Prince Edward Island Health Indicators

- *Health Status*
- *Non-Medical Determinants of Health*
- *Health System Performance*
- *Community and Health System Characteristics*

October 2006

Prince Edward Island
CANADA

Department of Health

Prince Edward Island
HEALTH INDICATORS

Department of
Health

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October 2006

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EXECUTIVE SUMMARY

The 2006 PEI Health Indicators Report attempts to describe the complexities of health using a large number of indicators to represent measurable phenomenon. The 37 indicators are presented graphically to provide the context of time and comparison with Canadian rates. Overall, the health of Islanders rates as "good" and our health is similar to Canadians.

Health of Prince Edward Islanders, 2005

1. Health Status			
Well-being	Human Function	Deaths	Health Conditions
• self-reported health	• functional health status	• life expectancy • premature death	• low birth weight • obesity • chronic conditions • depression • cancer incidence
2. Non-Medical Determinants of Health			
Health Behaviours	Living and Working Conditions	Personal Resources	Environmental Factors
• smoking • alcohol • physical activity • breastfeeding • diet • condom use	• education • unemployment • income		• exposure to second-hand smoke • food and waterborne diseases
3. Health System Performance			
Acceptability	Disease Prevention	Effectiveness	Efficiency
• unmet needs • wait time • patient satisfaction	• influenza vaccination • mammography • pap screening • blood pressure	• vaccine preventable diseases • STI's • hospital mortality	• preventable hospitalizations • hospital readmissions
4. Community and Health System Characteristics			
Resources	Health System		Community
• health expenditures	• hospitalization rates • visits to health professionals • home care		• population and projections

areas with good results
areas for improvement
areas of similarity with Canada

SOMMAIRE

Le rapport d'indicateurs de la santé de l'Î.-P.-É. de 2006 tente de décrire le sujet complexe qu'est la santé en utilisant un grand nombre d'indicateurs pour représenter des phénomènes mesurables. Les 37 indicateurs sont présentés à l'aide de graphiques afin d'illustrer les différentes périodes et de faciliter la comparaison avec les taux canadiens. En général, la santé des Insulaires a été évaluée comme étant « bonne », et notre santé est semblable à celle des Canadiens.

La santé des Insulaires de l'Île-du-Prince-Édouard, 2005

1. État de Santé			
Bien-être	Fonction humaine	Décès	Problèmes de santé
• auto-évaluation de la santé	• santé fonctionnelle	• espérance de vie • décès prématuré	• faible poids à la naissance • obésité • problèmes de santé chroniques • dépression • incidence du cancer
2. Déterminants non médicaux de la santé			
Comportements sanitaires	Conditions de vie et de travail	Ressources personnelles	Facteurs environnementaux
• usage du tabac • consommation d'alcool • activité physique • allaitement • habitudes alimentaires • utilisation d'un condom	• scolarité • chômage • revenu		• exposition à la fumée des autres • maladies d'origine hydrique et alimentaire
3. Rendement du système de santé			
Acceptabilité	Prévention des maladies	Efficacité	Efficience
• besoins non satisfaits • temps d'attente • satisfaction des patients	• vaccination contre la grippe • mammographie • test de pap • pression artérielle	• maladies évitables par la vaccination • infections transmises sexuellement • mortalité á l'hôpital	• hospitalisations évitables • réadmissions á l'hôpital
4. Caractéristiques de la communauté et du système de santé			
Ressources	Système de santé		Collectivité
• dépenses de la santé	• taux d'hospitalisation • consultation des professionnels de la santé • soins à domicile		• population et projections

les domaines présentant de bons résultats
les domaines à améliorer
les domaines de ressemblance aux Canadiens

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1 INTRODUCTION

1.1 BACKGROUND

Health is the complete state of physical, mental, social, and emotional well-being and not mere absence of disease[1]. Population health is influenced by various determinants: personal health practices, social, economic and physical environments, human biology, as well as the health system.[2] One method of describing the complexities of health is to use a large number of indicators to represent measurable phenomenon.

Health indicators are:
- relevant to established health goals
- based on standard (comparable) definitions and methods
- broadly available - at the national, provincial, and regional levels

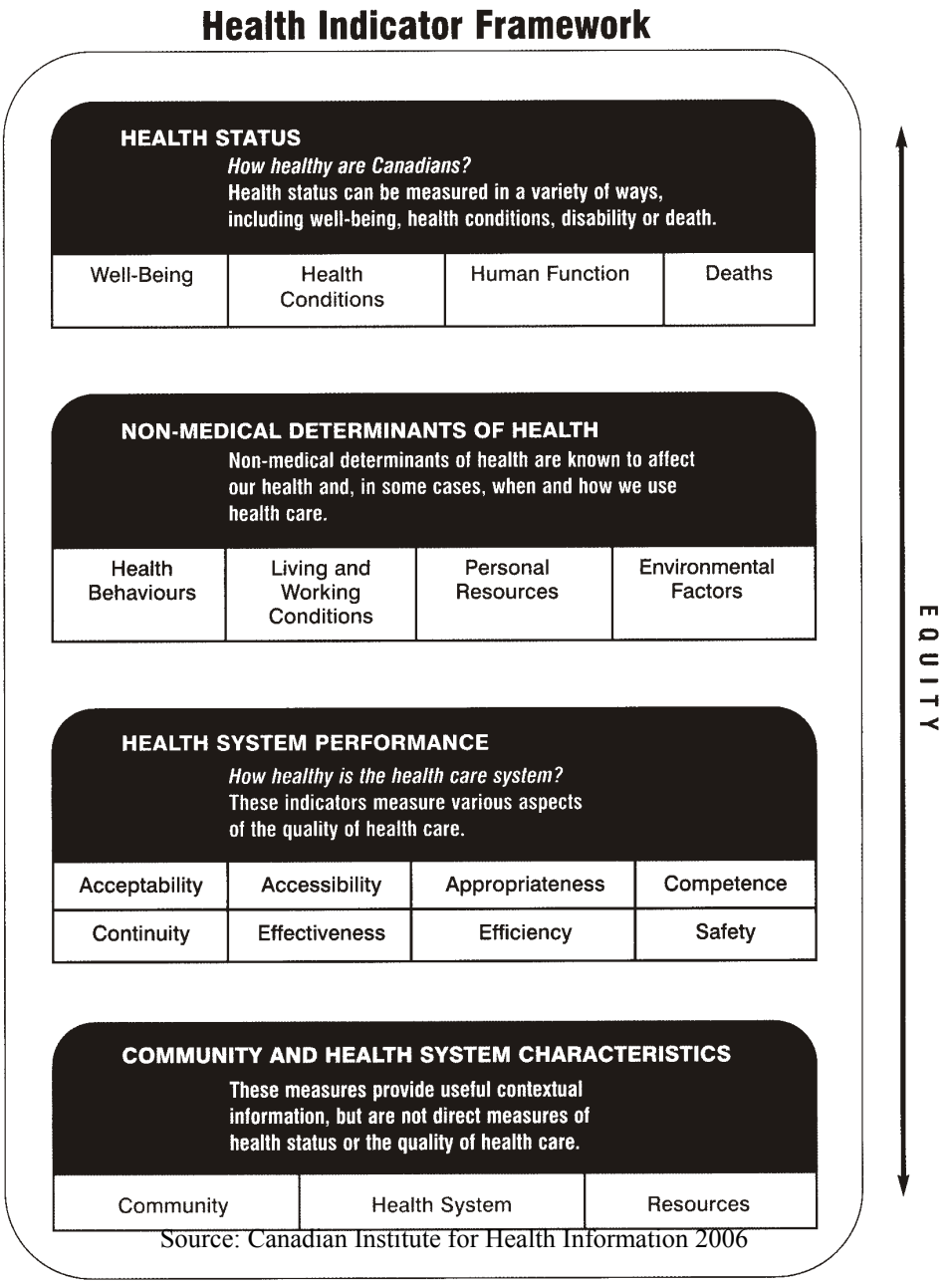
Health indicators can be used to monitor progress in improving and maintaining the health of the population and the functioning of the health system, by providing comparisons over time, and between regions. By keeping in mind that each indicator is only a partial description, we expect the discussion of indicators will lead to a better understanding of health.

1.2 HEALTH INDICATORS FRAMEWORK

Health indicators are organized to represent:
- Health Status
  measures of the overall health of the population
- Non-Medical Determinants of Health
  factors known to affect our health and, in some cases, when and how we use health care
- Health System Performance
  measures of various aspects of the quality of health care; ideally these aspects would include acceptability, accessibility, appropriateness, competence, continuity, effectiveness, efficiency, and safety
- Community and Health System Characteristics
  measures that provide useful contextual information (such as health services received), but are not direct measures of health status or the quality of care

This organizational framework of health indicators was developed by Statistics Canada and the Canadian Institute for Health Information, in collaboration with health administrators, researchers, caregivers, government officials, health advocacy groups, and consumers.

The framework with 4 major categories and 19 dimensions is shown below. This report includes 37 indicators in all 4 categories. Several dimensions have been identified as important, but have no data currently available for PEI.



Source: Canadian Institute for Health Information 2006

2 METHODOLOGY

This report updates "Prince Edward Island Health Indicators: Provincial and Regional" that was released in January 2003 and December 2004. This report provides comparisons with Canada and comparisons over time on a broad range of indicators. It also provides technical details for indicators that are part of the FPT Common Health Indicator reporting.

2.1 SOURCES

The primary source for this report is the Canadian Community Health Survey (CCHS)[3]. This survey is conducted by Statistics Canada every two years to provide regular and timely cross-sectional estimates of health determinants, health status and health system utilization. There are limitations to the interpretation of survey data, since self-report often provides socially desirable responses. Few of the self-report measures have been validated for their ability to measure the "truth".

The most recent data collection was in 2005. CCHS sampled about 130,000 Canadians in 126 regions, using both computer-assisted personal and telephone interviews. The target population of the CCHS includes household residents, age 12 and over, in all provinces and territories; with the principal exclusion of populations on Indian Reserves, Canadian Forces Bases, some remote areas, and persons living in institutions. In PEI, the sample size was 1,976 Islanders, including 287 in West Prince, 541 in East Prince, 715 in Queens, 433 in Kings.

The content of the survey includes common content to be asked all across Canada, and optional content that may be selected from a predefined list of modules. The full content is available on the Statistics Canada website[3].

The survey that preceded the CCHS was the National Population Health Survey[4]. It began in 1994/95 as a cross-sectional sample of 30,000 Canadians, including 1,000 Islanders. It has continued as a longitudinal survey that follows the same participants over time.

Other sources utilized for the health indicators include:
- Vital Statistics, Birth and Death databases[5]
- Canadian Cancer Registry[6]
- PEI Reproductive Care Program[7]
- Labour Force Survey[8]
- Notifiable Diseases Summary[9]
- Health Services Access Survey[10]
- Breast Cancer Screening Programs[11]
- PEI Pap Screening Program[12]

- Hospital Morbidity Database[13]
- National Health Expenditure Database[14]
- PEI Ministry of Health and Social Services Annual Report[15]

The Appendix provides details on definitions, data tables, and sources for each indicator.

2.2 COMPARISONS

This report presents graphs of the indicators to provide the context of time and comparison with Canadian rates, as found in Chapter 3. Chapter 4 provides PEI data by age and sex, since they have an overwhelming influence on health indicators. The data tables used to generate the graphs are found in the Appendix.

