HealthScope Highlights

Reporting to Newfoundlanders and Labradorians on Comparable Health and Health System Indicators

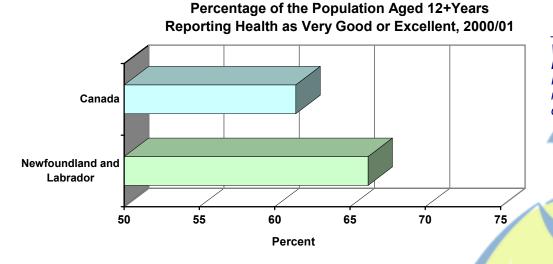


Introduction

In September 2002, the First Ministers of Canada issued a Communiqué on Health asking for the provision of regular, comprehensive and comparable reporting to the public on the health of the population. The ministries of health were tasked with the development of jointly-agreed upon, comparable indicators. A federal/provincial/territorial (F/P/T) committee, the Performance Indicators Reporting Committee (PIRC), was established to develop the framework for comparable reporting.

The comparable indicators are divided into three health areas - health status, health outcomes, and quality of service. The **health status** of a population is generally assessed by the absence of disease or the postponement of death. Indicators in the **health outcomes** area are intended to reflect the impact of health system programs and services on health status. **Quality of service** indicators reflect aspects of health quality including appropriateness, effectiveness, accessibility and acceptability.

How Do We Rate Our Health?



When asked about their **general health**, 66.2 percent of Newfoundlanders and Labradorians report themselves to be in very good or excellent health.

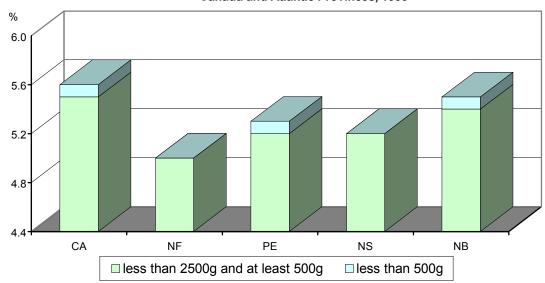
Source: Canadian Community Health Survey - Cycle 1.1 - 2000/01

Health Status

Low birth weight infants are at greater risk of dying during their first year of life, and if they survive, they are at greater risk of having serious health conditions. Risk factors for low birth weight include smoking, alcohol and substance abuse, poor nutrition, stress and multiple births.

Percentage of Low Birth Weight Births among all Live Births, Canada and Atlantic Provinces, 1999

In 1999, the percentage of low birth weight births for Newfoundland and Labrador was 5.0 percent of all live births, compared to the Canadian average of 5.6 percent.

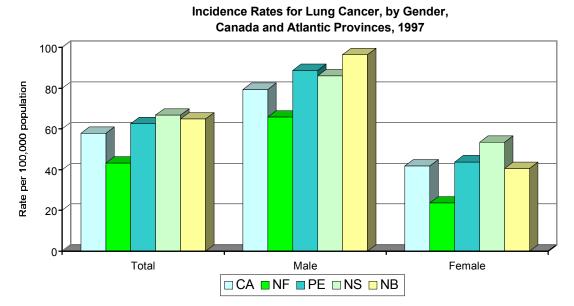


Source: Statistics Canada, Vital Statistics Birth and Death Databases

Health Outcomes

In Canada, **lung cancer** incidence rates have been historically much lower among females than males. Tobacco smoke is the predominant cause of lung cancer, with second-hand tobacco smoke being the number one risk factor for lung cancer among non-smokers.

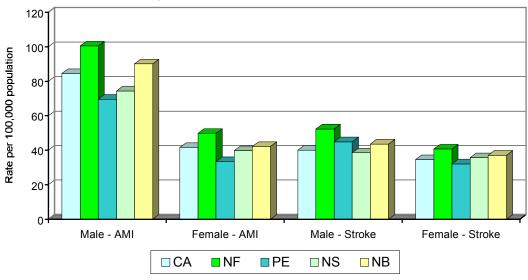
In 1997, the lung cancer incidence rate for Newfoundland and Labrador was the **lowest** of all Canadian provinces and territories.



Source: Statistics Canada, Demography Division (census population estimates), and Canadian Cancer Registry

Acute Myocardial Infarction (AMI), often called a heart attack, and **stroke** are among the leading causes of both sickness and death in Canada. Modifiable risk factors for AMI and stroke include high cholesterol, high blood pressure, smoking, obesity, physical inactivity and stress.

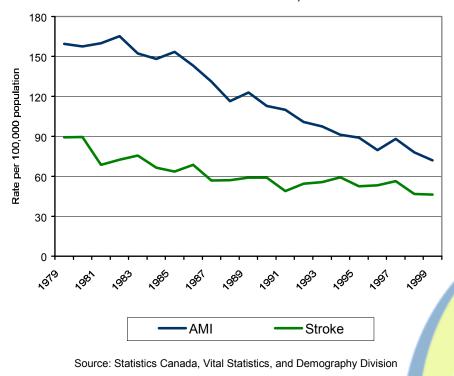




In 1999, Newfoundland and Labrador had the **highest** mortality rates for AMI and stroke in the Atlantic Provinces.

