



RÉGIE RÉGIONALE
DE LA SANTÉ ET DES
SERVICES SOCIAUX
DE MONTRÉAL-CENTRE

Direction de la santé publique

*1998 Annual Report on
the Health of the Population*

Social Inequalities in Health



**DIRECTION
DE LA SANTÉ
PUBLIQUE**

*Garder notre
monde en santé*

*1998 Annual Report on
the Health of the Population*

Social Inequalities in Health



A publication of the
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Richard Lessard, M.D.
Director of Public Health

Summary

This annual report is the first ever published by the Montreal-Centre Department of Public Health. It is concerned with the population's state of health, seen from the angle of social inequalities in health and well-being. Far from growing less serious, current disparities are having a negative impact on the health of the population.

We thus find that residents of Montreal's low-income neighbourhoods can expect to live 5 years less than their counterparts in high-income areas. Nor is this just a matter of subtracting a few years at the end of a long healthy life, but often from a life in reduced circumstances; for social inequalities in health are observed at all stages of life:

- Infant mortality is 8 in 1,000 in low-income areas vs 5 in 1,000 in high-income areas.
- The proportion of low-weight newborns is twice as high among poorly educated women.
- The fertility rate among adolescents in low-income areas is 6 times higher than that among those in wealthy areas.
- Psychological distress and suicide, on the rise all over Montreal, strikes harder in underprivileged areas.
- AIDS is the leading cause of death among men in the 22-to-44 age bracket in Montreal and 77% of the cases reported in Quebec occur in Montreal. Moreover, the rate of HIV infection is 10 times higher among street youth than in the general population.
- Lung cancer has replaced breast cancer as the leading cause of death in women, and it strikes harder among the poor. What is more, the proportion of young women who smoke has more than doubled over recent years.
- The underprivileged live one year short of the normal life expectancy for a 65-year old and the elderly poor live one more year of disability than their wealthy counterparts.

The Island of Montreal counts 500,000 residents living under the threshold of poverty, and more than half of these live in the municipality of Montreal alone. From 1989 to 1996 the number of welfare recipients increased by 100,000. Unless something is done to counter this trend, we will probably continue to see social inequalities in health persist and worsen in the years to come.

Representing a quarter of Quebec's population, the Montreal region with its enormous potential can once again offer its residents a better quality of life. Our network has an important role to play in dealing with Montreal's serious social inequalities in health. But the real solution depends on the social and economic environment. All decision-makers in all the different sectors of society (community, municipal, school, union, economic, political) who play a role in social and economic development are urged to join in the fight against social inequalities in health.

Forward

“Canada’s capital of poverty”, this is the rather unflattering title Montreal has earned because of its large number of poor citizens: 500,000 out of 1.8 million inhabitants and close to 23% of families living under the low-income threshold. When we know that poverty is often associated with poorer health, this situation must be recognized as a critical public-health issue.

All the more so because, here as elsewhere, we have been witnessing over the past ten years a radical change in values. Forces are at work worldwide to increase the effectiveness of interventions as well as to make individuals, families, and communities assume greater personal responsibility for their health. Concurrent with these trends, the political choices being made in education, health, and income security affect thousands of families and hundreds of thousands of people, including the poorest.

Moreover, the network of health and social services (also nicknamed system of consequences because it serves as a spillway and bandaid for a number of social problems) is in full mutation. These transformations are inevitably a source of anxiety.

The Montreal-Centre Department of Public Health is not indifferent to that anxiety. As a member of the network of health and social services, the Department feels it is its immediate responsibility to point out the actions to be taken. As spelled out in the *Act Respecting Health Services and Social Services...* (art. 373.1): *The public health director shall be responsible for informing the population on its general state of health and on the major health problems, the groups most at risk, the principal risk factors, the interventions he considers the most effective, monitoring the evolution thereof and conducting studies or research required for that purpose.*

It is to fulfill this mandate that we are publishing this first annual report on the state of the health of the population. We wish to inform but even more urgently to alert all key players as well as our partners in the health and social services network. *The Policy on Health and Well-being*, with its list of specific objectives to be achieved by 2002, already stakes out the areas where the needs are most crucial. This achievement is worthy of praise: We are one of the rare Western societies to have such a priceless tool at its disposal. As it both carves out a position and constructs a framework for action, *The Policy on Health and Well-being* proposes a platform for specific intervention.

