

## Achieving Health Care For All is a Step-By-Step Process: Lessons Learned From Canada

By Karl James Kabasele, MD, MPH, FRCPC

*Can the U.S. ever establish a universal, single-payer health insurance system?*

As a practicing public health physician in Canada, where we have government-administered national health insurance, I would suggest that if Americans are truly interested in such a system, it would be difficult to achieve all at once. Even in Canada, which is a more socialist country than the U.S., it took approximately 50 years for the health care system to evolve into its current form. I would argue that the single most important thing that Americans can learn from the Canadian experience is that health reforms are best achieved gradually and incrementally. This would be especially true in the context of the U.S., where the major social assistance programs like Social Security

and Medicaid evolved to include more and more categories of people over time.

If one assumes for a moment that the complex interaction of individuals and institutions in the delivery of personal and public health services can be characterized as one unified system, the American health care system certainly has its strengths. The implementation of cutting edge medical technology, the level of expertise in medicine and health among professionals, and the existence of internationally recognized institutions such as the NIH and CDC are prime examples of what America is doing right.

However, Canada's health care system has its strengths from which our American neighbors could learn and benefit.

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## Pico Youth & Family Center Grand Opening

By Phillip L. Moore III, MPA

Community members celebrated the grand opening of the Pico Youth & Family Center on Saturday, January 26. The new center will provide the young residents of the Pico community with an outlet to be involved in positive activities and avoid some of the gang-related violence that has disrupted the community in recent years.

Oscar de la Torre, Executive Director, provided a tour of the spacious facility. Large pictures of Cesar Chavez and Malcolm X grace the walls setting the tone for the center - leadership and social justice for youth.

The Pico Youth & Family Center (PYFC) project was a collaborative effort between the City of Santa Monica and community leaders in the Pico neighborhood in response to shooting incidents in October 1998. This is a viable public health issue that can be mitigated with appropriate interventions. Santa Monica City Council responded to this issue and expanded the funding for youth services in the Pico neighborhood.

PYFC will provide supervised activities for youth, ages 16-24, from 10:00 a.m. - 6:00 p.m., Monday-Thursday and noon - 10:00 p.m. on Fridays. Some of the activities include working in a production studio where participants can be trained in music production and recording techniques from professionals. Computer training classes are available for instruction in word processing, graphic design and web page development. Job development and placement will be available to enhance career guidance and increase educational outcomes. MEChA de UCLA will provide tutoring and college prep services. Kennedy Memorial and Santa Monica High School will provide leadership development and service learning. Counseling and support groups will be offered in conjunction with Saint Johns Child and Family Development Center.

PYFC is a positive step forward to reduce gang-related activity among our youth. The West SPA experienced 11 homicides in 1997 and 1998 and 5 in 1999 among youth aged 15-25, according to Public Health's Information Service & Death Statistical Master Data. This information highlights violence as a critical public health issue that needs to be addressed. Making an impact on violence reduction and finding positive outlets for our youth through community efforts help shape and develop our future leaders.

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# Achieving Health Care: from page 1

Canada's single national health insurance system provides "medically necessary" health services to all Canadians. The federal and provincial governments pay health care providers for the selected services, which make for an efficient system (only 7-12% of national health expenditures in Canada go toward administrative costs, versus 15-20% in the U.S.). Canadians can freely choose which physicians they go to see. Physicians are paid, for the most part, on a fee-for-service basis, so morale is relatively high. According to international health indicators surveys, Canadians enjoy very good health status, ranking among the best in the developed world.

To fully appreciate the evolution of the Canadian nation health insurance system, here is a brief history:

**1946** The province of Saskatchewan, which has traditionally been a leftward-leaning province, became the first Canadian jurisdiction to establish hospital insurance. Prior to 1946, all Canadians were vulnerable to the "catastrophic" financial burden that hospitalization for a serious illness could precipitate.

