

# Prince Edward Island Highlights

Second Report

on the Health

of Canadians

September 1999



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## Introduction

This report contains PEI highlights from the 1999 report: "*Toward a Healthy Future: Second Report on the Health of Canadians*". The *Report on the Health of Canadians* details many measures of health and health determinants. Comments on the nation's health are based on the most current information available. It is a tool to alert policy makers, practitioners and the public to current and future challenges in health.

Health is complex and multifaceted - indicators or measures of health attempt to give only a partial description. Many important topics are not covered. Some of these are water quality, immune status, crime, multiple risks, community-based health services, and quality of health services. The indicators that are available are an imperfect measure of just one dimension of health. These indicators are put into context over time and with provincial comparisons. Each indicator is a summary that describes an overall trend. This means that indicators can mask many differences among subgroups and generate more questions than answers. We expect the discussion of indicators will lead to a better understanding of health.

## Population Health Approach

The 1999 *Report on the Health of Canadians* is an important tool for understanding a population health approach, where health is defined as a complete state of physical, mental, social and emotional well-being.

The health of a population is measured by health status indicators and influenced by various determinants: social, economic and physical environments; personal health practices; individual capacity and coping skills; human biology; early childhood development; and health services.

Population health focuses on the interrelated conditions and factors that influence the health of populations. Health care is only one determinant; other determinants are beyond the scope of the health care sector.

## **Disparity by gender, age, socioeconomic status**

Canada ranks in the top three developed countries in the world in measures of life expectancy, self-rated health, and mortality rates. But the high standard of health is not shared by all; there are major disparities between genders, age groups, and levels of socioeconomic status.

Women continue to live longer than men. This is due in part to two of the major causes of premature death among men - ischemic heart disease and lung cancer. Cancer death rates have remained stubbornly persistent for women, mainly due to continuing increases in lung cancer mortality. At the same time, smoking rates among young women have continued to escalate. Now adolescent women are more likely to smoke than adolescent men. Unless the trend toward increased smoking among women is quickly reversed, lung cancer will increasingly become a major killer of women.

When optimal conditions for a child's development are provided, the child experiences positive outcomes for a lifetime. With nurturing and consistent support in later years, many children can overcome early disadvantages. Generally speaking, prevention has the most dramatic benefits earlier in life.

As we age, there is a normal and gradual decline in vision, strength, and other functions. These functions do not all decline at the same rate, and there is marked variation from person to person. We do not know how much of the decline associated with aging is attributable to biological aging, and how much is the result of other factors, such as socioeconomic status, social support, the physical environment, and personal health practices.

Many factors in the social and economic environments affect health, including income and income distribution, education and literacy, employment and unemployment, working conditions and the social environment. Canadians with low incomes and low levels of education (which are often related) are more likely to have poor health status, no matter which measure of health is used. They are also more likely to die earlier than other Canadians, no matter which cause of death is considered.

The United Nations report on human development suggests that efforts to reduce relative poverty, and to increase opportunities in education, employment, wages and participation in political and economic spheres are key strategies for reducing inequities and therefore improving the health and well-being of Canadians.

## Vision for the Future

Maintaining and improving health will require a collaborative effort. The means to accomplish this have been articulated by the Advisory Committee on Population Health as found in the *Report on the Health of Canadians*. They recommend the following strategic directions:

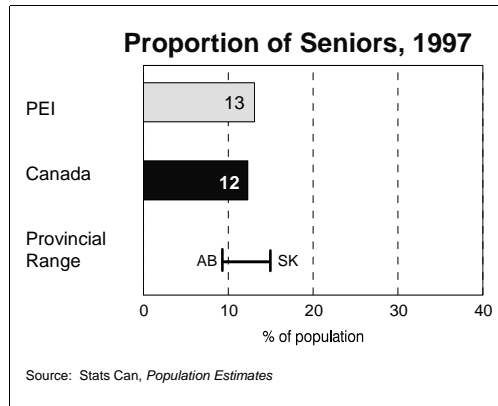
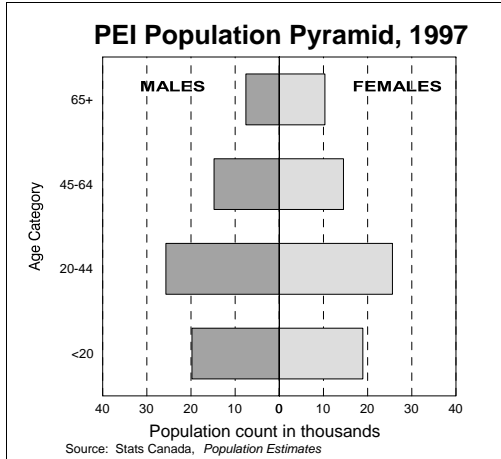
- 1 Ensure positive and supportive living and working conditions in our communities.
- 2 Ensure a safe, high quality physical environment.
- 3 Ensure individuals have opportunities for healthy development, and supports for individual choices that enhance health and foster independence.
- 4 Ensure appropriate and affordable health services accessible to all.
- 5 Reduce preventable illness, injury and premature death.

The following sections of this report detail indicators of health status and health determinants. They are organized into topics that start with general indicators of health status, and then are followed by the five topics described above: living and working conditions; physical environment; development, health choices, independence; health services; preventable disease.

# HEALTH STATUS

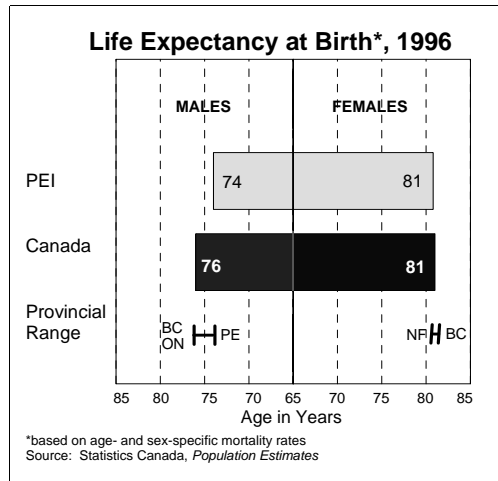
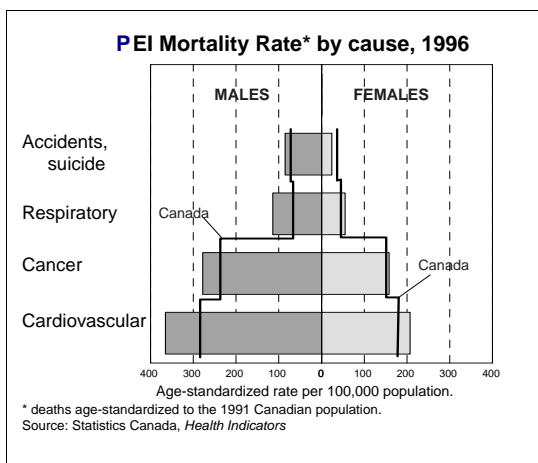
## Demographics

There is little gender variation by age in the Canadian population. While there are more women than men over 65 as a result of women's longer life expectancy, there are virtually equal numbers in all younger age groups. The proportion of the Canadian population age 65 and over increased from 8% in 1971 to 12% in 1996. This aging population has a large influence on health.