2.2.1 Confidence Intervals

CCHS uses a complex survey design that is a multistage stratified cluster sample designed for oversampling of sub-populations aged 12 to 19 and 65 and over. Three sample frames are used: the Labour Force Survey sample for in-person visits, household telephone listing, and random digit dialing.

Survey estimates are calculated taking into account sampling weights. These weights are proportional to the inverse probability of being sampled, and adjusted for non-response. Use of the weights provides an unbiased estimate.

The complex survey design of the CCHS also requires taking into account the clustering and stratification of the sample. The design as well as the weighting were incorporated using Statistics Canada's bootstrapping weights. This report used the *svy* commands in Stata (Stata Corporation, College Station, Texas) to provide unbiased estimates and adequately wide confidence intervals that account for the survey design effect[16].

All survey estimates on graphs are surrounded by the 95% confidence interval (CI). This is the computed interval with 95% probability that the true estimate is contained within the upper and lower boundaries. For clarity, the smaller 95%CI for Canada is included in the appendix, but not shown on the graphs. Overlapping confidence intervals (or similar rates) indicate that random variation is the most likely explanation for the possible differences.

For data that is a census instead of a sample (eg. program data, death registrations, cancer registry, and population counts), the estimate provided has no sample variation to produce a confidence interval. When comparing these rates, random sample variation does not account for the differences.

2.2.2 Age Standardization

Age standardization is a procedure for adjusting rates, designed to minimize the effects of differences in age composition when comparing rates for different populations. The direct method was used to average age-specific rates, using as weights the distribution of a standard population. The adjusted rate then represents what the observed rate would have been if that population had the same distribution as the standard population. The standard population used was the 1991 Canadian population with the following distribution:

	Population
12-14 years	4844.8
15-19 years	8218.5
20-24 years	9000.9
25-34 years	21878.9
35-44 years	19132.0
45-49 years	7143.5
50-64 years	16080.2
65-69 years	4627.9
70 years and over	9073.3
TOTAL	100,000

Since age has an effect on most measures of health (see Chapter 4), the measures compared in Chapter 3 should be age standardized. In this document, many indicators in Chapter 3 are adjusted for age, including:

- 1.1 self-reported health
- 1.2 functional health status
- 1.3 life expectancy
- 1.4 premature death by cause
- 1.5 low birth weight
- 1.6 obesity
- 1.7 chronic conditions
- 1.8 depression
- 1.9 cancer incidence
- 2.1 smoking
- 2.2 drinking
- 2.3 physical activity
- 2.5 diet
- 3.1 unmet health needs
- 3.10 hospital mortality
- 3.11 preventable hospitalizations
- 3.12 hospital readmissions
- 4.3 visits to health professionals

Chapter 4 provides observed rates by age and sex. The comparison of most indicators must be made with the caveat that the rates are influenced by the age distributions of the populations, as well as other influences such as socio-economic status, or the availability of services.

2.2.3 Other Data Sources

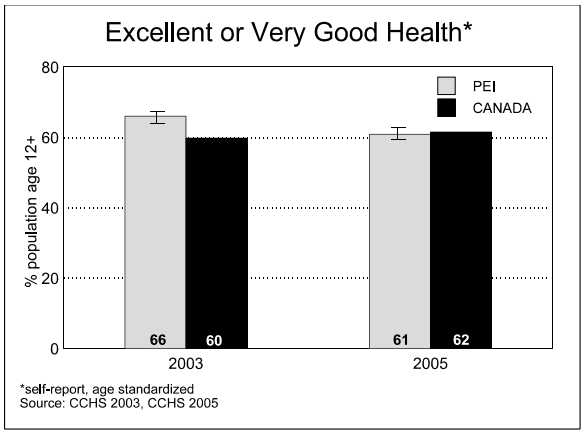
Comparisons with other data sources may result in different numbers for similar concepts, usually as a result of differences in methodology. To minimize problems, comparisons should use the same data source, and look for trends over time. Sometimes several documents using the same data sources will report different numbers. This may be the result of reporting on more current data, the use of different age groups, or the use of sub-samples of the dataset.

3 PROVINCIAL INDICATORS

3.1 HEALTH STATUS

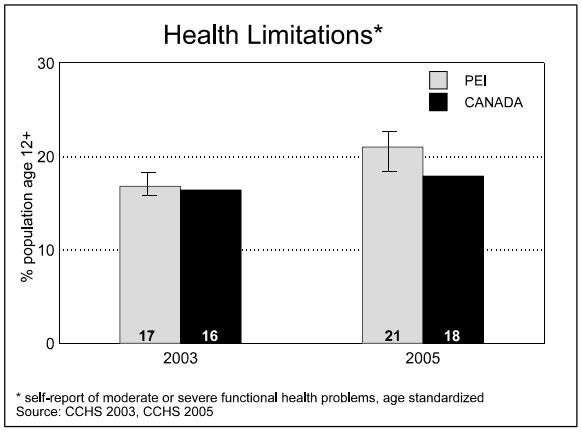
3. 1.1 Self-reported Health

Self-reported health summarizes physical and mental health as experienced by the individual according to personal values. Self-reported health deteriorates with age and low income[17]. PEI and Canada have similar rates that have remained stable, with over 60% describing their health as “excellent” or “very good”.



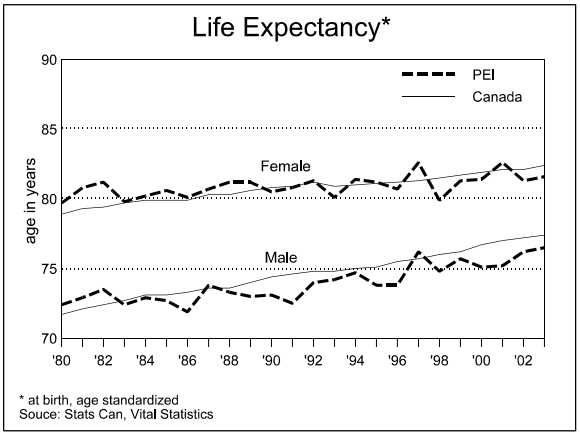
3. 1.2 Functional Health Status

Not everyone is in perfect health. As the population ages, more people are experiencing moderate or severe limitations due to health problems. PEI and Canada have similar rates with about 18% of the population describing health limitations.



3. 1.3 Life Expectancy

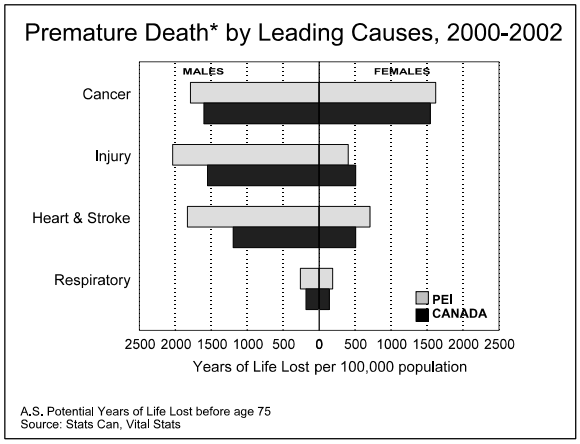
Death is the oldest, most widely used, and most reliable health indicator. Life expectancy measures the quantity rather than the quality of life. PEI and Canada have similar life expectancy, that are increasing, with males born in 2003 expected to live to age 77, and women to age 82.



3.1 HEALTH STATUS

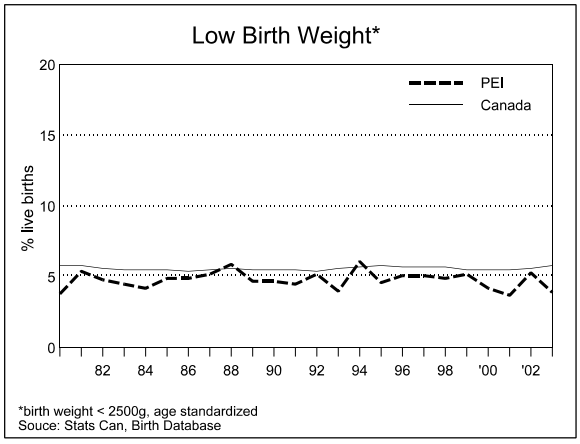
3. 1.4 Premature Death by Cause

Cancers are the leading cause of premature death, followed by injury, circulatory disease, and respiratory disease. PEI males have higher rates of premature death than Canadian males.



3. 1.5 Low Birth Weight

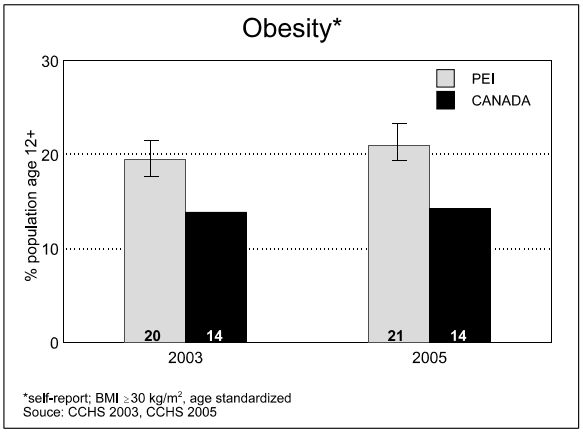
Low birth weight is a key determinant of infant survival, health, and development. Underweight births can result in problems such as cerebral palsy, visual problems, learning disabilities and respiratory problems. Low birth weights can be due to premature birth, lack of prenatal nourishment, maternal hypertension, or maternal smoking[17]. PEI's low birth weight rate is stable around 5%, consistently one of the lowest rates in Canada.



3. 1.6 Obesity

Body weight depends on a combination of factors, including genetics, diet, and active living. Obesity is linked to cardiovascular disease, diabetes, osteoarthritis, and some cancers. Overweight persons are more likely to have less education. Among men, obesity increases with income; among women, obesity is highest in middle income[22].

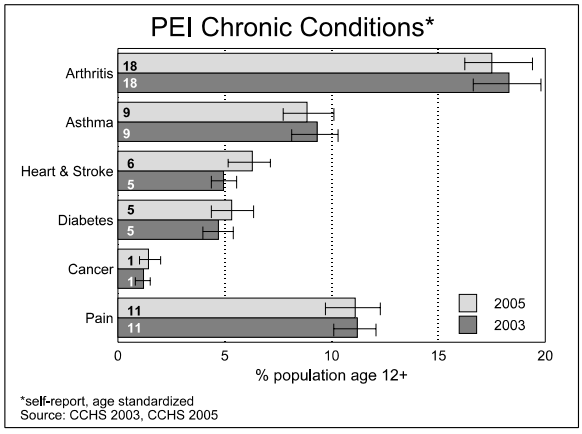
PEI's obesity rate is higher than the Canadian rate. The self-report obesity rate in both PEI and Canada has stabilized over the past few years. Higher obesity rates are found with direct measures of height and weight.



3.1 HEALTH STATUS

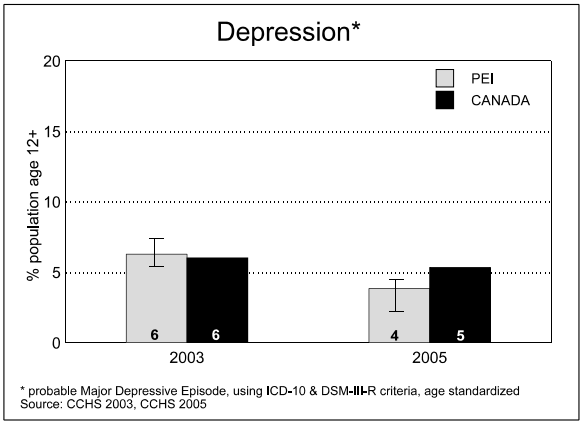
3. 1.7 Chronic Conditions

Chronic conditions are major causes of death, potential years of life lost, hospitalization, and affect quality of life. As the population ages, the prevalence of chronic conditions is increasing. PEI rates are similar to Canadian rates, and have remained stable over the past few years.