In the following pages, we will evaluate the current situation in our region in light of the above-mentioned objectives and from the angle of the links between health and poverty. In actual fact, today's socioeconomic context dictates our leading questions: What influence do living conditions, social environment and, more particularly, social inequalities have on health and well-being?

It can never be repeated too often that the responsibility to fight against social inequalities is one we all share, starting with our official network, the regional board to which we belong, and including all our partners in health and social services. This responsibility also concerns citizens, communities, organizations, decision-makers, and our governments. It is this question of life and health which we will be examining throughout this report.

Director of Public Health



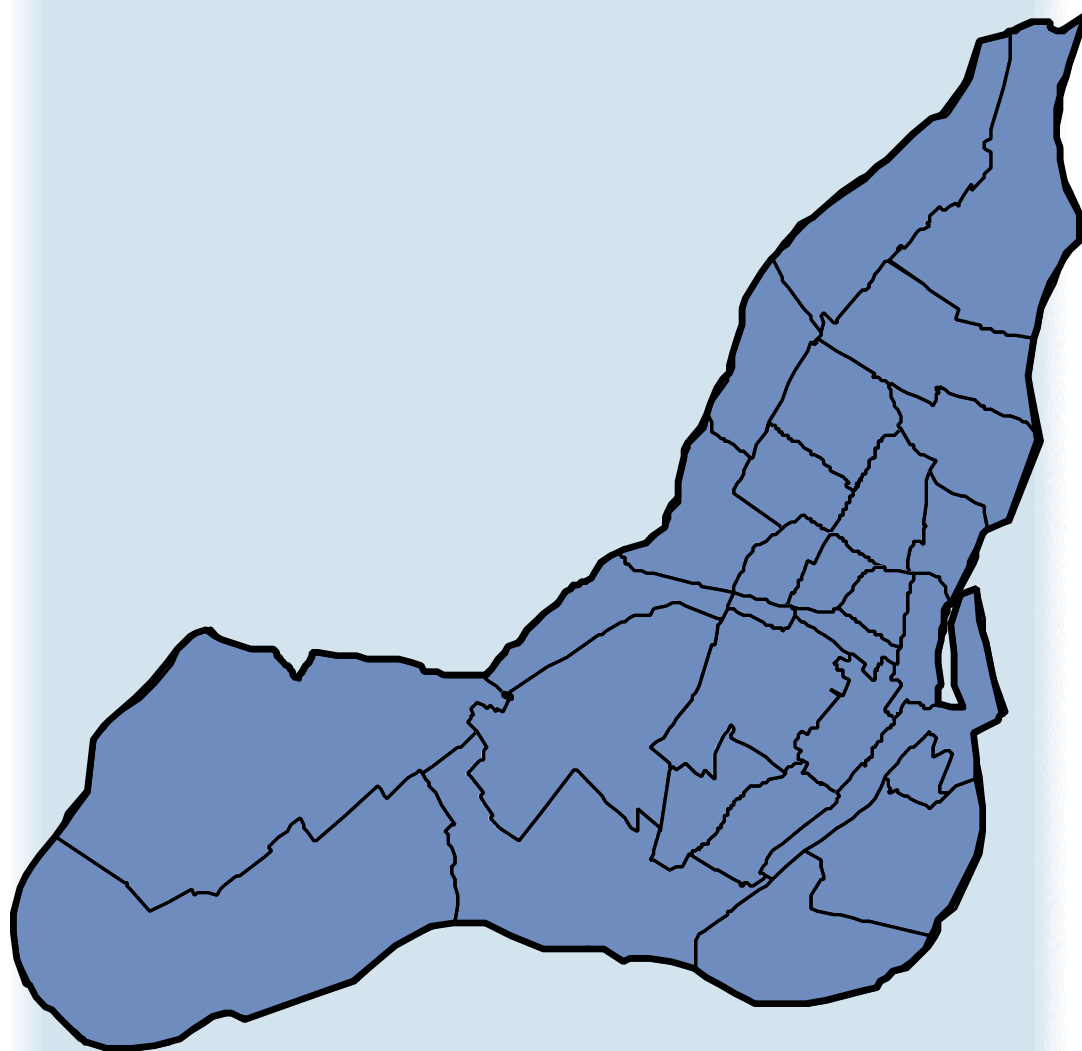
Richard Lessard, M.D.