## Death

Death is the oldest, most widely used, and most reliable health indicator. Life expectancy has been increasing in Canada and PEI since 1971 when males born could expect to live to age 69, and women to age 77. From 1971 to 1996, the rate of increase for Canadians outpaced the rate for PEI.

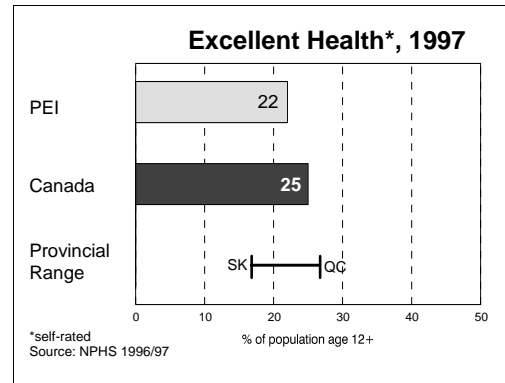


Cardiovascular disease is the leading cause of death. If the emphasis is on the loss of life at an early age, cancer is the leading cause of potential years of life lost (PYLL), closely followed by accidents/suicide. Cancer deaths in PEI are increasing due to increases in lung cancer.

## HEALTH STATUS

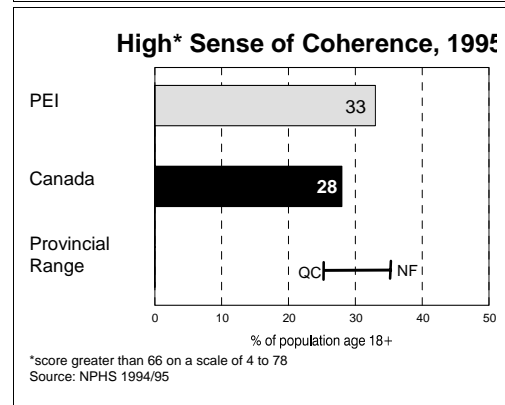
### Self-rated Health

Self-rated health summarizes physical and mental health as experienced by the individual according to personal values. 63% of Canadians describe their health as good or excellent. Self-rated health deteriorates with age and low income.



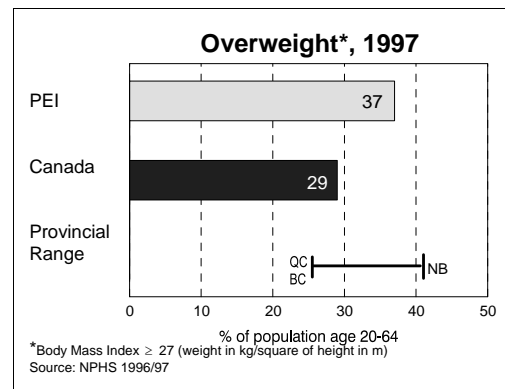
### Positive Mental Health

Sense of coherence is a view of the world that events are comprehensible, challenges are manageable, and life is meaningful. This is related to coping successfully with stressors. Unlike most measures of health, sense of coherence increases with age. It does not differ by education or sex.



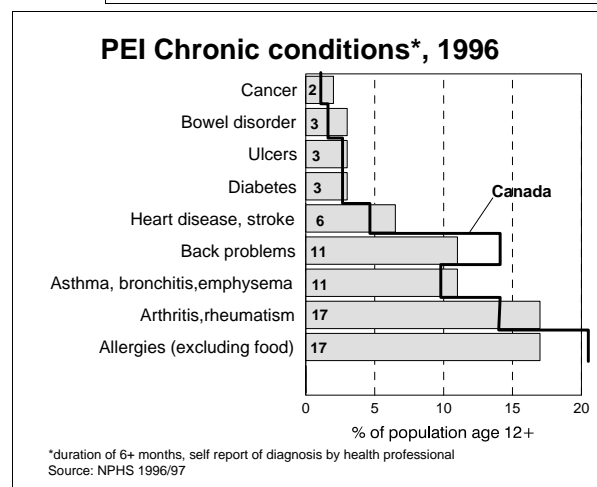
### Body Weight

Body weight depends on a combination of factors, including genetics, diet, and active living. Obesity is linked to cardiovascular disease, diabetes, and some cancers. Overweight persons are more likely to be male, older, and have less education.



### Chronic Conditions

Chronic conditions are major causes of death, potential years of life lost, hospitalization, or affect quality of life. Some, but not all, chronic conditions increase in prevalence with age. Allergies and asthma are most common among the young, and back problems are most common during the working years. The only chronic disease that registers all new cases is cancer.

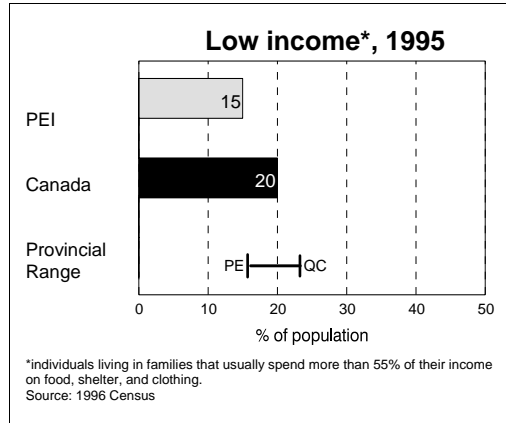




# 1. LIVING AND WORKING CONDITIONS

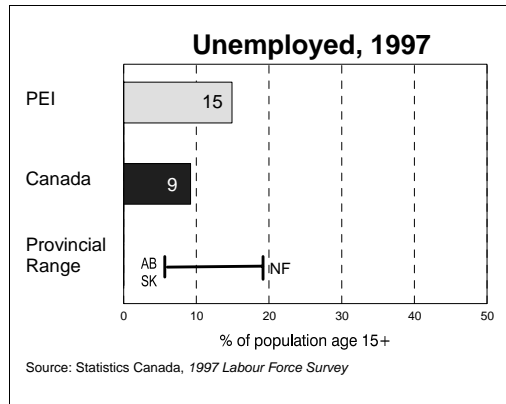
## Income Distribution

In 1995, the average Canadian income was \$25,000 compared to \$20,000 in PEI and NF. Overall, men earned more than women in 1995. Between 1990 and 1995, the proportion of Canadians with low-income status increased from 16% to 20%. In PEI the increase was less pronounced from 14% to 15%.



