

Mettre la santé publique à l'ordre du jour:

l'usage des savoirs de santé par un organisme à but
non lucratif

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Atelier d'été
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Éléments de contexte

- Saskatoon 2006 – 2009
- Conjoncture
 - Solides partenariats en évolution
 - Développement de *Station 20 West*
 - Séries de rapports sur les disparités de santé
 - Couverture médiatique accrue



Partenariats solides

- *Quint Development Corporation*
- *CHEP Good Food Inc.*



L'évolution de *Station 20 West*

- Conseil de planification des quartiers centraux
- Fermeture de plusieurs marchés d'alimentation
- Étude de faisabilité d'une épicerie
- 1^{ère} proposition d'épicerie



Première publicité (2004)

Community Food Store

Did you know that Quint and CHEP are planning a community-owned food store on 20th Street?

We plan to have:

- o Fair prices
- o Top quality food
- o Jobs and training for local residents

This will to be **your** community run store so everyone's input and support is essential.

Contact Len at Quint (978-4041) or Karen at CHEP (655-4635)

Let us know what you think!



Série d'études/rapports sur les disparités de santé

- 2006 étude publiée dans la *Revue canadienne de santé publique*
- 2008 Rapport sur les disparités
- 2009 Rapport sur l'état de santé



Légitimité médicale

Health Disparity by Neighbourhood Income

Mark Lemstra, MSc, DSc¹

Cory Neudorf, MD, FRCPC, MHSc²

Johnmark Opondo, MD, MPH³

ABSTRACT

Background: Canadian cities are becoming more segregated by income. As such, investigation is required into the magnitude of health disparity between low-, average- and high-income neighbourhoods in order to quantify the level of health disparity at the scale of an urban city.

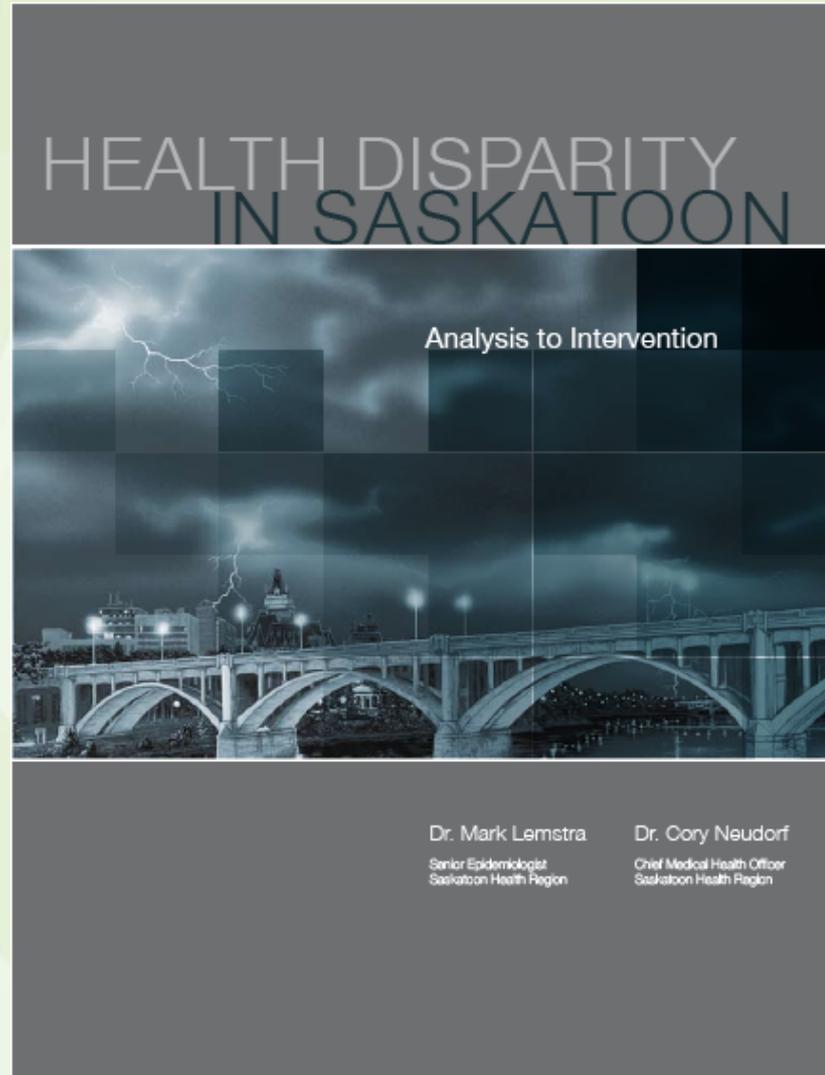
Methods: A cross-sectional ecological study design was used to review all hospital discharges, physician visits, medication utilization, public health information and vital statistics for an entire city by neighbourhood income status. Postal code information was used to identify six existing contiguous residential neighbourhoods in the city of Saskatoon that were defined as low-income cut-off neighbourhoods (N=18,228). There were two comparison groups: all other Saskatoon residents (N=184,284) and the five most affluent neighbourhoods in Saskatoon (N=16,683).