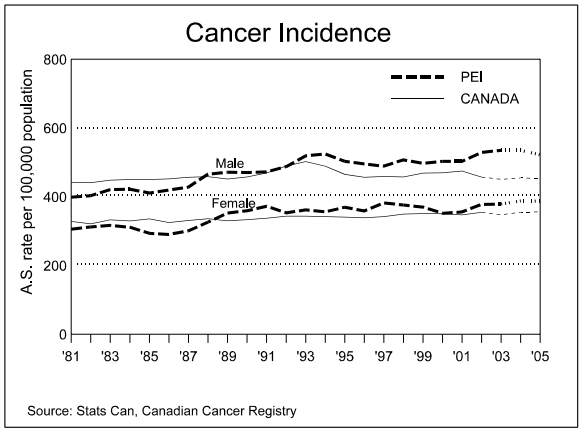
3. 1.8 Depression

Depression causes substantial suffering and is associated with higher hospital use and physician visits. Depression increases with low income[17]. PEI and Canada have similar rates that are stable at about 5%.



3. 1.9 Cancer Incidence

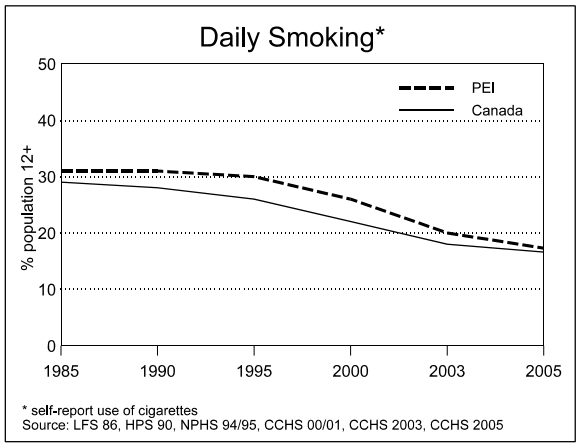
New cases of cancer are monitored to indicate changes in the risk of developing cancer. The most common cancer sites with new cases are prostate, breast, lung, and colorectal. While the Canadian rate has been stable, the PEI rate has been increasing.



3.2 NON-MEDICAL DETERMINANTS OF HEALTH

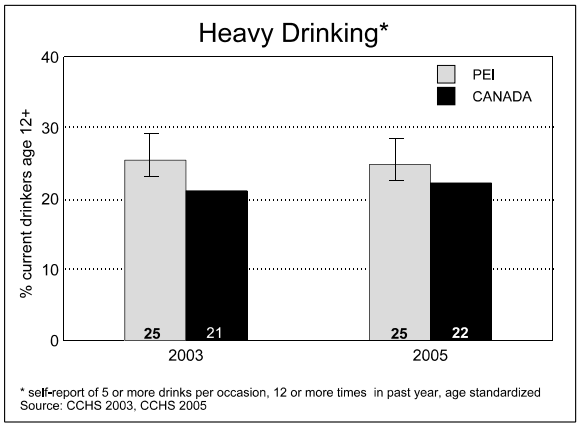
3. 2.1 Smoking

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, and heart disease. Smoking rates are decreasing in both PEI and Canada. PEI smoking rates are now similar to Canadian rates.



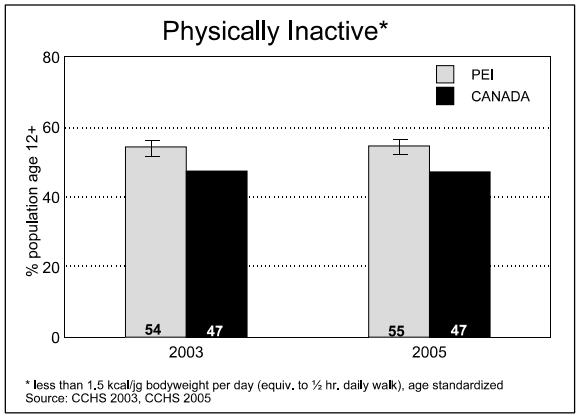
3. 2.2 Drinking

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. Heavy drinking is most common among youth (under 25), and decreases with education[17]. PEI's heavy drinking rate is consistently higher than the Canadian rate.



3. 2.3 Physical Activity

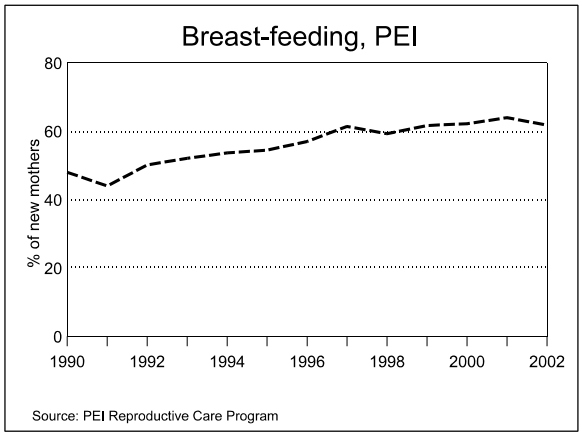
Physical activity reduces the risk of heart disease, diabetes, cancer, osteoporosis, obesity and excess stress. Activity levels increase with education and income and decrease with age[17]. Over 50% of Islanders are inactive. PEI's activity rates are consistently lower than the Canadian rate.



3.2 NON-MEDICAL DETERMINANTS OF HEALTH

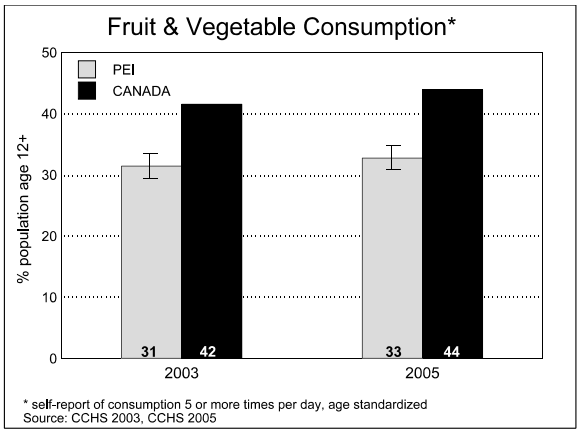
3. 2.4 Breast-feeding

Breast milk is recommended as the only source of nutrients for most infants in the first 3-6 months of life. Breast feeding is most common among mothers over 25, and mothers with higher education[17]. PEI rates are increasing.



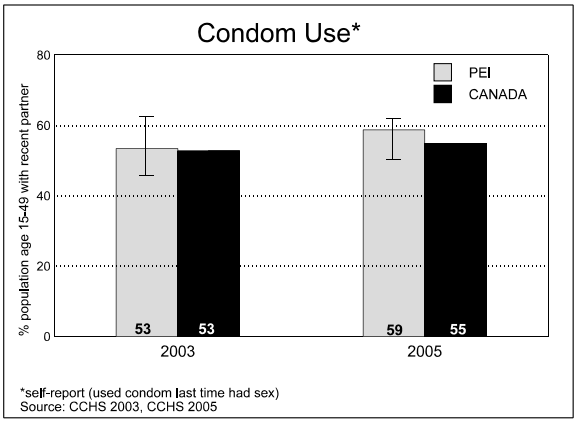
3. 2.5 Diet

Fruits and vegetables are a daily part of a balanced diet[18]. However, only ⅓ of Islanders report consumption of the minimal requirements. PEI rates of consumption have remained stable, in spite of increasing Canadian rates.



3. 2.6 Condom Use

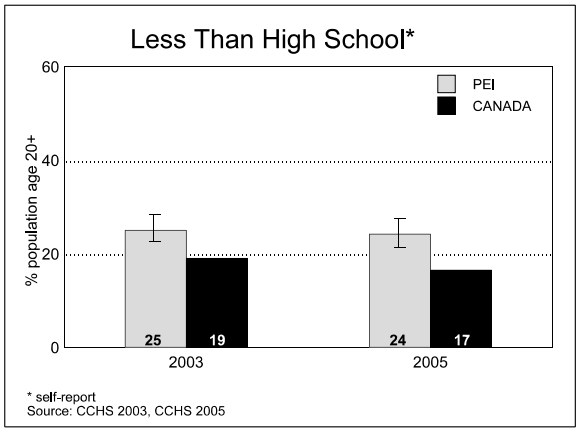
Condoms provide protection against sexually transmitted diseases. PEI and Canada have similar rates, with only half of those sexually active with a recent partner reporting they use a condom.



3.2 NON-MEDICAL DETERMINANTS OF HEALTH

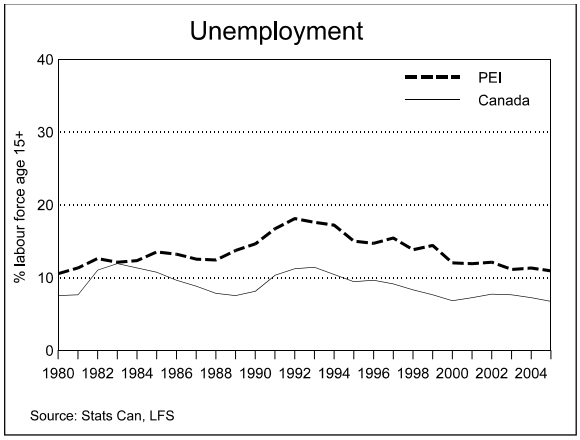
3. 2.7 Education

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[17]. PEI's education levels remained stable, while they are improving in Canada.



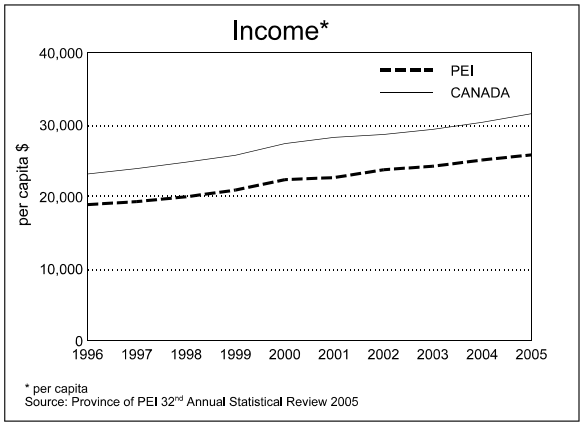
3. 2.8 Unemployment

Employment is a measure of the health of a nation's economy. Unemployed people tend to experience more health problems than those who are employed[17]. Between 1992 and 2005, PEI's unemployment rate decreased from 18% to 11%. PEI's unemployment rate is consistently higher than the Canadian rate.



