

Highlights of the Prince Edward Island Report on **Common Health Indicators**

September 2002

Health
Status



Health
Outcomes



Service
Quality



Health and
Social Services

Health Indicators

This document provides highlights of the *Prince Edward Island Report on Common Health Indicators* released in September 2002, further to the 2000 First Ministers Agreement on Health. The full report is available by contacting the Department of Health and Social Services, or by visiting our web site at www.gov.pe.ca/hss

The report contains data on how Prince Edward Island compares to the Canadian average. Indicators offer a meaningful snapshot of what is happening right now. While they do not provide the full picture, over time indicators provide trends which may be used to measure, track and report to the public on health status and health system performance. The most current year of data available is reported.

In general, P.E.I. fares well in the report. There are areas where there is room for improvement, and other areas where our results are better than the Canadian average.

Compared to the national average, P.E.I. had:

HEALTH STATUS

- similar life expectancy
- similar infant mortality rates
- similar rates of low birth weight
- similar percentage of people reporting their health is very good or excellent

HEALTH OUTCOMES

- similar death rates due to lung, colorectal, prostate cancer and stroke
- higher death rate due to breast cancer
- lower death rate due to heart attack
- similar prevalence of diabetes
- lower rates of vaccine-preventable diseases

QUALITY OF SERVICE

- similar level of patient satisfaction with services
- shorter wait times for non-emergency surgery
- similar percentage with a family doctor
- more difficulty accessing immediate care during evenings and weekends
- higher rates of hospitalization for conditions that could be treated in the community
- lower rates of new cases of tuberculosis and HIV diagnoses
- similar rates of teens reporting smoking
- similar percentage of people reporting being physically active
- higher rates of being overweight
- similar rates of immunization for the flu

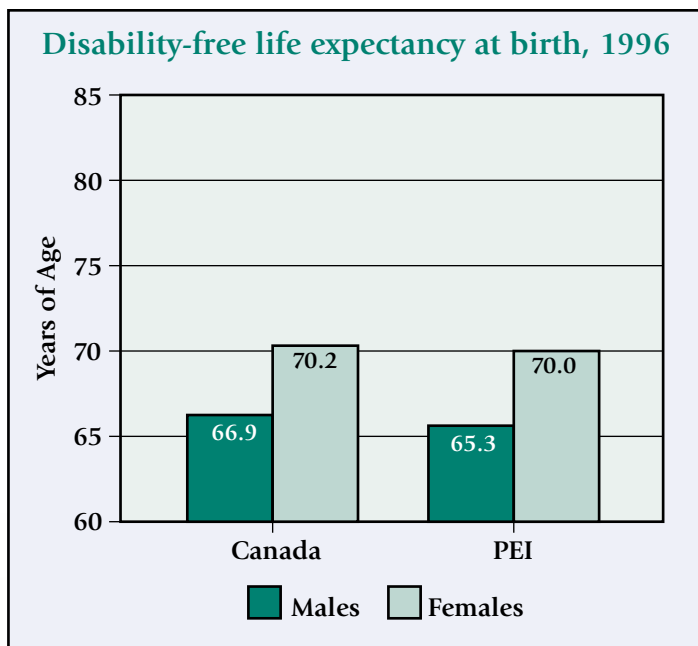


Health Status

Health status indicators are commonly used measures of the overall health of a population. Islanders continue to do well in life expectancy, disability-free life expectancy, infant mortality and self-rated health.

Life expectancy indicates the number of years a person would be expected to live, on average, starting from birth.

- In 1999, PEI had a life expectancy rate of 78.4 years, similar to the national rate of 79.0 years. Island women were expected to live 5.5 years longer than men.



Source: Statistics Canada, Vital Statistics, Death Database and Demography Division; Census; ISQ

Disability-free life expectancy shows us the number of years a person is expected to live, on average, free of moderate or severe disability (experiencing at least one activity limitation).

- In 1996, even though Islanders had a life expectancy of 77.2 years, 67.6 of those years were disability free and the other 9.6 of those years were lived with a moderate or severe disability. This rate was similar to the national average.



