

## News Release

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### Medical Officers of Health Call for Closing the Health Gap in Canada's Large Cities

**Ottawa, Monday, November 24, 2008** - Medical Officers of Health from 18 of Canada's largest cities today expressed serious concern about persistent health inequalities across the socio-economic spectrum in urban Canada. The Urban Public Health Network called upon governments, urban and social planners, and health, education and social sectors to work collaboratively to close these gaps within a generation.

“We have understood for a long time that people with lower socio-economic status experience significantly worse health than those with higher socio-economic status,” stated Dr. Richard Lessard, Director of Public Health in Montreal. “Yet the lives of far too many Canadians continue to be burdened by preventable poor health. This is not acceptable.” said Dr. Lessard.

Dr. Lessard was commenting on the findings of *Reducing Gaps in Health, A Focus on Socio-Economic Status in Urban Canada*, a report authored by the Canadian Population Health Initiative in partnership with the Urban Public Health Network, Statistics Canada and the Institut national de santé publique du Québec.

Dr. Lessard stated: “Social and economic conditions are closely associated with a range of health outcomes. Many initiatives, programs and policies help reduce the impact of poverty on health, but the persistence of deep health gaps in Canadian cities is evidence that reducing poverty and its impact on health requires commitment and action from all levels of government and all sectors.”

Dr. David McKeown, Medical Officer of Health, City of Toronto, stated: “It will take the sustained effort of all levels of government to address the multiple determinants of urban health inequalities, and to reduce the impact of poverty on health in urban Canada.”

Dr. McKeown added, “The prospect of a recession makes it even more urgent to implement policies and initiatives that reduce socio-economic disparities and mitigate their impact on health. If we hope to close the gap within a generation, the time for action is now.”

Fifteen of Canada's largest metropolitan areas were studied, accounting for 66% of the Canadian population. The study identified neighbourhoods in each city as having low, average or high socio-economic status (SES). It compared the health of the SES groups within each city and then compared these differences with national averages. The health indicators included hospitalization rates, self-reported health status and health risk behavior such as smoking.

The study found significant links between almost all of the indicators and the socio-economic status of urban Canadians. It concluded that residents of low SES neighbourhoods are more

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likely to experience multiple serious health problems than residents of higher SES neighbourhoods. The attached table provides an example from the report's data of the differences between SES groups related to hospital admissions.

The Urban Public Health Network will actively seek opportunities to advance effective approaches to closing the health gap in Canadian cities over the next generation and to bring together those who have the ability to influence the building of policies, systems, processes and infrastructure.

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*The Urban Public Health Network (UPHN) includes the Medical Officers of Health of 18 of Canada's large cities. The Network helps to address public health issues that are common to urban populations and to develop strategies to address these issues. The UPHN serves as a forum for sharing best practices, advocating for policy changes and fostering and facilitating research in public health. More information can be found at [www.uphn.ca](http://www.uphn.ca).*

### For further information contact:

Victoria	Dr. Richard Stanwick	250 519-7006
Vancouver	Dr. Patricia Daly	604 675-3924
Surrey	Dr. Roland Guasparini	604 450-7881
Edmonton	Dr. Gerry Predy	780 407-2602
Calgary	Dr. Richard Musto	403 943-0215
Saskatoon	Dr. Cory Neudorf	306 655-4338
Regina	Dr. Tania Diener	306 776-5332
Winnipeg	Dr. Sande Harlos	204 926-7178
London	Dr. Graham Pollett	519 663-5317 ext 2444
Hamilton	Dr. Elizabeth Richardson	905 546-2424 ext 3501
Peel Region	Dr. David Mowat	905 791-7800 ext 2566
Toronto	Dr. David McKeown	416 338-7974
Ottawa	Dr. Isra Levy	613 580-6744 ext 23681
Montreal	Dr. Richard Lessard	514 528-2400 ext 3543
Longueuil	Dr. Jocelyne Sauvé	450 928-6777
Quebec City	Dr. François Desbiens	418 666-7000 ext 310
Halifax	Dr. Gaynor Watson-Creed	902 481-5800
St. John's	Dr. David Allison	709 752-4192

**Key spokespersons: Dr. Richard Lessard, Director, Montreal Public Health and Dr. David McKeown, Medical Officer of Health, City of Toronto**

The report is available at [www.uphn.ca](http://www.uphn.ca).

### Gaps in the Health of Urban Canadians Based on Socio-Economic Status

Information to prepare the following table was obtained from *Reducing Gaps in Health, A Focus on Socio-Economic Status in Urban Canada* authored by the Canadian Population Health Initiative in partnership with the Urban Public Health Network, Statistics Canada and the Institut national de santé publique du Québec.

The table compares the numbers of hospital admissions for those living in low, average and high socio-economic status (SES) neighbourhoods/communities. In all cases those from low socio-economic neighbourhoods are more likely to be hospitalized for a wide range of health conditions. There is evidence that rates of all of these conditions can be reduced through appropriate community and policy interventions.

<b>Hospitalization Rates for 15 Canadian Metropolitan Areas</b>	<b>Low SES</b> Per 100,000 people	<b>Average SES</b> Per 100,000 people	<b>High SES</b> Per 100,000 people
Mental health*	<b>596</b>	368	256
Injuries	<b>537</b>	434	386
Ambulatory Care Sensitive Conditions (ACSC)**	<b>458</b>	285	196
Injuries in children	<b>330</b>	283	274
Unintentional falls	<b>288</b>	251	226
Asthma in children	<b>233</b>	182	149
Motor vehicle and other transport crashes and collisions	<b>78</b>	66	59

\*Includes anxiety disorders, psychoses, substance-related disorders, dementia, and affective disorders such as depression.

\*\*Conditions for which appropriate medical care provided on an outpatient basis is effective in reducing or preventing hospital admission include: chronic obstructive pulmonary disease (COPD), asthma, heart failure and pulmonary edema, hypertension, angina, diabetes, grand mal status and other epileptic convulsions.