**1948** The federal government created the National Health Grant Program, which provided targeted grants for hospitals and public health nationwide.

**1957** The federal government passed the Hospital Insurance and Diagnostic Services Act, in which it agreed to share the costs of provincial programs for universal insurance of acute hospital care and in-hospital diagnostic services. This did not cover physician fees.

**1962** Saskatchewan became the first province to establish a medical care insurance plan. Physicians across the province went on strike over the plan but eventually accepted it.

**1966** The federal government passed the Medical Care Act (Medicare), which extended cost sharing to all "medically necessary" physician services. Each province could, at its discretion, include other services (e.g. optometry, podiatry), but these were not shared costs.

**1977** All 10 provinces instituted Medicare, and the federal government passed the Established Programs Financing Act, which made federal contributions to the health insurance plan fixed based on a per-capita formula.

**1984** The Canada Health Act replaced the Medical Care Act. The provisions of the Canada Health Act were similar, with some notable exceptions. For example, it became illegal for physicians to bill patients directly for listed services.

In **1986, 1991** and **1996** there was additional legislation passed to adjust the funding formula, but the essence of the Canada Health Act remains the same today.

Canada's national health insurance plan was achieved incrementally over 50 years in keeping with Canada's more socialistic approach to government. In order for the U.S. to move toward a similar health insurance system, it would definitely have to be done in this manner. In fact, given the entrenchment of healthcare and the for-profit sector of the American economy, it would take a very long time for the U.S. to establish national health insurance. America's best hope may be to declare access to health services as a basic human right. It was the belief in a human rights framework that allowed Canada to move forward in the development of one of the most equitable health care systems in the world.

Special thanks to Dr. Howard Shapiro and Mr. Jonathan Freedman for their research and insight.

*Dr. Kabasele was a public health resident at DHS in 2000-01. He is a physician specialist and associate health officer for the Toronto Public Health Department. He earned his medical degree at McGill University (Montreal, Quebec) and his MPH at Harvard University. Dr. Kabasele's opinions are his own and do not necessarily reflect those of the Los Angeles County Department of Health Services.*

## Public Health Week

By **Diana Kirkpatrick, MPH, CHES**

National Public Health Week will be observed April 1-7. This year's theme is "Healthy People in Healthy Communities." Observing Public Health Week gives the community an opportunity to recognize the contributions of public health to the nation's well being as well as helping to focus the public's attention to major health issue in our own community.

West SPA staff is planning a few events with other community organizations. Events will reflect the diverse functions handled by the SPA5 team. For example, Public Health Nurses investigate and follow-up on reportable communicable diseases such as salmonella, shigella, hepatitis and tuberculosis. Health Educators conduct classes and train other professionals on nutrition, diabetes, hepatitis, influenza and other communicable diseases. Public Health Investigators follow up on syphilis, gonorrhea, and chlamydeous cases and conduct HIV pre- and post-test counseling. Environmental Health Specialists ensure compliance and enforcement regulations on food and water safety, housing and institutions and sewage and waste management.

For a listing of public health week activities in the SPA, call Ammini Williams, Health Educator, at 310-998-3225.

# Public Health Nurses Use 2010 Health Indicators to Assess Patients

By Audrey S. Goto, RN, PHN

The West SPA Public Health Nurses are using the Centers for Disease Control and Prevention Healthy People 2010 health indicators to improve the health and well being of the patients in the community. They are assessing patients' risk for chronic, debilitating health problems by evaluating a number of indicators such as: physical activity, tobacco usage, responsible sexual behavior, exposure to injuries and episodes of violence, completion of immunizations, obesity, substance abuse, mental health issues, living and working in a safe environment, and access to health care.

Patients who are at risk receive, educational materials and referrals to appropriate services. Assessments are conducted on patients referred to Public Health and tabulated quarterly. This information helps to identify potential health problems in the SPA on three levels: the individual, the community and systems. In many cases the findings mirror the information that community organizations have identified as health priorities. The information can also alert us to any significant changes or trends over time. This often leads to improvement in the planning and implementation of activities.