3. 2.9 Income

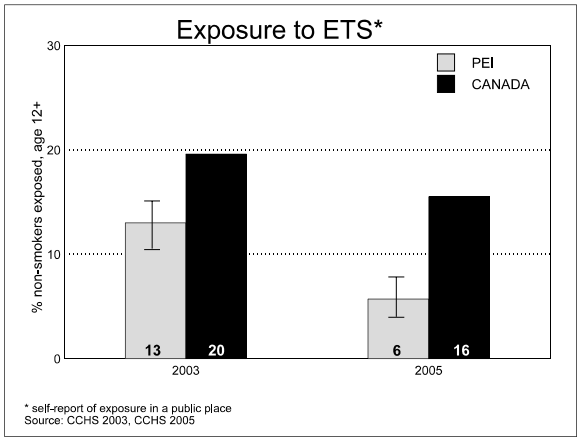
Higher income is associated with better health. Low income Canadians are more likely to die earlier and to suffer more illness than those with higher incomes, regardless of age, sex, race and place of residence[17]. PEI's income is consistently lower than Canadian income.



3.2 NON-MEDICAL DETERMINANTS OF HEALTH

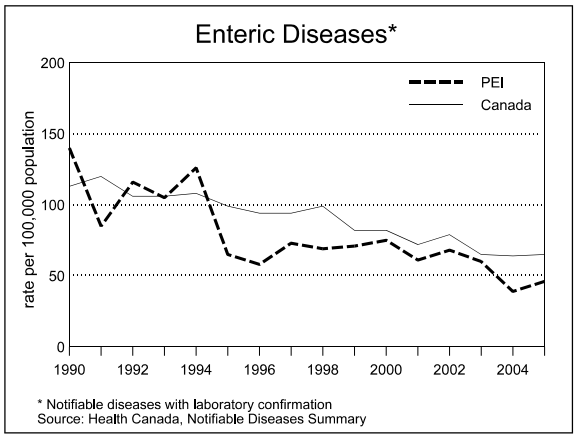
3. 2.10 Exposure to Second-hand Smoke

Exposure to environmental tobacco smoke (ETS) causes lung cancer, heart disease, and respiratory problems. Young children are particularly susceptible. One of the most effective ways to limit exposure to ETS is with restrictions on smoking in public places, and limiting smoking in homes with young children[17]. PEI has demonstrated improvement in reducing exposure rates.



3. 2.11 Food and Waterborne Diseases

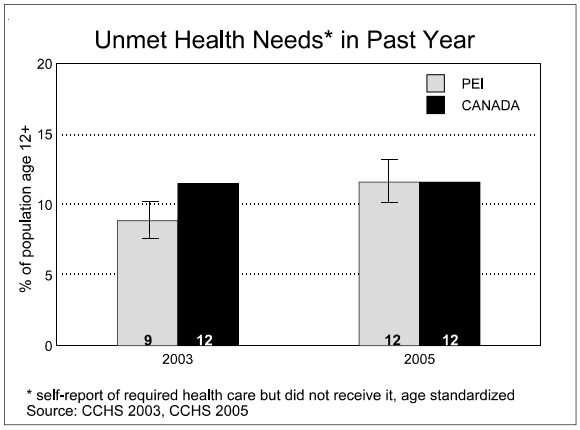
Contaminated food, beverages, or water cause enteric diseases that result in diarrhea, vomiting, stomach cramps, kidney failure, or death. Illness can be reduced by good hygiene, correct food storage, and thorough cooking. PEI and Canada have similar rates that are decreasing.



3.3 HEALTH SYSTEM PERFORMANCE

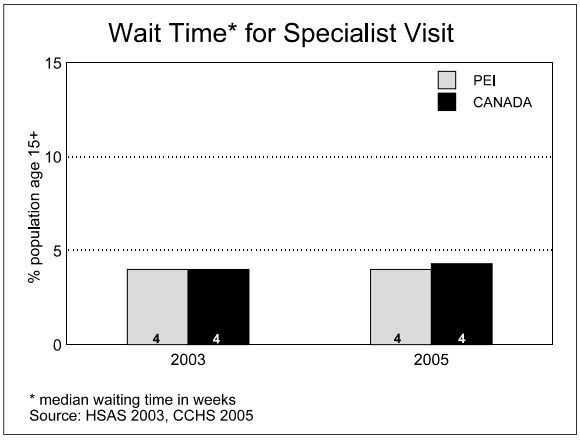
3. 3.1 Unmet Health Needs

"Universality" means that all citizens will have access to the care they need within a reasonable period of time. However, about 10% of the population in PEI and Canada perceive that access to care is not met. The major reason given was waiting time.



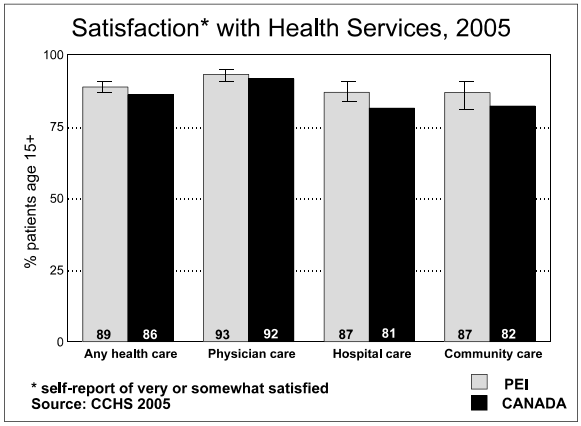
3. 3.2 Wait Time

Wait time is one measure of access to services. In Canada and PEI, people are waiting 4 weeks for specialist visits or for non-emergency surgery.



3. 3.3 Patient Satisfaction

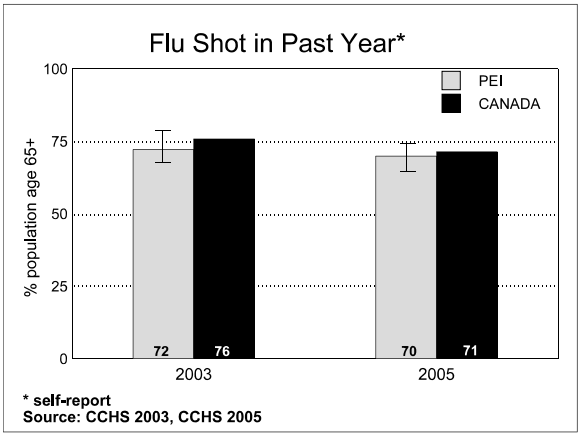
Patient satisfaction combines quality of care, outcome of care, convenience and availability, continuity, interpersonal aspects, finances, and facilities[19]. Satisfaction is influenced by past experiences, knowledge of alternatives, and levels of expectation[20]. The majority of patients (~90%) are satisfied with the services provided.



3.3 HEALTH SYSTEM PERFORMANCE

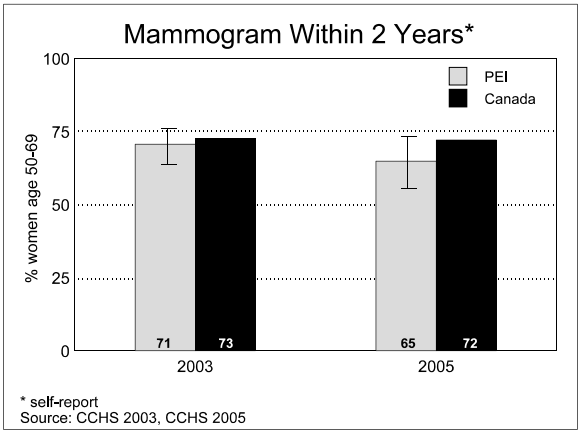
3. 3.4 Influenza Vaccination

Immunization is recommended annually for seniors and immuno-compromised persons, to lessen the severity of influenza[21]. For people over 65, PEI and Canada have similar rates.



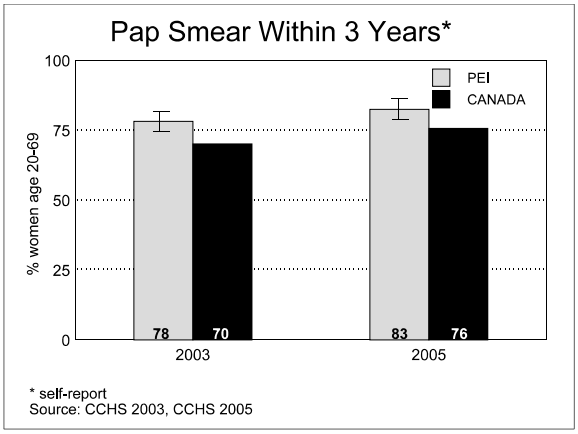
3. 3.5 Mammography

Mammograms are recommended every 2 years for women aged 50 to 69, for early detection of breast cancer[21]. To encourage this, the PEI Breast Screening Program began in 1998. In spite of the proven effectiveness of screening, less than half of women in PEI and Canada are screened; self-report suggests about 70% are screened.



3. 3.6 Pap Screening

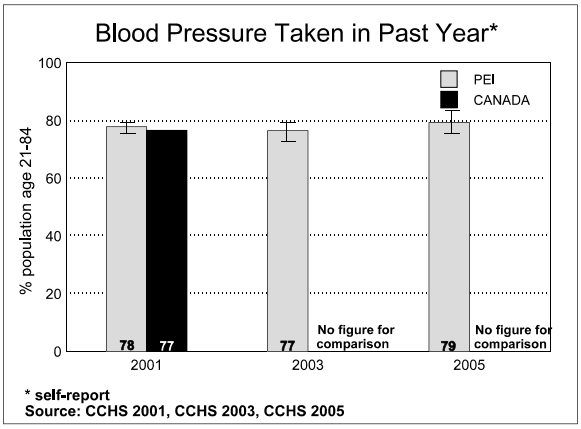
Pap smears are recommended every 3 years for women aged 18 to 69, to prevent cervical cancer[21]. To encourage this, the PEI Pap Screening Program began in 2001. In spite of the proven effectiveness of screening, about 60% of women in PEI and Canada are screened[12] ; self-report suggests about 80% are screened.



3.3 HEALTH SYSTEM PERFORMANCE

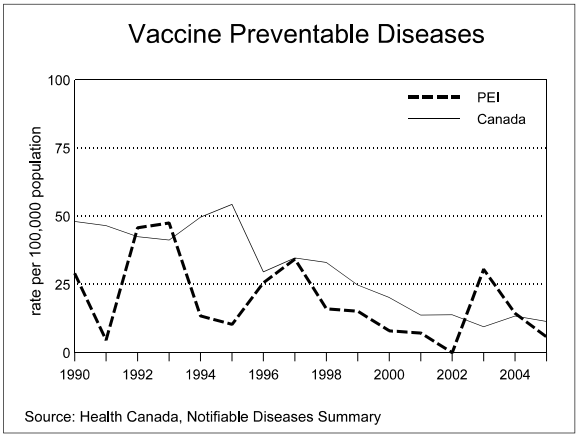
3. 3.7 Blood Pressure

Measurement of blood pressure during a medical visit is recommended for persons aged 21 to 84, to detect hypertension[21]. PEI rates are stable at about 78%, and similar to Canadian rates.



