

Women's Health in Atlantic Canada: A Statistical Portrait*

Policy discussions on health issues currently focus almost entirely on disease treatment. Health is generally thought of as the absence of disease, and "health care" expenditures are devoted almost entirely to the treatment of illness. It has been estimated that health *promotion* and disease *prevention* account for only about 2% of health budgets.

By contrast, the World Health Organization defines health as:

... a state of complete physical, mental, spiritual and social well-being, and not merely the absence of disease.

This view of health has practical policy implications. Disease treatment is far more costly than investments promoting health and well-being. The serious budgetary crisis in the Canadian health care system is provoking a major shift in focus to the *determinants of health*—the physical, mental and social factors that cause and predict health outcomes.

Health Canada has identified twelve such "determinants" of health—including education, income, employment status, gender, personal lifestyle, and social supports. Understanding these determinants not only moves us closer to the broader WHO perspective on health, but enables policy makers to target strategic investments in *population health* that can produce significant savings in later health care costs.

While not a comprehensive overview of women's health in the region, this report illustrates the utility of a health determinants approach, both for improving population health and women's health and for reducing long-term health care costs. It focuses instead on selected key issues in women's health to illustrate the utility both of gender-based analyses of health issues and of the population health approach in general.

Why a Gender Perspective?

Instead of blunt across-the-board solutions that often miss the mark, waste money, and even cause harm to particular groups, a gender perspective can allow policy-makers to identify and target health care dollars more effectively and accurately to achieve the best return on investment. The more precisely health dollars are directed to high-risk groups, the greater the long-term cost savings to the health care system.

Limitations

Although it might seem obvious, there are serious obstacles to a population health approach, both from a policy and an information point of view:

- ❖ A population health approach requires genuine cooperation among government agencies in order to integrate social, economic and environmental policy with health outcomes. Our current sectoral approach to decision-making, each department with its own budget, hierarchy and mandate, makes it difficult to affect the determinants of health positively.
- ❖ The determinants of health are highly interactive. For example, unhealthy lifestyle habits are highly correlated with low income and poor education. This is basically good news because a strategic investment in one determinant can produce positive outcomes in several others. But our understanding of the causes and nature of these interactions is still very limited by the paucity of research and analysis in this field.

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- ❖ The Advisory Committee on Population Health has made tremendous progress in advancing the determinants of health approach but acknowledges major data gaps in areas like mental health, *quality* of health care, environmental health impacts, trends over time, and provincial breakdowns according to health determinants. Far more work is needed to assemble and present population health data in forms that are easily accessible to the public and to provincial policy makers responsible for health policy.
- ❖ The Atlantic region currently receives less than one percent of health research funding from the major national research councils, far less than the region's population share merits. Good information on specific Atlantic region health determinants will be difficult to obtain unless research funding to this region is dramatically increased.
- ❖ Despite increased educational parity, the persistent gender wage gap and high poverty levels among single mothers and unattached elderly women negatively impact health. Social and income supports for single mothers are seen as a key investment priority.
- ❖ Interventions to reduce high smoking and obesity rates in the Atlantic provinces and to increase exercise rates can significantly improve population health and reduce treatment costs.
- ❖ High levels of social support and voluntary work are a key buffer against stress and ill-health in the Atlantic provinces. However, the shift from hospital to home care threatens the well-being of informal caregivers, mostly women, and illustrates the need for adequate supports for these caregivers.

The Need for Strategic Investments

The report presents statistical evidence to illustrate the need for strategic investments in several key determinants of health to improve women's health in Atlantic Canada:

- ❖ Gender-based analysis reveals different health patterns and outcomes among men and women. Teenage smoking, activity limitations among seniors, and different exercise and physical activity trends among Atlantic men and women are used as examples.
- ❖ Increasing stress levels have negatively impacted mental health and psychological well-being among women, which in turn produces adverse physical health outcomes.

Conclusion

These and other health determinants are highly interactive, with investments in one yielding improvements in several others. While considerably more research is needed to understand the nature of interactions among the determinants of health, the examples above illustrate that well-placed strategic investments at this time can greatly reduce future health care costs. Alleviation of high poverty rates among single mothers stands out as a highly effective intervention that can improve the health status of both women and children, promote healthy lifestyles, and reduce long-term hospitalization and health service utilization costs.

Maritime Centre of Excellence for Women's Health

PO Box 30711 Telephone: 902-420-6725 mccewh@dal.ca
 Halifax, Nova Scotia Toll-free: 1-888-858-1112 www.medicine.dal.ca/mcewh
 B3J 3J9 - Canada Fax: 902-420-6752

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