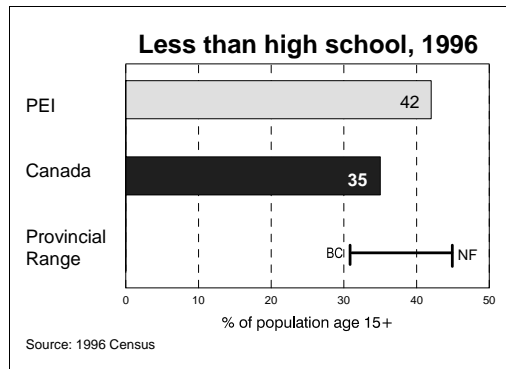
## Unemployment Rate

Employment is a measure of the health of a nation's economy. Unemployed people suffer a disproportionate share of health problems, including depression and reduced life expectancy. Unemployment may understate economic impacts on health, since it does not include those too discouraged to seek employment. In 1997, 66% of PEI's population (age 15 and over) were employed or seeking employment, similar to Canada's 65% participation rate. Between 1992 and 1997, PEI's unemployment rate decreased from 18% to 15%.



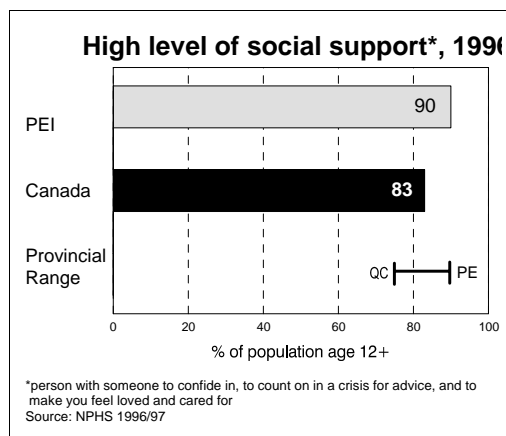
## Education

Literacy and numeracy skills are essential for full participation in today's society. People lacking such skills may end up feeling alienated from society and may suffer from various physical and mental health problems. The level of education is related to age: more than twice as many Canadians in their 20's had finished high school compared with people age 55 and older.



## Social Support

High level of social support is an important coping mechanism for individuals when problems arise. Low level of social support can contribute to depression, suicide, a range of physical conditions and even early death. The only data available on social support are provided, but this scale has not been shown to be reliable, since it does not differentiate between family and non-family social support.



## 2. PHYSICAL ENVIRONMENT

### Air Pollution

5 common air pollutants: sulphur dioxide, nitrogen dioxide, ground-level ozone, carbon monoxide, total suspended particulate (airborne particles). Since 1979 the levels of air pollutants have decreased, with the exception of ground-level ozone. The areas most prone to ozone exceeding the national standard are the Windsor-Quebec City corridor, the Lower Fraser Valley (BC), and the Bay of Fundy. Source: Environment Canada, 1999 *Canada's National Environmental Indicator Series*

### Environmental Tobacco Smoke (ETS)

Young children are particularly susceptible to the effects of ETS, which include complications of pregnancy and low birth weight, sudden infant death syndrome, middle ear infection, asthma, lower respiratory illness, chronic respiratory symptoms, and increased risk of later smoking.

### Smoking Restriction Policies

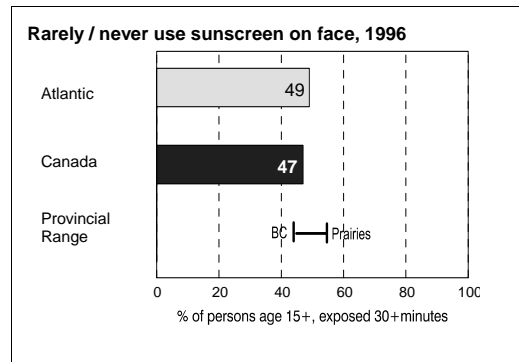
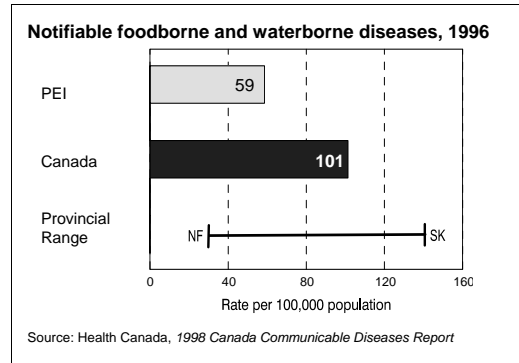
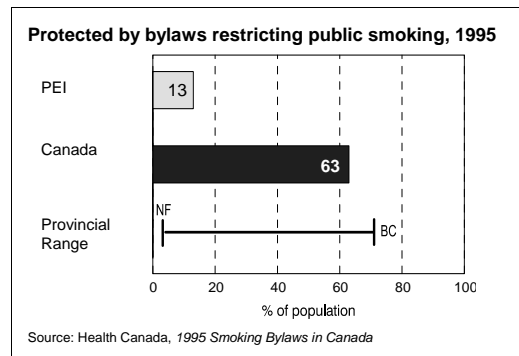
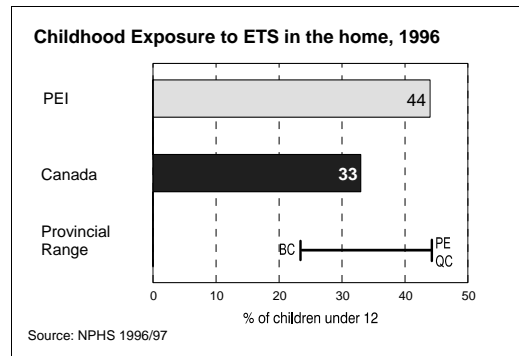
Both smoking and ETS are important and preventable causes of illness and death. Bylaws against smoking in public are almost as effective as tobacco taxes in discouraging the use of cigarettes. PEI showed almost no improvement from 12% of the population covered by bylaws in 1991 to 13% in 1995.

