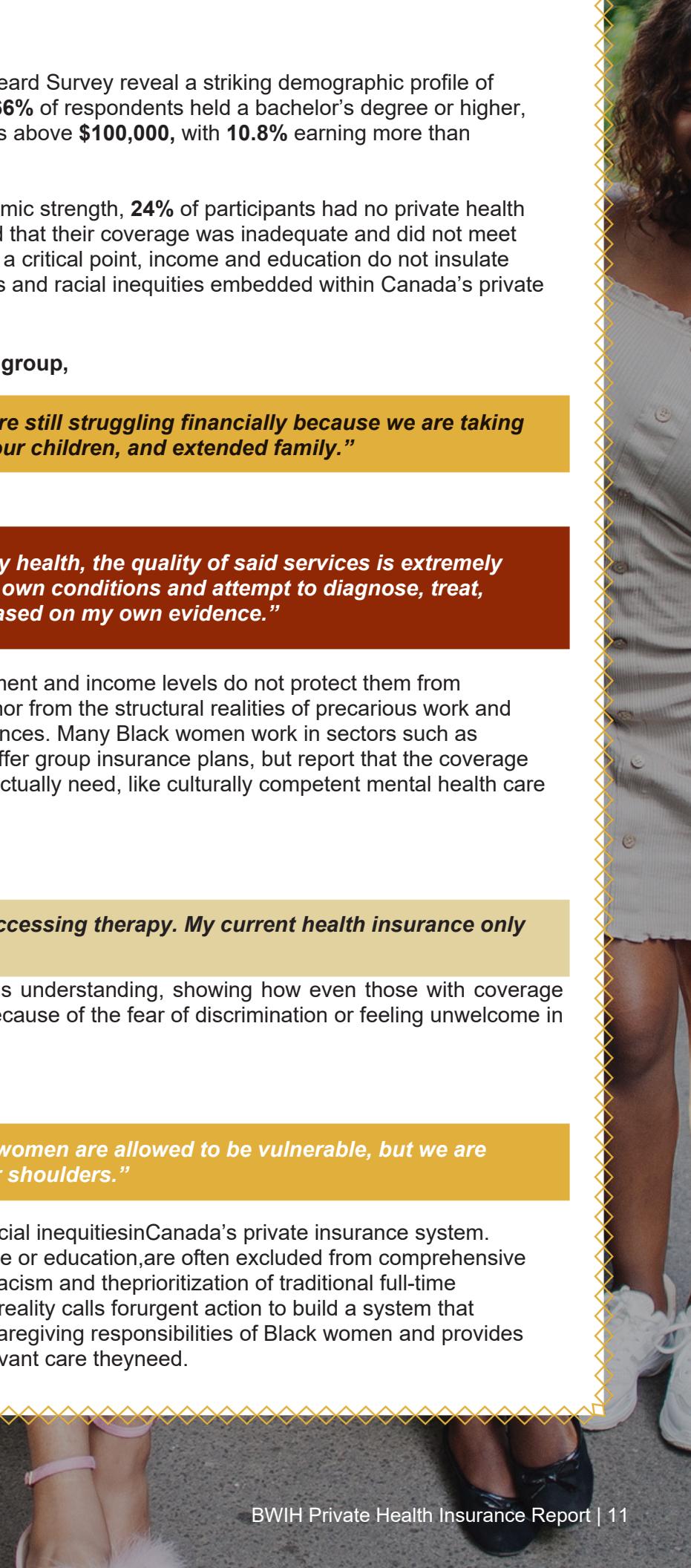
***"My biggest challenge has been accessing therapy. My current health insurance only covers two appointments a year."***

Focus group discussions deepened this understanding, showing how even those with coverage often do not feel comfortable using it because of the fear of discrimination or feeling unwelcome in healthcare spaces.

Another participant shared,

***"I am tired of being strong. White women are allowed to be vulnerable, but we are expected to carry the world on our shoulders."***

These experiences point to the deep racial inequities in Canada's private insurance system. Black women, regardless of their income or education, are often excluded from comprehensive health coverage because of structural racism and the prioritization of traditional full-time employment in insurance models. This reality calls for urgent action to build a system that recognizes the diverse economic and caregiving responsibilities of Black women and provides access to the holistic and culturally relevant care they need.



# PORTRAIT OF A BARRIER: BLACK WOMEN AND PRIVATE HEALTH INSURANCE

Black women in Canada, typically aged  
**25 to 45**, living in Ontario cities  
like Toronto and Ottawa

**76%** have private  
health insurance, mainly  
through employers

**24%** remain  
uninsured due to  
part-time work,  
unemployment,  
self-employment, or  
high insurance costs

Insurance coverage is  
often too limited or  
culturally irrelevant

Employment and income do not  
protect against barriers—racism  
and exclusion still shape access to  
health insurance

**66%** have a bachelor's  
degree or higher

**47.2%** have household  
incomes below \$100,000,  
while **10.8%** earn over  
\$200,000

Many support extended  
families, adding financial pressure

*“My current health  
insurance only covers  
two therapy sessions a  
year, which is not enough”*

*“My current health insurance only covers two  
therapy sessions a year, which is not enough”*



# KEY FINDINGS

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## **FINDING 1: ACCESS TO PRIVATE INSURANCE IS TIED TO EMPLOYER-BASED COVERAGE**

The **Voices Unheard survey** found that among Black women who have private insurance, **80.4%** obtain it through employer-sponsored plans. This highlights how secure, full-time employment is the primary gateway to private health insurance in Canada. However, this also points to an important nuance in the Voices Unheard sample.

Nationally, only about **47%** of Black women have access to employer-sponsored drug plans, compared to **56%** of non-racialized women (Benefits Canada, 2024). This suggests that the **Voices Unheard survey** likely overrepresents Black women who are employed in more stable positions with access to employer-sponsored plans. This overrepresentation is not accidental.

The survey respondents are predominantly highly educated, with **66.2%** holding a bachelor's degree or higher, and nearly half earning above **\$100,000**. These socioeconomic indicators are linked to more stable jobs that offer private insurance. Yet even in this group of Black women with higher education and income, **24%** remain uninsured, and many of those with insurance still report that their plans are inadequate. Comparatively, nationally, about **55%** of Canadians overall are covered under employer-sponsored drug plans (Statistics Canada, 2024).

For Black women, the **Voices Unheard** data show that those with insurance are more likely than the national average to access it through an employer (**80.4% compared to 55%**), reflecting their demographic profile of higher income and education. However, this also underscores how employment status is a critical gateway to insurance and how precarious work and systemic racism continue to leave Black women without these benefits.

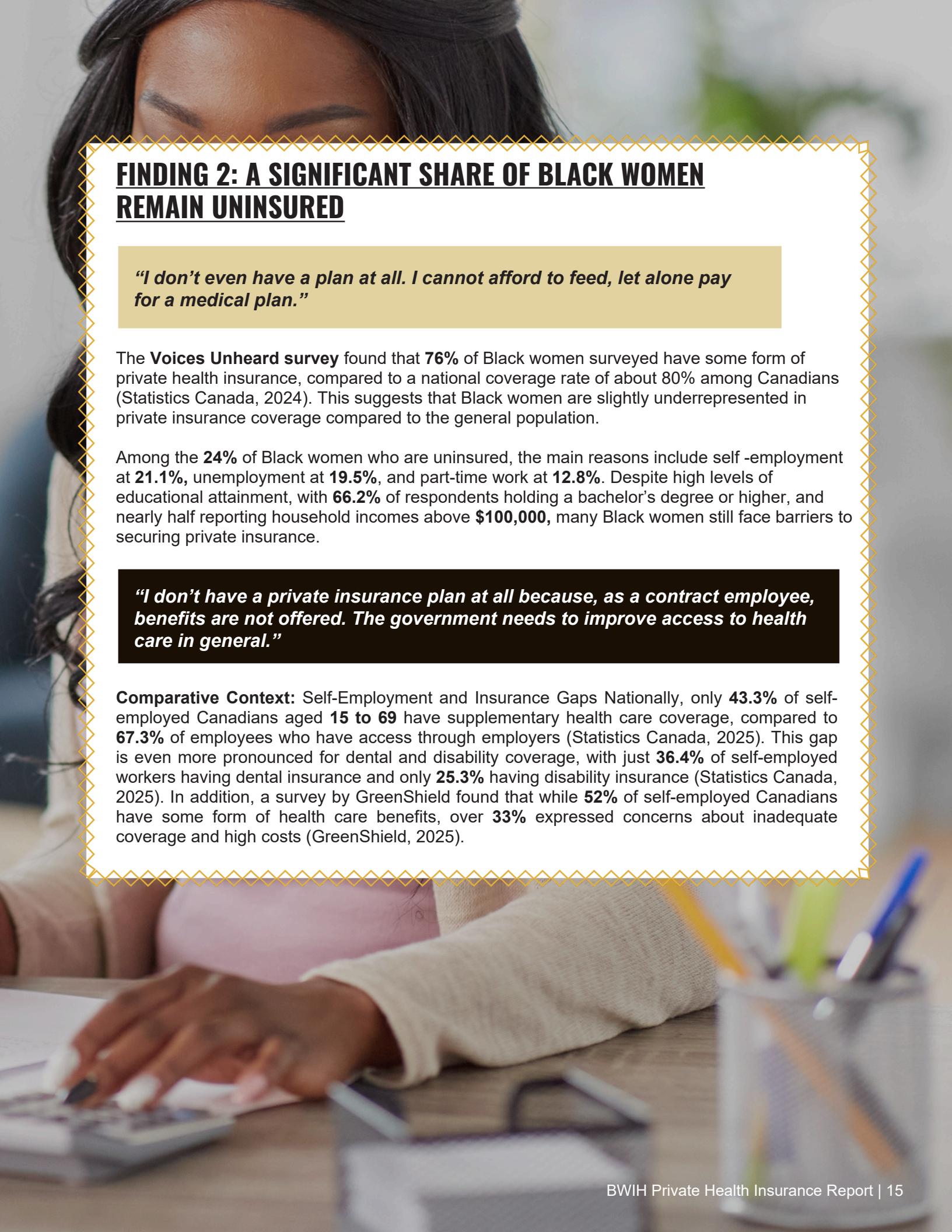
**One participant described the limitations and frustrations of such coverage, saying,**

