

LETTERS

A comprehensive approach needed to address regional variation

The study by Tu and colleagues¹ in *CMAJ* highlights that populations in some Local Health Integration Networks (LHINs), most notably in northern Ontario, had almost twice the incidence of cardiovascular disease compared with those in southern Ontario, with geographic variation correlated with differences in access to preventive ambulatory health care services. The authors and accompanying commentary proposed more equitable access to such care as a solution to improving cardiovascular outcomes.

Although a contributing factor, if the ultimate aims are to improve health, health equity and sustainability of the health system, focusing primarily on improvements in access to care misses the mark. We would argue that a comprehensive approach is required, incorporating healthy public policies to support health and to level-up socioeconomic disadvantage. With a \$4.9 billion reduction in health care costs over 10 years, Ontario showed the power of such policies (primarily through measures of tobacco control).² Furthermore, international research has confirmed the need to target socioeconomic circumstances in addition to traditional risk factors to reduce premature death.³

Examples of healthy public policies supported by the Canadian Medical Association include substantial increases in tobacco taxation,⁴ designing communities to be walking and cycling friendly,^{5,6} and improving the social and economic circumstances of Canadians⁷ (including via a

guaranteed annual income⁸ and improved food security⁹).

This study was not designed to assess the effectiveness of comprehensive approaches or healthy public policy. However, the conversation about health must always include more than access to health care, if all Canadians are to have full and equal opportunities for health.^{10,11}

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■ Cite as: *CMAJ* 2017 June 19;189:E840. doi: 10.1503/cmaj.733075

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Competing interests: None declared.