### Foodborne and Waterborne Diseases

Enteric symptoms include diarrhea, vomiting, stomach cramps, kidney failure, or death. Enteric infections are the result of eating contaminated food, beverages, or water. Illness can be reduced by good hygiene, correct food storage, and thorough cooking. The enteric diseases that are reportable include: *Campylobacter*, *Salmonella*, *Giardia*, and the less common Hepatitis A, *E. coli*, and *Shigella*. As few as 1-10% of cases are reported, since only some patients seek medical care or have specimens taken for laboratory tests.

### Sun Exposure

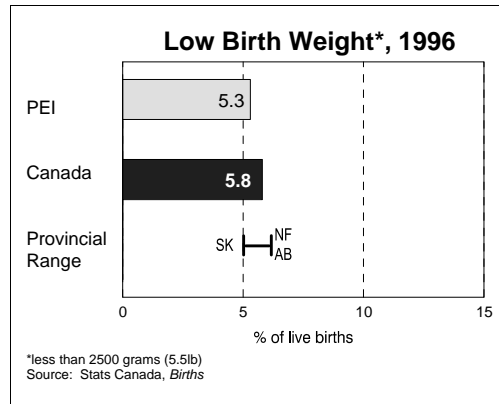
Excessive sun exposure can lead to skin cancer, melanoma, and cataracts. Protective measures include sunscreen use, wearing a hat, sunglasses or long-sleeved shirt, avoiding the sun between 11AM and 4PM, or seeking shade. 80% of Canadians are exposed more than 30 minutes daily in the summer. Less than half of Canadians regularly use the easiest protection of wearing a hat or sunscreen on the face.



### 3. DEVELOPMENT, HEALTH CHOICES, INDEPENDENCE

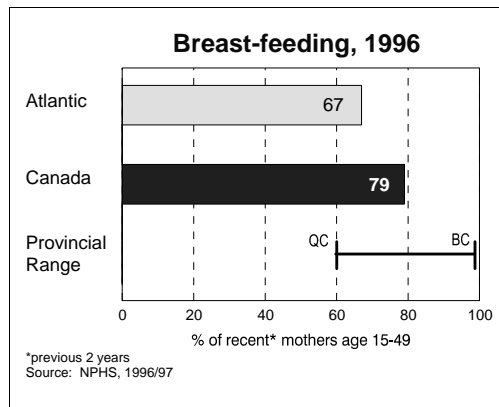
#### Underweight Births

Low birth weights can result in mental and physical disabilities, or even death. Over half of low birth weights are due to premature birth; the rest are due to lack of prenatal nourishment, maternal hypertension, or maternal smoking. Low birth weights are common among mothers under 15 and over 45.



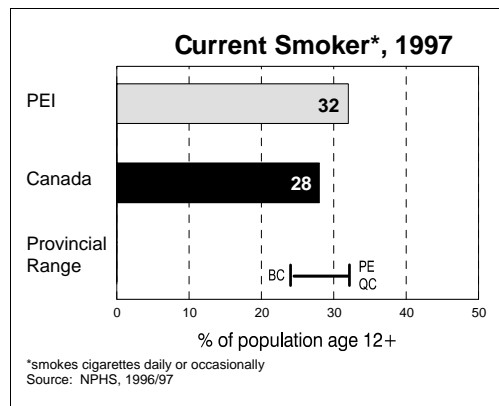
#### Breast-feeding

Breast milk is recommended as the only source of nutrients for most infants in the first 3-6 months of life. The current breast feeding rate in the Atlantic provinces is similar to the Canadian rate 15 years ago. Breast feeding is most common among mothers over 25, and mothers with higher education.



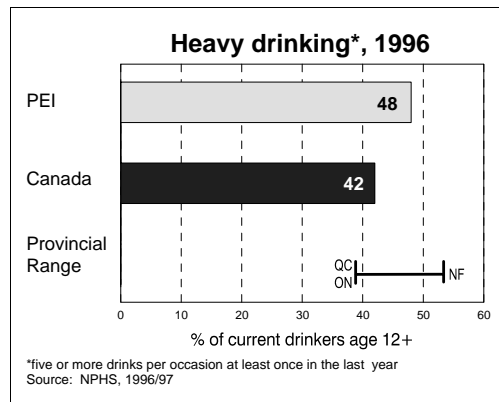
#### Smoking

Smoking is the most important preventable cause of death. Health effects include low birth weight, sudden infant death syndrome, asthma, bronchitis, emphysema, lung cancer, stroke, heart disease. In spite of this, PEI males have the highest smoking rate (41%), followed by Quebec (38%). The good news is that PEI student smoking rates have recently decreased, while across Canada, these rates are increasing.



#### Problem Drinking

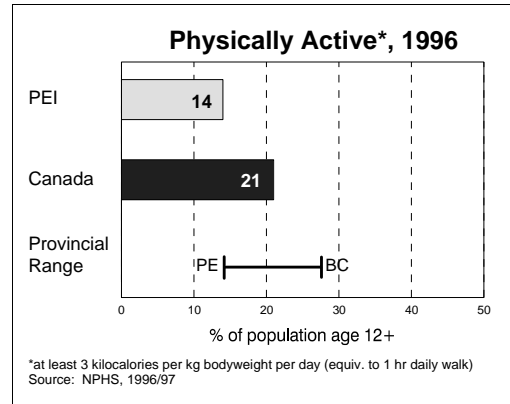
Excessive use of alcohol can lead to health and social problems. Men are more likely than women to report heavy drinking on a regular basis. Binge drinking is most common among youth (under 25), and decreases with education.