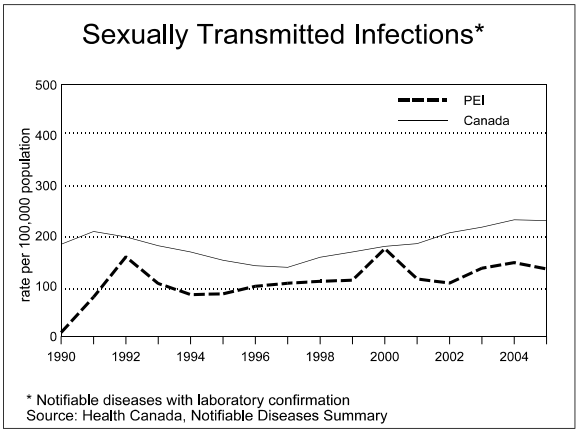
3. 3.8 Vaccine Preventable Diseases

Many childhood and adult diseases are prevented by vaccination. These include pertussis, hepatitis B, rubella, mumps, measles, diphtheria, tetanus, *Haemophilus influenza* type b, and polio. PEI and Canadian rates are decreasing, although they fluctuate with pertussis outbreaks.



3. 3.9 Sexually Transmitted Infections

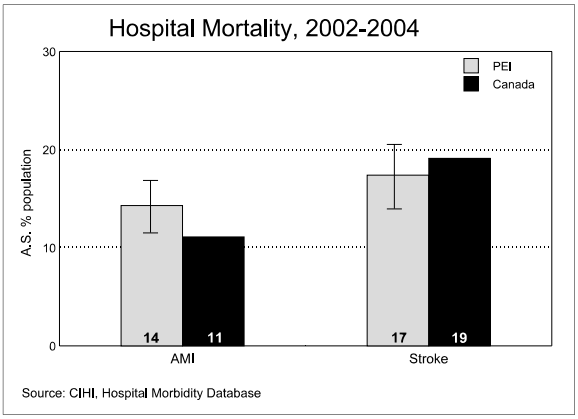
Unprotected sexual activity can spread infection with STIs. Chlamydia (the most common STI) and gonorrhea can result in infertility in both sexes. Syphilis can damage the brain. AIDS can result in death. PEI and Canadian rates are increasing.



3.3 HEALTH SYSTEM PERFORMANCE

3. 3.10 Hospital Mortality

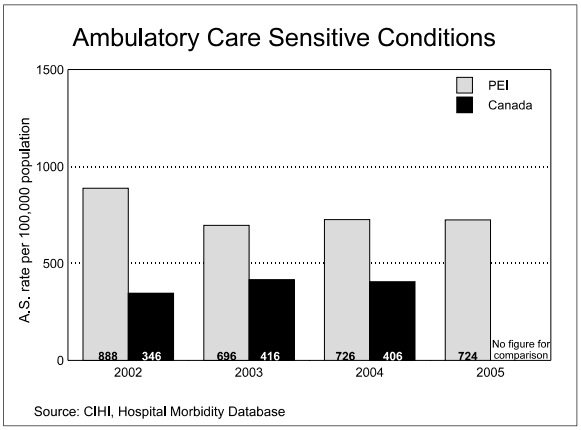
With current in-hospital treatments, deaths following a heart attack (AMI) or stroke should be minimized. PEI and Canadian mortality rates are similar, indicating a standard quality of care.



3. 3.11 Preventable Hospitalizations

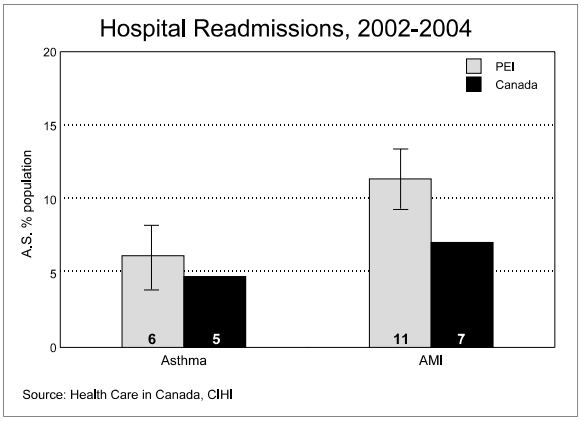
Some hospital admissions could be prevented with the appropriate out-patient treatment. PEI rates are consistently higher than the Canadian rate for these conditions. This may be related to the limited availability of community care.

These ambulatory care sensitive conditions contribute to PEI's consistently high rate of hospitalization, compared to Canada.



3. 3.12 Hospital Readmissions

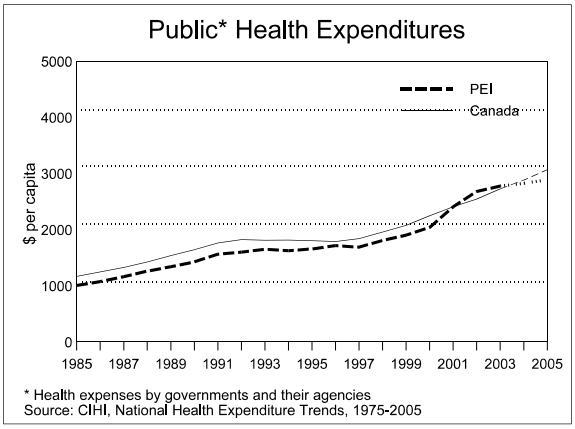
Some hospital admissions could be prevented with appropriate hospital care and out-patient care following conditions such as asthma, or heart attacks. PEI and Canadian rates are similar for asthma. PEI readmissions for heart attacks were higher than Canada for the 3 years ending in 2004.



3.4 COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

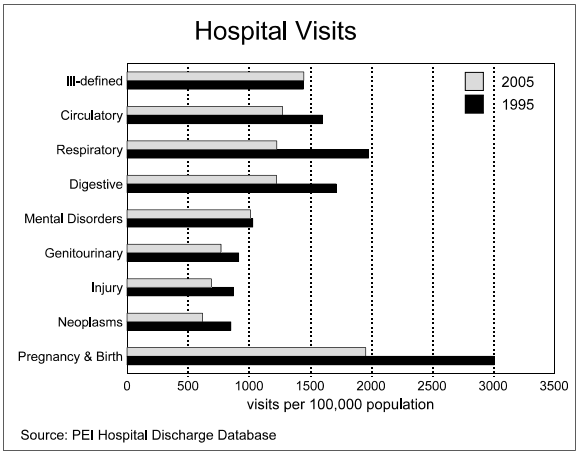
3. 4.1 Health Expenditures

Increases in health expenditures are a result of a combination of population growth, increased utilization per capita, and increased prices. PEI consistently spends less per capita compared to the Canadian average, except in 2001 to 2004 when PEI increased capital expenses to build the Prince County Hospital. In 2005, PEI spends about $2890 per person, compared to $3070 per person in Canada.



3. 4.2 Hospitalization Rates by Cause

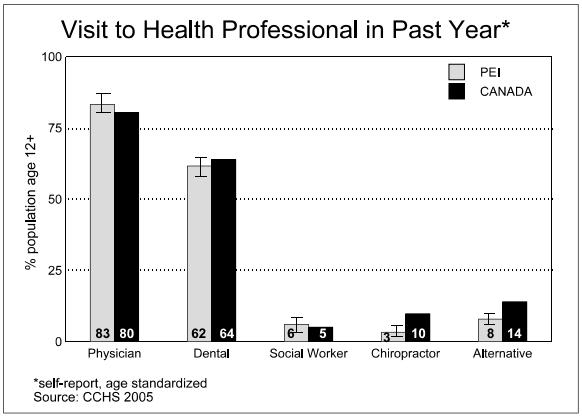
After pregnancy and birth, the leading causes of hospitalizations are ill-defined, circulatory, respiratory, and digestive conditions. Since 1995, the largest decreases are for pregnancy/birth and respiratory hospitalizations.



3. 4.3 Visits to Health Professionals

Access to physicians has remained stable. Physician visits[17] increase with income.

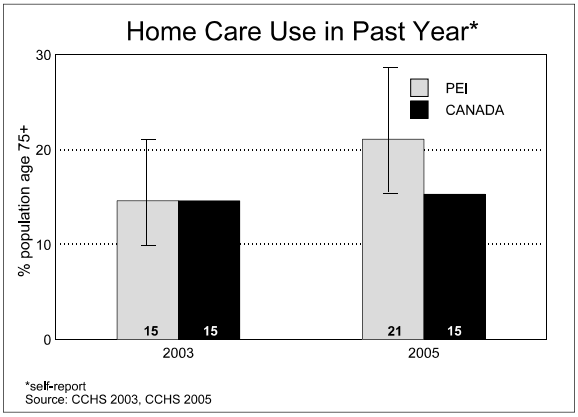
Access to physicians, dentists, and social workers is similar in PEI and Canada. PEI rates are lower than Canadian rates for chiropractors and alternative care (eg. massage, homeopathy, acupuncture).



3.4 COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

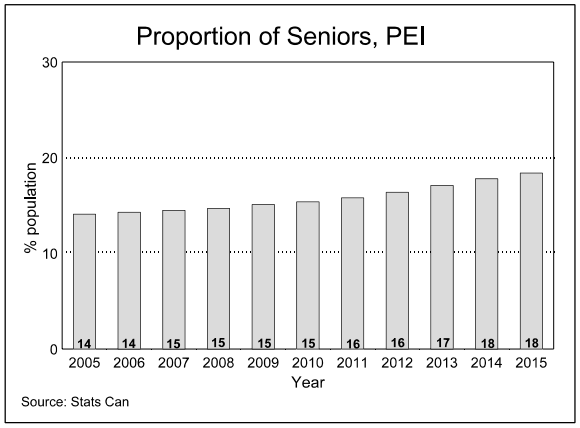
3. 4.4 Home Care

Home care services are designed to maintain independence and reduce the need for hospitalization and long-term care. The rate of use is similar in PEI and other parts of Canada, and has remained stable (~15% of persons 75+).



3. 4.5 Population and Projections

The aging population is illustrated by the increasing proportion of seniors. In PEI, 18% of the population will be over age 65 by 2015.

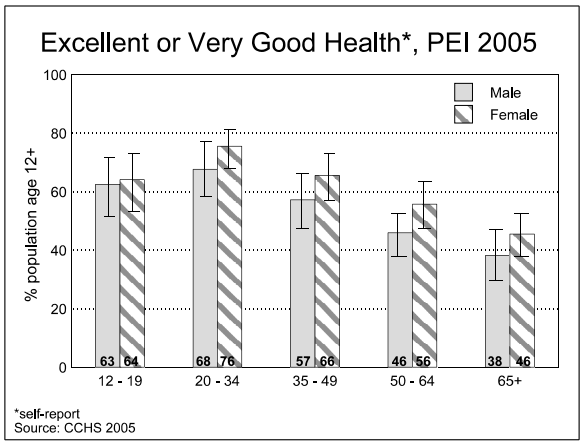


4 INDICATORS BY AGE AND SEX

4.1 HEALTH STATUS

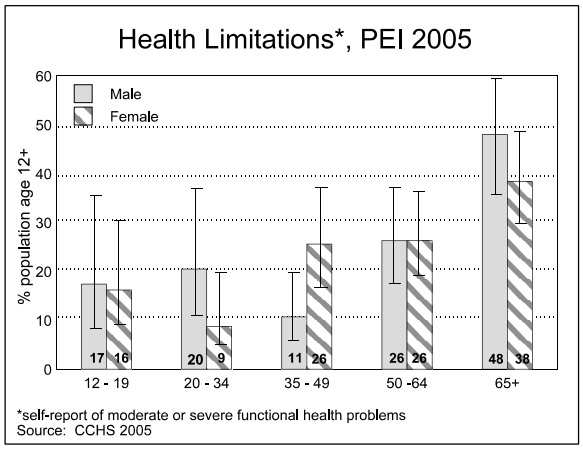
4. 1.1 Self-reported Health

Self-reported health decreases with age, and is slightly higher for females than males.