***"I wish they covered mental health services. Therapy is expensive."***

In short, the Voices Unheard data show that even among Black women who are more likely to have the "good jobs" that offer private insurance, barriers persist. This demonstrates that income and education alone do not guarantee access to or adequacy of private health insurance and points to systemic inequities in both employment and the structure of Canada's private insurance system.

### **VERBATIM QUOTE- EMPLOYMENT-LINKED ACCESS AND FINANCIAL BURDENS**

***"I work at a small startup, and they do not offer health insurance benefits as they are unable to afford it. I am unable to afford private health insurance at this time."***



## **FINDING 2: A SIGNIFICANT SHARE OF BLACK WOMEN REMAIN UNINSURED**

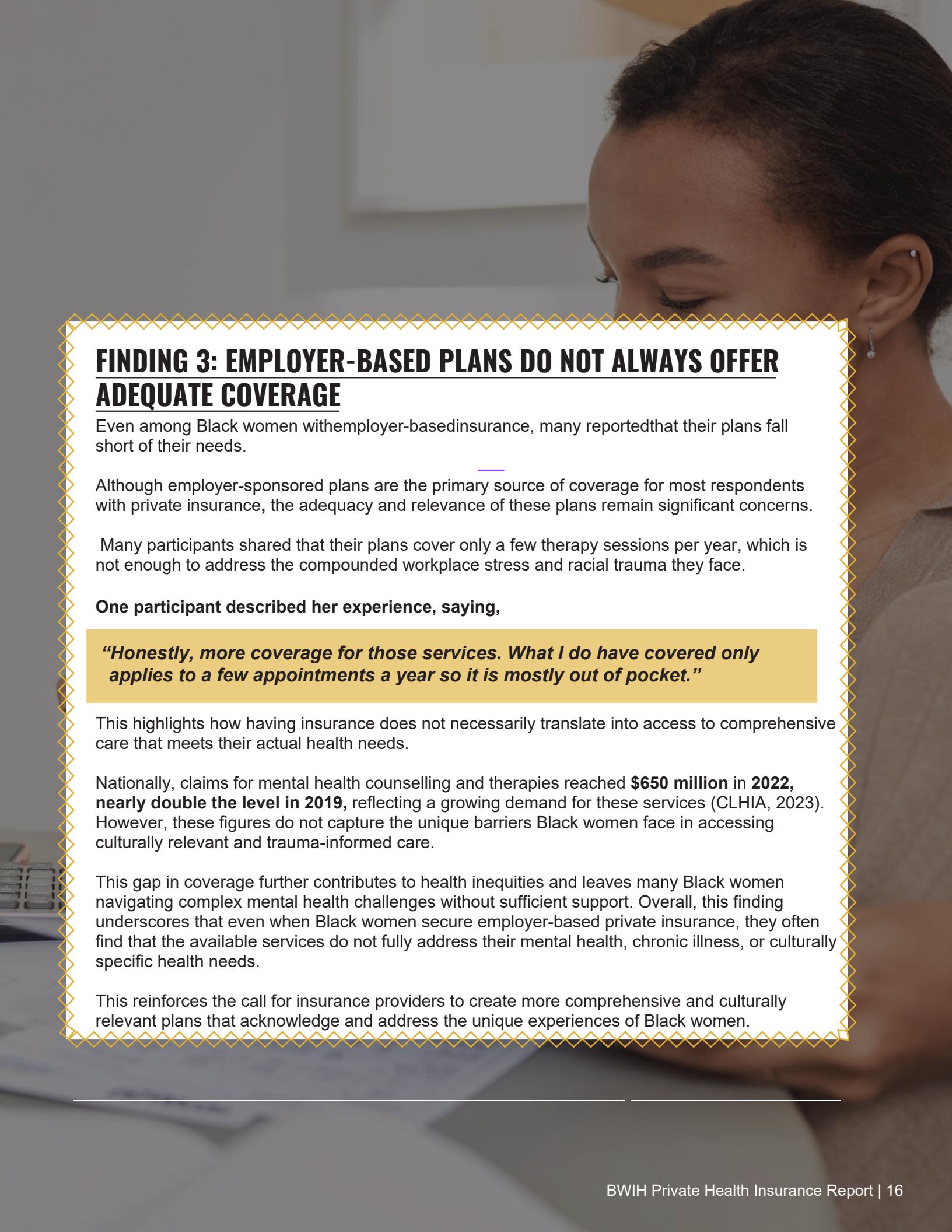
***“I don’t even have a plan at all. I cannot afford to feed, let alone pay for a medical plan.”***

The **Voices Unheard survey** found that **76%** of Black women surveyed have some form of private health insurance, compared to a national coverage rate of about 80% among Canadians (Statistics Canada, 2024). This suggests that Black women are slightly underrepresented in private insurance coverage compared to the general population.

Among the **24%** of Black women who are uninsured, the main reasons include self-employment at **21.1%**, unemployment at **19.5%**, and part-time work at **12.8%**. Despite high levels of educational attainment, with **66.2%** of respondents holding a bachelor’s degree or higher, and nearly half reporting household incomes above **\$100,000**, many Black women still face barriers to securing private insurance.

***“I don’t have a private insurance plan at all because, as a contract employee, benefits are not offered. The government needs to improve access to health care in general.”***

**Comparative Context:** Self-Employment and Insurance Gaps Nationally, only **43.3%** of self-employed Canadians aged **15 to 69** have supplementary health care coverage, compared to **67.3%** of employees who have access through employers (Statistics Canada, 2025). This gap is even more pronounced for dental and disability coverage, with just **36.4%** of self-employed workers having dental insurance and only **25.3%** having disability insurance (Statistics Canada, 2025). In addition, a survey by GreenShield found that while **52%** of self-employed Canadians have some form of health care benefits, over **33%** expressed concerns about inadequate coverage and high costs (GreenShield, 2025).



## **FINDING 3: EMPLOYER-BASED PLANS DO NOT ALWAYS OFFER ADEQUATE COVERAGE**

Even among Black women with employer-based insurance, many reported that their plans fall short of their needs.

Although employer-sponsored plans are the primary source of coverage for most respondents with private insurance, the adequacy and relevance of these plans remain significant concerns.

Many participants shared that their plans cover only a few therapy sessions per year, which is not enough to address the compounded workplace stress and racial trauma they face.

