JOHN RENNISON, THE HAMILTON SPECTATOR

Steve Rudaniecki has leukemia, and is undergoing a last-resort clinical trial. He grew up and lived in area known as a toxic hot spot.

ENSURING EQUITABLE ACCESS TO HEALTH CARE

Improved delivery of primary care serves us all

NEIL JOHNSTON

WHEN WE PLANNED the first Code Red series, we expected to see differences between Hamilton neighbourhoods in their use of health services. And we certainly did.

What we did not expect was a dramatic gradient in measures of health and the almost uniform clustering of poorer health outcomes in the lower city, including large differences in life expectancy and the health of children.

A year later, the Code Red BORN series showed that poor pregnancy outcomes and lower rates of prenatal care were again skewed to the lower city, with a striking relation to measures of poverty.

Cancer: A Code Red Project shows that Hamilton neighbourhoods with more poverty experience higher mortality rates from cancer than wealthier neighbourhoods — possibly in part because people from areas where poverty is common are less likely than others to receive tests for early cancer detection. In the survey conducted by The Spectator for this series, people living in neighbourhoods with a lower likelihood of using early cancer detection programs reported both a lower likelihood of having a regular family physician and a higher likelihood of using walk-in clinics.

Throughout these series, lower-city neighbourhoods have consistently ranked with the worst levels of use of health services of proven value, such as early prenatal care and early detection screening for treatable cancers. That is troubling — not just because it suggests that our health care delivery system is not meeting the needs of some citizens but because people living in neighbourhoods with poor health outcomes rightly resent being branded. I have often heard the term "Code Red neighbourhoods" used in discussion of the series. This is a danger of observational research studies such as Code Red and they can only be justified if they lead to meaningful improvements in health care policies, delivery and, ultimately, health outcomes. If they do not they are simply a form of voyeurism.

Since the first Code Red series published, I have heard much talk about the need to reduce poverty in Hamilton as its association with poor health outcomes cannot be denied. A scan of what has been said and written about poverty reveals support for almost any opinion. Throughout history many wise people have offered opinions on the nature of poverty, many cloaked in religious doctrine. These range from a view of poverty as a noble state to it being part of the natural order of things brought about by the dissolute behaviour of its victims — the wages of original sin.

GARY YOKOYAMA, THE HAMILTON SPECTATOR

Neil Johnston: equitable access for vulnerable is 'social justice.'

While poverty reduction is a laudable objective and the elimination of the effects of poverty on children should be a first goal of Ontario, the achievement of better health outcomes in the near and medium terms may require more specific measures.

Change in health behaviours can occur. The reduction in tobacco use in Canada over the last two or three decades has been dramatic and sustained, an example involving personal choice. Fatalities in motor vehicle accidents almost halved between 1990 and 2009, notwithstanding increased numbers of cars, most likely because of mandated safety equipment and car design, an example driven by legislation.

It would be unfortunate if a response to observed differences between neighbourhoods in screening rates for cancer prompted interventions aimed simply at increasing acceptance of these in areas of the city with low levels of use. What the Code Red series has found suggests systemic difficulties in our health system that require carefully designed solutions, and a long-term commitment to these.

An increase in acceptance of early detection measures for treatable cancers would occur if the number of people without access to a comprehensive family health care team was reduced. For Hamilton this may require the location of more comprehensive primary-care facilities in the lower city. The City of Hamilton, McMaster University and its department of family medicine have already shown leadership in this regard through the location of a new comprehensive health care facility at Main and Bay streets that will provide health services to thousands of people and serve as a health care hub for the area. However, drawing people in the lower city more completely into comprehensive primary care will also require thorough understanding of current barriers to access and clearly defined measures of success.

Improved access to better primary care may increase the use of health services and interventions of proven value. It may also help identify serious diseases before their effects on health become disabling, and even reduce the pressure on our hospitals. In the long-term, however, we need to recognize that two segments of our population deserve particular recognition if our city is to achieve its potential. Children are the future and yet we still tolerate their nurture being a lottery. That some children attend school hungry is widely known in Hamilton. It is an obscenity that this occurs. The British government has recently announced that all children aged four to seven in nursery schools will receive a free full lunch. This will replace a system that provided free lunches only to those whose parents passed a means test. Clearly there will be a cost to this program but it is the right thing to do and the long-term benefits, one of which may be the extension of the program to older children, are likely to be profound.

Many people living on the street or in shelters have mental health disorders. Homelessness means living with the certainty of danger and cannot but amplify an overwhelming likelihood that management of mental health problems will be suboptimal. The Mental Health Commission of Canada created the At Home program to evaluate the feasibility of offering people with mental health problems their own home. The results are very encouraging. Hamilton should examine the MHCC's program very carefully.

Ensuring that the vulnerable in society such as children and those challenged by mental health disorders receive equitable access to essential health care and the basic necessities of life — shelter, nutrition and safety from harm — is a matter of social justice. Ultimately the quality of life for all in our community will be improved as a consequence of achieving these objectives and so will the likelihood of further investment in the local economy.

Neil Johnston is a faculty member in McMaster University's department of medicine who has collaborated on all The Spectator's Code Red series.

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