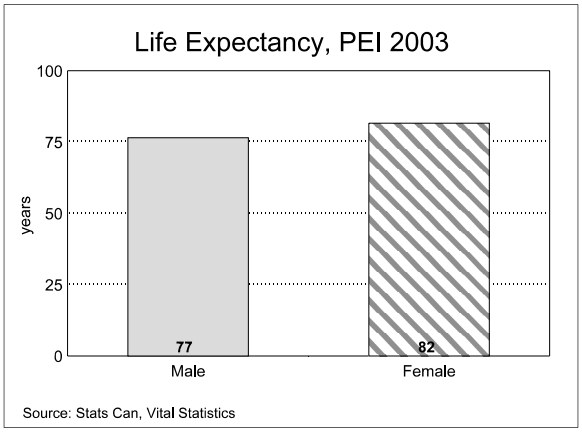
4. 1.2 Functional Health Status

Health limitations increase with age, and are similar for males and females.



4. 1.3 Life Expectancy

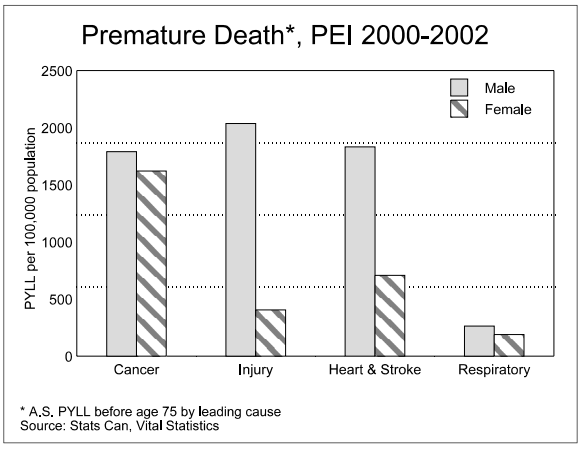
In PEI, females lived 5 years longer, on average, than males.



4.1 HEALTH STATUS

4. 1.4 Premature Death by Cause

Premature deaths were higher for males than females for all the leading causes. The leading cause of premature death for persons 20 to 34 is injury; for persons 35 to 64 is cancer; for persons 65 to 74 is both cancer and heart/stroke. The leading cause of death for persons 75 and over (not included in premature deaths) is heart/stroke.

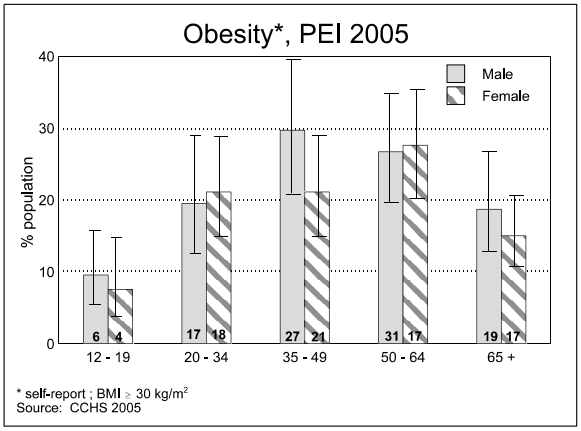


4. 1.5 Low Birth Weight

In Canada, low birth weights are more common among mothers under 15 and over 45[17].

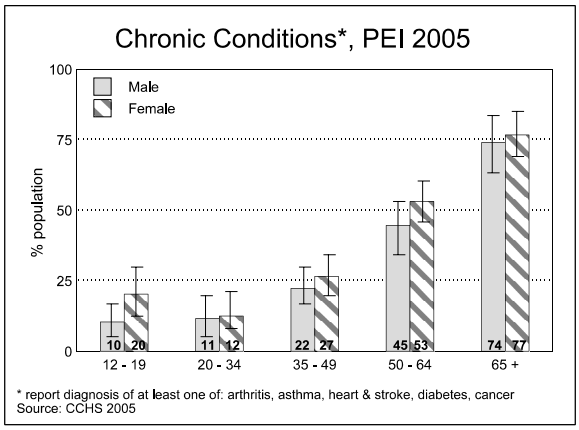
4. 1.6 Obesity

Obesity rates tend to increase with age, peaking before age 65. The male obesity rate is higher than the female rate.



4. 1.7 Chronic Conditions

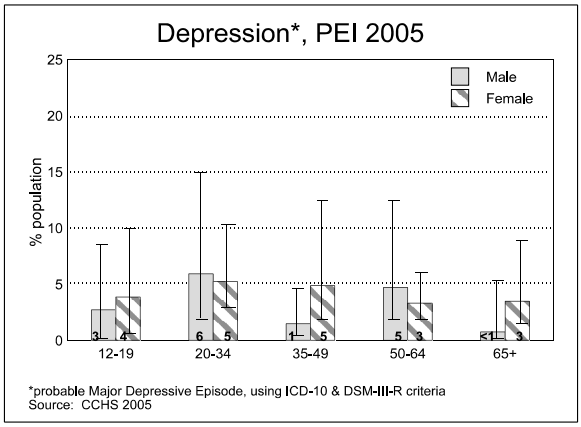
The prevalence of chronic conditions increase with age. In children, the most common chronic condition is asthma[17].



4.1 HEALTH STATUS

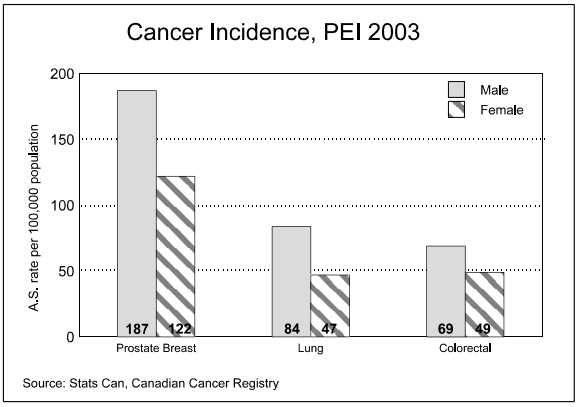
4. 1.8 Depression

Depression is most common in mid-life. The female rate of depression is higher than the male rate.



4. 1.9 Cancer Incidence

Cancer increases with age, and is more common for males than females [6].

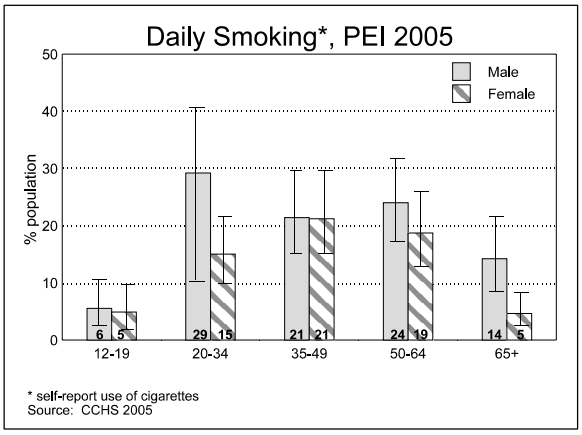


4.2 NON-MEDICAL DETERMINANTS OF HEALTH

4. 2.1 Smoking

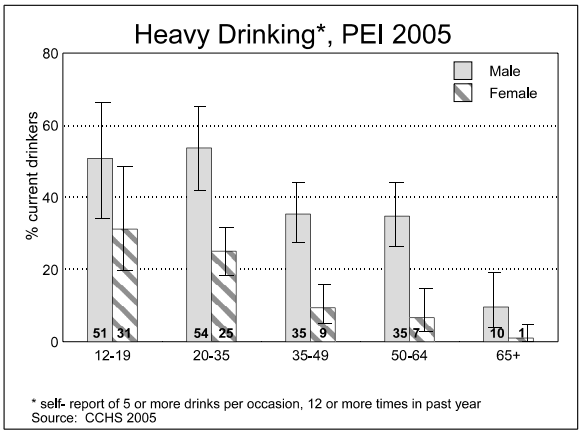
Smoking rates peak with young adults, and are higher for males than females.

In PEI, teen smoking rates are similar for males and females.



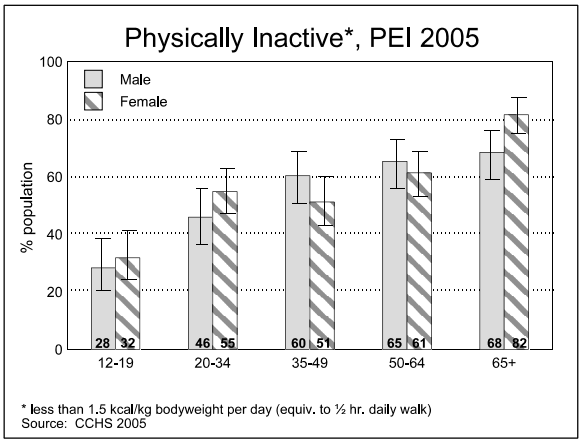
4. 2.2 Drinking

Heavy drinking rates decrease with age, and are higher for males than females.



4. 2.3 Physical Activity

Activity levels decrease with age. Females are less active than males especially among the youngest and oldest age groups.



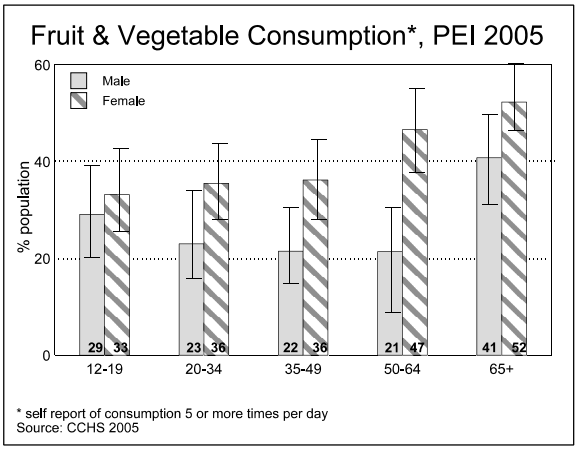
4.2 NON-MEDICAL DETERMINANTS OF HEALTH

4. 2.4 Breast-feeding

In Canada, breast-feeding is most common among mothers over 25[17].

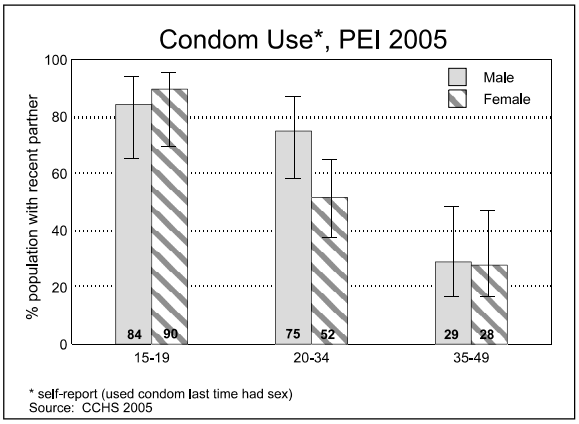
4. 2.5 Diet

Fruit and vegetable consumption is low for all Islanders. Women over 50 reported the highest consumption of fruits and vegetables.