One participant described her experience, saying,

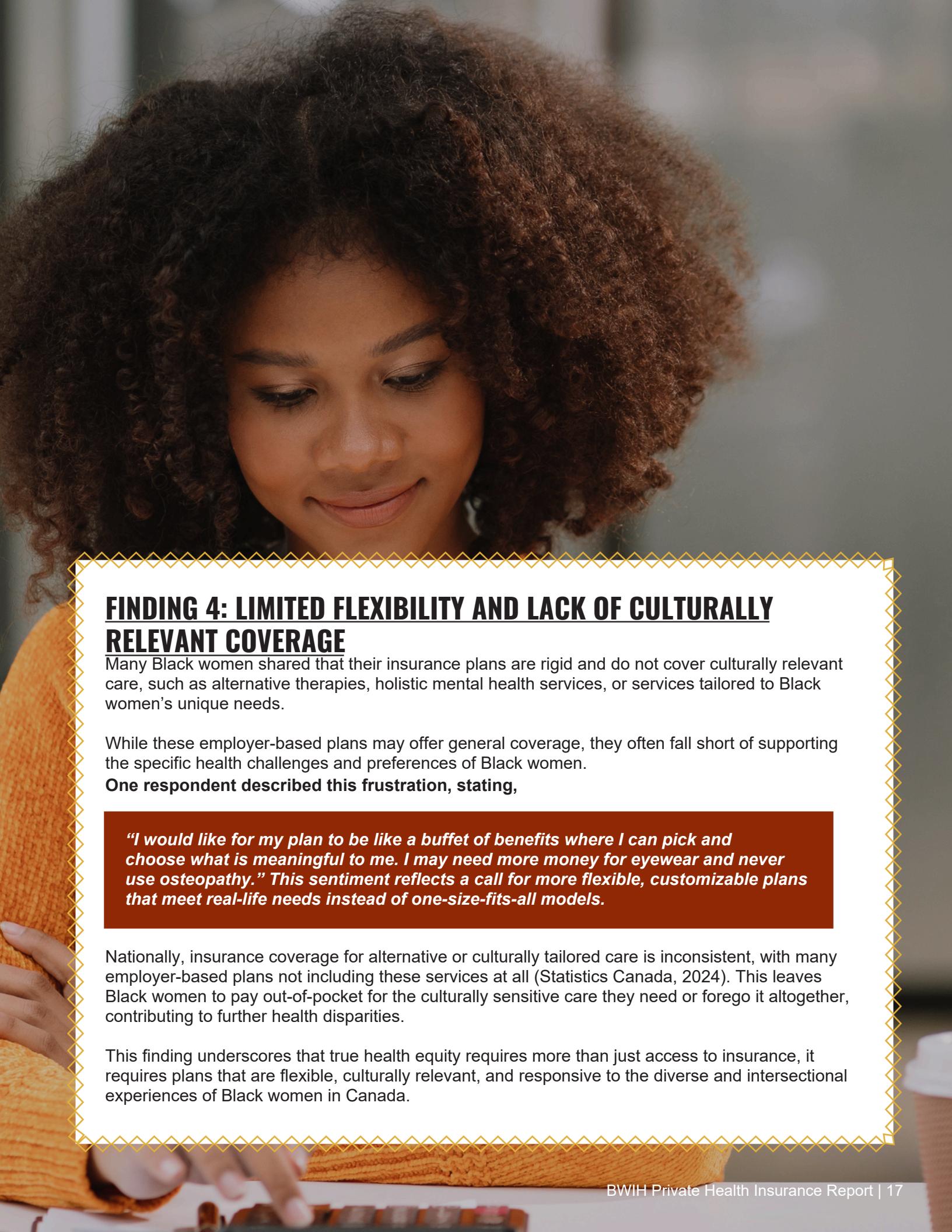
***“Honestly, more coverage for those services. What I do have covered only applies to a few appointments a year so it is mostly out of pocket.”***

This highlights how having insurance does not necessarily translate into access to comprehensive care that meets their actual health needs.

Nationally, claims for mental health counselling and therapies reached **\$650 million in 2022, nearly double the level in 2019**, reflecting a growing demand for these services (CLHIA, 2023). However, these figures do not capture the unique barriers Black women face in accessing culturally relevant and trauma-informed care.

This gap in coverage further contributes to health inequities and leaves many Black women navigating complex mental health challenges without sufficient support. Overall, this finding underscores that even when Black women secure employer-based private insurance, they often find that the available services do not fully address their mental health, chronic illness, or culturally specific health needs.

This reinforces the call for insurance providers to create more comprehensive and culturally relevant plans that acknowledge and address the unique experiences of Black women.



## **FINDING 4: LIMITED FLEXIBILITY AND LACK OF CULTURALLY RELEVANT COVERAGE**

Many Black women shared that their insurance plans are rigid and do not cover culturally relevant care, such as alternative therapies, holistic mental health services, or services tailored to Black women's unique needs.

While these employer-based plans may offer general coverage, they often fall short of supporting the specific health challenges and preferences of Black women.

**One respondent described this frustration, stating,**

***"I would like for my plan to be like a buffet of benefits where I can pick and choose what is meaningful to me. I may need more money for eyewear and never use osteopathy." This sentiment reflects a call for more flexible, customizable plans that meet real-life needs instead of one-size-fits-all models.***

Nationally, insurance coverage for alternative or culturally tailored care is inconsistent, with many employer-based plans not including these services at all (Statistics Canada, 2024). This leaves Black women to pay out-of-pocket for the culturally sensitive care they need or forego it altogether, contributing to further health disparities.

This finding underscores that true health equity requires more than just access to insurance, it requires plans that are flexible, culturally relevant, and responsive to the diverse and intersectional experiences of Black women in Canada.



## **FINDING 5: INCOME AND EDUCATION ALONE DO NOT PROTECT AGAINST INSURANCE GAPS**

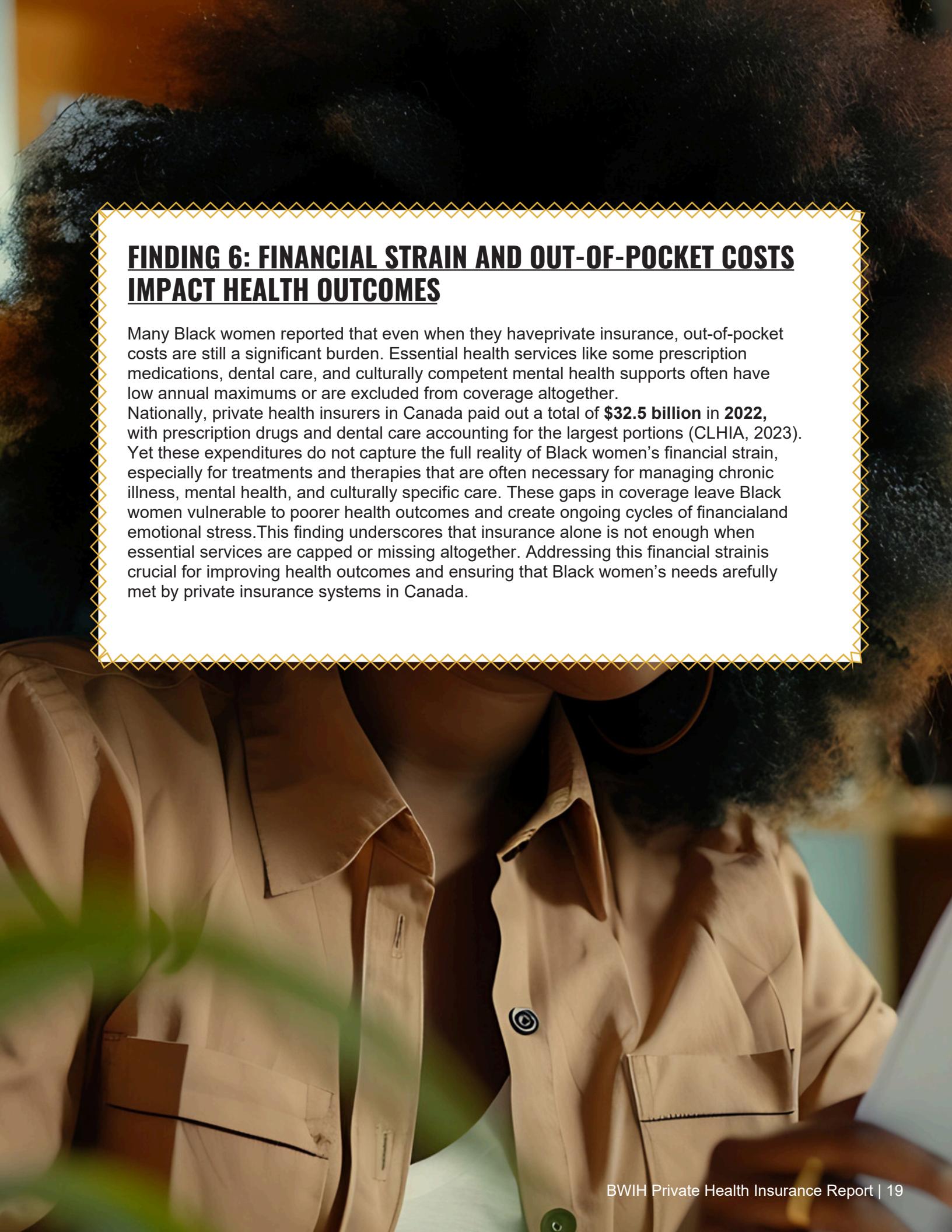
Although many respondents in the Voices Unheard survey reported higher-than-average income and education levels, these factors do not insulate Black women from insurance gaps. Nearly half of respondents reported household incomes above **\$100,000**, and **66.2%** held a bachelor's degree or higher. Yet, **24%** still had no private insurance at all, and many described their plans as inadequate or failing to meet their specific needs.