## DEVELOPMENT, HEALTH CHOICES, INDEPENDENCE

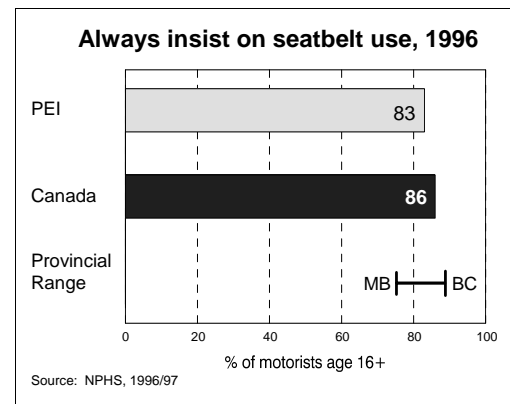
### Physical Activity

Physical activity reduces the risk of heart disease, diabetes, cancer, osteoporosis, as well as weight control and stress reduction. Males are more active than females. Two-thirds of youth aged 5-17 are not active enough for optimal growth and development. As Canadians age they become more sedentary (except ages 65-74). Activity levels increase with education and income.



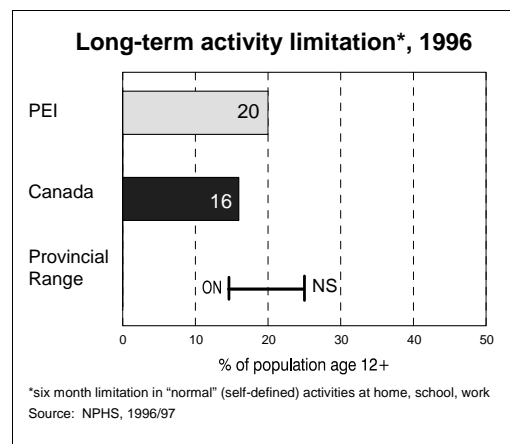
### Seatbelt Use

Seatbelts are mandatory in all provinces, to reduce motor vehicle fatalities. Prior to legislation, only 15% to 30% of motorists wore seatbelts. Seatbelt use does not differ by education level.



### Long-term Activity Limitation

Limitation of activity measures the impact of *all* health problems experienced in the past year. It provides a personal perspective on the importance and effect of health problems. The main cause of disability was back problems, and vision or hearing difficulties. Other causes include musculoskeletal problems, respiratory conditions, and heart conditions. Limitations increase with age.



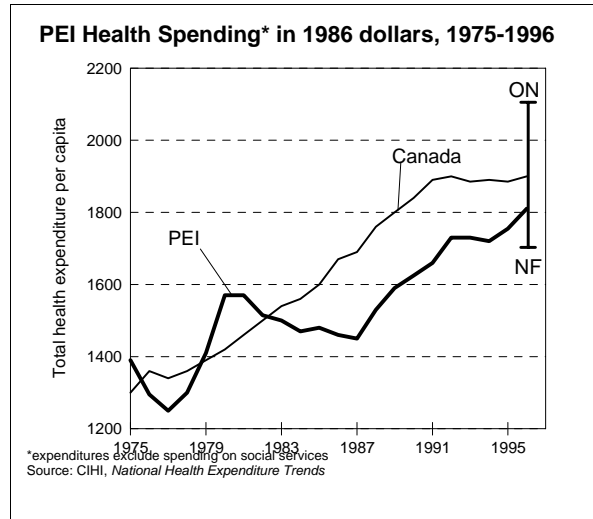
## 4. HEALTH SERVICES

Reporting on service delivery is fraught with difficulties. Data collection is primarily hospital based, while the health system is increasingly community-based. Self-report data do not match service delivery data. Data collected in different regions is not always comparable.

### Health Expenditures

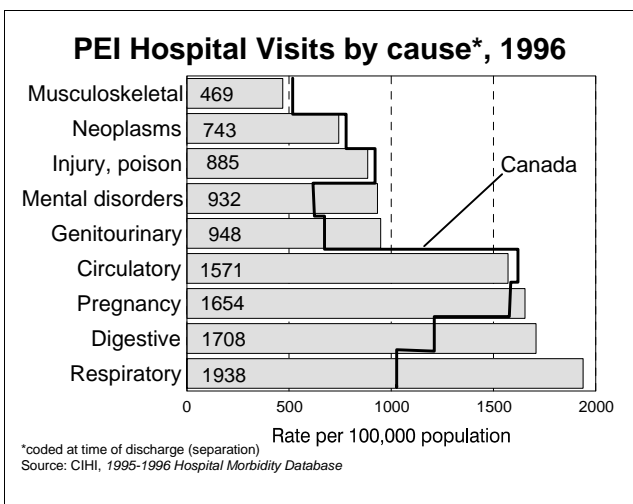
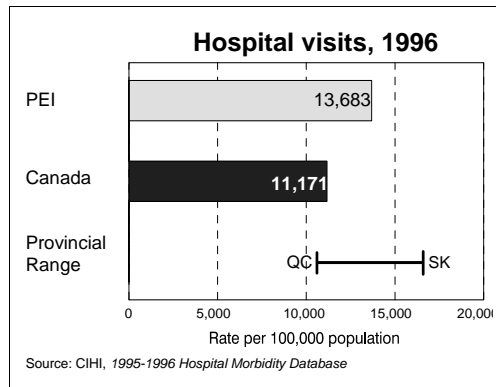
Increases in health expenditures are a result of a combination of population growth, increased utilization per capita, or increased prices.

In 1996, PEI health spending was \$2,467 (in 1996 dollars) per person for: hospitals (37%), drugs (16%), other institutions (14%), physicians (10%), and other professionals, administration, public health, home care, etc. 70% of health expenses are public, and the 30% of private spending is mostly for drugs, dental, and vision care.



### Hospitalization

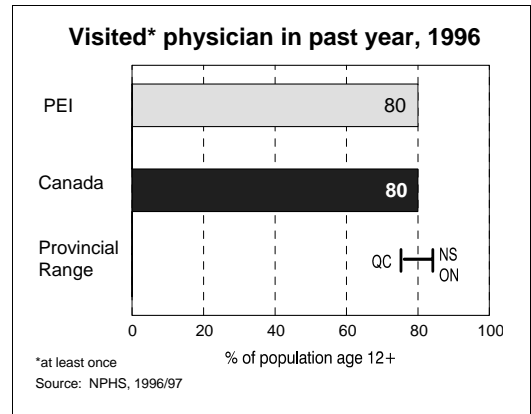
Hospitalization rates and length of stay increase with age. There are striking interprovincial differences in hospital visits. Respiratory disease, digestive disease, and circulatory hospitalizations were highest in SK and NB. Hospitalizations for pregnancy and childbirth were highest in MB.