- In 1996, Island women were expected to have 4.7 more disability free years than men.

Infant mortality is a measure of child health and refers to the number of infants who die in the first year of life.

- In 1999, PEI had a low infant mortality rate of 6.6 per 1,000, which was close to the national average of 5.3 and lower than the average rate of 7.3 for most developed countries. This rate has been falling since 1980.

Low birth weight refers to the number of live babies born with a birth weight between 500 and 2500 grams which can affect their survival, health and development.

- In 1999, PEI had a low rate of low birth weight babies of 5.2%, similar to the national average of 5.5%. This rate remained virtually the same for PEI and Canada for the two decades since 1980.

Self-reported health is a reflection of how healthy individuals feel they are.

- A large percentage of Islanders (64.4%) surveyed in the Canadian Community Health Survey in 2000/01 reported their health as "very good" or "excellent", higher than the Canadian average of 61.4%.
- More Islanders in the older age groups reported very good to excellent health than in the younger groups.

Health Outcomes

Indicators in this category describe how health system programs and services affect the health status of the people who use them. The picture here for PEI is mixed.

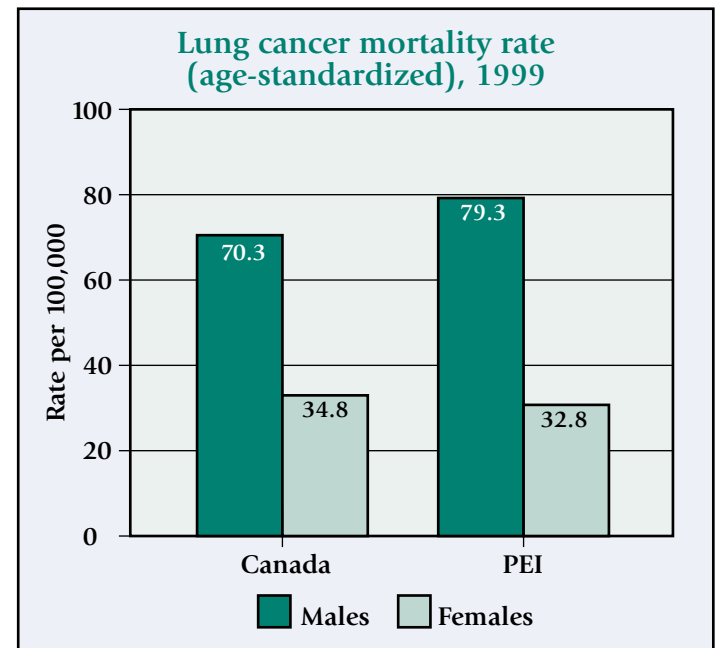
Mortality rates tell us how many people die per year due to particular diseases such as lung, colorectal, prostate or breast cancer, heart attack or stroke.

- Of these six conditions, lung cancer and heart attack were the leading causes of death in PEI.
- The high rate of lung cancer deaths in PEI may reflect our high incidence (new cases) of that cancer.
- PEI cancer death rates were similar to the Canadian average except for breast cancer where PEI was higher.
- The lung cancer death rate increased somewhat from 1980 to 1999 whereas the colorectal, breast and prostate cancer death rates changed little.



