

Reducing Health Inequalities: A Critical Strategy for Urban Health
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May 18, 2005

I am very pleased that Toronto Public Health is part of the partnership responsible for the providing a vital service to everyone who is working for a healthier City. The Toronto Community Health Profiles demonstrate what can be accomplished when ideas, skills and resources are pooled for a common purpose.

As we celebrate today's achievement, I think of the roots of this initiative, which go back a long way – at least to the late 1980's when the Toronto Board of Health and City Council adopted the report Healthy Toronto 2000, which called for a health information service for the community which would describe and compare health at the neighbourhood level.

Collaboration has been a prominent feature of the work from the beginning – the first prototype neighbourhood profiles were created in the early 1990s for community health planning by the South East Toronto Project, a partnership of the University of Toronto, Toronto Public Health, and hospitals and community health centres in the south east part of Toronto.

During the 1990's Toronto Public Health expanded neighbourhood health profiles in old fashioned paper form to cover the entire former City of Toronto. I would particularly like to recognize Dianne Patychuk for her leadership developing the art and science of neighbourhood profiles for public health during that time.

Since then, collaboration has been the engine which has brought us to the current launch of web-based access to an expanded range of health information at five levels of geography covering the amalgamated City of Toronto.

Why are Community Health Profiles so important?

One of the goals of this initiative is to support action that reduces health inequalities. This is both important and timely. The Health Council of Canada (established by Parliament following the recommendations of the Romanow report) in its first report in January of this year, named health disparities as the number one health problem in the country. The new Public Health Agency of Canada has been conducting consultations on draft national health goals which include reducing health inequalities. The health impact of poverty and health inequalities is on the agenda of the Urban Public Health Network, a new collaboration of MOHs from Canada's large cities. And here at home, Toronto Public Health is currently seeking input from stakeholders on a new strategic plan which highlights the reduction of health disparities in this city as a key objective.

When cities are compared, Toronto ranks among the healthiest in Canada. However, many of the health indicators on this web site show a two-fold difference in health between areas within the city.

Neighbourhood health inequalities are strongly associated with neighbourhood income. For example, babies born in lowest income areas

in Toronto in 1996 were 80% more likely to be born underweight compared with babies in the highest income neighbourhoods. By 2001 this income-related difference in low birth weight had narrowed by half to 38%.

These differences in health represent, among other things, an opportunity for improvement. Statistics Canada estimated that in 1996, nearly one quarter of premature deaths in Canada were attributable to differences in income, higher than that attributable to injuries (19%) and cardiovascular diseases (18%) and second only to cancer (31%). Researchers at the Manitoba Centre for Health Policy reported that 37% of Winnipeg's premature deaths, 15% of total expenditures on hospitals and physicians could have been avoided if residents of the least wealthy neighbourhoods enjoyed levels of health similar to those in the wealthiest neighbourhoods.

Community health profiles allow us to understand health through local geography. When looking at the maps on the website, it is tempting to conclude that "geography is destiny". However, in mapping health in a city, it's important not to overestimate the importance of place. Place matters most to those who spend more of their time in their own neighbourhood, such as young children, socially isolated adults, people with limited resources who rely on services close to where they live. For some, the quality of local housing, the availability of services, safe streets and places to play, traffic and industrial emissions – play a larger role in determining health than for others.

But people also bring to their neighbourhoods their experience of health risks and strengths from other places. They are often drawn to a

neighbourhood not by a shared health status, but by a need for appropriate housing or to be near others from their community.

Furthermore, neighbourhoods boundaries are porous, and the people in them move. This makes cities complex, dynamic places composed of interconnected communities. One consequence of this interconnectedness is that health improvements in one neighbourhood can be felt in others and in the City as a whole. For example the City of Toronto is investing in several neighbourhoods to develop and implement measures to support youth employment, reduce violence and improve safety. The benefits of such efforts will extend beyond the communities where these investments are made.

Everyone should have access to the basic requirements for health no matter where they live in Toronto. Much of the work of public health is aimed at changing social and physical environments through public policies that improve opportunities for health – measures that are largely beyond the control of individuals. Public Health also targets many of its direct services to those with greatest needs and greatest potential benefits. Community health profiles help direct both policy initiatives and services in ways that reduce, rather than worsen, health disparities.

The inequalities portrayed through this initiative challenge us all in our work to improve health. They challenge us to make sense of the patterns we see, to share them with communities, to hold them up to decision makers, to track trends over time, and to assess the impact of our actions. I'd like to congratulate all of the people whose work has brought us a giant step

closer to the objective of liberating neighbourhood level health information to support community health planning.