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**CLSC districts
in Montreal-Centre**



- | | | |
|---------------------------|--|--------------------------|
| 1. Ahuntsic | 11. Montréal-N ord | 20. Rivière-des-Praies |
| 2. Bor deaux/Cartierville | 12. Notre-Dame-de-Grâce/
Montréal-Ouest | 21. de Rosemont |
| 3. des Faubourgs | 13. Olivier -Guimond | 22. Saint-Henri |
| 4. Côt e-des-Neiges | 14. Parc Ext ension | 23. Saint-Laurent |
| 5. Hochelaga-Maisonneuve | 15. la Petite Patrie | 24. Saint-Léonard |
| 6. J.-Octav e-Roussin | 16. Pier refonds | 25. Saint-Louis du Parc |
| 7. Lac Saint-Louis | 17. du Plateau Mont-Royal | 26. Saint-Michel |
| 8. LaSalle | 18. Pointe-St-Charles | 27. Verdun/Cô te St-Paul |
| 9. Mercier -Est/Anjou | 19. René-Cassin | 28. du Vieux La Chine |
| 10. Métro | | 29. Villeray |

Instrument Panel for Health Issues on the Island of Montreal

Our report covers Montreal-Centre, meaning the whole Island with its 29 municipalities and, of course, the City of Montreal. However, to simplify our task, we use Montreal to refer to the whole Island.

The report is organized around some forty indicators illustrating the links between poverty and health and producing a sort of instrument panel for the health of Montrealers. The data presented are often those derived from the 1991 census, because 1996 data were not yet available. Other more specific data are to be found in the appendices.

We will first of all take stock of our current situation in terms of the objectives set by The Policy on Health and Well-being; we will then explain from an overall perspective how socioeconomic inequalities can pose a threat to health. In the following sections, we will point to the specific issues raised by poverty in the four stages of life: early childhood, youth, adulthood, and old age. Finally, in section 7, we start to reflect on the contribution a public-health organization such as ours can and must make to the community in the fight against poverty and its consequences.

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Appendix 1

Health Determinants

Environment	Montreal-Centre	Quebec
<i>Physical and ecological</i>		
1. Population provided with recycling services (1995) %	60.9	[66.7]
2. Population provided with water purification facilities (1994) %	100.0	[76.6]
3. Rate of automobile use (1995) %	31.7	[42.7]
<i>Social</i>		
<i>Demographic</i>		
4. Population (1991)	1,822,516	[7,081,233]
0-14 %	15.7	[19.8]
15-64 %	70.2	[69.2]
65 and over%	14.0	[11.0]
5. Growth rate (1986 to 1991) %	0.9	[5.2]
6. Comprehensive fertility index (1990-92) children per woman	1.52	[1.65]
<i>Sociodemographic</i>		
7. Population speaking neither French nor English at home (1991) %	15.9	[5.4]
8. Immigrants (1991) %	23.6	[8.7]
9. Single-parent families with children under 18 (1991) %	24.9	[17.9]
10. Population living alone (1991) %	17.6	[12.1]
11. Population having moved (1991) %	49.6	[43.6]
<i>Socioeconomic</i>		
12. Population with less than nine years of schooling (1991) %	19.5	[20.1]
13. Live births from poorly educated mothers ¹ (1990-92) %	17.5 (+)	[15.1]
14. Inactive population (1991) %	44.5	[42.7]
15. Unemployment rate (1991) %	13.2	[12.1]
16. Pop. below the low-income threshold (1990) %	27.8	[19.2]
17. Recipients of social assistance (1996) %	17.5	[12.5]