## HEALTH SERVICES

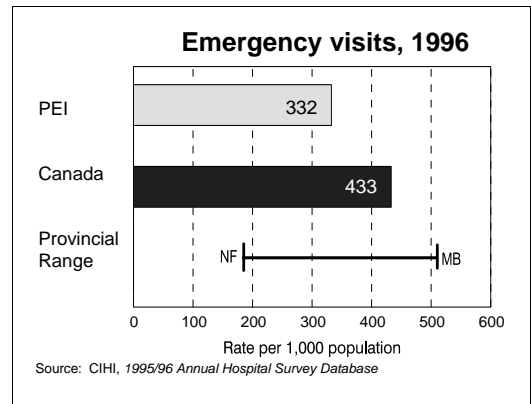
### Physician Visits

Women were more likely than men to report multiple visits to a physician in the past year, especially women aged 20 to 44. Physician visits increase with age for both men and women.



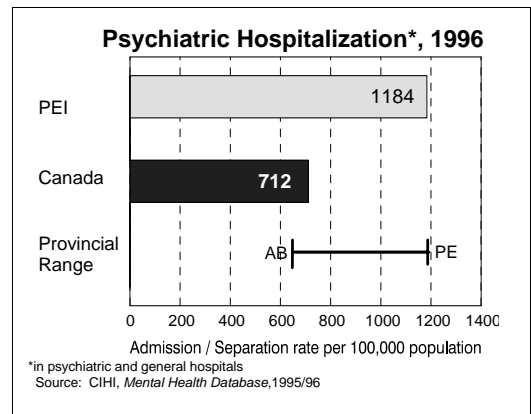
### Emergency Visits

In Canada, there has been a 31% decline in visits to emergency departments between 1991 and 1996. This may be partly attributable to the closing of hospital emergency departments, the opening of community walk-in clinics and urgent care centres, as well as the triaging of patients to appropriate services.



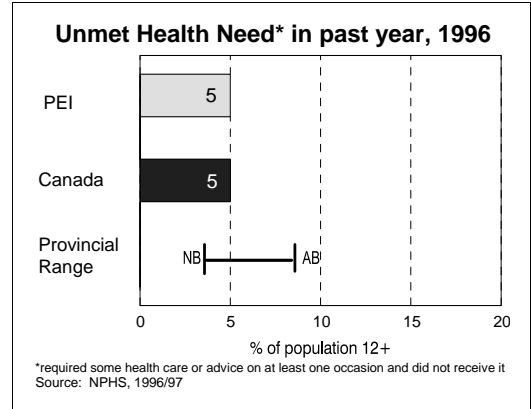
### Psychiatric Hospitalization

In Canada, treatment for mental disorders is showing a decline in admissions at the same time as an increase in patient-days. This suggests that less serious cases are increasingly being treated in the community, while more severe and persistent cases require hospitalization. However, PEI has not seen a decline in psychiatric admissions and has the shortest length of stay. The most common reason for psychiatric hospitalization in PEI is depression.



### Unmet Health Needs

“Universality” means that all citizens will have access to the care they need within a reasonable period of time. However, since there is no accepted definition of “care needed”, some persons may perceive they have unmet health care needs. There was no difference by age, sex, or education. Most unmet needs were for physical health conditions, followed by emotional health and injuries.

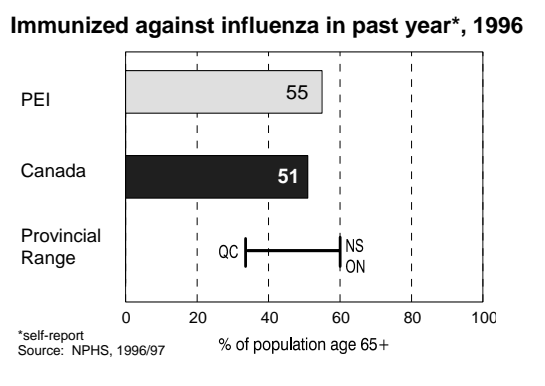


## HEALTH SERVICES

Access to proven cost-effective services is not always consistent, or uniformly available.

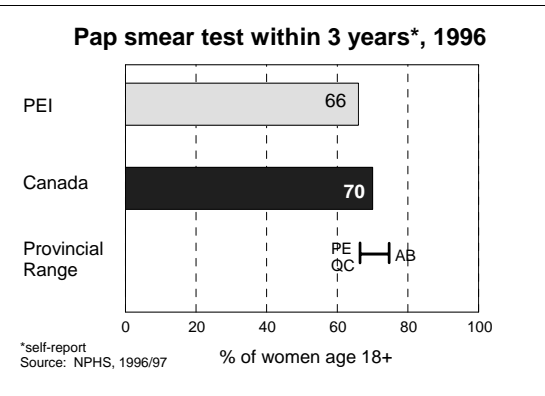
### Flu Vaccine

Immunization recommended annually for seniors and immuno-compromised, to lessen the severity of influenza.



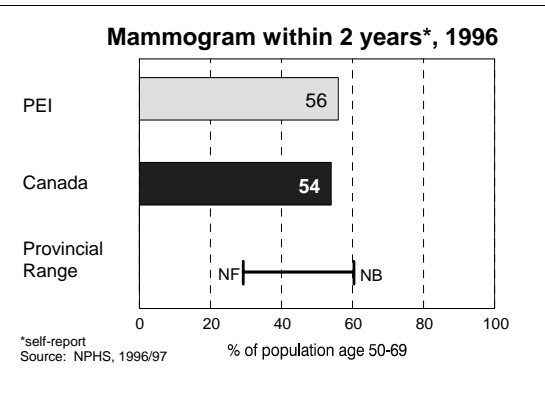
### Pap Smears

Pap smears are recommended every 3 years for women aged 18 to 69, to prevent cervical cancer.



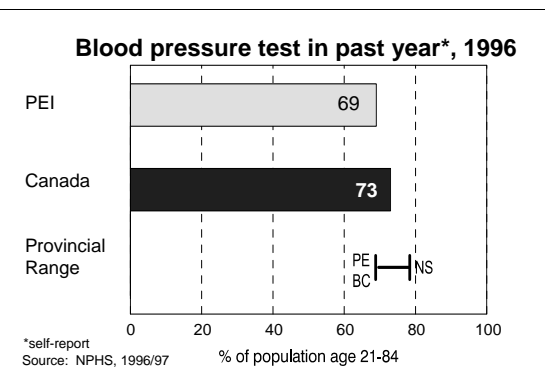
### Screening Mammogram

Mammograms recommended every 2 years for women aged 50 to 69, for early detection of breast cancer. The most common reason for not having a recent mammogram was that they didn't think it was necessary. Other reasons were that they had not got around to it, their doctor said it was not necessary, or they were afraid/embarassed to get the test.



