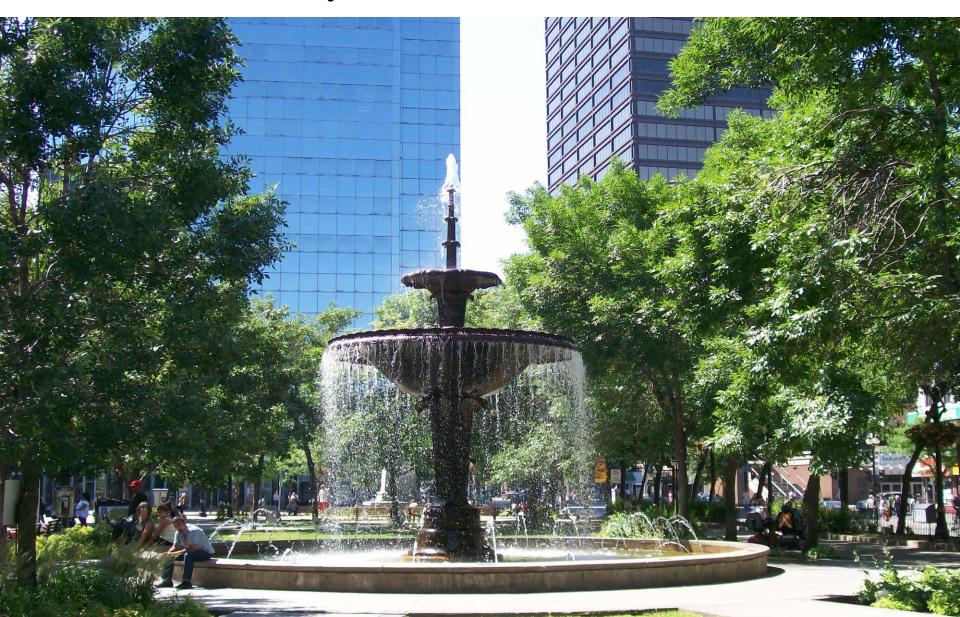


# TEN YEARS LATER

This is our city, Hamilton. It looks like this:





### And this:





### And this:



Unfortunately, our city also looks like this:





### And this:





### And this:





# We pride ourselves on our so-called "universal"health care system.

But we mistakenly think "universal" health care means equal health care.

J. J. J. SPEC

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We pride ourselves on our so-called "universal"health care system.

But we mistakenly think "universal" health care means equal health care.

I'm about to show you that there is nothing equal about health care in Canada.

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We pride ourselves on our so-called "universal"health care system.

But we mistakenly think "universal" health care means equal health care.

I'm about to show you that there is nothing equal about health care in Canada.

And there's certainly nothing equal about the health of people here in Hamilton.



# In April 2010, we started a discussion in Hamilton that we called Code Red.

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// <mark>~SPEC</mark>

Using health and socioeconomic data from **2006** and **2007**, we mapped the health of Hamilton down to the level of neighbourhoods.

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//~SPEC

Using health and socioeconomic data from **2006** and **2007**, we mapped the health of Hamilton down to the level of neighbourhoods.

We showed the strong connections between **health**, **wealth** and **where you live**.

### HIGHLIGHTS

**SPEC** 

# **2I-year difference** in life expectancy between best/worst neighbourhoods.

#### 

Worlds apart

Glaring disparities in wealth and health have taken a shocking toll on a huge number of Hamilton's people. **Print user** wo neighbourhoods, sepawo neighbourhoods, sepa-

BY STEVE BUIST wo neighbourhoods, separated by just five kilometres as the crow files. They might as well be worlds apart. Between these Hamilton neighbourhoods, representing two ends of the

peetrum, name a dimension of al years line of the second second second second second line second line the second s

> een those neighbourhoods at the top ju ottom. In ne extreme is the west Mountain bourhood bounded by Upper Jo

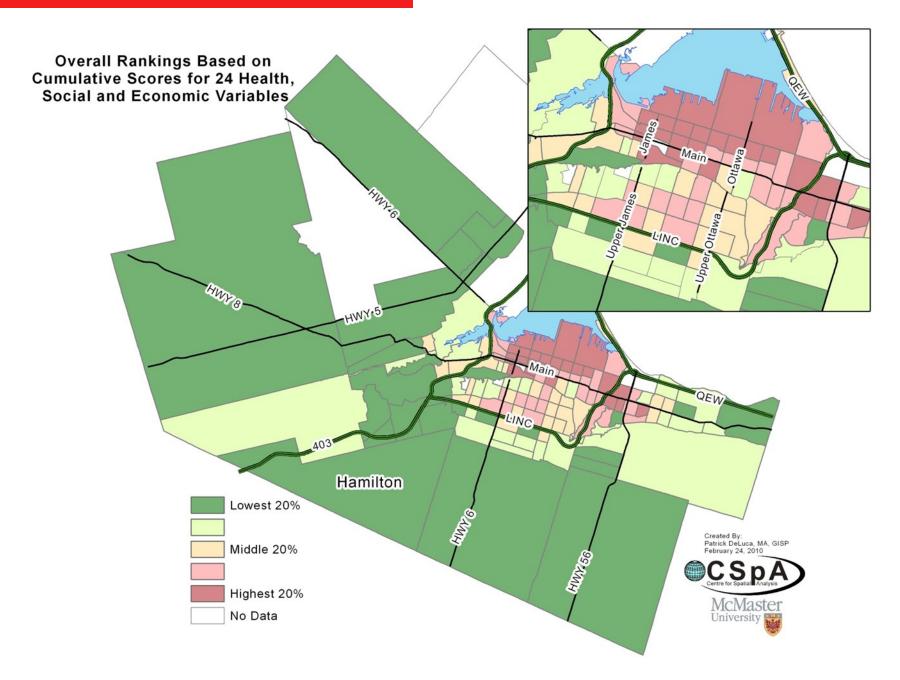
WHERE YOU LIVE AFFECTS YOUR HEALTH venue and Mohawk Road West, where th venue and Meath was 80, sy years, based on death statistics collected from 2006 to 2008. That 's feve years better than amada's average life expectancy. At the other actreme is the neighbourond tasked between Wellington Street arth. Boo herverford 'Showan Annu