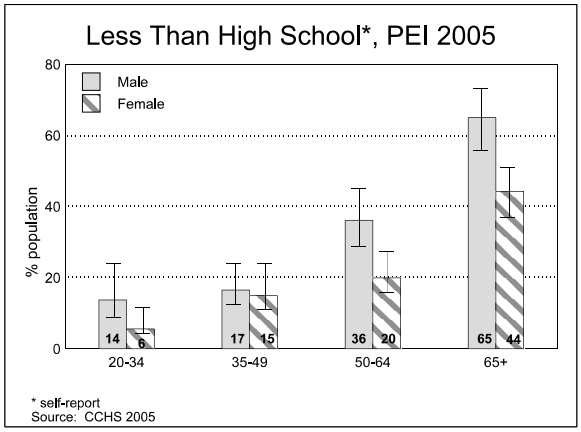
4. 2.6 Condom Use

Condom use decreases with age.



4. 2.7 Education

Education level decreases with age, for both males and females.



4.2 NON-MEDICAL DETERMINANTS OF HEALTH

4. 2.8 Unemployment

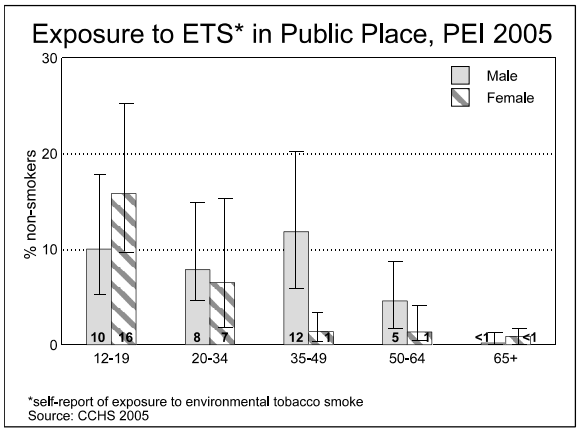
In Canada, unemployment rates are higher for youth than adults[8].

4. 2.9 Income

Not available by age and sex.

4. 2.10 Exposure to Second-hand Smoke

Exposure to ETS decreases with age. Exposure rates are similar for males and females.



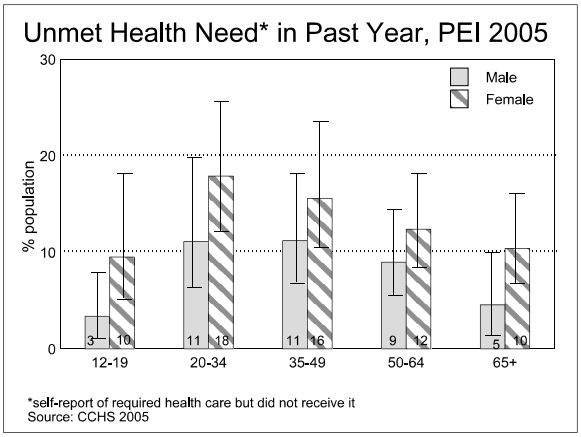
4. 2.11 Foodborne and Waterborne Diseases

Not available by age and sex.

4.3 HEALTH SYSTEM PERFORMANCE

4. 3.1 Unmet Health Needs

Female rates of unmet health needs are higher than male rates. There are no significant differences by age. However, the trend may indicate a peak in mid-life.

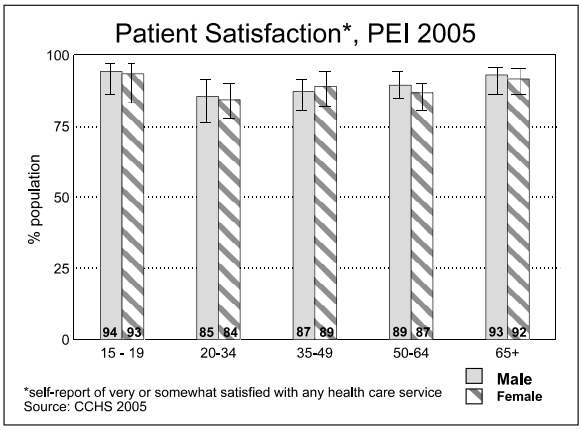


4. 3.2 Wait Time

Not available by age and sex.

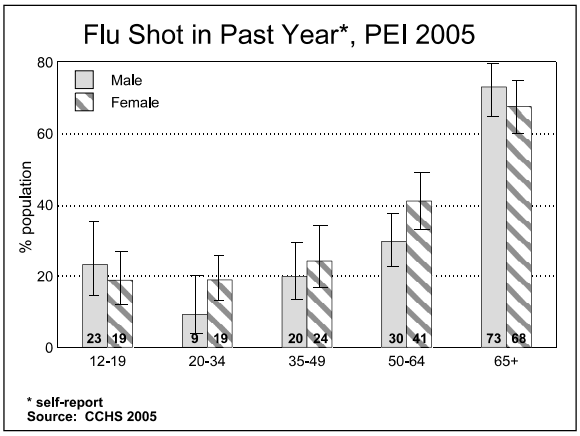
4. 3.3 Patient Satisfaction

Patient satisfaction was similar for all age groups and both sexes.



4. 3.4 Influenza Vaccination

Most flu shots are provided to seniors age 65 and over, consistent with vaccination recommendations for seniors. Male and female rates of vaccination are similar.



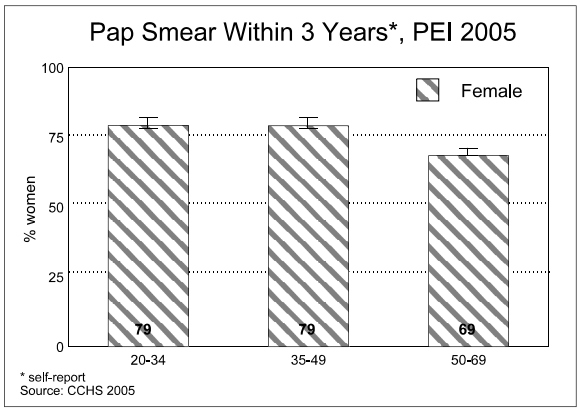
4. 3.5 Mammography

Only reported for women age 50 to 69, to correspond with screening recommendations.

4.3 HEALTH SYSTEM PERFORMANCE

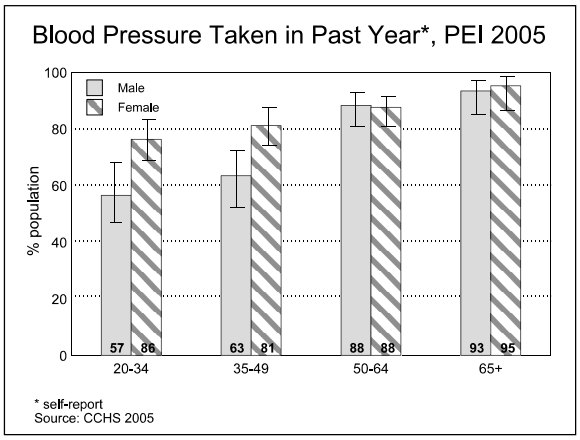
4. 3.6 Pap Screening

Pap screening decreases with age, despite screening recommendations for all women age 20 to 69.



4. 3.7 Blood Pressure

As people age, they are more likely to have their blood pressure taken. More women than men had their blood pressure taken.



4. 3.8 Vaccine Preventable Diseases Not available by age and sex.

4. 3.9 Sexually Transmitted Infections Not available by age and sex.

4. 3.10 Hospital Mortality Not available by age and sex.

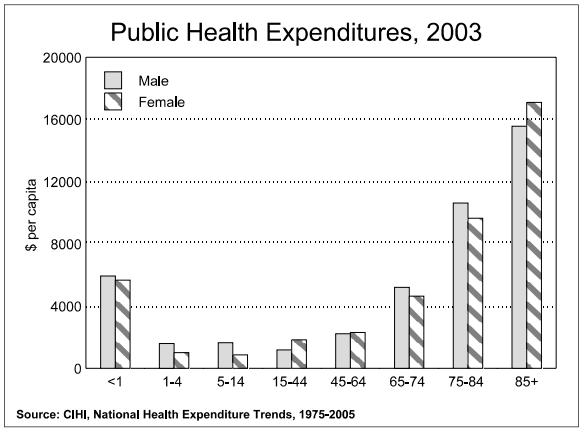
4. 3.11 Preventable Hospitalizations Not available by age and sex.

4. 3.12 Hospital Readmissions Not available by age and sex.

4.4 COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

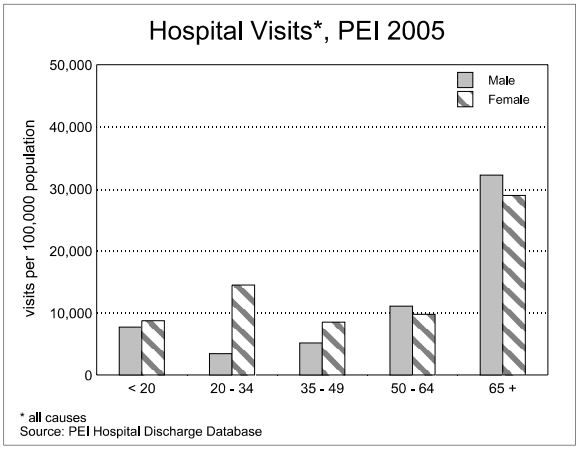
4. 4.1 Health Expenditures

Health expenditures increase with age, with a similar pattern for both sexes.



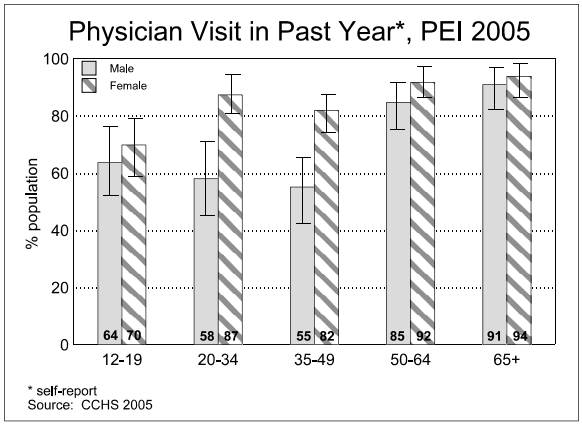
4. 4.2 Hospitalization Rates by Cause

For PEI males, the leading causes of hospitalization were circulatory, respiratory, and digestive conditions. For PEI females, they were pregnancy, followed by digestive, respiratory, and circulatory conditions.



4. 4.3 Visits to Health Professionals

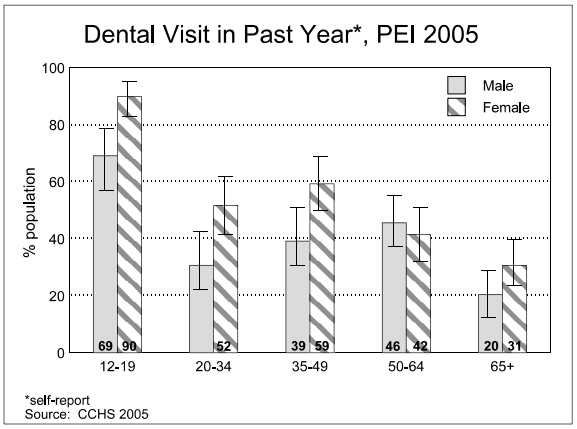
Physician visits increase with age for men and are higher for women than men.