Mortality Rates (age-standardized), 1999 - Rate is per 100,000 population

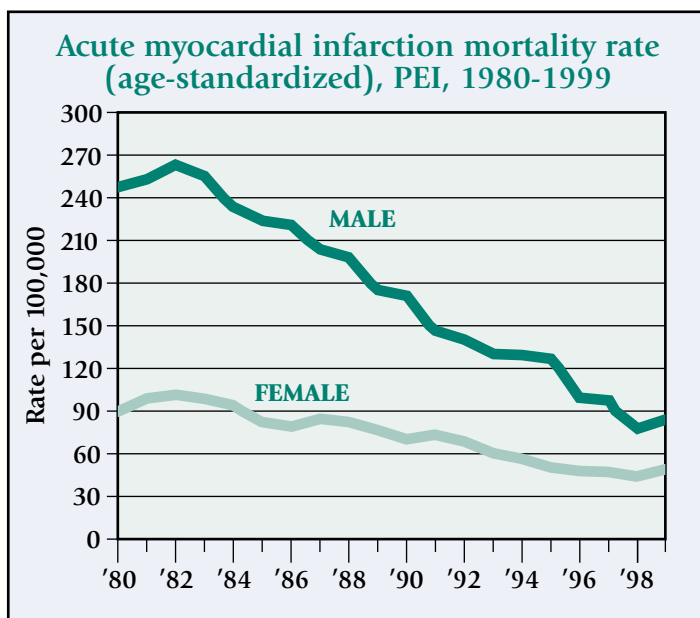
	Lung Cancer	Colorectal Cancer	Breast Cancer	Prostate Cancer	Heart Attack	Stroke
Canada	50	19.1	25.2	26.7	60.2	37.0
PEI	53.6	19.0	34.4	26.4	49.1	37.7



Source: Statistics Canada, Vital Statistics, and Demography Division; ISQ

- The male lung cancer death rate for PEI and Canada was somewhat higher than for females.
- The PEI heart attack (acute myocardial infarction) death rate was lower than the national average and declined continuously from 1980 to 1999.
- The male heart attack death rates for PEI, like those for Canada, were higher than those for females.

Note: *Heart attack (or acute myocardial infarction) should not be confused with heart disease in general which includes all heart conditions, or with cardio-vascular disease which includes stroke.*



Source: Statistics Canada, Vital Statistics, and Demography Division; ISQ

- PEI stroke death rates were similar to the national average and remained steady over the years.
- Male stroke death rates for PEI and Canada were somewhat higher than for females.

Improved quality of life

One of the key outcomes of the health care system is an improved quality of life for people who use the system. Research has shown that health-related quality of life improves for most people receiving hip and knee replacement surgery.

- The PEI rate of hip replacement of 63.5 per 100,000, was similar to the Canadian average of 59.5 in 1999/00.
- The PEI knee replacement rate of 67.1 per 100,000 was also close to the Canadian average of 65.6.





- In contrast to the Canadian picture, the PEI rate for males for both procedures was somewhat higher than that for females.

Incidence rates of vaccine-preventable diseases (new cases in a given year) can give a sense of the effectiveness of immunization programs.

- PEI had very low incidence rates with only two cases of invasive meningococcal disease (meningitis) since 1993, no cases of measles and only one case of invasive haemophilus influenzae b (Hib) disease.

Prevalence of diabetes gives us an idea of the importance or burden of this serious disease at a given point in time.

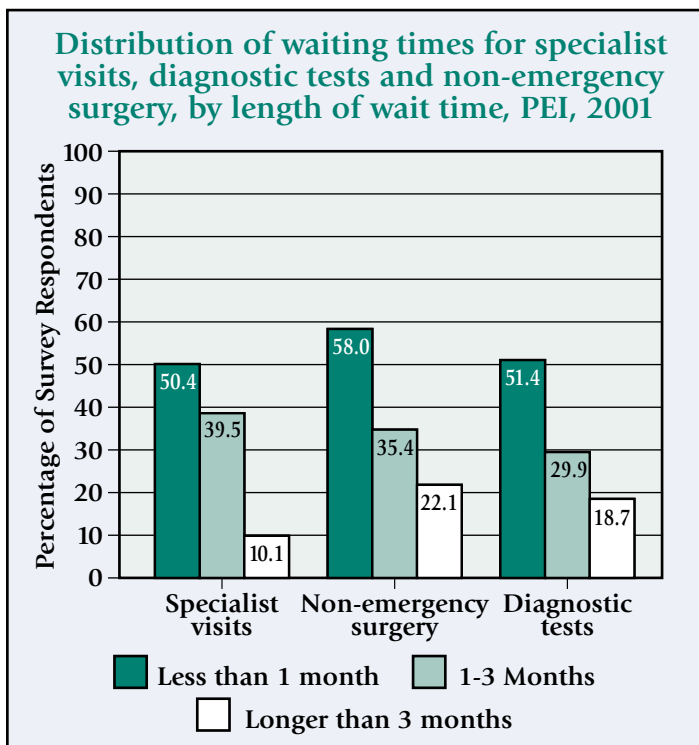
- Provisional data for both PEI and Canada shows that the prevalence of diabetes in both PEI and Canada was similar from 1997/1998 to 1999/00 at an average of 4.3% population for PEI and 4.7% for Canada.
- The rate over three years shows a steady increase in the prevalence of diabetes for PEI and Canada.
- Across the age groups for PEI, the rate steadily increases and the rate for males in each age group is consistently higher than the rate for females. For example, the rate for males age 40 to 49 years is 3.1%, whereas the rate for males age 65 to 69 is 14.3%.