North and the railway tracks near Har n Street, where the average age at deals the same period was 05,5 years. Put another way, that same North B engibbourhood would rank 105th in th world for life expectancy, lied with Ni plust shead of Pakistan and Worse than India, Mongolia and Turkmenistan. "There's your story right then," as

the theory of more than a doy, noto pieces of hongs of a down and down a d

"It's absolutely appauling," saw johnston, an export in analyzing and mapping health data. "In the current circumstances, it may not be avoidable and that's the tragedy."





**SPEC** 

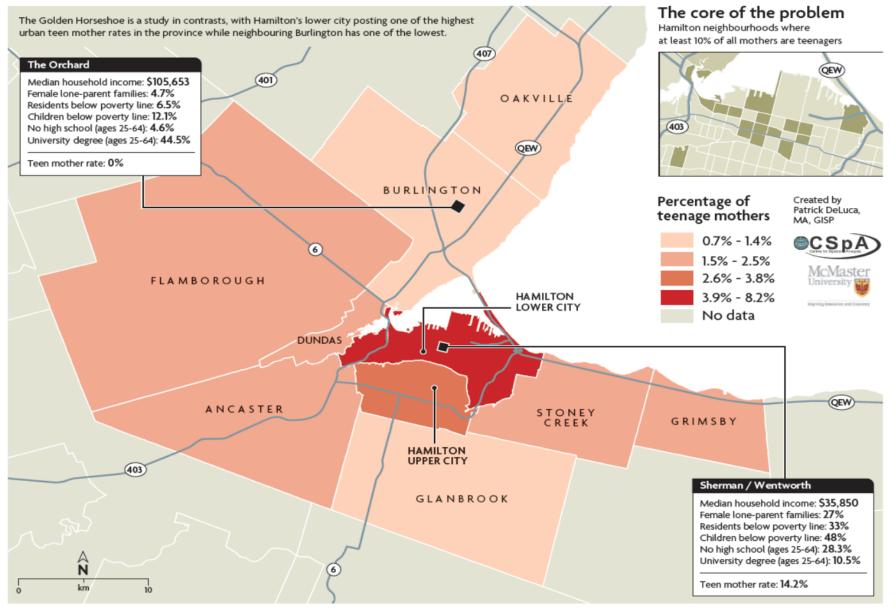








#### A tale of two cities



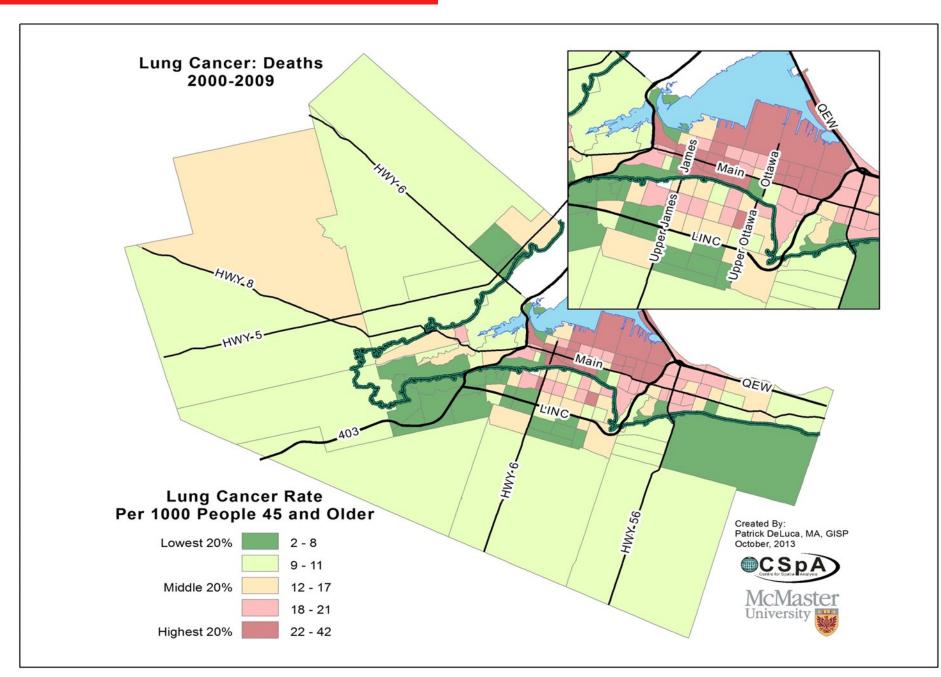
SOURCE: BORN ONTARIO, STATISTICS CANADA 2006 CENSUS

Patrick DeLuca // McMASTER UNIVERSITY CENTRE FOR SPATIAL ANALYSIS; THE HAMILTON SPECTATOR

SPEC



- Cancer mortality rate in inner-city core 90% higher than Ancaster.
- Mortality rate in worst neighbourhood 4X higher than best neighbourhood.
- Lung cancer mortality rate in worst neighbourhood
  15X higher than best.