Findings: Statistically significant differences in health care utilization by neighbourhood income status were observed for suicide attempts, mental disorders, injuries and poisonings, diabetes, chronic obstructive pulmonary disease, coronary heart disease, chlamydia, gonorrhea, hepatitis C, teen birth, low birthweight, infant mortality and all-cause mortality. The rate ratios increased in size when comparing low income

(Lemstra, M., Neudorf, C., & Opondo, J., 2006)



Légitimité médicale

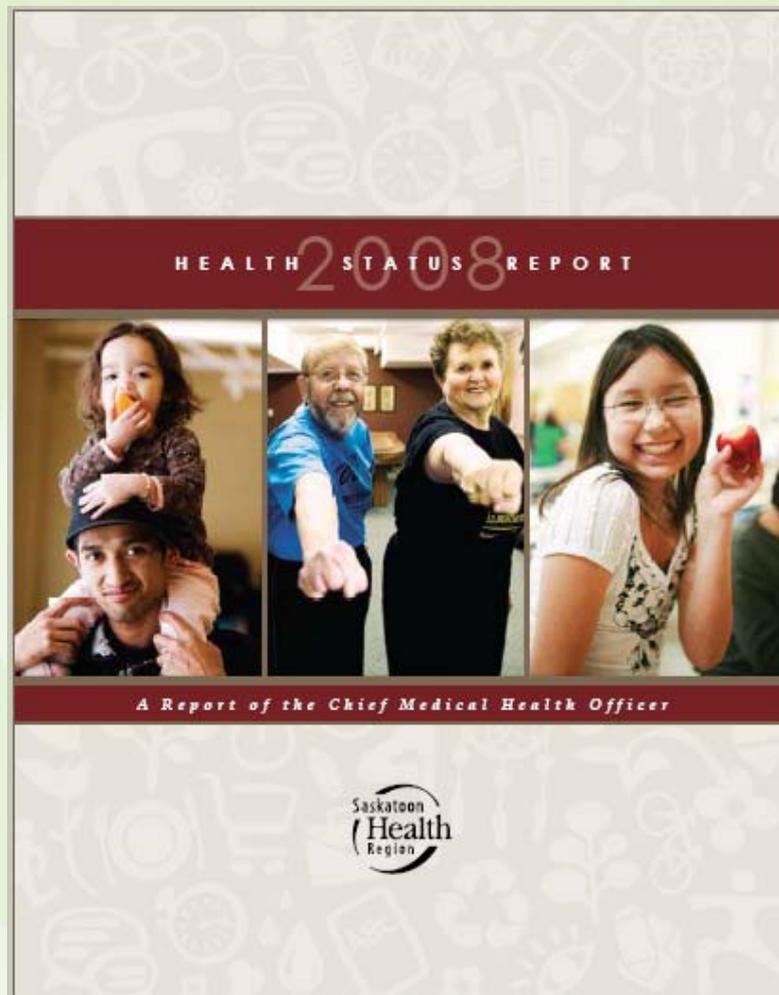


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National Collaborating Centre
for Healthy Public Policy

(Lemstra, M. & Neudorf, C.,2008).

*Institut national
de santé publique*
Québec 

Légitimité médicale



(Neudorf, C. et al., 2009)



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Institut national
de santé publique
Québec 

Premiers plan de Station 20 West



For Core Neighbourhoods

Increased access to quality primary health care

Business development, jobs, training and housing

Improved food security through easier access to healthy food

Additional business opportunities

Not only provide necessary services, but also work to address the social and economic determinants of health



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Why we need Station 20 West

Plan actuel (2008)



LIMITED ACCESS TO HEALTHY FOOD

Many residents do not own a car. For many, there are no grocery stores within walking distance. People sometimes must depend on convenience stores and gas stations as a source of food.