Quality of Service

Quality of service is often assessed by public perception of issues such as wait times, satisfaction with service and access to services.

Islanders generally spoke positively about the quality of care they received.



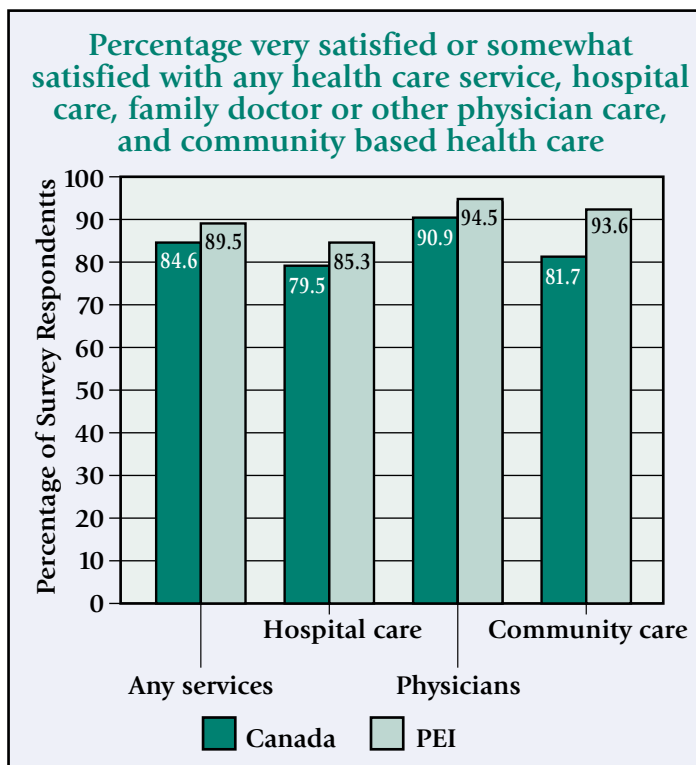
Source: Health Services Access Survey - Nov-Dec 2001

Reported wait times refers to the length of time between when a patient is referred for specialist physician services, non-emergency surgery or diagnostic testing and when they actually received the service.

- For all three types of service in 2000/01, 50% to 60% of Island respondents waited less than one month, between 30% and 40% waited from one to three months and between 10% and 22% waited for more than three months. These rates were similar to the national average.

Patient satisfaction was measured as the percentage of the adult population who rated themselves as either “very” satisfied or “somewhat” satisfied with the way a variety of health care services were provided.

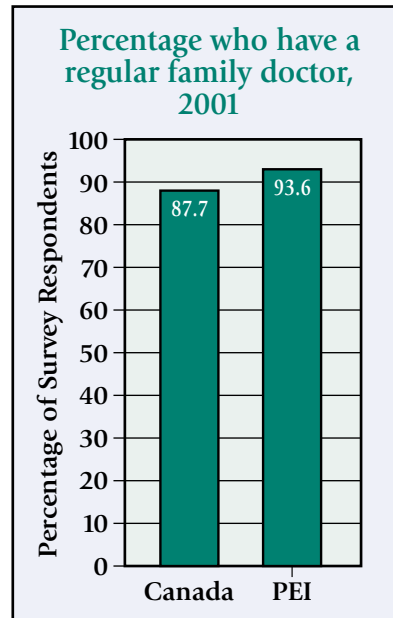
- In 2001, Islanders, like Canadians as a whole, were satisfied with the health care services they received.