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# Ten years on from the original data, we are back with a new question:

What has changed over the past decade?

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Ten years on from the original data, we are back with a new question:

What has changed over the past decade?

Sadly, not much.

brand brand

Ten years on from the original data, we are back with a new question:

What has changed over the past decade?

Sadly, not much.

In fact, **10** of **13** health outcomes actually worsened.



## HIGHLIGHTS

1. Emergency Department use.



- 1. Emergency Department use.
- 2. Psychiatric-related issues.



- 1. Emergency Department use.
- 2. Psychiatric-related issues.
- 3. Hospital admissions.



- 1. Emergency Department use.
- 2. Psychiatric-related issues.
- 3. Hospital admissions.
- 4. Life span.



- 1. Emergency Department use.
- 2. Psychiatric-related issues.
- 3. Hospital admissions.
- 4. Life span.
- 5. ALC days.



- 1. Emergency Department use.
- 2. Psychiatric-related issues.
- 3. Hospital admissions.
- 4. Life span.
- 5. ALC days.
- 6. Low birth weights.



- 1. Emergency Department use.
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- 3. Hospital admissions.
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- 6. Low birth weights.
- 7. Family physician accessibility.



- 1. Emergency Department use.
- 2. Psychiatric-related issues.
- 3. Hospital admissions.
- 4. Life span.
- 5. ALC days.
- 6. Low birth weights.
- 7. Family physician accessibility.
- 8. Socioeconomic factors.



1. Emergency Department use:



1. Emergency Department use:

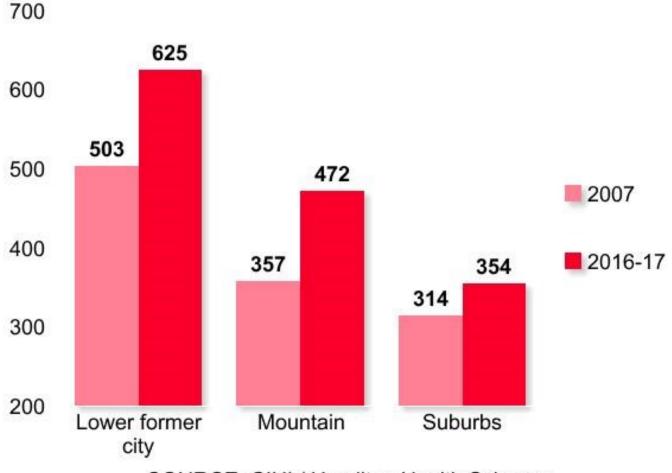
### FY 2006-07: 200,000 visits/yr

### 2016-17: **255,000 visits/yr**

1. Emergency Department use:

SPEC

ER visits per 1,000/yr, 2007 vs. 2016-17

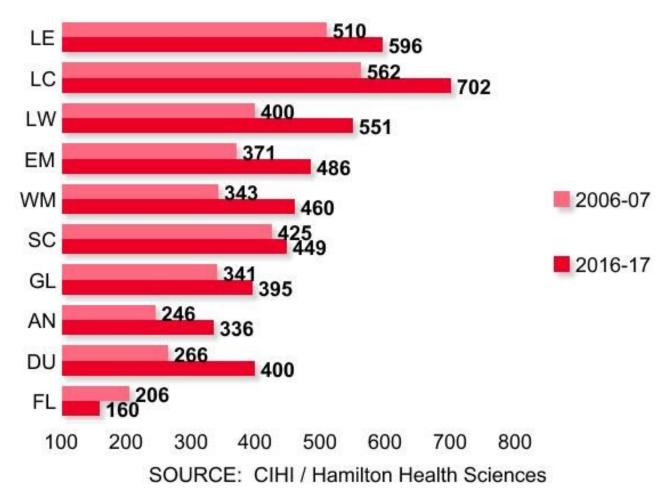


SOURCE: CIHI / Hamilton Health Sciences

1. Emergency Department use:

SPEC

ER visits per 1,000/yr, 2006-07 vs. 2016-17, by area





### 1. Emergency Department use:

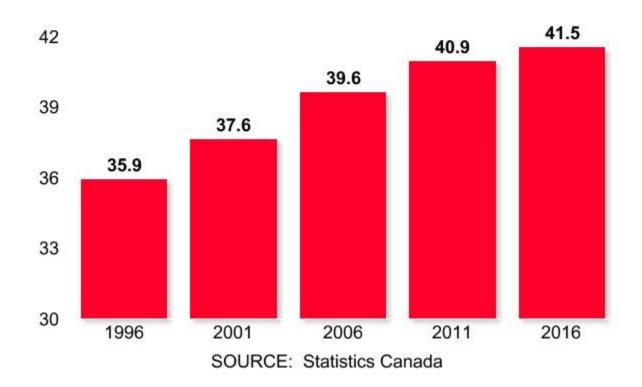
Possible reason?

