

What Keeps Us Healthy?

By Dr. Gordon Guyatt

(The article below, with some minor differences, appeared in the Hamilton Spectator, January 22, 2001)

Most people are aware that Canadians live much longer, and are much healthier, than a century ago. Not everyone understands why.

Perhaps surprisingly, the miraculous transformation in medical care over the last 5 decades has played a relatively minor role. Our magnificent new drugs and surgical procedures have contributed to improved health, but they are not the major factor.

Clues about what really is most important in the health of the population come from a number of sources. First, the largest increases in life span, and the largest reductions in infant mortality, took place long before the revolution in modern medical technology.

Tuberculosis is a good example. Most of the huge drop in the number of people in industrialized countries suffering from tuberculosis occurred before drugs to treat tuberculosis became available.

Other infectious diseases show the same pattern. The biggest reductions in deaths from infection came before the development of antibiotics.

If medical care doesn't explain why we are living longer, and healthier, what does? Improvements in sanitation, housing, and nutrition, and reduced family size can take the major credit. Access to safe water and adequate amounts of nutritious food, and freedom from overcrowding, are what has made Canadians one of the worlds healthiest people.

Canadians current health status provides more evidence about the limitations of health care on keeping people healthy. Our national medicare system ensures that rich and poor Canadians receive similar access to physician and hospital services. Yet, big differences in health status across income levels persist.

A baby born to parents living in a poor neighbourhood in an Ontario city

is twice as likely to die in infancy as a baby born to parents living in a wealthy neighbourhood. At birth, boys of families with the highest income level can expect to live 5.6 years longer, and girls 1.8 years longer, than those with the lowest income. Eliminating this difference would have the same impact on Canadians life expectancy as eliminating all deaths from heart disease.

Wealthy Canadians not only live longer than the less affluent, but stay healthier along the way. Ontario Health Survey data show that 69% of those with high incomes report very good or excellent health in comparison to 43% of poor Ontarians. Four percent of the wealthy, but 19% of the poor, report a long-term activity limitation.

What these figures tell us is that if one of our national goals is to improve Canadians health, our attention has to go well beyond health care.

No one will be surprised that homelessness, or relying on food banks for your nutrition, is not good for your health. Yet, in the last 5 years we have allowed an explosion in the number of homeless, and the extent to which Canadians in large cities rely on food banks. Worse, 40% of those relying on food banks are children.

In the 7 months prior to June, 2000, 22 homeless people died on streets of Toronto. These deaths were not inevitable. For a number of winters before 1995, there were no homeless deaths at all.

Why, during an economic boom, do we see an epidemic of homeless deaths, and of people depending on food banks? These developments are a direct result of 1995 cuts in welfare payments, and the Ontario governments decision to stop funding new social housing. Changes in the Landlord and Tenant Act, allowing easier evictions, have also contributed.

The low-income housing crisis has also become a low-income nutrition crisis. When you pay more than 50% of your income for housing, other necessities start to suffer. This is now the situation for 20% of Canadians in rental housing.

Understanding the impact of poverty on health shows us that the national housing crisis is also a health crisis. Policies designed to combat poverty resurrecting new social housing, or increasing income transfers such as

welfare, or the child tax credit are also good public health policies.