One participant explained,

***"We make over \$100,000, but we are still struggling financially because we are taking care of generations, our parents, our children, and extended family."***

This reveals how economic and familial responsibilities intersect to shape financial vulnerability, even in households that might appear secure on paper.

Nationally, higher income and education levels are generally linked to greater access to private insurance (Statistics Canada, 2024). However, these findings highlight that for Black women, systemic racism, family caregiving burdens, and the realities of precarious work limit the benefits of income and education. Even when they secure well-paying jobs, Black women face added pressures that make health insurance gaps more persistent and more impactful. This finding underscores that addressing insurance inequities for Black women requires more than improving income and education alone. It calls for addressing the broader social, economic, and structural barriers that shape how Black women navigate health insurance and health care.



## FINDING 6: FINANCIAL STRAIN AND OUT-OF-POCKET COSTS IMPACT HEALTH OUTCOMES

Many Black women reported that even when they have private insurance, out-of-pocket costs are still a significant burden. Essential health services like some prescription medications, dental care, and culturally competent mental health supports often have low annual maximums or are excluded from coverage altogether.

Nationally, private health insurers in Canada paid out a total of **\$32.5 billion in 2022**, with prescription drugs and dental care accounting for the largest portions (CLHIA, 2023). Yet these expenditures do not capture the full reality of Black women's financial strain, especially for treatments and therapies that are often necessary for managing chronic illness, mental health, and culturally specific care. These gaps in coverage leave Black women vulnerable to poorer health outcomes and create ongoing cycles of financial and emotional stress. This finding underscores that insurance alone is not enough when essential services are capped or missing altogether. Addressing this financial strain is crucial for improving health outcomes and ensuring that Black women's needs are fully met by private insurance systems in Canada.



SYSTEMIC RACISM  
UNDERPINS THESE GAPS  
IN PRIVATE INSURANCE  
COVERAGE

Across all the previous findings, a consistent theme emerges: systemic anti-Black racism is a fundamental driver of the disparities Black women face in accessing and using private health insurance in Canada. This racism is embedded in employment structures, workplace cultures, and the healthcare system itself, creating barriers that persist even for Black women with higher incomes and education. While the **Voices Unheard survey** reflects that many Black women respondents have stable, higher-paying jobs, with nearly half earning above **\$100,000** and **66.2%** holding a bachelor's degree or higher, it also reveals that these economic indicators do not shield them from insurance gaps.

In fact, findings from the GTA Healthcare Leadership Report (Voices Unheard sub-report, 2025) show that Black women working in healthcare face significant barriers to career advancement.

Many report being overlooked for promotions, excluded from leadership pipelines, and subject to bias and microaggressions that take a toll on their mental health. This stunted career mobility limits access to more comprehensive or higher-tier private insurance plans, often reserved for senior staff or leadership roles.

**One participant from the Voices Unheard survey captured this reality, saying,**

***"The constant stress and microaggressions in my work environment leave me feeling mentally drained. Having insurance that covers mental health services would make a significant difference."***

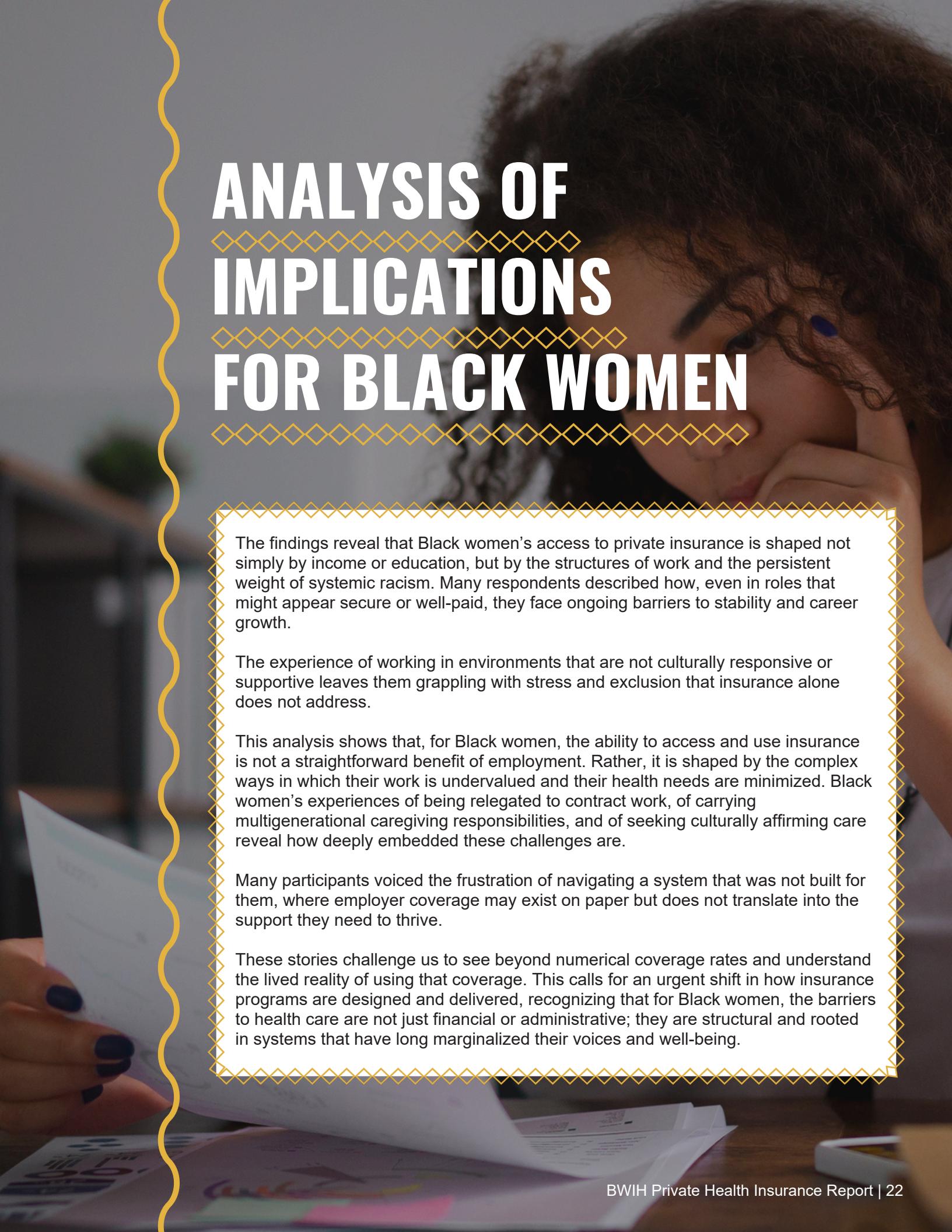
Nationally, Black women are more likely to be employed in precarious, part-time, or contract roles that do not offer private insurance benefits (Statistics Canada, 2024). For those who do have coverage through employer-based plans, the struggle to find culturally responsive care and affordable services remains a critical barrier. Many respondents expressed that they could not find Black or culturally competent therapists covered by their insurance, or they had to pay upfront for therapy sessions and navigate the financial strain of being reimbursed later, if at all.

**Another said....**

***"I am in desperate need of access to professionals who overstand race-based trauma, and can diagnose PTSD as a direct cause of!!! I NEED IT TO BE PAID FOR!!!"***

## **WHAT THIS MEANS:**

This finding underscores that addressing disparities in private health insurance for Black women requires more than just tweaks to coverage levels or employer policies. It requires systemic change that acknowledges and dismantles the racism woven into both the labour market and the healthcare system. Without this, even the most "comprehensive" insurance plans will continue to leave Black women behind.



