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LETTERS TO THE EDITOR

Smaller churches preferred by some

*Re: Some churches grow-
ing, letter to the editor by Ron
Brounsberger, June 9.*

Stain glass windows, pews,
and a historic building are not
signs of a dying church.

Just because a church doesn't
fit into the mega-church for-
mat does not mean it is on the
way out.

There are many smaller,
Bible-teaching churches in
Stouffville that service God-
fearing Christians.

It is misleading to use blan-
ket statements that make out a
few struggling congregations to
be typical.

The number of attendees of
Stouffville's smaller churches
exceeds that of its larger con-
gregations.

This is not to say one is bet-
ter or worse, just different. The
choice of church has much to
do with personality and back-
ground.

HAVE YOUR SAY, WHITCHURCH- STOUFFVILLE

► What do you think of these issues
or others? E-mail letters to the edi-
tor to jmason@yrmg.com

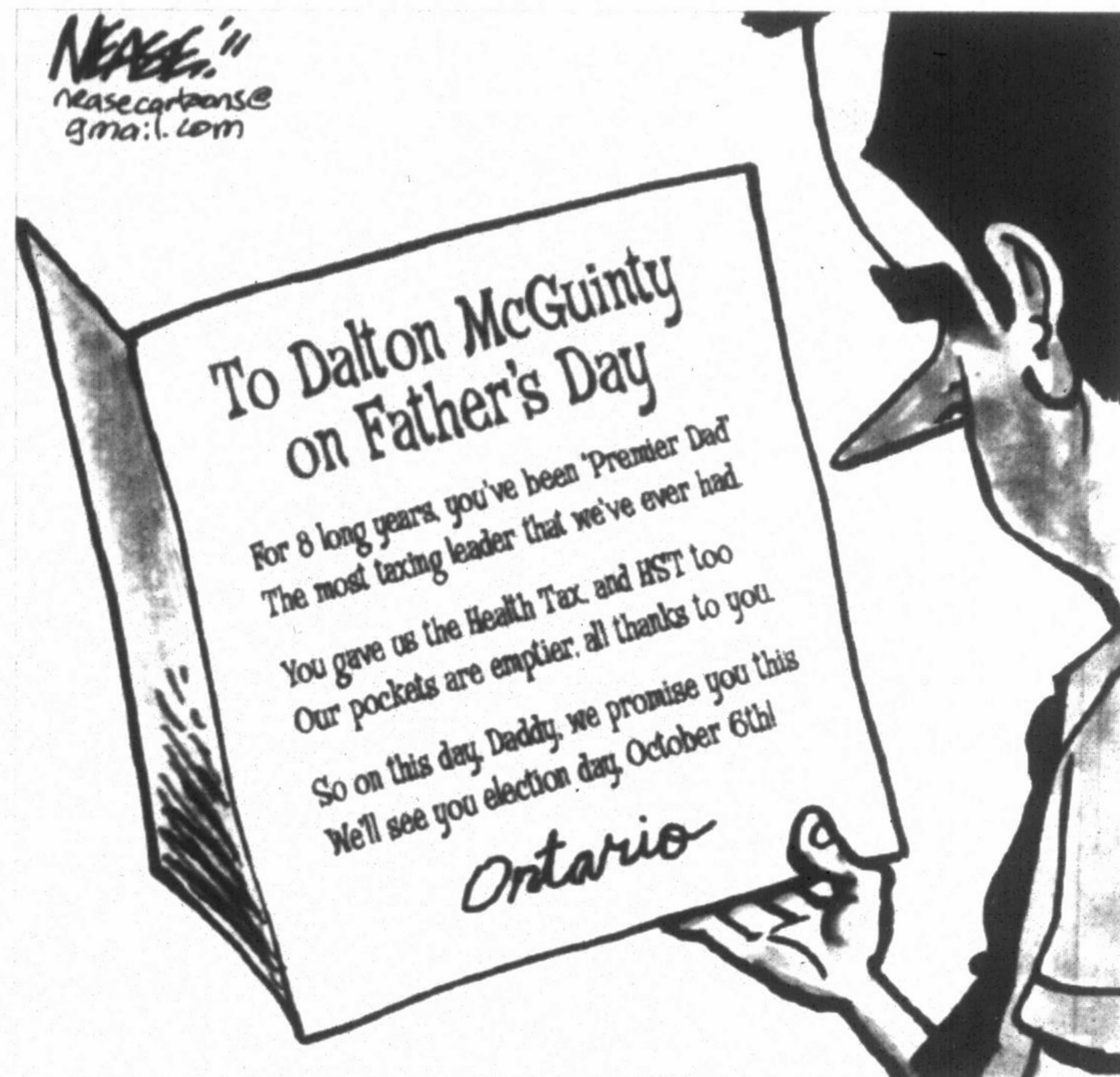
Often times, congregations
reach specific people groups-
community newcomers, area
natives, ethnic groups...

