Cardiovascular Health in Canada: Are We Fiddling While Rome is Burning?

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It is clear that promoting heart health in the community requires consideration of a complex social, economic and cultural context which goes much beyond the immediate issues of risk reduction.^{1,p.2}

Despite these words penned by the late Andres Petrasovits (Health Canada) in 1992, the overwhelming emphasis in the cardiovascular health area continues to be on the measurement and modification of biomedical and behavioural risk factors. Most Canadian health researchers carry on reporting the prevalence of inactivity, tobacco use, and poor diet among Canadians together with exhortations to improve our lifestyles and be screened for biomedical risk factors.

This business-as-usual process continues despite the increasing body of literature that the economic and social conditions under which people live their lives are the major factors determining whether they fall prey to cardiovascular disease.²⁻⁴ And some of the most important life conditions that determine whether individuals stay heart healthy or become heart disease ill – such as low income, the degree of social exclusion, and the lack of available health and social services – are showing ominous increases among the population.⁵

Reviewing the empirical and theoretical literature related to the determinants of cardiovascular disease at the request of the

community-based North York Heart Health Network, I was surprised by the magnitude of documented income-related effects upon cardiovascular health.⁶ Numerous large scale studies find medical and lifestyle factors account for rather small amounts of variation in the incidence of cardiovascular disease among populations.⁷⁻⁹ Analyses identify cardiovascular diseases as those most associated with low income among Canadians.¹⁰ With regard to explanatory mechanisms, longitudinal studies reveal the profound effects of adverse childhood circumstances on cardiovascular health in adulthood.¹¹⁻¹⁴ Strikingly different levels of hospitalization for cardiovascular ailments among income groups reveal the economic costs to Canadians of income-related effects.¹⁵ Combined with the studies that show the minimal success of lifestyle changes in reducing the risk of cardiovascular disease among those most at risk, these findings lead one to seriously question the entire approach towards reducing cardiovascular disease by those in the cardiovascular health communities.^{16,17}

Plausible models of how the material deprivations and related stresses associated with living on low incomes contribute to cardiovascular disease are available, as are explorations of the heart health-damaging effects of income inequality upon the health of the entire population.^{18,19} Yet to date, there has been virtually no public consideration in Canada of the role that societal factors such as income play in the incidence of cardiovascular disease and how recent changes in income distribution may be affecting Canadians' cardiovascular health.

The latest estimates are that 23% of all premature years of life lost prior to age 75¹⁰

in Canada can be attributed to income differences and the greatest proportion of these years lost are caused by cardiovascular disease. In addition, it is estimated that income differences account for a 24% excess in premature deaths (prior to 75 years) from cardiovascular disease among Canadians.¹⁰ Were all Canadians' rates of death from cardiovascular disease equal to those living in the wealthiest quintile of neighbourhoods, there would be 6,366 fewer deaths each year from cardiovascular disease. A conservative estimate of the annual costs to Canada of these income-related cardiovascular effects is 1/5 of the total \$20 billion cost to Canada of cardiovascular disease, or \$4 billion.⁶

At the same time that health researchers focus on biomedical and lifestyle risk factors for cardiovascular disease, there is documentation of the increasing numbers of Canadians being moved into low income status and the weakening of the social safety net.²⁰⁻²³ As of 1991, Canadians enjoyed remarkably lower cardiovascular and total mortality rates and less economic inequality than our neighbours to the south.²⁴ Also, Canada has traditionally been in the mid-level of nations in the percentage of tax revenues allocated to spending on the social safety net, an important determinant of health for all individuals, but especially those living on low incomes.^{25,26}

But since 1991, income inequality has increased in Canada and a move towards reduced spending on services and supports has occurred simultaneously with an increase in the numbers of Canadians living on low incomes. Since the research literature indicates that these societal features are the greatest influences upon the cardiovascular health of the population, two questions must be asked. Why have we

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been neglectful of these influences? What will it take to shift our attention to these issues?²⁷

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It has come to our attention at the Editorial Office of the Canadian Journal of Public Health (CJPH) that a number of copies of the September/October 2001 issue of the CJPH were defective. We regret this problem which was due to an error at the printing house.

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