### Blood Pressure

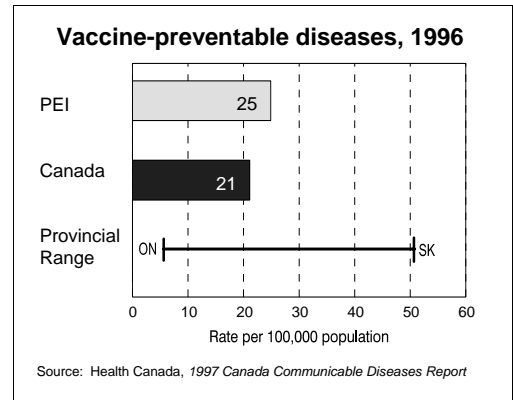
Measurement of blood pressure during a medical visit is recommended for persons aged 21 to 84, to detect hypertension.



## 5. PREVENTABLE ILLNESS

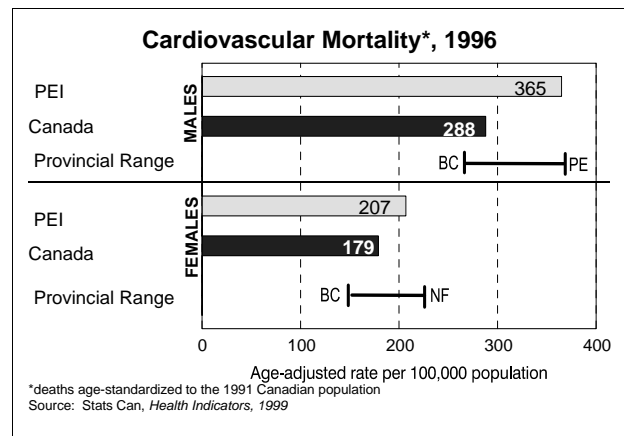
### Vaccine Preventable Diseases

Many childhood and adult diseases are prevented by vaccination. Canada was officially certified polio-free in 1994. Diphtheria, tetanus, and *Haemophilus influenza* type b have a few cases reported per year. Rubella, mumps, and measles each are reported at about 1 case per 100,000 in Canada. The most common vaccine-preventable disease is pertussis (whooping cough) at 18 cases per 100,000 population.



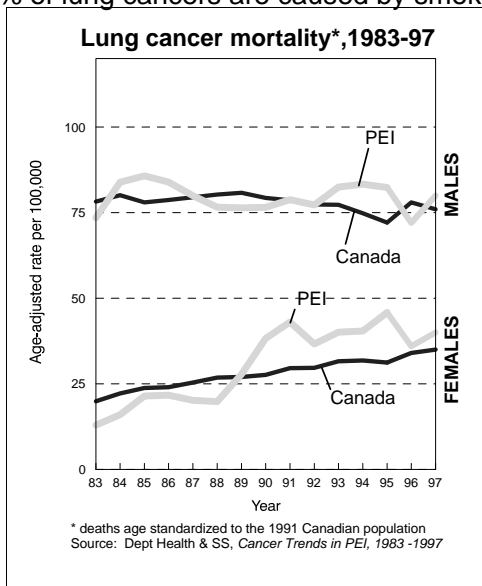
### Cardiovascular Death

Cardiovascular disease (ischemic heart disease and stroke) is the major cause of death. Cardiovascular deaths can be prevented by smoking cessation, reduction in dietary fat, more exercise, improved identification and control of high blood pressure, as well as medical and surgical interventions.



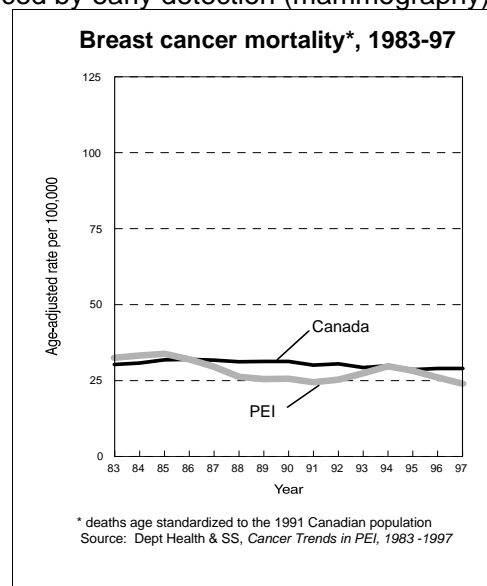
### Lung Cancer Death

Lung cancer is the most common cause of cancer deaths in both men and women. 90% of lung cancers are caused by smoking.



### Breast Cancer Death

Breast cancer is the most common form of new cancer cases in women. This disease can be reduced by early detection (mammography).

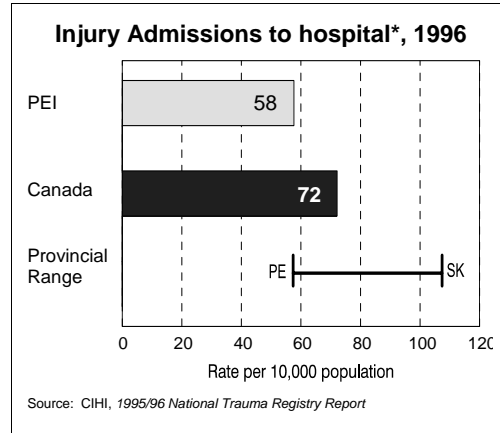
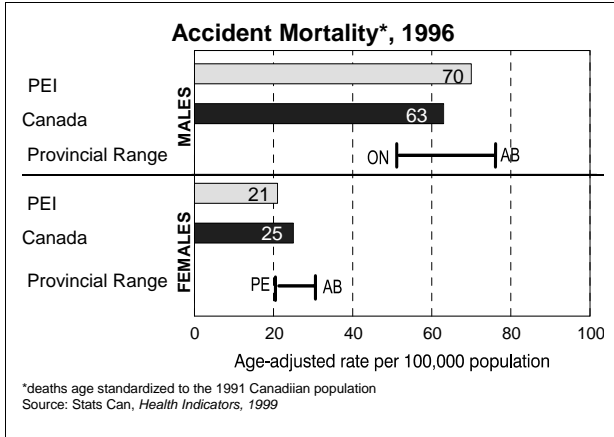