# ANALYSIS OF IMPLICATIONS FOR BLACK WOMEN

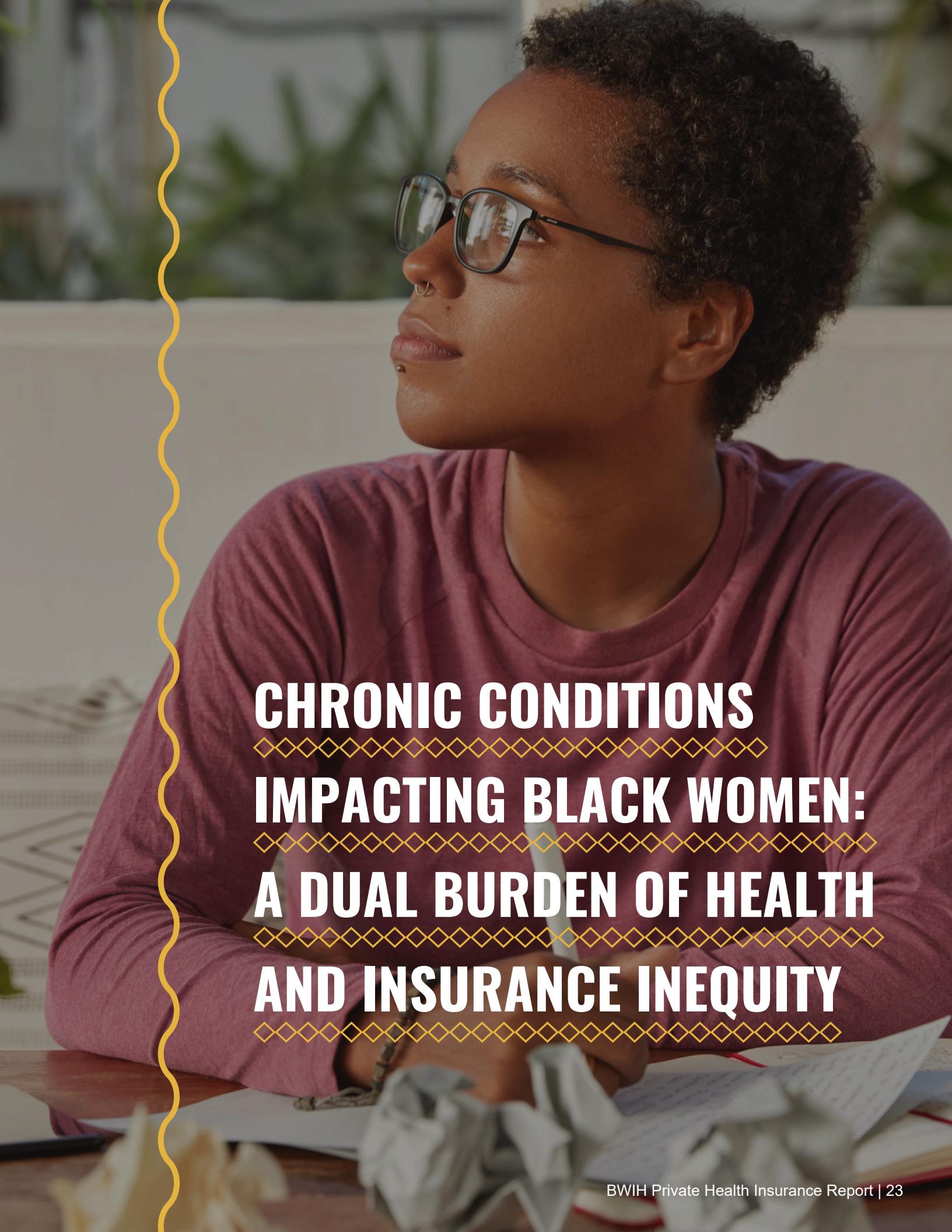
The findings reveal that Black women's access to private insurance is shaped not simply by income or education, but by the structures of work and the persistent weight of systemic racism. Many respondents described how, even in roles that might appear secure or well-paid, they face ongoing barriers to stability and career growth.

The experience of working in environments that are not culturally responsive or supportive leaves them grappling with stress and exclusion that insurance alone does not address.

This analysis shows that, for Black women, the ability to access and use insurance is not a straightforward benefit of employment. Rather, it is shaped by the complex ways in which their work is undervalued and their health needs are minimized. Black women's experiences of being relegated to contract work, of carrying multigenerational caregiving responsibilities, and of seeking culturally affirming care reveal how deeply embedded these challenges are.

Many participants voiced the frustration of navigating a system that was not built for them, where employer coverage may exist on paper but does not translate into the support they need to thrive.

These stories challenge us to see beyond numerical coverage rates and understand the lived reality of using that coverage. This calls for an urgent shift in how insurance programs are designed and delivered, recognizing that for Black women, the barriers to health care are not just financial or administrative; they are structural and rooted in systems that have long marginalized their voices and well-being.



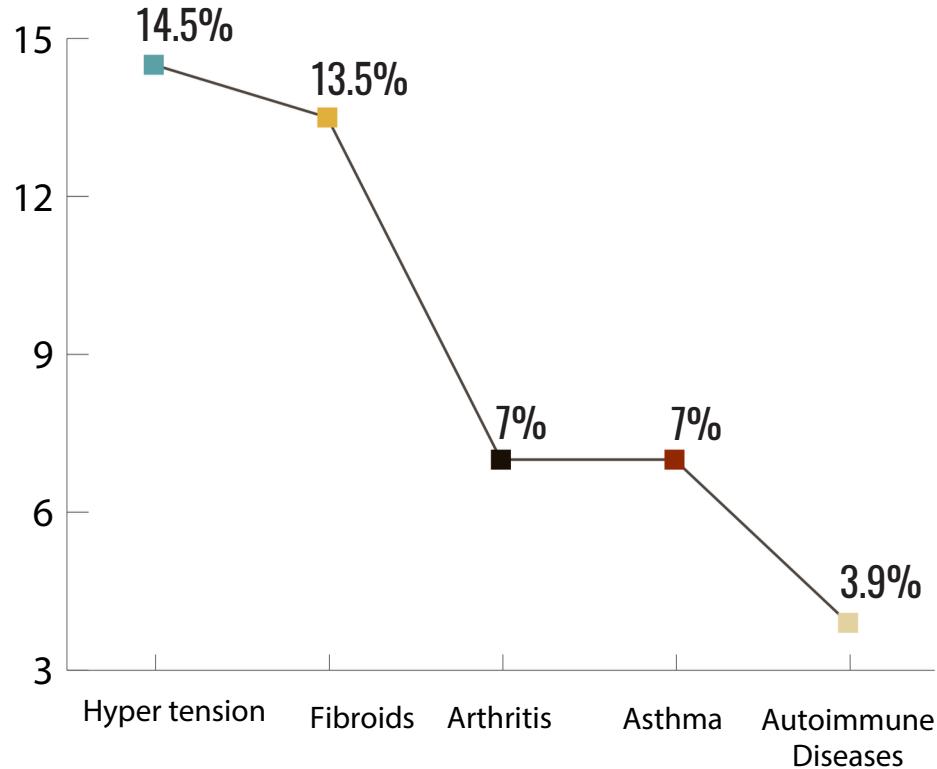
CHRONIC CONDITIONS

IMPACTING BLACK WOMEN:

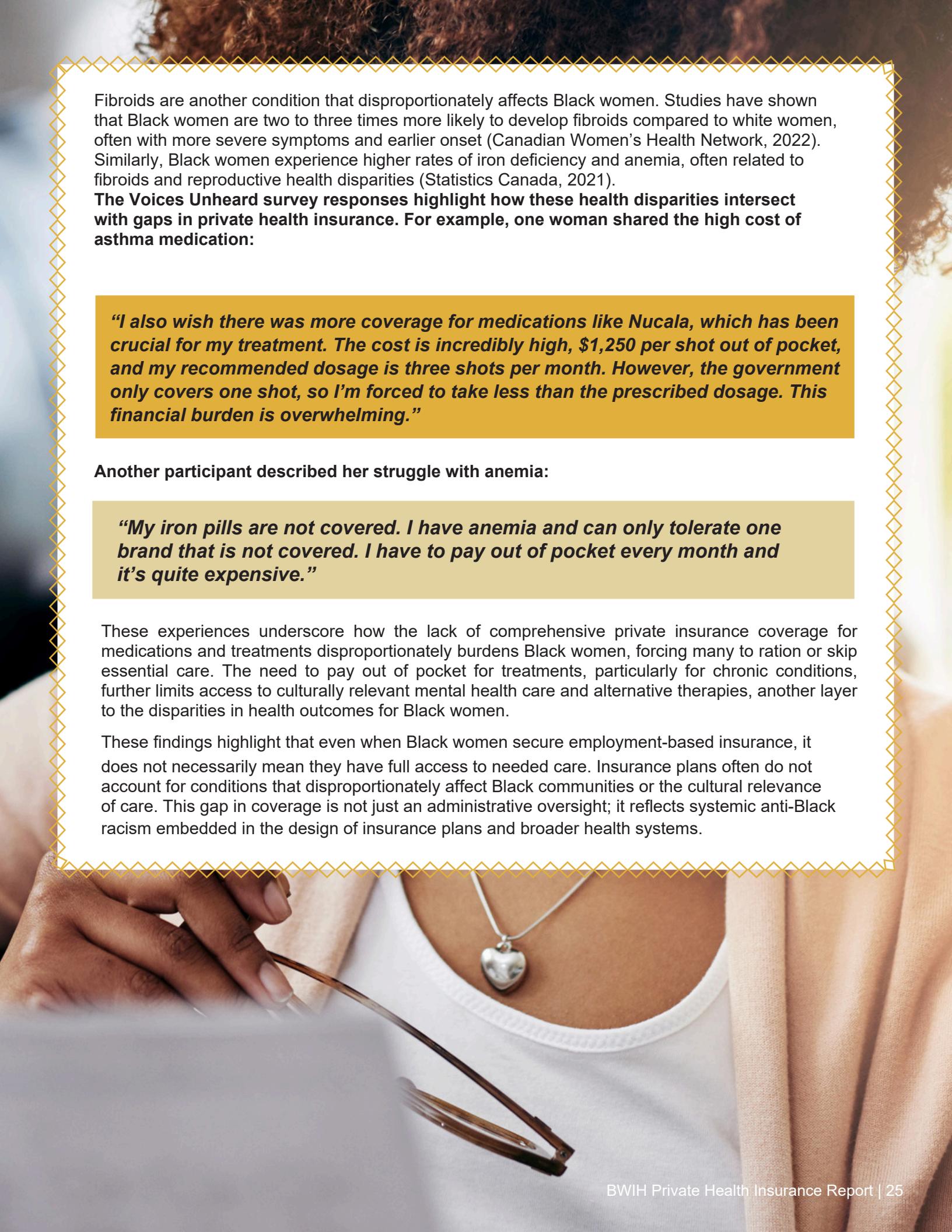
A DUAL BURDEN OF HEALTH

AND INSURANCE INEQUITY

## CHRONIC CONDITIONS AND GAPS IN COVERAGE: A DOUBLE BURDEN FOR BLACK WOMEN



The **Voices Unheard survey** revealed that **66.7%** of Black women respondents reported receiving treatment for chronic conditions, with some of the most prevalent being hypertension (14.5%), fibroids (13.5%), arthritis (7%), asthma (7%), and autoimmune diseases (3.9%). These findings mirror national data showing that chronic conditions like asthma and hypertension are more common among Black communities due to genetic, environmental, and systemic factors. For instance, data from Asthma Canada indicates that Black Canadians are at a higher risk of developing asthma and experiencing worse outcomes, with rates of asthma-related emergency visits higher in racialized communities (Asthma Canada, 2023).



Fibroids are another condition that disproportionately affects Black women. Studies have shown that Black women are two to three times more likely to develop fibroids compared to white women, often with more severe symptoms and earlier onset (Canadian Women's Health Network, 2022). Similarly, Black women experience higher rates of iron deficiency and anemia, often related to fibroids and reproductive health disparities (Statistics Canada, 2021).

**The Voices Unheard survey responses highlight how these health disparities intersect with gaps in private health insurance. For example, one woman shared the high cost of asthma medication:**

***"I also wish there was more coverage for medications like Nucala, which has been crucial for my treatment. The cost is incredibly high, \$1,250 per shot out of pocket, and my recommended dosage is three shots per month. However, the government only covers one shot, so I'm forced to take less than the prescribed dosage. This financial burden is overwhelming."***

Another participant described her struggle with anemia:

***"My iron pills are not covered. I have anemia and can only tolerate one brand that is not covered. I have to pay out of pocket every month and it's quite expensive."***

These experiences underscore how the lack of comprehensive private insurance coverage for medications and treatments disproportionately burdens Black women, forcing many to ration or skip essential care. The need to pay out of pocket for treatments, particularly for chronic conditions, further limits access to culturally relevant mental health care and alternative therapies, another layer to the disparities in health outcomes for Black women.

These findings highlight that even when Black women secure employment-based insurance, it does not necessarily mean they have full access to needed care. Insurance plans often do not account for conditions that disproportionately affect Black communities or the cultural relevance of care. This gap in coverage is not just an administrative oversight; it reflects systemic anti-Black racism embedded in the design of insurance plans and broader health systems.

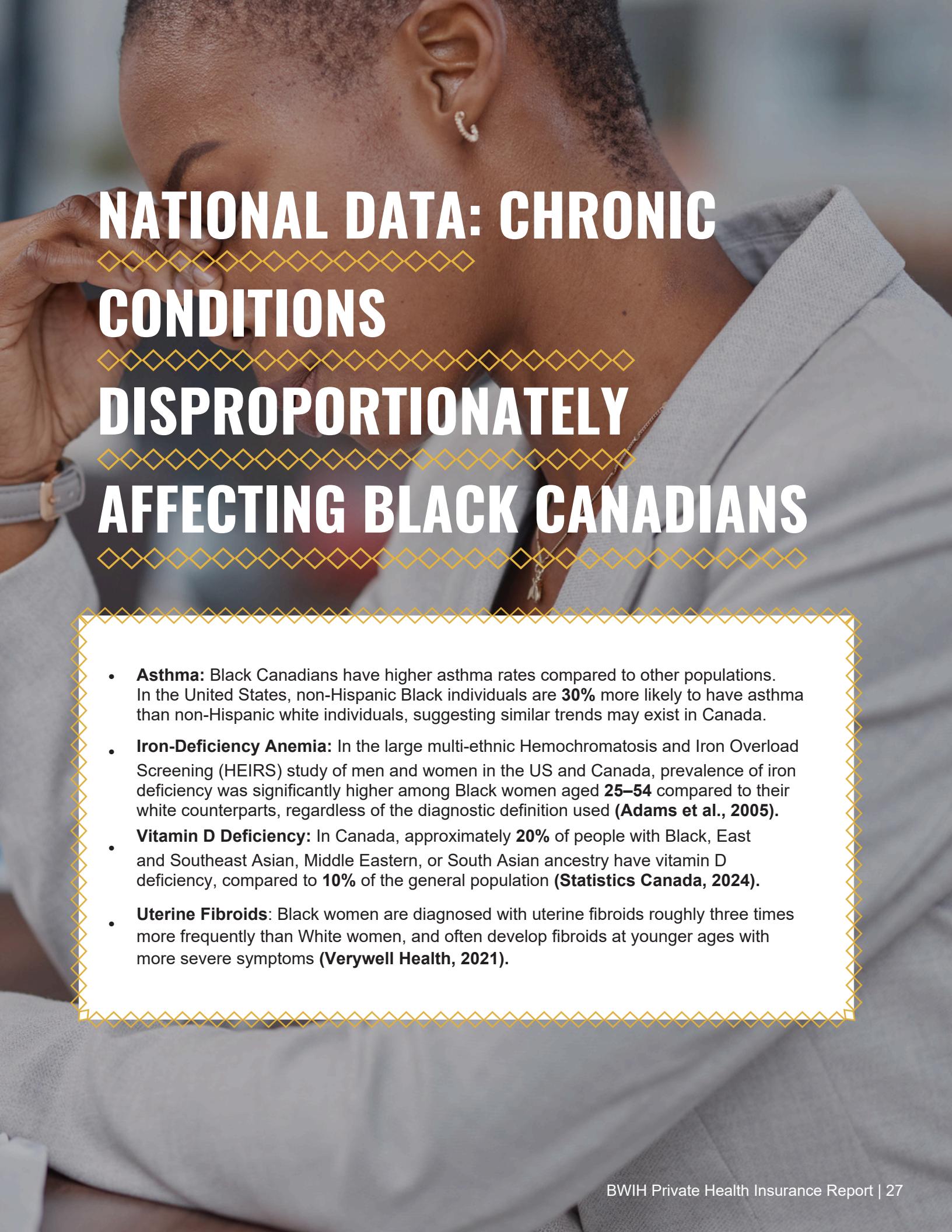


## WHAT THIS MEANS:

This finding underscores that addressing disparities in private health insurance for Black women requires more than just tweaks to coverage levels or employer policies. It requires systemic change that acknowledges and dismantles the racism woven into both the labour market and the healthcare system. Without this, even the most “comprehensive” insurance plans will continue to leave Black women behind.

## VERBATIM QUOTE: COVERAGE FOR CHRONIC CONDITIONS

*“I do not have a private plan. I would benefit from osteopathy, massage, cranial sacral therapy, culturally relevant therapy, herbal remedies for chronic pain, more physio, and any alternative therapy that could be married with western medicine.”*



# NATIONAL DATA: CHRONIC CONDITIONS DISPROPORTIONATELY AFFECTING BLACK CANADIANS

- **Asthma:** Black Canadians have higher asthma rates compared to other populations. In the United States, non-Hispanic Black individuals are **30%** more likely to have asthma than non-Hispanic white individuals, suggesting similar trends may exist in Canada.
- **Iron-Deficiency Anemia:** In the large multi-ethnic Hemochromatosis and Iron Overload Screening (HEIRS) study of men and women in the US and Canada, prevalence of iron deficiency was significantly higher among Black women aged **25–54** compared to their white counterparts, regardless of the diagnostic definition used (**Adams et al., 2005**).
- **Vitamin D Deficiency:** In Canada, approximately **20%** of people with Black, East and Southeast Asian, Middle Eastern, or South Asian ancestry have vitamin D deficiency, compared to **10%** of the general population (**Statistics Canada, 2024**).
- **Uterine Fibroids:** Black women are diagnosed with uterine fibroids roughly three times more frequently than White women, and often develop fibroids at younger ages with more severe symptoms (**Verywell Health, 2021**).