Source: Canadian Community Health Survey - Cycle 1.1 2000/01



- 89.5% of Islanders reported that they were satisfied or somewhat satisfied with any health care services they received, compared to the Canadian average of 84.6%
- For hospital care, physician and community care services, the percent of Islanders satisfied or somewhat satisfied exceeded the national average by 3.6% to 11.9%

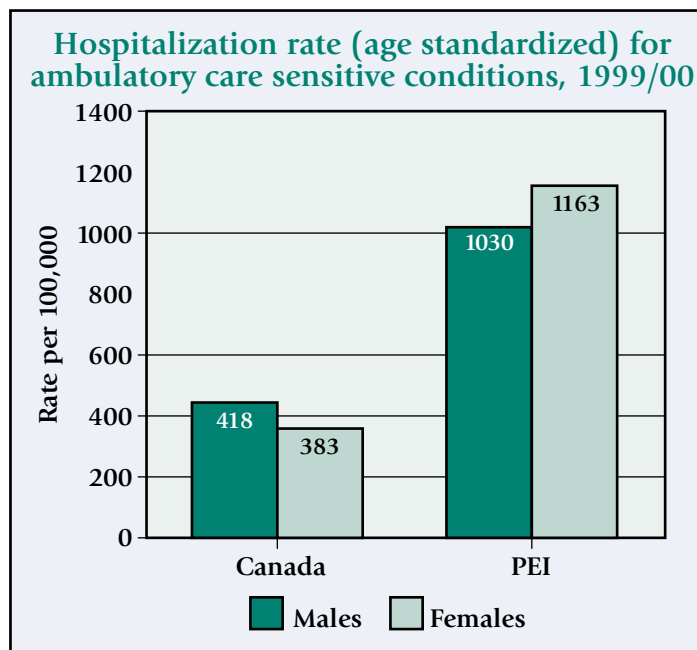


Source : Health Services Access Survey- Nov.-Dec. 2001

Access to a regular family doctor and establishing an on-going relationship with a family doctor is believed to be important in maintaining health and ensuring appropriate access to health services.

- In 2000/01, a very high percentage of PEI respondents (93.6%) and Canadians as a whole (87.7%) reported that they had a family doctor.





Source: Hospital Morbidity Database, CIHI. Census, Statistics Canada; ISQ

Hospitalization rates for ambulatory care sensitive conditions, that is, those conditions which can be cared for in the community are one indicator of appropriate use of hospital beds and access to community-based care.

- In 1999/00, PEI had a much higher hospitalization rate for ambulatory care sensitive conditions at 1,095 per 100,000 than the national rate of 401.
- This rate was consistently higher for PEI since 1995/96.



Public Health Surveillance and Protection

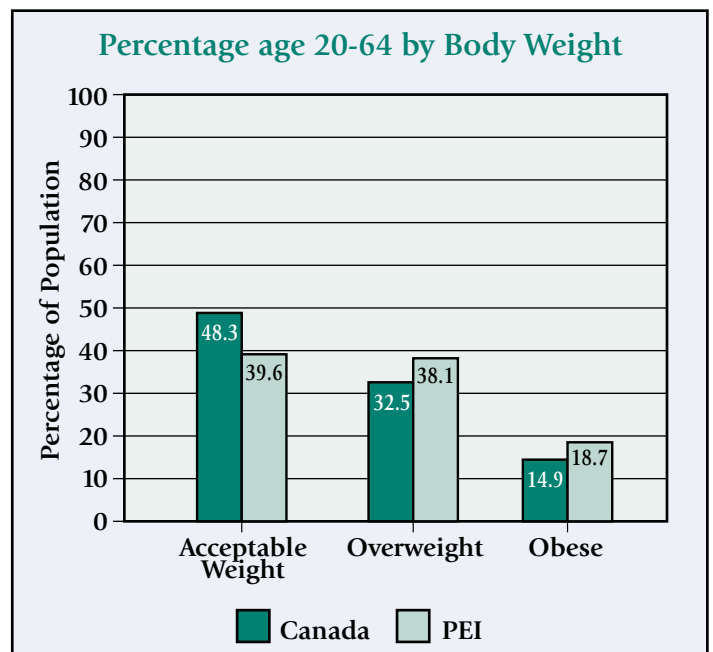
Communicable / notifiable diseases and their spread are a public health concern. The incidence rates of these diseases give us an indication of the effectiveness of prevention programs such as immunization.