## PREVENTABLE ILLNESS

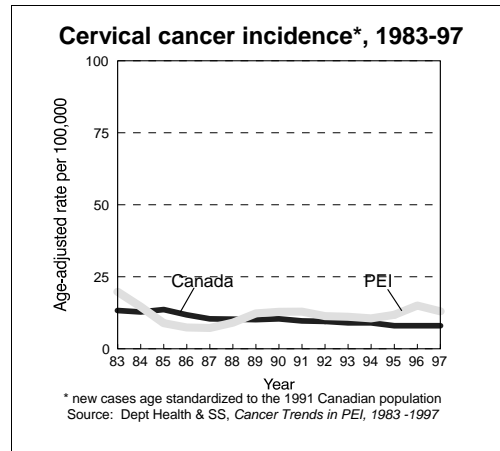
### Hospitalization due to Trauma

90% of injuries are preventable. Injuries are the leading cause of death between ages 1 and 44, and are a serious cause of disability. Admissions are most common among seniors and caused by unintentional falls. The leading cause of injury for 15-34 year olds was motor vehicle collisions.



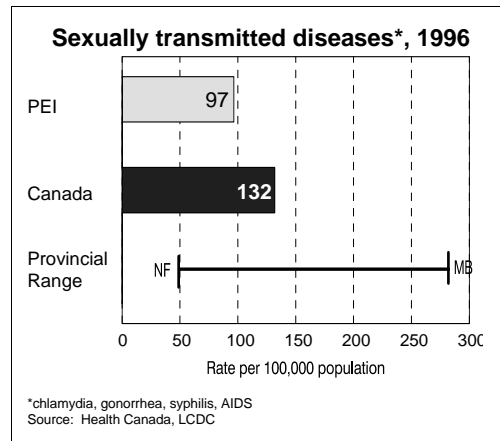
### Cervical Cancer Incidence

Over 90% of new cervical cancer cases can be prevented by regular pap screening. The rate of new cases is decreasing in Canada, although this trend is not apparent in PEI.



### Sexually Transmitted Diseases

Unprotected sexually activity can spread infection with STDs. Chlamydia (the most common STD) and gonorrhea can result in infertility in both sexes. Syphilis can damage the brain. AIDS can result in death. The prevalence of viral STDs (HIV, human papillovirus, genital herpes, hepatitis B) is not recorded.



## Summary

The 1999 *Second Report on the Health of Canadians* details many measures of health and health determinants. Comments on the nation's health are based on the most current information available. It is a tool to alert policy makers, practitioners and the public to current and future challenges in health. For PEI, the report has some good news and bad news.

On the positive side, Islanders have a high measure of positive mental health, and the highest level of social support in Canada. PEI's income distribution is one of the most equitable in Canada, air quality is good, and sexually transmitted disease rates are low. Compared to the Canadian average, PEI women have higher rates of mammography screening, and have a corresponding lower rate of breast cancer. PEI seniors are more likely than other Canadians to be immunized against influenza. PEI as well as Canada have experienced success stories with seat belt use, and most vaccine-preventable diseases.

When optimal conditions for a child's development are provided, the child experiences positive outcomes for a lifetime. Many Island children start well since PEI has a low rate of underweight births. However, Atlantic Canada has one of the lowest breast feeding rates across the country. PEI children are the most likely to be exposed to second-hand smoke in their home, and Islanders are less likely to be protected by smoking restriction bylaws (compared to other Canadians).

PEI's population includes 13% seniors, compared to 12% in Canada. The aging of PEI's population contributes to our higher rates arthritis and long-term activity limitations (compared to other Canadians). Age also partially explains the lower personal perception of health of Islanders (compared to other Canadians). The health of Islanders is also affected by our high level of unemployment, high alcohol consumption, and low level of education.

Several other issues are identified as areas of concern. PEI has high rates for asthma and other respiratory diseases. PEI women have the lowest rate of pap smear screening in Canada, and have a corresponding higher rate of cervical cancer.

PEI's most general measure of health, life expectancy, is the lowest in Canada, especially for PEI males. This is a predictable result of the highest male smoking rate in Canada, the lowest rate of physical activity in Canada, and the lowest rate of blood pressure testing in Canada. The consequence is the highest rate of cardiovascular deaths in Canada, as well as one of the highest lung cancer mortality rates.

## Sources

This report contains PEI highlights of the 220 page report :

- ◆ Toward a Healthy Future:  
*Second Report on the Health of Canadians*  
Prepared by the Federal, Provincial and Territorial Advisory Committee on Population Health for the meeting of Ministers of Health, Charlottetown, PEI, September 1999

*The report and its larger companion "Statistical Report on the Health of Canadians" are available at web site: [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)*

Major information sources for the data:

- ◆ NPHS  
National Population Health Survey is a longitudinal household-based survey conducted every two years by Statistics Canada. Personal interviews cover a variety of health topics. 20,000 Canadians age 15 and over were surveyed in 94/95 and 96/97. This includes 900 Prince Edward Islanders. Persons living in institutions, on Indian reserves, or on Canadian Forces Bases are not represented. Response rates for both NPHS cycles were over 85%. Estimates calculated from NPHS data are accurate within 1 or 2 percentage points, 19 times out of 20.
- ◆ 1996 Census  
*Census and other Stat Can statistics available at web site: [www.statcan.ca](http://www.statcan.ca)*
- ◆ Canadian Institute for Health Information  
*more info available at web site: [www.cihi.ca](http://www.cihi.ca)*
- ◆ "Canadian Guide to Clinical Preventative Health Care"  
Canadian Task Force on the Periodic Health Examination  
Health Canada, 1994.
- ◆ "Smoking in Prince Edward Island" Smoking Fact Sheet  
PEI Department of Health and Social Services - Epidemiology Unit; May 1999.
- ◆ "Prince Edward Island 1998 Student Drug Survey, Highlights Report"  
L Van Til, H MacMillan, C Poulin  
PEI Queen's Printer; November 1998.
- ◆ "Cancer Trends in Prince Edward Island, 1983-1997"  
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