### 1. Emergency Department use:

45

SPEC-

Hamilton's median age, 1996-2016

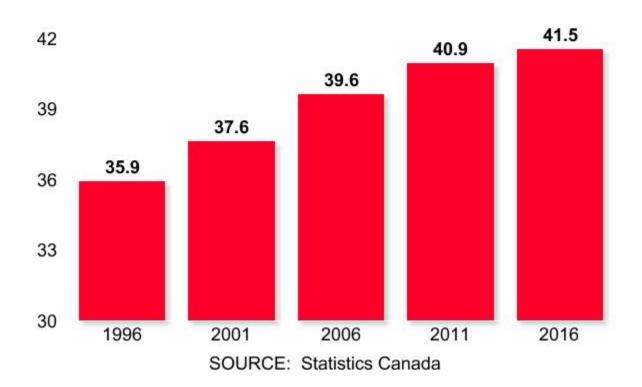


#### 1. Emergency Department use:

45

Hamilton's median age, 1996-2016

SPEC-



93,000 people (17.3% of pop.) in Hamilton are 65 and older

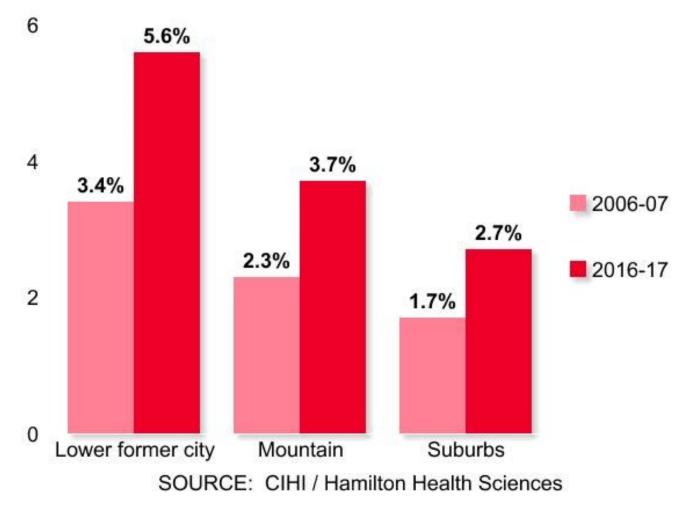


2. Psychiatric-related issues:

2. Psychiatric-related issues:

Psych-related ER visits as % all visits, 06-07 vs 16-17

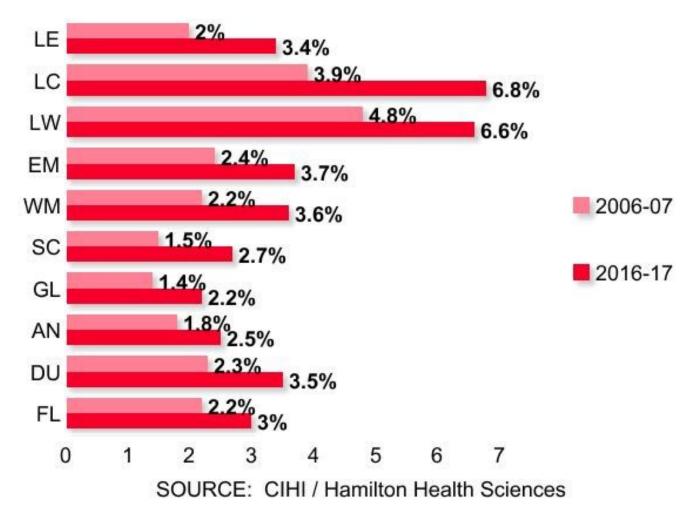
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2. Psychiatric-related issues:

Psych-related ER visits as % of total, '06-07 vs. '16-17

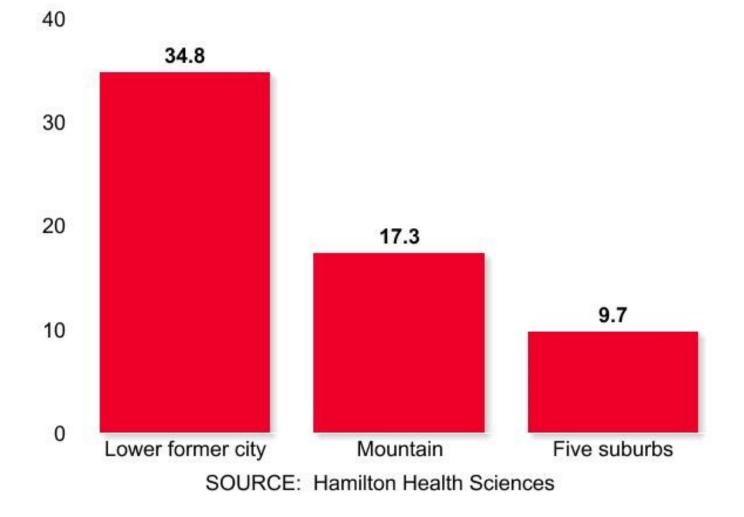
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2. Psychiatric-related issues:

Psychiatric-related ER visits per 1,000 people/yr, '16-17

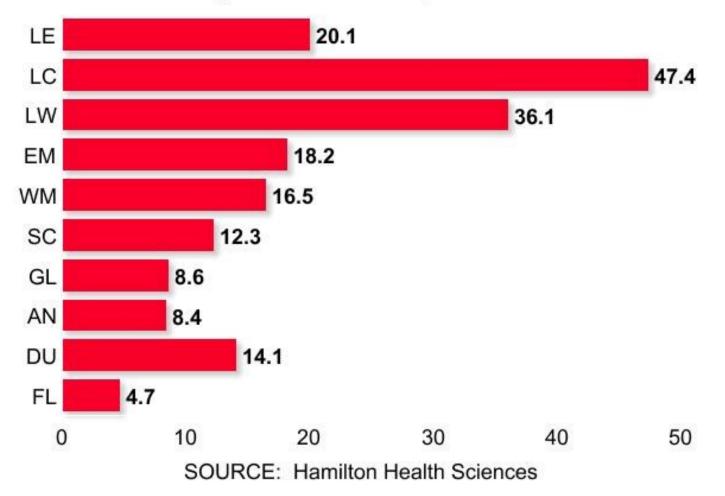
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2. Psychiatric-related issues:

Psychiatric-related ER visits per 1,000 people, per year, by Hamilton's 10 areas, 2016-17

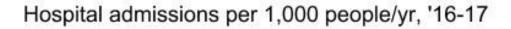
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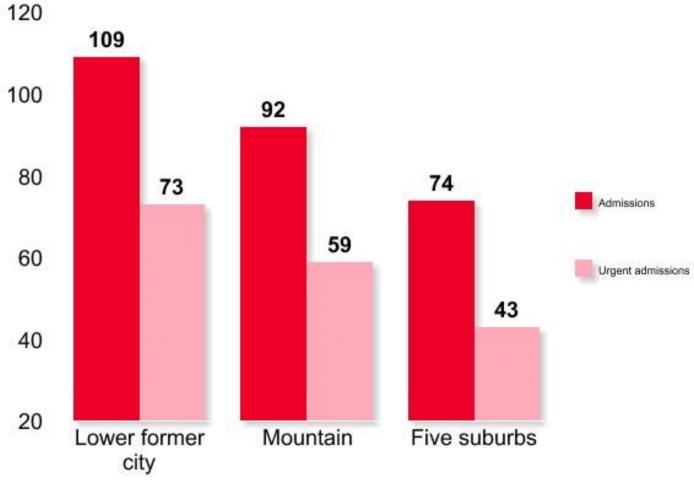


3. Hospital admissions:

3. Hospital admissions:



∕<mark>∕~SPEC</mark>

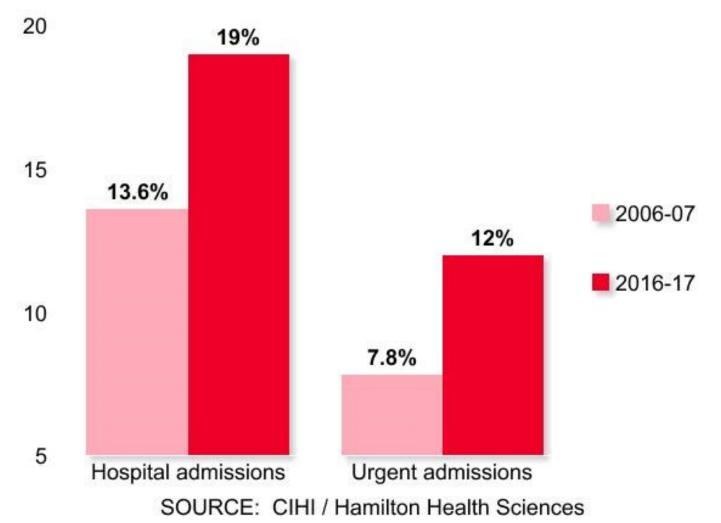


SOURCE: Hamilton Health Sciences

3. Hospital admissions:

Hospital admissions as % of ER visits, '06-07 vs '16-17

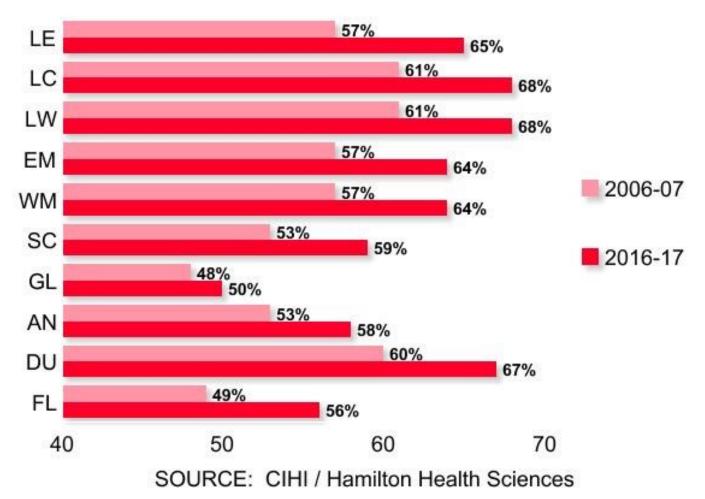
**SPEC** 



3. Hospital admissions:

Urgent hospital admissions as % of all admissions, 2006-7 vs. 2016-17

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4. Life span:



4. Life span:

#### 2006-08: **21-year gap between best/worst**



4. Life span:

#### 2006-08: **21-year gap between best/worst**

#### 2016-17: **23-year gap between best/worst**



4. Life span:

#### 2006-08: **21-year gap between best/worst**

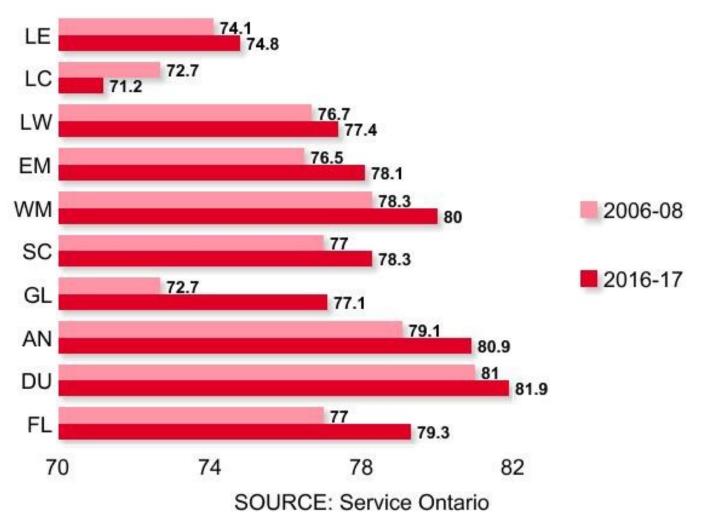
#### 2016-17: **23-year gap between best/worst**

### We have one neighbourhood now where the life span is 64.8 years !!

4. Life span:

Avg. age at death, '06-08 vs. '16-17, by 10 areas

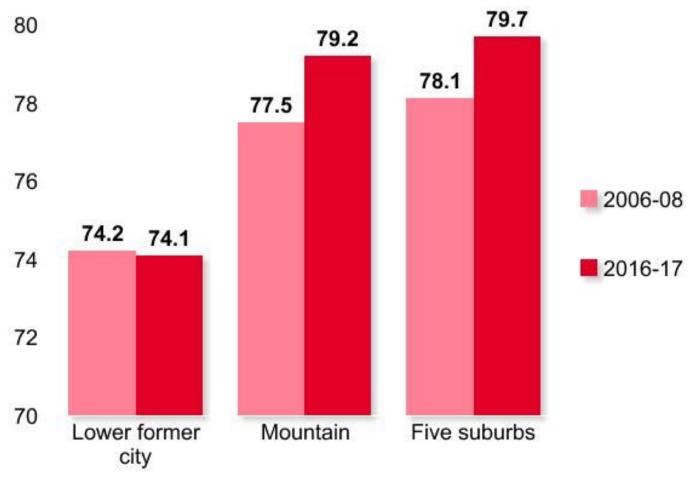
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4. Life span:

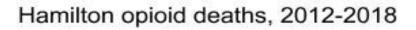
Average age at death, '06-08 vs '16-17, by area

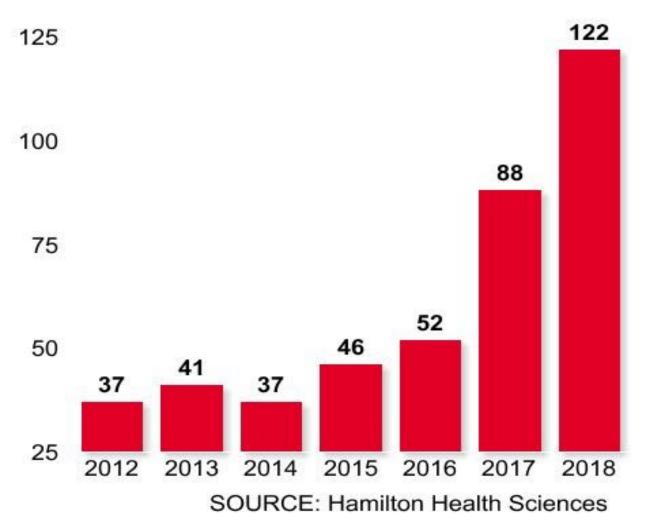


SOURCE: Service Ontario



4. Life span:





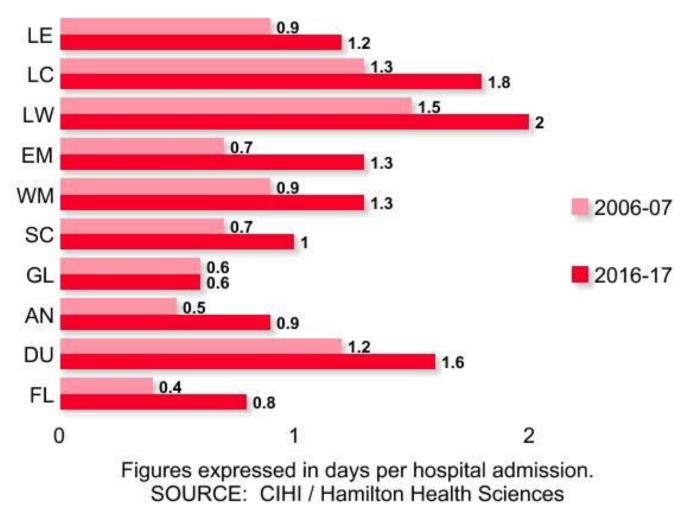


#### 5. ALC days:

5. ALC days:

Avg. ALC days per hospital admission, '06-07 vs. '16-17

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5. ALC days:

Why is this important?