**Behaviour s, lifestyles
and risk f actor s**

	Montreal-Centre	Quebec
18. Regular smokers ² (1992-93) %	28.6	[30.4]
19. Population taking 14 drinks of alcohol and more per week ² (1992-93) %	5.8	[6.4]
20. Population having never taken illegal drugs ² (1992-93) %	68.1	[68.9]
21. Population / overweight ² (1992-93) %	23.3	[24.7]
22. Motorists using restraint device ¹ (1995) %	90.4	[90.2]
23. Low-weight births ¹ (1990-92) %	6.2 (+)	[5.9]
24. Pregnancy rate in adolescence ¹ (1993-94) per 1,000	48.6 (+)	[35.8]
25. Women having undergone a Pap test ² (1992-93) %	64.0	[66.2]
26. Women 50 and over having undergone a mammogramme ² (1992-93) %	44.0	[42.8]
27. Population with a high level of psychological distress ² (1992-93) %	26.9	[26.3]
28. Population having seriously contemplated suicide ² (1992-93) %	*3.5	[3.9]
29. Population dissatisfied with their social life ² (1992-93) %	13.2(+)	[11.4]
30. Rate of crimes against persons ¹ (1995) per 100,000	1,164.9 (+)	[670.5]

Organization of health services

31. Short-term beds (1994) per 1,000	6.3	[4.0]
Long-term beds and spaces (1994) per 1,000	11.0	[8.1]
32. Number of inhabitants per doctor (1994)	324	[505]
33. Per capita expenditures (1994-95) current \$	2,843	[2,028]
34. Average hospital stay (1993-95) days		
Total	8.9	[8.2]
Tumours	13.7	[12.8]
Circulatory system	12.3	[11.4]
Respiratory system	8.1	[6.9]
Digestive system	7.6	[6.7]
Genito-urinary organs	6.2	[5.8]
Traumas	10.8	[9.9]
35. Incidence of reportable diseases / preventable by vaccination ¹ (1994)		
Whooping cough per 100,000	29.4 (-)	[60.9]

State of Health

	Montreal-Centre	Quebec
Subjective state of health		
36. Population not perceiving itself as in good health ² (1992-93) %	10.9	[10.7]
37. Population with at least one health problem ² (1987) %	59.4 (+)	[54.5]
38. Leading health problems ² (1987) %		
Arthritis or rheumatism	12.8 (+)	[10.0]
Headaches	10.0 (+)	[8.4]
Skin allergies and disorders	10.0 (+)	[7.9]
Back aches	9.1 (+)	[7.7]
Mental disorders	9.1 (+)	[7.4]
Allergies (other than skin and hay fever)	8.1 (+)	[6.5]
High blood pressure	7.2	[6.3]
Hay fever	8.1 (+)	[6.0]
Lesions (accidents and injuries)	5.6	[5.0]
Heart diseases	4.7	[4.1]
Objective state of health		
<i>Non-hospitalized morbidity</i>		
39. Rate of occupational lesions ¹ (1993) %	3.3 (-)	[4.0]
40. Rate of intoxication (1995) per 100,000	604.0(-)	[711]
41. Incidence of reportable contagious diseases ¹ (1994) per 100,000		
Chlamydia	98.7 (-)	[109.0]
Whooping cough	29.4 (-)	[60.9]
Campylobacteriosis	24.0 (-)	[33.4]
Scarlatina	4.7 (-)	[17.9]
Hepatitis B carrier	40.9 (-)	[16.8]
Salmonellosis	15.0	[16.6]
Gonococcal infection	23.9(+)	[10.3]
Giardiasis	11.9(+)	[9.8]
AIDS	16.1(+)	[5.7]
Tuberculosis	11.4(+)	[5.0]
<i>Hospitalized morbidity</i>		
42. Rate of hospitalization (1993-95) per 1,000		
Total	89.7	[100.1]
Tumours	8.2	[8.3]
Circulatory system	11.9	[14.6]
Respiratory system	8.5	[10.6]
Digestive system	11.1	[12.6]
Genitourinary apparatus	6.9	[7.6]
Traumas	6.6	[8.0]

