Study questions whether equalization of health care services a logical goal

Features

Chroniques

Michael OReilly

Michael OReilly is a freelance writer living in Marathon, Ont.

Can Med Assoc J 1997;156(3): 413-5

In Brief

ONTARIO IS IN THE MIDST OF MAJOR HEALTH CARE REFORM, and one of the goals is to equalize the care available across the province. The authors of a study on the health status of people living in Southwestern Ontario question whether equalization is a wise goal, given that some areas face more serious health problems than others. Dr. Evelyn Vingilis, one of the authors, said government calls for standardization of health care delivery run "completely contrary" to the requirements of a needs-based system.

En bref

L'IMPORTANTE RÉFORME DES SOINS DE SANTÉ QUI BAT SON PLEIN EN ONTARIO vise notamment à rendre les soins également disponibles dans toute la province. Les auteurs d'une étude sur l'état de santé de la population du sud-ouest de l'Ontario remettent toutefois en question la sagesse de cet objectif, étant donné que certaines régions ont des problèmes de santé plus graves que d'autres. Une des auteurs, le Dr Evelyn Vingilis, a déclaré que les appels à la normalisation de la prestation des soins lancés par le gouvernement vont «complètement à l'encontre» des exigences d'un système fondé sur les besoins.

Ontario, like the rest of the country, is in the midst of massive health care reform. Hospitals are closing or merging, services are being reduced and resources are shifting. The guiding principle of these reforms, as stated by former health minister Jim Wilson, is the desire to equalize health care opportunities across the province while maintaining overall service levels.

This emphasis on equality may sound like a fine idea when touted from the political podium but it flies in the face of new research from Southwestern Ontario. Two studies released last year illustrate that not all regions are created equal, and may require different levels of health care services.

"What we find is that southwest Ontario has a population that smokes too much, eats too much and doesn't exercise enough," says Dr. Evelyn Vingilis, a professor of family medicine and epidemiology at the University of Western Ontario. "We also have high air-pollution levels, plus serious poverty and related social problems.

"Our work shows that we are not the same as everyone else, so to simply eliminate variations in health service is to ignore the very real needs of this area."

Vingilis served as co-editor for a report, *Community Health and Well-being in Southwestern Ontario*, that takes a "broad" look at health indicators, many of which lie outside the traditional health care system.

Besides standard morbidity and mortality data, Vingilis and her colleagues drew on general demographics, crime statistics, poverty and welfare rates, and data concerning

Dr. Evelyn Vingilis: "To simply eliminate variations in health service is to ignore the very real needs of this area."

© 1997 Michael OReilly

traffic accidents. They also studied environmental information, statistics from school boards, literacy and postsecondary education rates, and data on issues such as teen pregnancy and family makeup.

Surprising results

The 10 counties that make up Southwestern Ontario stretch from Georgian Bay and the Bruce Peninsula through London to Windsor. They form the heartland of Ontario, accounting for hundreds of small cities, towns and villages.

Surveys show that the people who live there have a positive image of their health and well-being, a feeling many share. In May 1996 *Chatelaine* magazine ranked London the third healthiest place to live in Canada, a detail that is proudly highlighted on the city's Web site (**http://www.city.london.on.ca/econdev/report/news1.htm**). Vingilis thinks the praise is undeserved.

London's high ranking was largely based on the city's number of hospital beds and physicians per capita. "The primary determinant of health is not the number of beds or doctors," she said. "It is poverty. And that was not even listed in the *Chatelaine* survey."

Paul Huras: "What we've always had is a one-solution cure-all for the whole province, and I think that is wrong."

Like many truths, there is a gap between belief and reality. The Southwestern Ontario study found, for example, that the area has significantly higher rates of mortality from coronary heart disease and diabetes when compared with the rest of the province.

The study's authors say that the mortality rate due to myocardial infarction in the region is about 15% higher than the provincial average, even when adjusted for age.

Dr. Rob Alder, an epidemiologist and coeditor of the report, put it bluntly: "This adds up to 375 excess deaths each year." He added that the solution won't be found by reforming the health care system, but by changing people's lifestyles.

Besides its problems related to coronary disease, Southwestern Ontario has elevated rates for asthma, emphysema and chronic bronchitis. Interestingly, tobacco usage is also much higher when compared with the provincial average.

Rates for break and enter, assault and auto theft are also higher in Southwestern Ontario — higher even than Toronto — and the same goes for teenage drug use, teenage pregnancy, alcohol-related accidents and motor-vehicle accidents of all types.

Poverty, particularly in London, is also a concern. Despite having the second highest average family income in Canada ($51 721/year) it also boasts a higher proportion of low-income residents (15.2%) than the rest of the province.