- In 1999, PEI had a very low rate of **infectious pulmonary tuberculosis** of 1.5 per100,000 compared to the national average of 5.9.
- In 2001, PEI/Nova Scotia had a low rate of **reported HIV diagnoses** of 0.9 per 100,000 compared to than the national rate of 7.1. Note: Only data that combines PEI and Nova Scotia is available
- In 2001, PEI had an rate of **verotoxigenic E. coli** of 12.3 per 100,000 population which was considerably higher than the national average of 4.0. *Note: This may be because it is a reportable disease in PEI, but not in all other provinces or territories.*
- In 2000, the PEI rate of **chlamydia** was 166.3 per 100,000 population just above the national average of 151.1. The incidence rate for females between 15 and 19 was particularly high.

Health Promotion and Disease Prevention

Life habits and choices that pose health risks continue to be a major issue for Islanders. These indicators were measured through items on the Canadian Community Health Survey in 2000/01.

- **Teenaged smokers** - About 15% of Island teenagers were self-reported current smokers, compared to the national average of 18.7%. For PEI and Canada, approximately three quarters reported that they smoked on a daily basis.
- **Physical activity** - Only 19.6% of Islanders and 21% of Canadians reported being physically active. Being physically active in PEI declined with age, with a large decrease from the 12-19 age group to the 20-34 age group.
- **Body weight** - This is calculated by body mass index (BMI) from self-reported height and weight.
- In 2000/01, 39.6% of Islanders were of acceptable weight (BMI=18.5-24.9) compared to 48.3% for the national average.
- 38.1% of Islanders were overweight (BMI=25-29.9) compared to 32.5% for the national average.
- 18.7% of Islanders were obese (BMI=30+) compared to 14.9% for the national average.



Source: Canadian Community Health Survey – Cycle 1.1, 2000/01; National Population Health Survey, 1994, 1996, 1998

Prince Edward Island Report on Common Health Indicators

contains information on:

HEALTH STATUS

- Life expectancy
- Disability-free life expectancy
- Infant mortality
- Low birth weight
- Self-reported health

HEALTH OUTCOMES

- Mortality rates for cancers, acute myocardial infarction and stroke
- 30-day in-hospital mortality rates for heart attack and stroke
- Total hip replacement and knee replacement rates
- Incidence rates for lung, colorectal, prostate and breast cancer
- Potential years of life lost due to cancers, heart attack, stroke, unintentional injury and suicide
- Incidence rates of vaccine-preventable diseases
- Prevalence of diabetes

QUALITY OF SERVICE

- Wait times for specialist visits, diagnostic tests, and non-emergency surgery
- Patient satisfaction with any health care service, hospital care, physician care, and community based care
- Hospital re-admission rates for heart attacks and pneumonia
- Difficulties obtaining routine or on going health services, health information or advice and immediate care
- Percentage having a regular family doctor
- Admissions to home care services
- Percentage of population receiving homemaking, nursing or respite services
- Hospitalization rate for ambulatory care sensitive conditions
- Incidence rates tuberculosis, reported HIV diagnosis, verotoxogenic *E. coli*, and chlamydia
- Exposure to environmental tobacco smoke
- Teenage smoking rates
- Physical activity rates
- Body weight
- Immunization for influenza rates

To obtain the report, contact:

Department of Health and Social Services

PO Box 2000, Charlottetown, Prince Edward Island, Canada, C1A 7N8
902 368 4900

or visit our website
www.gov.pe.ca/hss