

# **Moving Beyond the Grisly Numbers: What Can the Health Sector Do to Reduce Health Disparities?**

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# What I Know You Know (Probably Better Than I Do)

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- **Health disparities are large:**
  - ❖ **Women live 6 years longer than men**
  - ❖ **Aboriginal men die 7 years sooner than non-aboriginal men**
  - ❖ **Aboriginal women die 5 years sooner than non-aboriginal women**
  - ❖ **Men in highest income quintile live 5 years longer than men in lowest; gap among women is 2 years**

## What You Know (cont'd)

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- ❖ **73% of Canadians in top income quintile report excellent or very good health compared to 47% in bottom quintile**
- ❖ **People in lowest quintile 5x as likely to report poor or fair health as those in top quintile**
- ❖ **Aboriginal people 2x as likely to report poor or fair health as people with same income levels**
- ❖ **Death rates due to injury among aboriginal infants 4x higher; preschoolers 5x higher; teenagers 3x higher than rest of pop.**

# Strongest Predictors of Disparities in Canada

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- **Socio-economic status**
- **Gender**
- **Aboriginal status**
- **Geographic location**

# How These Manifest

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- **Problems in early childhood development**
- **Chronic diseases and years spent with a disability**
- **Joblessness and/or job insecurity (both good predictors of permanent or temporary ill health)**
- **Low self-esteem and sense of control**
- **A circle of disadvantage: ill health diminishes economic opportunity, economic deprivation creates ill health**

# Community Level Forces

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- **Major debate in literature about effects of inequality *per se* on overall community health status**
- **Appears to be a relationship in US cities but not in Canadian cities**
- **Suggests that social safety net in Canada mitigates adverse effects to some extent (see Nancy Ross, What Have We Learned Studying Income Inequality and Population Health? CIHI: Canadian Population Health Initiative)**
- **People living in concentrated areas of disadvantage do less well than less ghettoized populations of similar SES**

# The Costs of Disparities

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- **Avoidable disease, death, distress, discomfort, despair**
- **Estimated \$150 billion lost to Canadian economy:**
  - ❖ **Lost productivity**
  - ❖ **Cost of social programs**
  - ❖ **Criminal justice system**
- **High health care costs:**
  - ❖ **Bottom quintile uses 31% of health services**
  - ❖ **Top quintile: 15%**

# Are Disparities Growing or Shrinking?

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- Evidence seems mixed
- Life expectancy gaps between genders and aboriginal-non aboriginal people shrinking
- The life expectancy gap between highest and lowest quintile has shrunk by a year in last quarter century
- A Manitoba study showed that between 1985 and 1999, mortality rates decreased by:
  - 13% among those in good health
  - 7% among those in average health
  - and 0% among those in poor health

# What Doesn't Seem to Mitigate Disparities

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- **Spending more on health care without targeting to high-needs populations**
- **Increases in total GDP or average income**
- **Population-wide preventive programs (the well-off respond better than the disadvantaged)**
- **A fragmented and episode-oriented health care system (not good at addressing complex, multi-faceted needs)**

# What Seems to Mitigate Disparities

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- **Classic public health measures, especially clean water, infection control**
- **Low unemployment rates**
- **Strong social safety net**
- **Early childhood development programs such as Head Start**
- **Universal access to health care**
- **A more egalitarian political ethos**

# What Else Might Plausibly Mitigate Disparities

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- Truly comprehensive primary care
- Efforts to achieve equity in access to specialists for disadvantaged people (non-financial barriers are at play here)
- Major investment in high quality day care providing a stimulating environment for lower SES children

# Public Policy Dilemmas (I)

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- **Greater investment in health care may actually make disparities worse because:**
  - ❖ **There will be less to spend in other sectors**
  - ❖ **Other sectors are more directly concerned with the determinants of health**
- **There is great public, middle class support for increased health care spending**
- ***Dilemma: can governments divert resources to the “determinants” sectors without squandering political capital?***

## Public Policy Dilemmas (II)

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- No one advocates persistent or worsening health disparities
- Disparities arise largely as a result of inequality of socio-economic circumstance
- There is considerable debate about and resistance to reducing inequality of socio-economic circumstance
- *Dilemma: can society be serious about reducing disparities without re-examining its overall notion of distributive justice?*

## Public Policy Dilemmas (III)

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- Some health problems, e.g., obesity, occur because there is little or no public policy
- Society has left it to the market to sort out how products will be priced and consumed
- There are potential levers for influencing behaviour, e.g., taxation, a national food policy, etc.
- *Dilemma: is society ready for a policy rather than a laissez-faire or educational approach to health improvement?*

## Part II

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# What Is To Be Done?

# Federal Government Role

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- **Set targets for disparities reduction and ensure disparities are part of performance indicators**
- **Adopt a British-style framework for reducing disparities that crosses agencies and departments—a “disparities lens” on policy**
- **Target as much funding towards disparities reduction as wait lists?**
- **Continue to support child development initiatives**
- **Increase the Infrastructure program and mandate it to address problems of inequality**

# Provincial Government Role

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- **Shift emphasis from health care to programs to address determinants in fed-prov negotiations**
- **Assign responsibility for disparities reduction to government as a whole, not health sector**
- **Invest intensively in early childhood programs**
- **Remove barriers to post-secondary education for lower SES populations**
- **Develop partnerships for meaningful work that encourages private sector to create jobs**

# Municipal Government Role

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- **Will increase in future as urbanization continues**
- **Remove financial barriers to cultural and recreational opportunities**
- **Monitor concentration of poverty and design zoning and incentives to integrate communities more fully**
- **Partner to create adequate housing and opportunities for ownership**
- **Design environments for equal access to public space, parks, recreation**

# Health Sector Role (I)

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- **Advocate for including disparities in performance indicators frameworks and reporting (the 70 agreed to by FPT process are silent on disparities)**
- **Sustain a public awareness campaign to show how health is unevenly distributed**
- **Reframe the discussion of health problems away from exclusive disease preoccupation**
- **Report successes and failures by SES and other relevant disparities groupings**

## Health Sector Role (II)

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- **Develop primary health care compatible with needs of disadvantaged populations:**
  - ❖ **Integrated, comprehensive, physically accessible services**
  - ❖ **Mental health component**
  - ❖ **Close ties with education, social services**
- **Encourage providers to locate practices where needs are greatest**
- **Understand causes of and remove the barriers to access to specialist services among disadvantaged**

## Health Sector Role (III)

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- **Partner with businesses and opinion leaders to sensitize them to disparities issues**
- **Build public support for determinants investment while maintaining a first rate health care system**
- **Advocate for government policies at all levels that are likely to address disparities**
- **Work with media to shift their focus from the ER *crise du jour* to the realities of disparities and their social and economic consequences**

# Summary

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- **The hard facts of disparities are not embedded in the public consciousness**
- **The health sector alone has some capacity to reduce disparities by making key programs more effective and responsive**
- **It has a major role to play in communication, reporting, and advocacy**
- **Disparities are not inevitable—we can progress**
- **We have much to learn from European reports and experiences**

# Contact Information

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