# INSURANCE GAPS: A BARRIER TO EFFECTIVE TREATMENT



## **INSURANCE GAPS: A BARRIER TO EFFECTIVE TREATMENT**

Despite the higher prevalence of these conditions, insurance coverage often falls short, leaving Black women to bear the financial burden of essential treatments. This gap not only affects physical health but also limits access to other critical services, such as mental health support, due to financial constraints.

**A participant expressed:**

**“My medications for fibroids aren’t covered by insurance.”**

**Another shared:**

**“Increase medication coverage for those with chronic illnesses, e.g., Diabetes, High BP etc.”**

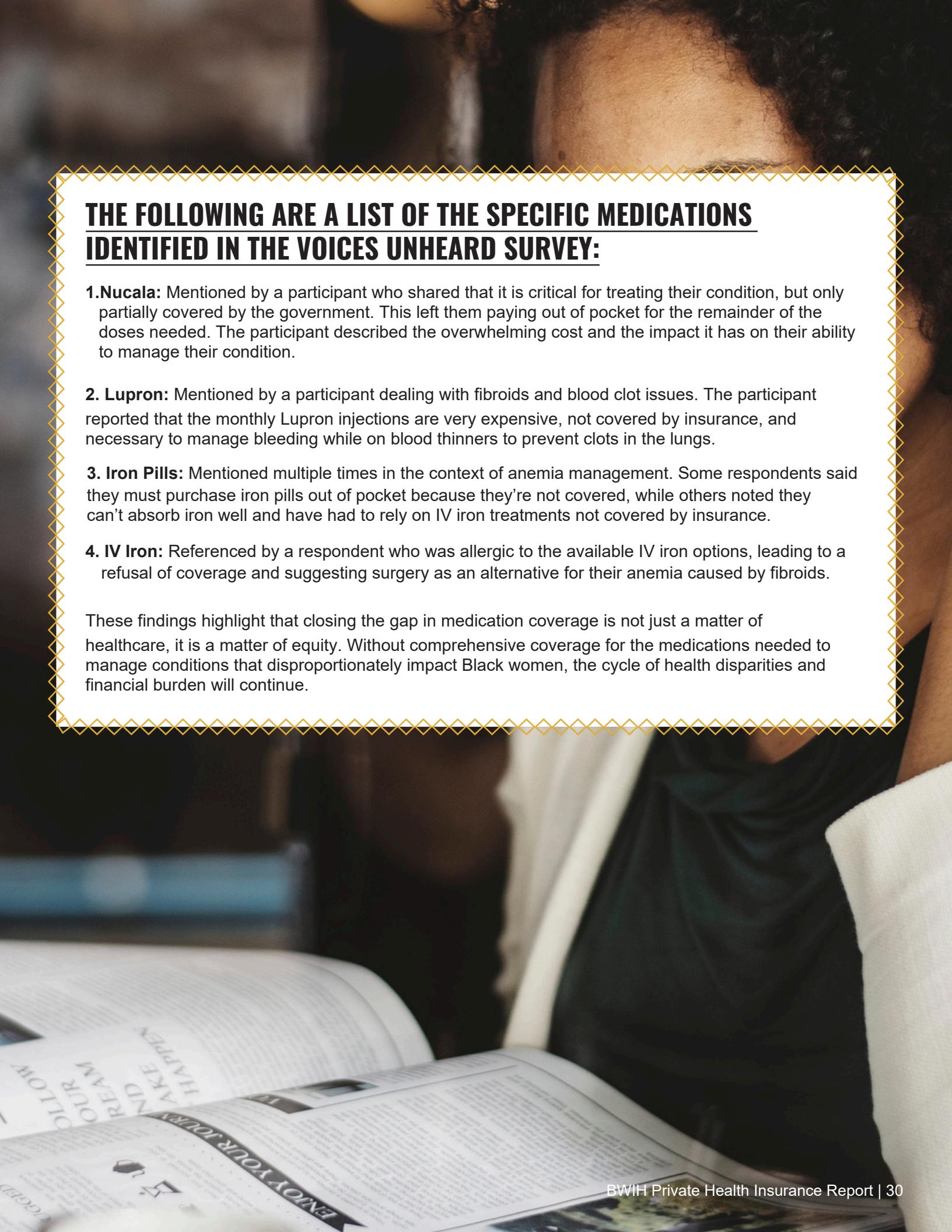
## **CONCLUSION: ADDRESSING SYSTEMIC INEQUITIES**

The confluence of higher disease prevalence and inadequate insurance coverage among Black women in Canada underscores systemic inequities in healthcare access. Addressing these disparities requires a multifaceted approach:

**Policy Reform:** Advocate for insurance policies that recognize and cover treatments for conditions disproportionately affecting Black women.

**Cultural Competency:** Ensure healthcare providers and insurers understand the unique health challenges faced by Black women and offer appropriate support and coverage.

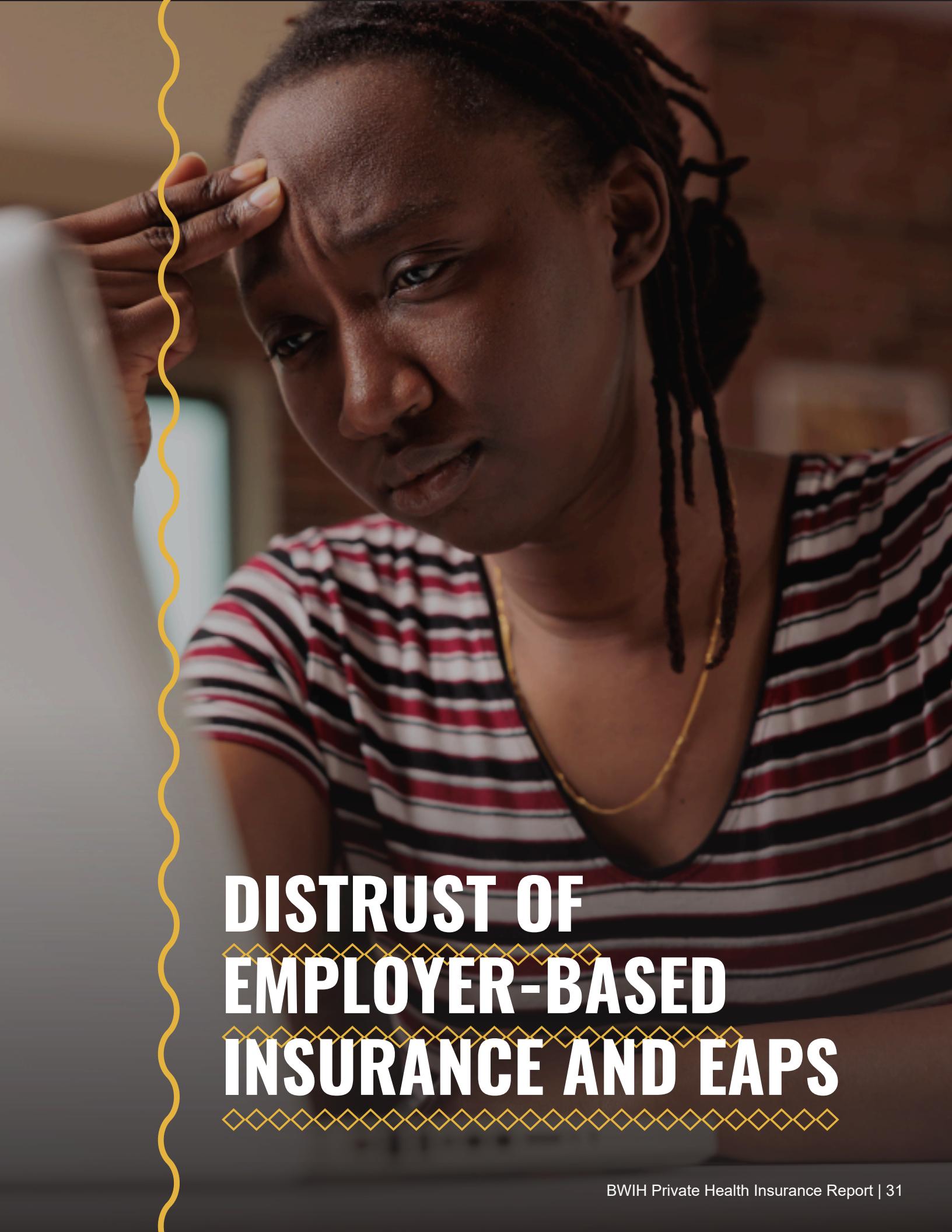
**Community Engagement:** Involve Black women in the decision-making processes related to healthcare policies to ensure their needs are adequately represented and addressed. Despite these well-documented disparities, private insurance plans often do not cover the full range of medications and therapies that Black women need. This lack of coverage creates financial strain and forces difficult choices, undermining the very health outcomes these plans are supposed to support.



