Prevention must be health focus in Northern Ontario

Residents of Northern Ontario tend to be more overweight, consume more alcohol and get in more accidents than their counterparts in the south, a comprehensive health-status report prepared by a partnership of 6 provincial health units states. Northern Ontario’s combination of low life expectancy and high mortality rates, combined with an increased incidence of risk factors such as smoking and alcohol use, requires a major emphasis on preventing chronic disease, the authors said.

“This congruency speaks to the need to target preventive programs to specific conditions such as smoking, obesity, lack of physical activity, alcohol use and activities at high risk for injury,” concluded the 210-page Report of the Health Status of the Residents of Ontario. “Interventions aimed at reducing the rate of risk factors [such as smoking] will reduce the rates of many diseases, such as heart disease, lung cancer, chronic lung disease and many other forms of cancer.”

The report found that the age-standardized mortality rate for Northern Ontario females is 607.5 per 100 000, 27% higher than the rate of 479.8 found in Toronto. The rate for Northern Ontario males (971.9 per 100 000) was 25% higher than for their Toronto counterparts. Life expectancy for females is 79.8 years in the North, compared with 81.8 for Toronto females. A Northern male can expect to live 73.5 years, compared with 75.7 for his counterpart in Toronto.

The study also found that Ontarians are generally as healthy as other Canadians, with similar life expectancy and mortality rates. The province’s highest rates of communicable diseases are in Toronto, which reported more than half of Ontario’s cases of AIDS, tuberculosis and gonorrhea.

Meanwhile, lung cancer threatens to overtake breast cancer as a cause of death among Ontario women, pointing to a need for smoking prevention programs aimed at young women. — David Helwig, London, Ont.

Nova Scotia slashes health care spending

Nova Scotians are learning to live with a new provincial budget that, while not as detrimental to their health as the government had intimated, is still a bitter pill to swallow. Overall, the health care budget has been cut by 4.7%, while hospitals like the Queen Elizabeth II Health Sciences Centre in Halifax will be taking a 5.5% hit. This is on top of a 3.2% reduction the hospital faced at the beginning of this year. “Our challenge will be to maintain safe, accessible and quality patient care when wait lists are already long and beds running at full capacity,” says Bob Smith, the QE II’s president and CEO.

Seniors are also finding it hard to balance their health care needs with their cheque books. User fees for Pharmacare, the provincial drug plan for seniors, have jumped 20% — an average increase of about $5 per prescription. As well, the annual copayment fee rose to $350 from $200. Home care costs have also risen $2 an hour, from $6 to $8. In addition, taking an ambulance now costs $85, as opposed to the previous fee of either $60 or $80. These new fees, along with others outlined in the budget, are expected to save the government about $12 million this fiscal year.

Nova Scotia, 1 of only 3 provinces without a balanced budget, is trying to rein in health care spending, which has risen by almost 38% in the last 3 years to its current level of $1.8 billion annually. As part of the reining-in process, 600 jobs are being eliminated. Health Minister Jamie Muir hopes that administrative positions will be the ones to go and that patient care will not be directly affected.

Although the cuts to health care may hurt, pumping more money into the ailing system is not the answer, says Finance Minister Neil LeBlanc. “If money alone were the answer to good health care, Nova Scotians would have the best health care in the country. Last year, Nova Scotia spent more per capita on public health care than any other province.”

That is unlikely to be the case this year. — Donalee Moulton, Halifax