

Reports on impact of poverty and social class on myocardial infarction outcomes

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The Canadian Journal of Cardiology has published a paper on the effect of socioeconomic factors on myocardial infarction outcomes.

This study describes an analysis of the effect of socioeconomic class on outcomes after a first myocardial infarction ("heart attack"). The study analyzed detailed databases in Quebec and found that socioeconomic deprivation did not negatively affect access to the most advanced highlevel health care – clearly a success for the Canadian public healthcare system. Nevertheless, mortality rates were slightly but significantly higher in the lowest socioeconomic groups. These results show that providing equal and high-level access to health care is possible in a public system, but that is not enough to prevent negative health consequences of socioeconomic deprivation.

In an accompanying editorial, Dr. Blair O'Neill, President of the Canadian Cardiovascular Society, observes that, "governments must realize the importance of addressing social determinants of health to achieve the full benefits in investments in improving access to an advanced healthcare system." He concludes that in Canada, funding and implementing the federally commissioned Canadian Heart Health Strategy and Action Plan, as well as working on antipoverty strategies, would be a good start.

"This study shows that the Canadian system provides equal access to high-quality emergency services to the broad population. However, this is not enough to guarantee equal outcomes and ultimately more



investment in carefully considered programs will be needed," comments Stanley Nattel, MD, Editor-in-Chief of the *Canadian Journal of Cardiology*.

More information: The paper is "Impact of Socioeconomic Deprivation and Area of Residence on Access to Coronary Revascularization and Mortality After a First Acute Myocardial Infarction in Québec," by Claudia Blais, PhD, Denis Hamel, MSc, Stéphane Rinfret, MD, SM. DOI: 10.1016/j.cjca.2011.10.009

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