



North Shore News Column.

Older & Wiser

By Tom Carney

Public health gap must be closed

By Tom Carney, Special to North Shore News September 2, 2012

IT'S fair to say that I'm closer to the end of my career than the beginning.

Over the years I've met a lot of people in the workplace who didn't know when it was time to leave. Thankfully I'm not one of them. Of course that's exactly what they said, just before security dragged them, often kicking and screaming, to the door.

I started working in health care in the 1970s. I spent most of my career working as a manager at a health-care centre for children. One of the challenges we faced was that every year more and more people came through the door. It wasn't just the numbers we struggled with - we saw more clients with multiple problems, more clients who required complex and expensive treatments and clients with conditions, like acquired brain injuries, that few of us had ever dealt with before.

We added more staff, more specialists and more equipment. We reduced our bed count, increased our outreach and outpatient programs, added new departments, got into the fundraising business, forged new community partnerships, merged with another hospital and even doubled the size of our facility but it wasn't enough. The demand for services just kept growing. And much to the chagrin of the accountants, we didn't have a clue what each of our programs or our services cost.

Pretty soon we started to rack up some pretty big deficits. The health authority covered those deficits for several years but eventually we were forced to "rationalize" our services. The impact on the families we served was that if their child needed a service, in some cases they couldn't get it right away. They had to wait.

Sometimes those wait times could be lengthy. And while wait times for some services today are decreasing, overall wait times in health care are trending up.

I've been out of health care for more than a decade. I don't miss it. It was a tough environment to work in then and it's an even tougher one now. If my teenagers asked me today if I thought health care was a good career choice, right now I'd probably answer no.

Those who choose to go into health-care management today will need to be more creative than ever to meet the challenges that lie ahead. I'd advise them to look at the results of a recent poll commissioned by the Canadian Medical Association. The poll suggests that low-income Canadians are in significantly worse health than those with higher incomes and more education. The survey found that just 39 per cent of those who earn less than

\$30,000 believe their health is excellent or good compared with 68 per cent of those who earn \$60,000 or more. Those in the latter group smoke less, sleep and exercise more and are less stressed. These findings mirror those of previous studies that show that persons with lower income visit their doctor and use the community clinics and emergency services in hospital more frequently than those with higher incomes and more education.

What these studies are telling us is that there appears to be a large socioeconomic gap in health care and outcomes in this country. Pouring more money into health care won't close that gap. Taking some money earmarked for health care and reallocating it to help low-income earners with housing, education, job training and social services might.

Closing the public health gap isn't just good public policy - ultimately it could save us money and help get the cost of managing our healthcare system back on track.

Tom Carney is the executive director of the Lionsview Seniors' Planning Society. Ideas for future columns are welcome. Contact him at 604-985-3852 or send an email to lions_view@telus.net.