HEALTH DISPARITY

(Based on government data from 2001)

- nearly four times as many people from low-income Saskatoon neighbourhoods wound up in hospital after attempting suicide compared to the rest of the city. The number of suicide attempts is also more than **15 times higher** than the number in affluent neighbourhoods.
- hospitalizations for diabetes were **three times higher** in low-income neighbourhoods than the rest of the city, and nearly **13 times higher** than in the eastern suburbs.
- only **46** per cent of inner-city children are up to date with their measles, mumps and rubella vaccinations while **95** per cent of kids in affluent areas are covered
- babies born in Saskatoon's lower income neighbourhoods are **5 times more likely to die** than an average city baby

INCOME DISPARITY

- in 2001, the average household income in Briarwood was **\$133,468** while the average household income in Pleasant Hill was **\$22,603**
- **75%** of single parents living in westside neighbourhoods live below the poverty line
- **65%** of Aboriginal people in Saskatoon live below the poverty line (average Aboriginal family income in the core neighbourhoods is \$16,497)
- the wealthiest 10% of people in Saskatoon earn **18 times more** than the poorest 10%
- hardly any employment opportunities exist for Aboriginal people, whose populations range from 27% to 44% in the various core neighbourhoods



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Couverture médiatique

The StarPhoenix

\$8 million dollars of Provincial funding was announced by Premier

Station 20 West money being diverted: gov't official

Thousands gather to protest Station 20 West cuts

Station 20 West Celebration!

Life expectancy decline 'shocking,' doctor says
Report highlights population health gaps in Saskatoon area

Poor Saskatonians' lifespans dropping, new Saskatoon Health Region report says

McMorris Axes Money For Station 20 West



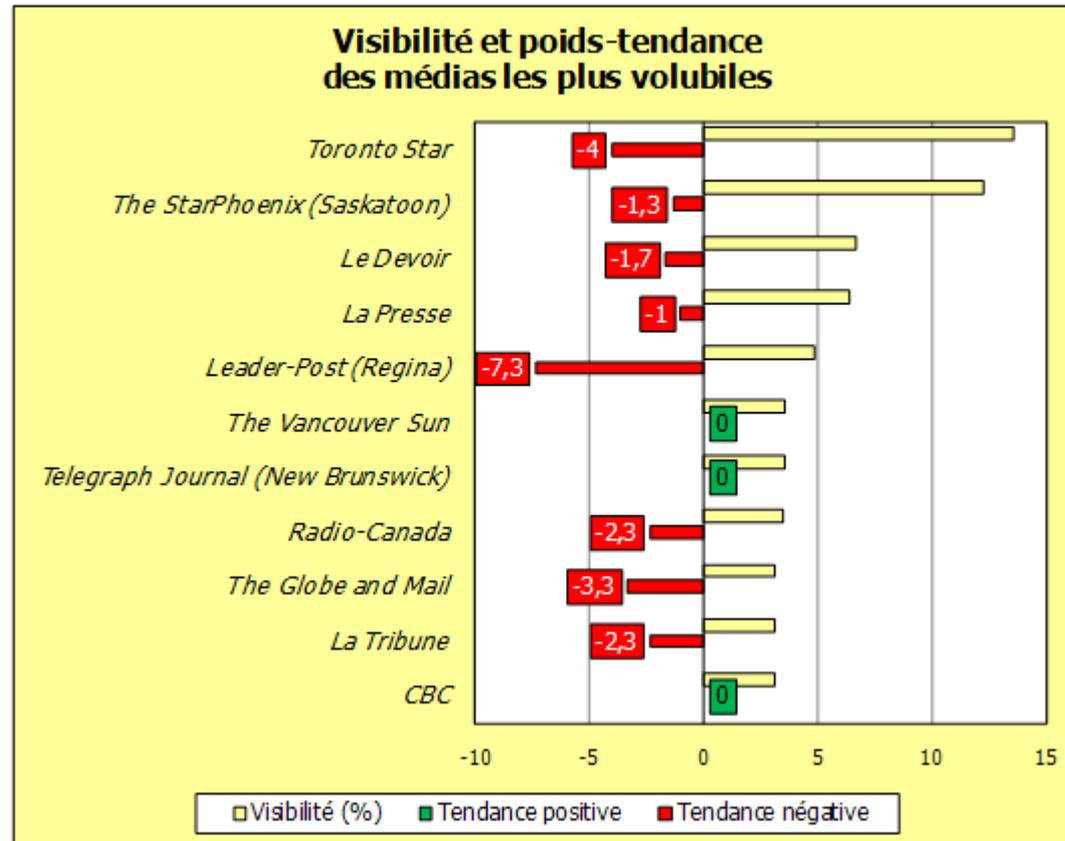
(Sounds Like Canada, CBC Radio One, April, 2008)