	Montreal-Centre	Quebec
43. Incidence of cancer ¹ (1990-92) per 100,000		
Total	394	[391]
Colon-rectum	53	[53]
Lungs	68	[70]
Breasts in women	94	[93]
Prostate	85	[92]
Mortality		
44. Life expectancy ¹ (1990-92) years	77.5(+)	[77.3]
45. Infantile mortality rate ¹ (1990-92) per 1,000 live births	6.3	[5.9]
46. Perinatal mortality rate ¹ (1990-92) per 1,000 births	8.4	[7.7]
47. Mortality rate ¹ (1990-92) per 100,000		
Total	674 (-)	[691]
Tumours	206	[209]
Circulatory system	251 (-)	[261]
Respiratory system	52 (-)	[56]
Traumas	40 (-)	[49]
48. Suicide rate ¹ (1990-92) per 100,000	13 (-)	[16.3]
49. Life expectancy in good health (1992-93) years	68	[66.8]
50. Rate of potential years of life lost ¹ (1990-92) per 100,000		
Total	6,656 (+)	[6,523]
Tumours	1,931	[1,922]
Circulatory system	1,274	[1,270]
Respiratory system	231 (+)	[221]
Traumas	1,224 (-)	[1,589]
51. Breakdown of victims of traffic accidents (1992-94)		
Total annual average	11,870	[50,615]
Fatal injuries %	1	[2]
Serious injuries %	9	[13]
Minor injuries %	90	[85]

Consequences of Health Problems

	Montreal-Centre	Quebec
Disability		
52. Average length of benefits for occupational lesions (1993) days	42.0	[41]
53. Population with a long-term disability ² (1992-93) %	7.2	[7.2]
54. Disabled children ¹ (1995) %	1.26 (-)	[1.39]
Use of services		
55. Rate of medical consultations (1994) %	81.8	[81.4]
56. Rate of days of hospitalizations according to diagnosis (1993-95) per 1,000		
Total	879.9	[824.8]
Tumours	129.9	[110.5]
Circulatory system	179.3	[174.1]
Respiratory system	74.5	[74.0]
Digestive system	93.3	[86.2]
Genitourinary apparatus	45.8	[45.3]
Traumas	77.5	[79.8]
57. Rate of cesarean births ¹ (1993-95)	24.7 (+)	[22.7]
58. Rate of coronary bypass ¹ (1993-95) per 100,000	67.3 (+)	[61.1]
Use of prescription drugs		
59. Population with three classes of prescription drugs and more ² (1992-93) %	10.0 (+)	[8.7]
60. Number of prescriptions per person 65 and over (1994) prescriptions	26.6	[28.4]

Notes :

1. The difference with Quebec as a whole was calculated using a 0.05 level of significance.
 2. When using statistical tests with a 0.05 significance level, the region is compared with the rest of Quebec.
- * Coefficient of variation higher than 16.5% and less than or equal to 33.3%
The value must be interpreted with caution.
- (-) (+) Value significantly lower or higher than for Quebec as a whole.
- [] The data in brackets refer to Quebec as a whole.

Appendix 2

Some Health and Well-being Indicators according to Income Bracket, Montreal-Centre

	1 <i>high</i>	2 <i>average high</i>	3 <i>average</i>	4 <i>average low</i>	5 <i>low</i>	Total
Fertility rate for women 15 to 19 ¹ (per 1,000)	5.7	13.1	21.3	25.3	39.2	20.2
% of regular smokers ²	23.9		28.5		40.5	28.6
% of population consuming 4 alcoholic drinks and more ²	6.0		4.5		4.8	5.4
% of population having never used illegal drugs ²	64.5		72.4		71.4	68.1
% of low-weight births ¹	5.1	5.3	5.9	6.8	7.4	6.2
% of premature births ¹	6.3	6.3	6.9	7.4	7.8	7.0
% of women having had a Pap test ²	73.0		59.1		52.8	64.0
% of women having had a mammogram ²	32.4		25.9		22.0	28.0
% of population with a high level of psychological distress ²	26.1		25.7		30.9	26.9
Average stay in hospital ³ (days)	10.6	11.1	11.3	12.0	11.8	11.4

