

## News @ a glance

**Gun control urged:** Canada needs stronger gun control laws, a ban on assault weapons and more access to mental health services for children and youth, urge the Canadian Paediatric Society and Canadian Association for Adolescent Health. The call to reduce violence among Canadian youth follows the Sept. 13 shooting at Montréal's Dawson College that killed 1 student and injured 19.

**Arnold vetoes bill:** After vetoing a Democratic bill that would have set up a government-controlled single-payer universal health insurance plan (*CMAJ* 2006;175:860), California's Republican Governor Arnold Schwarzenegger has convened a team of consultants to draft a plan that would combat skyrocketing health costs with private sector solutions. The new plan, which the governor plans to unveil if he is re-elected in November, will not offer universal care. Instead it will expand health coverage among the 6 million uninsured Californians. In vetoing the Democratic bill, Schwarzenegger said "socialized medicine" was not the answer for the state's soaring health care costs. — Milan Korkoc, Florida

**Determinants of health:** The Public Health Agency of Canada has given more than \$4 million over the next 3 years to the National Collaborating Centre for Determinants of Health. It will be based at St. Francis Xavier University in Antigonish, Nova Scotia.

**Global obesity:** Worldwide, more than 1.5 billion adults and 10% of children are now overweight or obese, reports Paul Zimmet, chair of the 10th International Congress on Obesity in Sydney, Australia. The 2000 attendees at the September conference called for urgent action, such as eliminating government subsidies that lower the price of sugary fatty foods; banning junk food advertising directed at children; introducing

physical activity and nutrition education into school curricula; and educating consumers about the causes of obesity. There are now more overweight people worldwide than malnourished (800 million). — Compiled by Barbara Sibbald, *CMAJ*

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## PULSE

### Health of rural Canadians lags behind urban counterparts

Poverty, motor vehicle crashes, suicide, cardiovascular disease and diabetes are among a raft of contributory factors to higher death rates and shorter life expectancies for rural residents of Canada than their urban counterparts, according to a Canadian Institute of Health Information report.

The report, the first pan-Canadian effort to characterize the health of rural populations, says life expectancy for men born in remote, rural areas was 74.0 years in 2001, as compared to 76.8 years in urban areas (see Table 1). The

differences in life expectancy for women who live in urban, suburban or rural communities are almost statistically negligible, as their life expectancy ranges from 81.3 to 81.5 years.

There were 792 deaths per 100 000 population in small towns as compared to 668 in urban centres between 1986 and 1996, says the report, entitled *How Healthy are Rural Canadians? An Assessment of their Health Status and Health Determinants*.

There's more obesity and smoking, and less recreational physical activity, in rural populations, which contribute to the higher incidence of cardiovascular disease and diabetes, states the report. But rural residents do have a few advantages, including lower cancer rates, lower stress levels and a "greater sense of community belonging."

The report also notes that death due to injury or poisoning is more of an occupational hazard in rural Canada as a result of rural-based industries like farming, fishing and logging.

Rural isolation also seems to significantly impact on suicide rates: girls under 20 are 6.5 times, and boys 4.3 times, more likely to kill themselves than their urban counterparts.

Society of Rural Physicians of Canada past president Dr. Peter Hutten-Czapski says the report reinforces the need for the government to finally implement the recommendations of the 2003 Royal Commission on the Future of Health Care to invest up to \$1.5 billion on developing a national rural health strategy and various rural health initiatives.

"It does not seem there were any initiatives from the feds toward some of the challenges of rural health," Hutten-Czapski said. "Hopefully, this will serve as an impetus, a reminder anyway, that rural citizens, many of whom actually happened to vote for the current party, are suffering and have particular needs that are not being adequately met." — Wayne Kondro, *CMAJ*

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**Table 1:** Life expectancy at birth in urban and rural Canada

Residence	Males	Females
Urban*	76.8	81.4
Rural; % commuting to urban centre		
> 30%	77.4†	81.5
5%-30%	75.7†	81.4
< 5%	75.0†	81.3
None	74.0	81.4
All	76.5	81.4

\*Reference group.

†p < 0.05.

Source: Canadian annual mortality data, 1999-2001, Statistics Canada.