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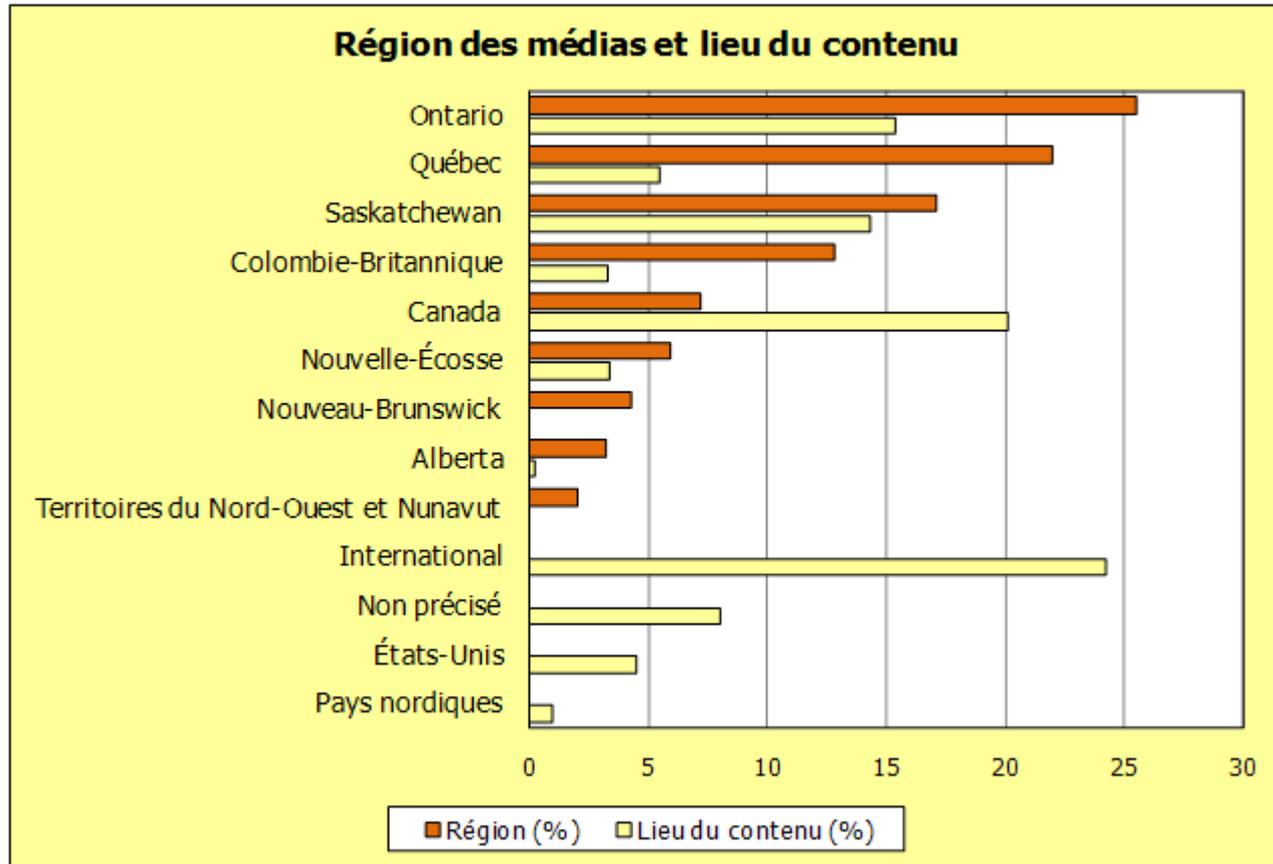
Couverture médiatique des inégalités de santé en 2008

Graphique 7 : Visibilité et poids-tendance des médias les plus volubiles



Couverture médiatique des inégalités de santé en 2008

Graphique 9 : Comparaison entre la région des médias et le lieu du contenu



Couverture médiatique des inégalités de santé en 2008

Rapport unités par Lieu où se situe le contenu					
Lieu où se situe le contenu	Quantité	Fréquence %	Partialité %	Orientation %	Poids Tendance
International	265	24,2	37,0	-27,9	-24,7
Canada	220	20,1	20,0	-3,6	-2,7
Saskatoon	157	14,4	47,8	-9,6	-5,0
Toronto	98	9,0	35,7	-21,4	-7,0
Aucun	88	8,0	0,0	0,0	0,0
Ontario	62	5,7	3,2	0,0	0,0
Etats-Unis	49	4,5	12,2	-12,2	-2,0
Nouvelle-Ecosse	36	3,3	0,0	0,0	0,0
Québec	31	2,8	0,0	0,0	0,0
Vancouver	25	2,3	44,0	-44,0	-3,7
Québec (province)	21	1,9	47,6	28,6	2,0
Colombie-Britannique	11	1,0	63,6	9,1	0,3
Pays nordiques	11	1,0	81,8	81,8	3,0
Ottawa	9	0,8	0,0	0,0	0,0
Montréal	8	0,7	25,0	-25,0	-0,7
Edmonton	2	0,2	0,0	0,0	0,0
Halifax	1	0,1	100,0	-100,0	-0,3
Total	1094	100,0			
Indices généraux			27,4	-11,2	-40,7



L'usage des savoirs en santé par des organismes à but non lucratif

- Confère de la légitimité
- Accroît la visibilité médiatique
- Permet de cadrer les problèmes
 - répond aux objectifs des organismes
- Rend possibles des partenariats