State of Health

% who do not perceive themselves as in good health ²	8.3		10.0		18.7	10.9
Incidence of diseases preventable by vaccination ⁴ (per 100,000)	20.6	21.4	34.3	27.0	27.3	29.9
Incidence of sexually transmissible diseases ⁴ (per 100,000)	31.6	60.6	68.3	130.0	261.5	176.2
Adjusted rate of hospitalization ³ (per 1,000)	79.5	91.9	100.4	104.7	104.5	96.2
Rate of hospitalization ³ for children under one (per 1,000)	117.2	146.8	173.5	179.1	192.0	163.0

	1	2	3	4	5	
	<i>high</i>	<i>average high</i>	<i>average</i>	<i>average low</i>	<i>low</i>	<i>Total</i>
Adjusted rate of hospitalization for diseases of circulatory system ³ (per 1,000)	13.4	15.2	16.2	16.4	16.0	15.5
Adjusted rate of hospitalization for diseases of respiratory system ³ (per 1,000)	6.8	8.8	10.2	10.5	11.0	9.4
Adjusted rate of hospitalization for injuries ³ (per 1,000)	6.6	7.5	7.8	8.4	8.5	7.8
Adjusted rate of hospitalization for AIDS ³ (per 100,000)	7.0	24.7	29.6	58.0	86.5	41.8
Incidence of lung cancer ⁵ (per 100,000)	56.9	73.8	81.5	94.3	95.0	80.3
Incidence of breast cancer ⁵ (per 100,000)	111.3	118.4	102.4	111.2	87.8	106.6
Life expectancy at birth ¹ both sexes (years)	80.0	79.0	77.4	77.0	75.4	77.7
Life expectancy at birth ¹ men (years)	77.4	75.9	73.5	72.6	70.9	74.0
Life expectancy at birth ¹ women (years)	82.2	81.8	80.8	80.8	79.7	81.1
Infant mortality rate ¹ (per 1,000)	4.7	4.1	6.5	5.5	7.7	5.8
Adjusted rate of mortality from lung cancer ¹ (per 100,000)	51.3	59.2	73.5	72.8	83.2	67.8
Adjusted rate of mortality from breast cancer in women ¹ (per 100,000)	39.9	41.5	38.9	36.6	37.2	38.8
Adjusted rate of mortality from diseases of the circulatory system ¹ (per 100,000)	282.5	299.8	325.7	342.3	356.5	321.3
Adjusted rate of mortality from diseases of the respiratory system ¹ (per 100,000)	62.3	60.1	72.1	71.3	82.9	69.7
Adjusted rate of mortality from injuries ¹ (p. 100,000)	32.3	39.2	42.5	45.2	55.3	43.1
Adjusted suicide rate ¹ (per 100,000)	9.2	12.4	13.9	16.3	19.5	14.4
Adjusted rate of mortality from AIDS ¹ (per 100,000)	3.4	7.7	8.6	27.1	35.1	16.6

	1	2	3	4	5	Total
	<i>high</i>	<i>average high</i>	<i>average</i>	<i>average low</i>	<i>low</i>	
Life expectancy in good health ¹ both sexes (days)	70.7		67.8		62.7	68.1
Life expectancy in good health ¹ men (days)	69.7		66.2		59.5	66.5
Life expectancy in good health ¹ women (days)	71.2		69.1		65.7	69.5
Adjusted rate of mortality attributed to tobacco use ¹ (per 100,000)	80.2	94.6	113.1	115.3	130.2	106.4
Adjusted rate of preventable mortality ¹ (per 100,000)	7.1	8.5	13.7	12.0	16.2	11.5

Consequences of Health Problems

% of population with a long-term disability ²	5.7		8.0		12.9	8.0
% of population having consulted a doctor ²	14.9		15.8		17.4	15.7

Notes :

1. Period covering 1991 to 1994
2. Social and Health Survey, 1992-1993
3. Period covering financial years 1993-1994 to 1994-1995
4. Period covering 1990 to 1994
5. Period covering 1989 to 1993

Appendix 3

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