

## **CAEP Health Equity Working Group**

Report to CAEP 2025

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### **Background**

The CAEP Health Equity Working Group was formed at CAEP 2019. It was developed under the umbrella of the CAEP Public Affairs Committee, and it was meant as a way to advance goals of Health Equity and Social Emergency Medicine in our clinical, educational, and academic environments.

The committee has meetings every 2-3 months, which are avenues to discuss advances and issues related to health equity work in the ED. We continue to add new members to our working group each year. A lot of work was related to knowledge sharing and building collaboration between hospital groups and providers.

### **Featured Focus**

#### 1) Supervised Consumption and ED Care

We partnered with the CAEP Public Affairs and the CAEP Addiction Medicine Committees to publish an [important statement](#) on impact of the closure of SCS in Canada and impact on emergency department care. This statement advocated for harm reduction and upstream policy action.

#### 2) Shelter capacity and planning.

There is ongoing work on understanding how EDs can respond when there are no municipal shelter beds left when caring for patients who are unhoused. Members from the group have provided expert input to media and policymakers, elevating the health consequences of inadequate shelter capacity

#### 3) Social EM section

Building on 2023–2024 efforts, the group helped share and refine a national draft discussion paper on what [Social EM means in a Canadian context](#). This work is part of an ongoing dialogue about how CAEP can support equity-driven practice and systems change.

## **Key Themes:**

### 1) Local Innovations, Shared Struggles:

Many EDs are leading promising initiatives: integrating social work, partnering on housing pathways, and collecting equity data. Still, common challenges persist—limited coordination, scarce housing resources, and gaps in social infrastructure.

### 2) Accountability and Equity in Emergency Care

There is strong interest in redefining success in EM—moving beyond volume and flow to focus on access, dignity, and continuity. Members voiced support for a formal national structure to support Social EM and health equity work in Canada.

## **Future Goals**

- Deepen collaboration with other CAEP committees (e.g., Addiction Medicine, Anti Racism Anti Colonialism Committee) on Grand Rounds and programming with a health equity lens.
- Develop focused outputs (e.g., Top Health Equity Papers of the Year).
- Continue building capacity for national knowledge-sharing and policy engagement.

## **Conclusion:**

We extend our gratitude to all ED providers engaged in addressing health equity and social disparities. These systemic issues directly impact our work in the ED and collaborative efforts are vital.

For ideas, feedback, or to get involved, please don't hesitate to reach out to me.

Sincerely,

Sahil Gupta on behalf of the CAEP Health Equity Working Group