Individuals have different
checklists when choosing a
new church.

Believe it or not, a smaller,
more traditional church is not
negative to many.

Let's be careful not to judge
a book by its cover. There is
a place for everyone here in
Stouffville.

MARCIA McCREADY
STOUFFVILLE



Time to improve our health care system

Canadians are proud of our
universal public health care
system. But a recent report
from the Conference Board
of Canada underscores the
danger of resting on our laurels.

Of 17 countries reviewed, Can-
ada has the fourth-highest level of
health spending, yet ranks only 10th
in leading health indicators, such as
life expectancy and infant mortal-
ity.

Such rankings necessarily involve
simplification.

Canada's performance is neither
as good nor as bad as these rankings
suggest, depending on what you
count as performance measures.

Many Canadians would consid-
er reduced wait times a desirable
outcome in itself, independent of
effects on life expectancy and infant
mortality.

And countless variables — other
than inefficiency of the health sys-
tem — may be to blame for our rela-
tively poor health outcomes. Access
to health care itself is estimated to
affect just 20 per cent of health sta-
tus.

Is spending more the answer?
Nonetheless, we must reflect on
the board's findings as the federal
and provincial governments limber
up for the next round of negotiations



Colleen Flood

over how much money and/or tax
points to transfer for health care.

What is the evidence for more and
more spending on health care? What
do we really gain and what do we give
up in spending more on health care?
And how could we get better value
for our health care spending?

There are three take-home lessons
when we look at Canada's perfor-
mance relative to other countries.

First, despite our shortcomings,
we always outperform the United
States, but out-performing the U.S.
is a bit like shooting fish in a barrel
when it comes to health care. Cana-
dians deserve far better than this as
the only measure of success.

Nonetheless, it is important to
hang on to the fact the "public" part
of our health care system is where we

seem to have the best cost control.

Second, we should not assume
that by spending more, we necessar-
ily get more — be it life expectancy or
things such as diagnostic tests, physi-
cian visits, etc. It may be we are just
paying higher prices.

Third, our system needs to bet-
ter serve those with complex chron-
ic diseases, because those are the
folks most likely to fall through the
large cracks in our present system —
resulting in suffering, poorer health
outcomes and increased cost.

As many Canadians know from
their day-to-day experiences, we lag
behind on primary care measures
such as wait times, access to after-
hours care, the delivery of chronic
care, the employment of electronic
health medical records and the co-
ordination of care between health
professionals.

Instead of learning from path-
breaking jurisdictions on this front
and enacting real reforms, we, as
Canadians, insist on revisiting sterile
debates about public vs. private care.
Because we can't seem to put to bed
the zombie that nirvana exists out
there if we only embraced more pri-
vate financing or private delivery, we
never seem to get around to needed
health care reform.

By recent estimates, Canadians
spend about \$192 billion annual-
ly on health care, making this an
industry equivalent to three Micro-
soft corporations.

*...we need to get up off
our comfy bed of laurels
and engage in the hard,
thoughtful work required to
lift our game in health care
performance.*

We shouldn't be surprised there
are no simple fixes for something of
this scale and the conference board
rightly calls for us to grapple with
the complexity of health care issues.

There are no romantic, sweep-
you-off-your-feet solutions from
other places, but we need to get up
off our comfy bed of laurels and
engage in the hard, thoughtful work
required to lift our game in health
care performance.

*Colleen M. Flood is the Canada Research Chair
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