Opportunity for All
The Path to Health Equity

Dr. Penny Sutcliffe
Marc Lefebvre
Sudbury & District Health Unit
City of Greater Sudbury Council Meeting – July 9, 2013
The Sudbury & District Health Unit is working hard to understand health and what keeps us healthy. We know that our health is influenced by many factors—genetics, individual lifestyles and behaviours, and the physical, social, and economic environments in which we live.

To help paint a clearer picture of health in the City of Greater Sudbury the Health Unit looked at health outcomes (such as how long we live, our risk of injury) and their relationship with our social and economic environments.

There were differences in 15 health outcomes comparing most with least deprived areas.

For example, residents of the City’s most deprived areas had have higher rates of:

- emergency department visits, 1.7 times higher
- infant mortality, 2.4 times higher
- premature mortality, 1.9 times higher
- obesity, 2.0 times higher

The local data demonstrates that not all residents of the City of Greater Sudbury have the same opportunities for health.
• The Sudbury & District Health Unit will work to improve the overall health equity of area citizens so that:
  – Systemic and avoidable health disparities are steadily reduced and the gap in health between the best and worst off is narrowed;
  – All citizens have equal opportunities for good health and well-being; and
  – All citizens have equitable access to a full range of high quality public health programs and services
What did we do?

Health

- How long we live
- Risk of injury

Wealth

- Household income
- Living alone
- Education
What did we do?

Health
- 42 indicators of health
  - General
  - Maternal & child
  - Chronic disease & injury
  - Health service utilization
  - Mental health

Wealth
- Deprivation Index
  - Geographic areas of CGS grouped by material and social traits
  - Classified as most or least deprived
How did we do it?
Using the INSPQ Deprivation Index—2 Dimensions

Material Component
- Education (% <high school)
- Employment (# employed/population)
- Income (mean personal income)

Social Component
- Marital Status (% separated, divorced or widowed)
- Family Structure (% single parent families)
- Persons living along (% single-person households)
### Wealth: Deprivation Index

#### Regrouping the Quintiles (CIHI)

<table>
<thead>
<tr>
<th>SOCIAL COMPONENT</th>
<th>Quintile 1</th>
<th>Quintile 2</th>
<th>Quintile 3</th>
<th>Quintile 4</th>
<th>Quintile 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quintile 1</td>
<td>LEAST DEPRIVED</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Quintile 2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Quintile 3</td>
<td>2</td>
<td>2</td>
<td>Neutral</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Quintile 4</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Quintile 5</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>MOST DEPRIVED</td>
</tr>
</tbody>
</table>

Increased deprivation
Mapping Health Outcomes to the Deprivation Index

2006 Census Population
INSPQ Deprivation Index*

Greater Sudbury Dissemination Areas

Health Data 1998-2010

* A deprivation index for health planning in Canada R. Pampalon, PhD (1); D. Hamel, MSc (1); P. Gamache, BSc (1); G. Raymond, BSc (2)
INSPQ: http://www.inspq.qc.ca/santescope/indicedefavo.asp?NoIndD=9
Most Deprived Areas
Neutral Areas
Least Deprived Areas

Health

Wealth

Least Deprived Areas
Neutral Areas
Most Deprived Areas

Deprivation Index Category
City of Greater Sudbury Deprivation Index

Deprivation Index by Dissemination Area
- CGSCommunities
- Census Tracts (Neighbourhoods)
- Major Hwy
- Lakes

Deprivation Index
- Least Deprived
- Neutral
- Most Deprived
- No Data

Source: INSPQ 2011; Statistics Canada 2006 Census of Population
City of Greater Sudbury (Core) Deprivation Index

Deprivation Index by Dissemination Area

- Census Tracts (Neighbourhoods)
- Major Roads
- Lakes

Deprivation Index

- Least Deprived
- Neutral
- Most Deprived
- No Data

Source: INSPQ 2011; Statistics Canada 2006 Census of Population
What did we find?

Do we ALL have the same opportunity for health?

No

Are there better or worse health outcomes in areas that are “most or least deprived”?

For 15 health outcomes:

- there are significantly worse outcomes for areas in the City that are most deprived
Residents of the City of Greater Sudbury’s most deprived areas had higher rates of:

- emergency room visits - 1.7 times higher
- infant mortality - 2.4 times higher
- premature mortality - 1.9 times higher
- obesity - 2.0 times higher

And,

- 20% fewer residents in most deprived areas rated their health as excellent or very good
Glass half-full or half-empty?

Health Opportunities
• If everyone in the City of Greater Sudbury had the same opportunity for health as in its least deprived areas, each year in the city there would be ...

• Untapped potential for health
Health opportunity: If everyone in the City of Greater Sudbury enjoyed the same opportunities for well-being as those within the least deprived group, each year there would be 264 (54%) fewer hospitalizations for mental health episodes in the City.
More Health Opportunities

If everyone in the City of Greater Sudbury had the same opportunities for health as those living in its least deprived areas, each year in the City there would be:

- 14 077 fewer emergency department visits for all causes
- 1 less infant who dies before age 1
- 131 fewer residents who die before age 75
- 11 231 fewer people who are obese
What does this mean?

• People in most deprived areas have worse health and health improves as deprivation lessens
  – 15 indicators showed that worse deprivation is linked to worse health

• There is potential for health that could be tapped by improving social and economic conditions

• The picture is not entirely clear
  – 27 indicators did not show a link which may be false or true
    • False - technical reasons
    • True - less polarization in City of Greater Sudbury
    • True - social and health supports buffer effects
What can we do?

• We can ask ourselves difficult questions:
  • Are these differences acceptable?
  • Why do they exist?
  • What can I do to make a difference?

• We can measure and monitor

• We can consider health equity in policy and program decisions

• We can learn from our successes
For example

City of Greater Sudbury
Strategic Plan 2012-2014

Priority #5: Healthy Community

"Incorporate a health impact assessment tool or healthy community lens into City decision making for large scale projects and initiatives"
In Closing

• No one in our community needs to be at risk of poor health solely due to their social and economic environments.

• Together we can build a community in which there is Opportunity for ALL.
This presentation was prepared by staff at the Sudbury & District Health Unit.

This resource may be reproduced, for educational purposes, on the condition that full credit is given to the Sudbury & District Health Unit.

This resource may not be reproduced or used for revenue generation purposes.

© Sudbury & District Health Unit, 2013