As the use of this assessment tool evolves, individual health needs will be better served. Also, the data from the assessments can give guidance to the direction public health, community groups and policy makers should take to improve the long-term health and quality of life of the communities.

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## At Home with WCIL: Service Provision and People with Disabilities

By Edward Ahern

The Westside Center for Independent Living (WCIL) helps people living with disabilities maintain self-sufficient and productive lives through non-residential peer support services and training programs. WCIL promotes self-determination, community living, full participation in community life, and access to the same opportunities and resources available to people without disabilities.

Our consumers are from a diverse group of people of all ages from all ethnic, cultural and socioeconomic backgrounds. We work together with persons living with any type of disability, including developmental, hearing, learning, mobility impaired, physical, psychiatric, substance abuse, traumatic brain injury, and visual disabilities.

Services include assistive technology, individual and systems advocacy (benefits, housing, CAP), employment case management, information and referral, peer counseling and personal assistance services. Consumers take an active role in all areas of service provision. WCIL also operates an online disability resource website, in collaboration with UCLA at [lila.ucla.edu](http://lila.ucla.edu).

WCIL facilitates a number of consumer-based support groups covering such issues as housing, advocacy, sexuality, mental health issues, men's issues, and government benefits.

WCIL is available as a referral to your clients or for general information on disability issues. Their main office is located in the Mar Vista area and can be reached at (310) 390-3611. WCIL is also proud to announce the opening of a new office in Santa Monica. Santa Monica residents with disabilities needing independent living services should contact Ed Ahern at (310) 394-9871 x420. WCIL will hold an Open House on March 28 to celebrate the new office. Please call if you would like to attend.

## West Service Planning Area Selected Reportable Diseases (Cases)

Disease	Oct-Dec 01	Oct-Dec 00
AIDS	20	16
Amebiasis	6	8
Campylobacteriosis	28	31
Chlamydial Infections	236	265
Encephalitis	1	0
Gonorrhea	72	84
Hepatitis Type A	14	12
Hepatitis Type B	1	4
Hepatitis Type C	0	1
Measles	0	0
Meningitis	4	1
Meningococcal Infections	1	0
Non-gonococcal Urethritis	26	26
Pertussis	3	2
Salmonellosis	20	20
Shigellosis	27	9
Syphilis, primary & secondary	2	2
Syphilis, early latent (<1 yr.)	0	0
Tuberculosis	8	20

Data provided by DHS' Public Health programs: Acute Communicable Diseases, Data Collection & Analysis, HIV/Epidemiology, Sexually Transmitted Diseases, and Tuberculosis Control.

## West SPA Health Team

Area Medical Director:	Marsha Epstein, MD, MPH
Administrator:	Phillip L. Moore III, MPA
Nurse Manager:	Audrey Goto, RN, PHN
Health Educator:	Ammini Williams, MA, MPH
Epidemiology Analyst:	Farimah Fiali
Public Health Investigator:	Carolyn Weinrieb Ali Farjadi
Public Health Nurses:	Maggie Cueva, RN, PHN, NP Beryl Inouye, RN, PHN Liz Kane, RN, PHN Jennifer Kilburn, RN, PHN Alice Brummett, RN, PHN, NP Mary Singaus, RN, PHN Deanna Ssutu, RN, PHN
Clinic Nurse:	Linda Flores, RN
Executive Secretary:	Ella Okonkwo
Clerical Support:	Rita Miller
Community Workers:	Sonia Fuentes
Registrar:	Yvette Veal
Community Volunteer:	Diana Kirtpatrick, MPH, CHES

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[www.lapublichealth.org/spa5/](http://www.lapublichealth.org/spa5/)



# WEST SPA Chronicle

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### Public Health Mission:

**To safeguard and improve the health of all Los Angeles County residents.**