In 2017, more than 69,000 bed-days in Hamilton hospitals were used for ALC patients.

That's equal to **189 hospital beds a day** on average out of service because they're taken up with ALC patients.

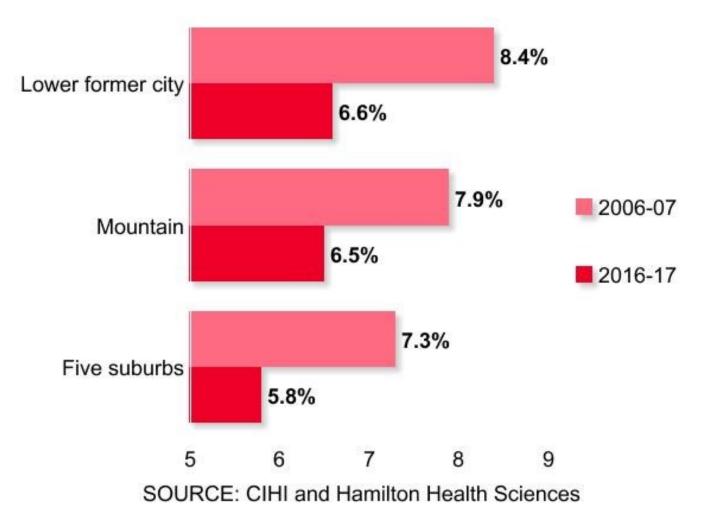


#### 6. Low birth weight babies:

#### 6. Low birth weight babies:

Low birth weight rate, by area, '06-07 vs. '16-17

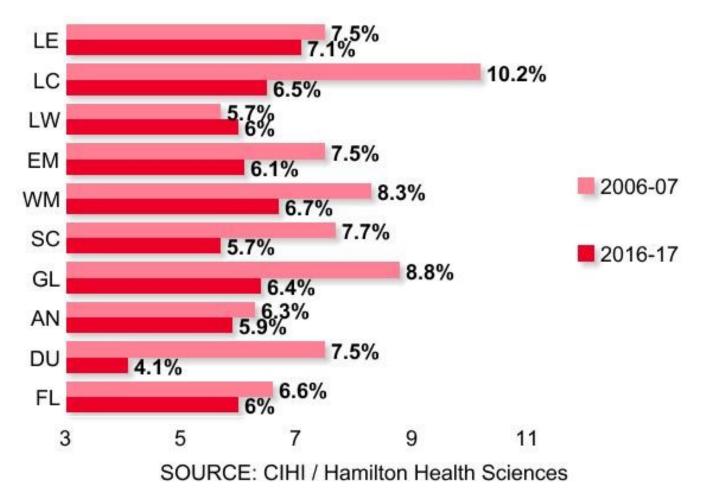
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#### 6. Low birth weight babies:

Rate of low birth weight babies, '06-07 vs. '16-17, BY AREA

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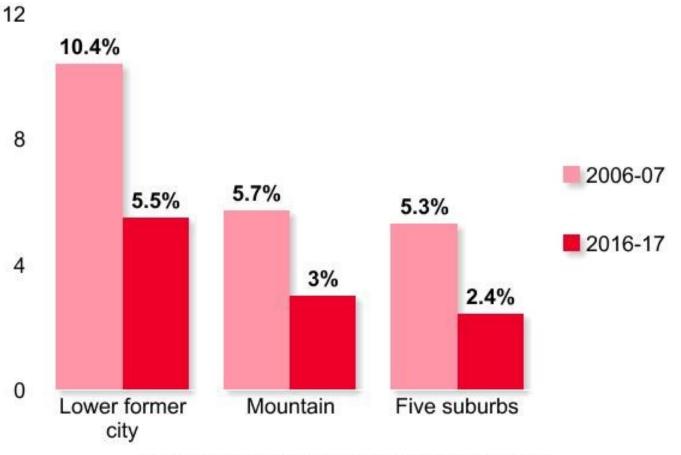


7. Family physician accessibility:

#### 7. Family physician accessibility:

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Rate of people arriving in ER reporting they have no family physician, '06-07 vs. '16-17, by area

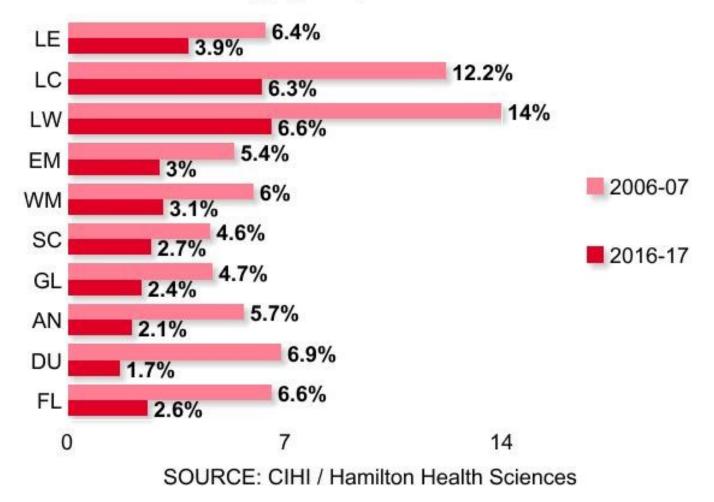


SOURCE: CIHI / Hamilton Health Sciences

#### 7. Family physician accessibility:

Rate of people arriving in ER reporting they have no family physician, '06-07 vs. '16-17

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- 7. Family physician accessibility:
  - The paradox?