"When you combine these data with those [concerning] low birth weight and teen pregnancy, that's when the doctors really start mumbling in agreement," said Vingilis, who holds a doctorate in psychology. "The patterns are there to see once you start putting [the information] together."

She considers this the strength of the study. By cross-referencing a wide range of information she graphically shows the connection between low household incomes, teen pregnancies and low birth weights.

"This shows how poverty and poor education end up being a health problem," she explained. "Well-educated smokers are more healthy than [poorly] educated nonsmokers, and the same relationship holds for income."

Many attempts have been made to reduce the rate for low birth weight in Ontario, but Vingilis said organizers have gone after the symptoms, not the root cause. "We're spending all our time attacking low birth weight, which is great, but we're missing the bigger picture, which is poverty, single-parent families and teen pregnancy." Those are the areas where the solutions will be found, she said.

Bill Avison, a sociologist at the University of Western Ontario, has studied the connection between unemployment and health. As part of an ongoing project, Avison and his colleagues examined the mental-health status of 209 families in the London area. He found significantly elevated disorder levels in men and women who have experienced unemployment. The work also showed that the rate of multiple disorders rose dramatically for people who are currently unemployed. "This suggests that social and economic disadvantage has pervasive effects on health," he explained. "We need to begin treating it as an important determinant of health. If you're looking for rational ways of reforming the health care system, it is essential that you look on employment as a key."

The picture that emerges shows a region facing some significant health care issues, and they add up to a hospitalization rate in Southwestern Ontario that is 10% higher than in the rest of the province. Vingilis thinks data like these make Ontario's calls for health care equal-

ization questionable. "[The government's] call for standardization of health care delivery is completely contrary to a needs-based system."

Ontario has been reforming its health care system by closing hospital beds. This is fine, said Vingilis, as long as the resources are shifted to more appropriate places within the health care system. So far, this has not happened.

Paul Huras is counting on this shift to begin soon. As executive director of the Thames Valley District Health Council (DHC), he oversees the work of 3 public health units in Southwestern Ontario. His council's job is to produce policy recommendations for the minister of health.

The Thames Valley DHC recently unveiled its own report on the region's health status. While not as broad as the Vingilis document, it corroborates and identifies similar themes. Taken together, the 2 studies point toward a policy transformation. Instead of the cookie-cutter approach, with all orders flowing from the ministry's headquarters down to the regions, these reports show the need for local control and local planning.

"What we've always had is a one-solution cure-all for the whole province, and I think that is wrong," he said. "I think we should start recognizing that not all areas have the same needs and the level of intellect and ingenuity [found in these areas] may be equal to, or better than, that found at Queen's Park."

According to Vingilis and Huras, reports like theirs are the first steps toward a more rational approach to health care spending.

Vingilis compared the current situation surrounding health care reform with the successful RIDE (Reduce Impaired Driving Everywhere) program, which she helped to create. Its genesis was an understanding of the inter-related effects of drinking and driving.

However, unlike the RIDE program, Vingilis feels no sense of cooperation or interest from government has developed. "I certainly did not experience this 'us-versus-them' mood with RIDE that I now feel," she said. "It's like there is the 'in group' that supports the proper political ideology, and then there are those of us on the outside."

Because the focus has shifted so completely to cost-cutting, Vingilis said people are not talking about the patients the health care system is supposed to be helping. The one exception is physicians and other health care workers, but when they speak out "they are branded as self-interested, and ignored."

The RIDE program was set up to do one thing: reduce the number of alcohol-related car crashes. Cost savings resulted, but were secondary to the main goal. Vingilis thinks many of the health issues identified in her report are as preventable as drinking and driving, and would benefit from similar action. However, the changes involve a longer-term solution that requires vision.

Unfortunately, neither politicians nor the public appear interested in sharing this vision now.

Data from *Community Health and Well-being in Southwestern Ontario*

This report, released in 1996, looked at many aspects of life in Southwestern Ontario. Many of the findings are considered important because of the links between family income and health status.

- Nearly 20% of children up to age 14 in London live in a low-income family.
- London has the second-highest property-crime rate reported by 8 major Ontario cities.
- Southwestern Ontario's rate for alcohol-related accidents is higher than the provincial average.
- Rates for sexually transmitted disease are 29% higher in the London-Middlesex region than in the province as a whole.
- Teen pregnancy rates in Southwestern Ontario increased by 16.4% from 1986 to 1993.
- In 1993, 41.1% of pregnancies in Southwestern Ontario ended in abortion.
- Hospitalization rates in Southwestern Ontario are at least 10% higher than in the rest of the province for coronary heart disease, stroke, acute respiratory infections, chronic obstructive ling disease, motor-vehicle injuries and gallbladder disorders.
- Coronary heart disease causes 375 more deaths per year in Southwestern Ontario than predicted by provincial rates.