## **THE FOLLOWING ARE A LIST OF THE SPECIFIC MEDICATIONS IDENTIFIED IN THE VOICES UNHEARD SURVEY:**

- 1. Nucala:** Mentioned by a participant who shared that it is critical for treating their condition, but only partially covered by the government. This left them paying out of pocket for the remainder of the doses needed. The participant described the overwhelming cost and the impact it has on their ability to manage their condition.
- 2. Lupron:** Mentioned by a participant dealing with fibroids and blood clot issues. The participant reported that the monthly Lupron injections are very expensive, not covered by insurance, and necessary to manage bleeding while on blood thinners to prevent clots in the lungs.
- 3. Iron Pills:** Mentioned multiple times in the context of anemia management. Some respondents said they must purchase iron pills out of pocket because they're not covered, while others noted they can't absorb iron well and have had to rely on IV iron treatments not covered by insurance.
- 4. IV Iron:** Referenced by a respondent who was allergic to the available IV iron options, leading to a refusal of coverage and suggesting surgery as an alternative for their anemia caused by fibroids.

These findings highlight that closing the gap in medication coverage is not just a matter of healthcare, it is a matter of equity. Without comprehensive coverage for the medications needed to manage conditions that disproportionately impact Black women, the cycle of health disparities and financial burden will continue.



A woman with dark skin and long, dark braided hair is shown in a close-up. She is wearing a red, white, and black horizontally striped short-sleeved shirt. Her expression is one of concern or deep thought, with her right hand resting against her forehead and her gaze directed downwards and to the side. The background is softly blurred, suggesting an indoor setting.

# DISTRUST OF EMPLOYER-BASED INSURANCE AND EAPS



An **emerging theme** in the ***Voices Unheard*** data is the lack of trust Black women have in employer-provided insurance and Employee Assistance Programs (EAPs).

Despite having access to private insurance, Black women's experiences of systemic racism in the workplace often lead to concerns that these employer-sponsored services will not act in their best interest.

One participant described this directly:

***"I don't trust therapy assistance to not divulge details to my employer. A previous therapist via work coverage admitted they would share information... essentially working for the employer and not my benefit."***

This distrust is not an isolated concern. According to the ***Voices Unheard*** survey, **19.7%** of Black women delayed or avoided care because they did not trust that their information would remain confidential. **Additionally, 12.8% of respondents identified fear of discrimination as a barrier to accessing healthcare at work or through employer-provided plans.**

These numbers highlight how racial discrimination in the workplace can shape Black women's willingness to access employer-based services, particularly for mental health care. The concern that EAP therapists are not fully independent reporting back to the employer or working within frameworks that reinforce workplace bias, creates a significant barrier to care. This underscores that access to private insurance is not simply about having coverage, it is also about creating safe and trusted pathways for Black women to actually use these services.

Without this trust, gaps in access and health outcomes will persist.



# RECOMMENDATIONS FOR PRIVATE HEALTH INSURERS IN CANADA:

## **1. EXPAND COVERAGE BEYOND EMPLOYMENT TIES**

- The data reveal that **80.4%** of insured Black women in the Voices Unheard survey rely on employer-sponsored insurance, yet one in four Black women have no insurance at all. Canadian data shows that about **67%** of Canadians have private insurance, but this excludes many in precarious and self-employed roles (Statistics Canada, 2024).
- **Recommendation:** Develop affordable, flexible insurance plans that do not rely solely on employment status. Create sliding-scale premiums and group purchasing options for self-employed and part-time workers to ensure equitable access.

## **2. ADDRESS FINANCIAL BARRIERS TO HEALTH COVERAGE**

- Cost is a major barrier, as seen in the **11.7%** of uninsured Black women who cited high premiums and **10.9%** whose employers do not offer any insurance at all. National data confirm that financial barriers remain a key reason for gaps in health coverage, particularly for low-income and racialized populations (Statistics Canada, 2024).
- **Recommendation:** Reduce co-pays and deductibles for essential health services and implement caps on out-of-pocket expenses. Partner with government programs to subsidize private insurance for low-income groups.

## **3. IMPROVE MENTAL HEALTH COVERAGE AND ACCESS**

- Many Black women respondents shared that even when they have coverage, mental health benefits are too limited (**often only two to three sessions a year**), and they struggle to find culturally competent providers. National studies echo these challenges (Canadian Mental Health Association, 2023).
- **Recommendation:** Expand mental health coverage to at least **\$2,000 annually** and support culturally relevant mental health care providers, including Black therapists and community-based mental health supports.

## **4. COVER CHRONIC CONDITIONS THAT DISPROPORTIONATELY AFFECT BLACK WOMEN**

- Conditions such as asthma, fibroids, and anemia (**with iron and vitamin D deficiencies**) are highly prevalent among Black women, yet many respondents said medications like Nucala and IV iron infusions are not covered. Data from the Black Health Alliance and Asthma Canada show higher rates of these conditions in Black communities (Asthma Canada, 2024).
- **Recommendation:** Prioritize coverage for chronic illness management, including medications for asthma, fibroids, anemia, and hypertension, which disproportionately impact Black women. Create specific policy add-ons that recognize these conditions and address them through culturally relevant health strategies.



## 5. ENHANCE TRANSPARENCY AND BUILD TRUST

- Arecurring themewas the distrust of employer-provided insurance and fear of personal health information being shared with employers, discouraging Black women from accessing care. This is an emerging but important insight in the **Voices Unheard** survey.
- **Recommendation:** Implement strict confidentiality policies and communicate them clearly to members. Establish an independent complaints mechanism to address privacy concerns and promote trust in the insurance system.

## 6. SUPPORT HOLISTIC AND ALTERNATIVE CARE

- Respondents expressed a desire for flexible plans that reflect their real needs, including holistic and culturally relevant care like acupuncture, massage, and osteopathy. Current insurance structures rarely support these approaches, despite evidence of their effectiveness (Canadian Institutes of Health Research, 2024).
- **Recommendation:** Incorporate broader, holistic health options in private insurance plans. Allow plan members to redistribute benefits according to their personal and cultural health needs.

## 7. ADDRESS EMPLOYMENT AND SYSTEMIC RACISM IN INSURANCE DESIGN

- The Voices Unheard data highlight that even when Black women have similar education and income levels as the broader population, they are still more likely to be in precarious work without benefits. National studies, including those by Statistics Canada and the Black Women's Health Network, underscore that systemic racism in employment translates into disparities in private insurance access.
- **Recommendation:** Collaborate with community-led Black health organizations to co-design insurance products and ensure that the realities of Black women's working lives are fully considered. Push for federal policy reforms that mandate employer-sponsored insurance for part-time and contract workers.

## 8. COMMIT TO DATA TRANSPARENCY AND DISAGGREGATED REPORTING

- The Voices Unheard survey shows the need for more disaggregated race-based data to reveal disparities in insurance access and outcomes. This aligns with calls from Black health leaders and the Canadian Human Rights Commission for more robust data collection (Canadian Human Rights Commission, 2023).
- **Recommendation:** Collect and report race-disaggregated data to track progress and hold insurance providers accountable for closing the coverage gap for Black women.



# CONCLUSION

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***The Voices Unheard Survey*** has brought to light the complexities and disparities that Black women in Canada face when it comes to accessing private health insurance.

Despite higher-than-average educational attainment and strong household incomes for many, Black women remain overrepresented in precarious employment situations and underrepresented in employer-sponsored insurance coverage.

One in four respondents reported no access to private health insurance, with systemic barriers such as cost, part-time or contract work, and distrust of employer-based programs further compounding this gap. Black women's lived experiences reveal that even when private health insurance is in place, it often fails to meet their needs. Coverage limitations, particularly for mental health and chronic conditions like asthma, fibroids, and anemia, intersect with systemic racism in healthcare to limit their ability to thrive.

Many respondents expressed frustration with plans that do not cover culturally responsive or holistic care, as well as the added financial strain of managing health conditions with inadequate coverage. These findings underscore that private health insurance in Canada, as it stands today, perpetuates a two-tiered system that leaves racialized women, particularly Black women, at a disadvantage.

The data call for urgent action to create equitable, inclusive insurance models that address not just financial barriers, but also the racial and gendered dynamics at play. Private insurers have a responsibility to recognize these systemic gaps and work with Black-led organizations and communities to co-create solutions that centre Black women's health and well-being. As we move forward, this report is both a call to action and a testament to the voices of Black women across Canada.

Their stories and data-driven insights provide a roadmap for policy and practice changes to ensure that every Black woman can access the health supports she needs, without fear, financial strain, or systemic exclusion.

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