7. Family physician accessibility:

~SPEC

The paradox?

Fewer people are showing up in the ER without a family physician but it's not keeping people out of the ER. 7. Family physician accessibility:

~SPEC

The paradox?

Fewer people are showing up in the ER without a family physician but it's not keeping people out of the ER.

Proportion of unique visitors to the ER is about the same, 2006-07 vs. 2016-17, while the number of ER visits per unique visitor is increasing.

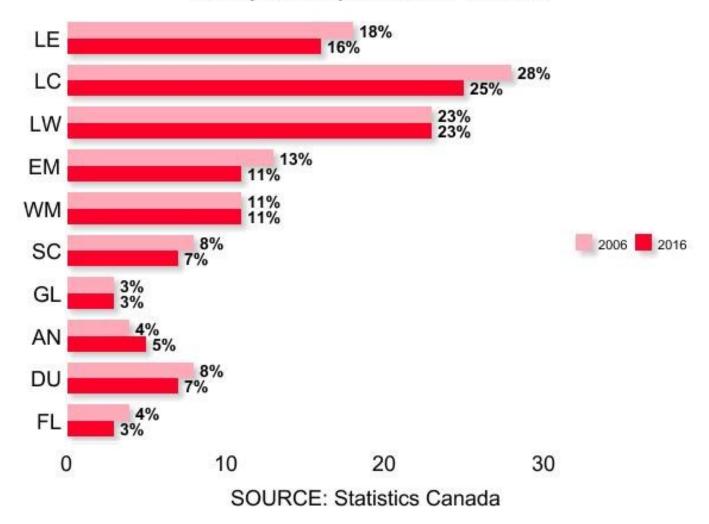


8. Socioeconomic factors:



#### 8. Socioeconomic factors:

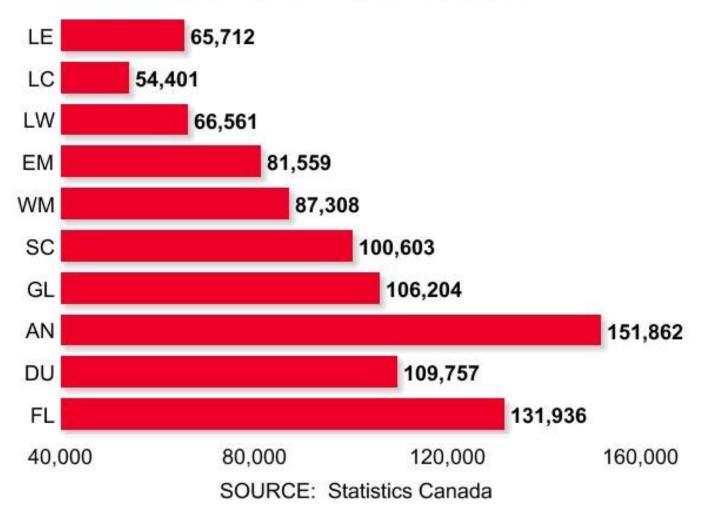
Poverty rates, by area, 2006 vs. 2016





8. Socioeconomic factors:

Avg. Household Income, 2016, by area





#### 8. Socioeconomic factors:

# Median Household Income Hamilton 2006

#### Median household income:

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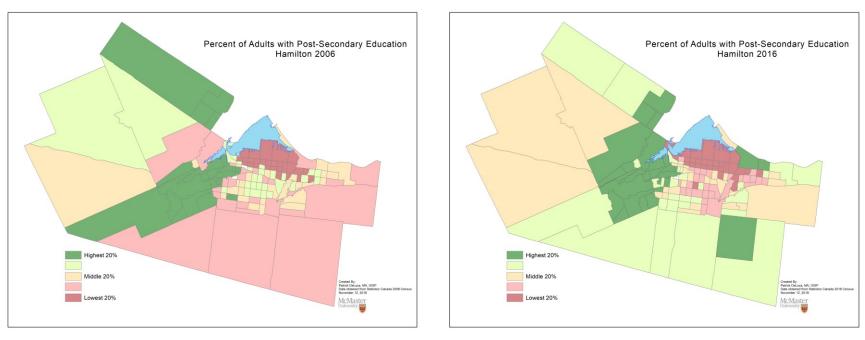
2006-07

2016-17



#### 8. Socioeconomic factors:

#### Proportion of adults with post-secondary education:



2006-07

2016-17

Ten years may seem like a long time but it may not be a long enough period of time to change something as fundamental as population health.

~SPEC

It means also changing social and economic factors and that requires all three layers of government.

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But while 10 years might not be long enough to see big changes, it's more than enough time to be concerned about the lack of progress we're seeing in this city.



#### Thank you.

## **Code Red: Ten Years Later** can found at:

projects.thespec.io/codered10/