Source: Statistics Canada, Vital Statistics, and Demography Division

Age-Standardized Mortality Rate for AMI and Stroke, Newfoundland and Labrador, 1979-1999



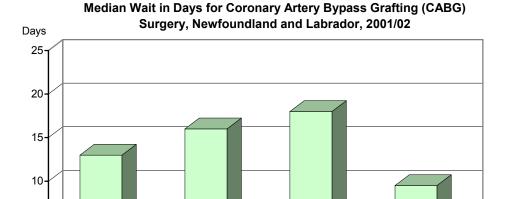
Similar to the rest of Canada, mortality rates for AMI and stroke have been **declining** in Newfoundland and Labrador over the past two decades.

Quality of Service

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Quarter 1

Patients who require urgent and emergent Coronary Artery Bypass Grafting (CABG) surgery have timely access to services, while those on the elective wait list may have longer wait times.



In Newfoundland and Labrador, the **median wait for CABG surgery** in 2000/01 (for those who receive surgery) varied by quarter, from 9.5 days in Quarter 4 to 18 days in Quarter 3.

Source: Health Care Corporation of St. John's Cardiac Care Program

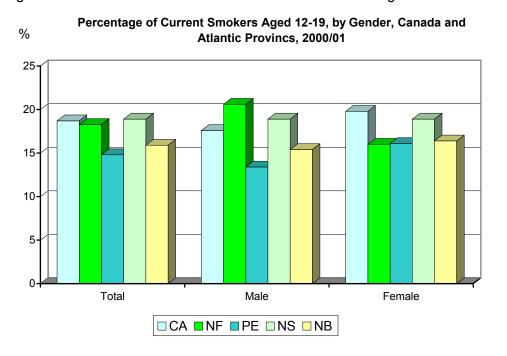
Health Promotion and Disease Prevention

Quarter 2

The proportion of current smokers among the Newfoundland and Labrador teenage population has been declining since the mid-1990's. In 2000/01 the total rate of teenage smokers in the province was 18.3%.

Quarter 3

Quarter 4

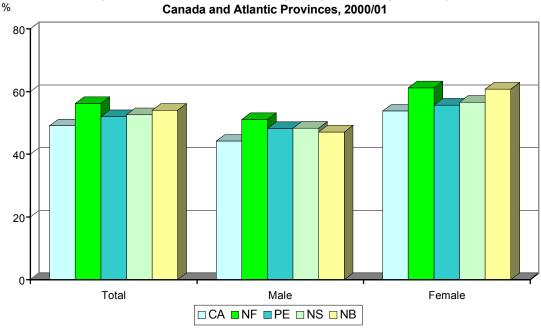


Health Canada estimates that more than 45,000 people will die this year in Canada as a result of **tobacco use**, and more than 1,000 of these will be non-smokers.

Source: Statistics Canada, Canadian Community Health Survey - Cycle 1.1, 2000/01; ISQ

According to population health surveys, Newfoundland and Labrador's adult population is generally less active than the Canadian adult population as a whole. Regular exercise is known to provide beneficial effects to blood circulation, muscle tone and body metabolism, and can help individuals feel better about themselves.

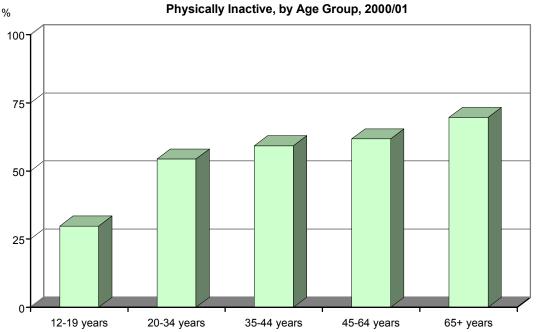




The cardiovascular risk of being physically inactive is similar to that of smoking a pack of cigarettes a day.

Source: Statistics Canada, Canadian Community Health Survey - Cycle 1.1, 2000/01; ISQ

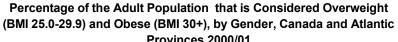
Percentage of the Newfoundland and Labrador Population Reported as

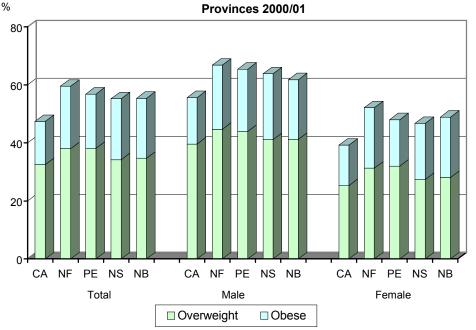


It is common to see a **decrease** in physical activity level with an increase in age. With age energy levels tend to drop and older age groups report less activity then younger age groups.

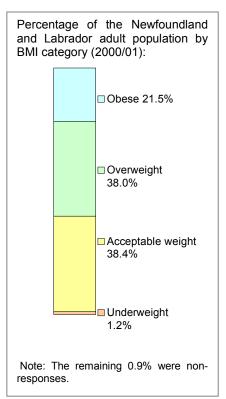
Source: Statistics Canada, Canadian Community Health Survey - Cycle 1.1, 2000/01; ISQ

Body Mass Index (BMI) is the most common method of determining if an individual's **body weight** is in a healthy range. The effect of weight as a risk factor for various diseases increases with BMI above the threshold of 25. Obesity has been identified as a major risk factor for a number of chronic illnesses such as diabetes and heart disease.





Source: Statistics Canada, Canadian Community Health Survey - Cycle 1.1, 2000/01; ISQ









GOVERNMENT OF NEWFOUNDLAND AND LABRADOR

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The full report, *Health Scope: Reporting to Newfoundlanders and Labradorians on Comparable Health and Health System Indicators*, as well as a companion technical report are available online at:

www.gov.nf.ca/health