4.4 COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

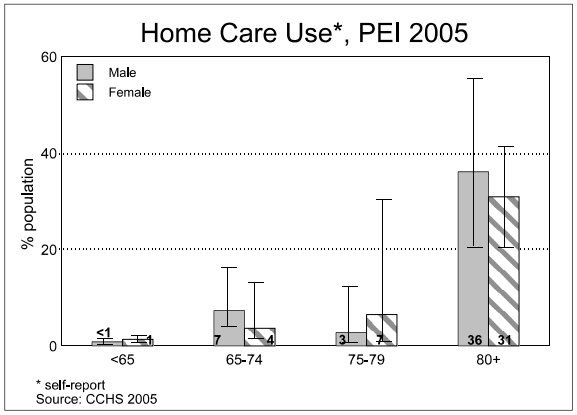
4. 4.3 Visits to Health Professionals

In PEI, dental visits are highest in childhood, corresponding to the PEI Dental Health Program.



4. 4.4 Home Care

Although less than 1% of Islanders under age 65 use home care services, they represent one-quarter of home care recipients. Home care use increases with age.



4. 4.5 Population and Projections

There is little gender variation by age in the 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. Over the next 25 years, PEI's aging population will result in the proportion of seniors doubling, and the proportion of youth under age 20 decreasing by a third.

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APPENDIX: DEFINITIONS & DATA TABLES

1. HEALTH STATUS

1.1 Self-reported Health

Definition: Individuals rate their own health status as being either excellent, very good, good, fair or poor. Overall measure of well-being that incorporates disease severity, coping skills, psychological attitude and social well-being. The rate is age-standardized to the 1991 Canadian population.

Sources: Statistics Canada: CCHS 2005, CCHS 2003[3]

Data Tables:

Excellent or Very Good Health
A.S. % of population age 12+, by year

	PEI		Canada	
	%	CI	%	CI
2003	66.0	64.0-68.1	59.8	59.6-60.1
2005	60.9	58.8-63.1	61.5	61.3-61.8

Excellent or Very Good Health, PEI 2005
% of population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	62.5	52.0-71.9	67.6	56.8-76.8	57.2	47.8-66.1	45.9	37.3-54.8	38.2	30.0-47.1
F	64.1	53.9-73.2	75.5	68.4-81.5	65.5	56.4-73.6	55.7	47.9-63.2	45.5	37.8-53.3

Excellent or Very Good Health, PEI
% of population age 12+, by region

	WP		EP		Q		K	
	%	CI	%	CI	%	CI	%	CI
2003	62.6	55.5-69.2	69.3	64.2-73.9	64.6	60.2-68.8	58.5	52.4-64.3
2005	50.9	43.4-57.9	55.6	50.2-60.9	60.0	55.4-64.5	62.9	56.5-68.8

1. HEALTH STATUS

1.2 Functional Health Status

Definition: Individuals answer yes or no to a series of questions based on 9 dimensions of functioning: vision, hearing, speech, mobility, dexterity, feelings, cognition, memory and pain. These are combined with societal preferences for various health states to produce an overall **Health Utility Index** of functional health on a scale of 0 to 1. A score of 0.8 to 1.0 is considered to be very good or perfect health; scores below 0.8 are considered to indicate moderate or severe functional health problems (disabilities).The rate is age-standardized to the 1991 Canadian population.

Sources: Statistics Canada: CCHS 2005, CCHS 2003[3]

Data Tables:

Moderate or Severe Functional Health Problems
A.S. % of population age 12+, by year

	PEI		Canada	
	%	CI	%	CI
2003	16.8	15.2-18.4	16.4	16.2-16.7
2005	21.0	18.5-23.5	17.9	17.5-18.3

Moderate or Severe Functional Health Problems, PEI 2005
% of population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	17.4	7.56-35.2	20.5	10.2-37.0	10.7	5.7-19.4	26.3	16.9-37.5	48.0	34.9-61.4
F	16.2	8.02-30.1	8.76	3.95-18.3	25.6	16.6-37.2	26.3	17.9-36.9	38.4	28.9-48.8

Moderate or Severe Functional Health Problems, PEI
% of population age 12+, by region

	WP		EP		Q		K	
	%	CI	%	CI	%	CI	%	CI
2003	25.7	18.1-35.1	13.6	10.1-18.1	19.7	15.7-24.5	14.3	9.61-20.7
2005	26.5	17.8-37.4	25.4	18.6-33.7	21.5	17.0-26.7	19.9	14.3-27.1

1. HEALTH STATUS

1.3 Life Expectancy

Definition: Life expectancy is the number of years a person would be expected to live, on average, starting from birth. Calculation uses birth data and annual mortality rates for Greville's method for abridged lifetables, with 5-year age groupings of population and mortality rates.

Sources: Statistics Canada, Vital Statistics, Birth and Death Databases[5]

Data Table:

Life Expectancy at Birth
Expected age in years

	Male		Female	
Year	PEI	Canada	PEI	Canada
1980	72.4	71.7	79.7	78.9
1981	72.9	72.1	80.8	79.3
1982	73.5	72.4	81.2	79.4
1983	72.4	72.7	79.8	79.7
1984	72.9	73.1	80.2	79.9
1985	72.7	73.1	80.6	79.9
1986	71.9	73.3	80.1	79.9
1987	73.8	73.6	80.7	80.3
1988	73.3	73.6	81.2	80.3
1989	73.0	74.0	81.2	80.6
1990	73.1	74.4	80.5	80.8
1991	72.5	74.6	80.8	80.9
1992	74.0	74.8	81.3	81.2
1993	74.2	74.8	80.1	80.9
1994	74.7	75.0	81.4	81.0
1995	73.8	75.1	81.2	81.1
1996	73.8	75.5	80.7	81.2
1997	76.3	75.8	82.6	81.3
1998	74.9	76.0	79.9	81.5
1999	75.7	76.3	81.2	81.7
2000	75.1	76.7	81.4	81.9
2001	75.2	77.0	82.6	82.1
2002	76.2	77.2	81.3	82.1
2003	76.5	77.4	81.6	82.4

Infant Mortality is the number of infants who die in the first year of life per 1,000 live births.
The three year average for the period 2000 to 2002 for PEI: 4.1; for Canada: 5.3.

1. HEALTH STATUS

1.4 Premature Death by Cause

Definition: Potential Years of Life Lost (PYLL) with premature death before age 75; years per 100,000 population age 0 to 74, age-standardized to the 1991 Canadian population

- Cancer: all malignant cancer deaths (ICD-9 140-208) including lung, colorectal, breast, and prostate cancers
- Heart and Stroke: all circulatory disease deaths (ICD-9 390-459) including ischaemic heart disease (includes AMI/heart attack), cerebrovascular diseases (stroke), and other circulatory diseases
- Injury: unintentional injury deaths (ICD-9 E800-E929, excluding E870-E879), including accidents due to causes such as motor vehicle collisions, falls, drowning, burns, and poisoning, but not medical misadventures/complications or suicide
- Suicide: suicide deaths (ICD-9 E950-E959)
- Respiratory: all respiratory deaths (ICD-9 460-519), including pneumonia, influenza, bronchitis, emphysema, asthma, and all other respiratory diseases

Sources: Statistics Canada, Vital Statistics, Death Database[5]

Data Tables:

Leading Causes of PYLL (Rate per 100,000 population 0-74, 3 year ave. 2000-02

	Male				Female			
	PEI		Canada		PEI		Canada	
	Rate	CI	Rate	CI	Rate	CI	Rate	CI
Cancer	1790	1730.2-1849.3	1605	1601.0-1608.4	1621	1564.7-1677.3	1543	1539.3-1546.6
Lung	660	623.3-696.0	453	451.0-455.0	438	408.2-467.1	354	351.7-355.3
Colorectal	168	149.8-186.6	161	159.6-161.9	127	111.0-142.8	115	114.3-116.3
Breast	-	-	-	-	394	365.7-421.5	335	332.8-336.2
Prostate	70	57.8-81.5	57	55.9-57.3	-	-	-	-
Heart and Stroke	1832	1771.5-1892.0	1195	1191.9-1198.3	707	669.5-744.3	509	506.8-511.0
IHD	1129	1081.3-1176.2	783	780.6-785.8	289	264.8-312.7	228	226.9-229.7
Stroke	415	386.3-444.1	270	268.4-271.5	298	273.5-322.1	162	161.1-163.5
Injury exclude suicide	1511	1456.3-1566.0	943	939.8-945.5	293	268.5-316.7	334	332.4-335.9
Injury: Suicide	526	493.1-558.1	610	607.9-612.4	111	96.5-126.2	175	173.5-176.0
Respiratory	263	239.8-28.81	185	184.1-186.6	189	169.7-208.4	139	137.4-139.6

PYLL (all causes), PEI 3 year ave. 2000-02
(Rate per 100,000 population 0-74,by region)

PEI		WP		EP		Q		K	
Rate	CI	Rate	CI	Rate	CI	Rate	CI	Rate	CI
5606	5533-5678	4597	4393-4802	5807	5657-5957	5661	5556-5765	5795	5609-5981

1. HEALTH STATUS

1.5 Low Birth Weight

Definition: Live births greater than 500 grams and less than 2,500 grams, expressed as a percentage of all live births with a known birth weight greater than 499 grams.
Low birth weights are adjusted for borderline viable births, since over time there has been increased registration of live births with birth weight less than 500 grams. The adjustment improves comparability of this indicator over an extended time period.

Sources: Statistics Canada, Vital Statistics, Birth Database[5]

Data Table:

Low Birth Weight
Rate as % of live births, by year

Year	PEI	Canada
1980	3.8	5.8
1981	5.4	5.8
1982	4.8	5.6
1983	4.5	5.5
1984	4.2	5.5
1985	4.9	5.5
1986	4.9	5.4
1987	5.2	5.5
1988	5.9	5.6
1989	4.7	5.5
1990	4.7	5.5
1991	4.5	5.5
1992	5.2	5.4
1993	4	5.6
1994	6.1	5.7
1995	4.6	5.8
1996	5.1	5.7
1997	5.1	5.7
1998	4.9	5.7
1999	5.2	5.5
2000	4.2	5.5
2001	3.7	5.5
2002	5.3	5.6
2003	3.9	5.8

1. HEALTH STATUS

1.6 Obesity

Definition: Self-reported height and weight were used to calculate **Body Mass Index**.
BMI is calculated as follows: weight in kilograms divided by height in meters squared.
BMI is a common method of determining if an individual's weight is in a healthy range based on their height. Pregnant women are excluded. International standards for interpreting the index are:

- underweight BMI < 18.5
- acceptable weight BMI = 18.5 to 24.9
- overweight BMI = 25 to 29.9
- obese BMI ≥ 30

Lower thresholds are used for persons under age 18.

Sources: Statistics Canada: CCHS 2005, CCHS 2004, CCHS 2003[3]

Data Tables:

Body Mass Index Categories
% of population age 12+, by year

		Self-report				Measured*			
		PEI		Canada		PEI		Canada	
	Year	%	CI	%	CI	%		%	CI
Acceptable	2003	44.7	42.5-46.9	54.6	54.3-54.9	39.3	35.8-42.8	42.8	42.1-43.6
	2005	43.8	41.5-46.0	51.4	51.2-51.7	-		43.8	42.4-45.3
Overweight	2003	35.9	33.7-38.0	31.5	31.2-31.7	35.9	32.4-39.3	34.2	33.4-34.9
	2005	34.2	32.0-36.4	31.5	31.2-31.8	-		32.7	31.4-34.1
Obese	2003	19.5	17.7-21.3	13.9	13.7-14.1	23.9	20.8-27.0	21.1	20.4-21.7
	2005	21.0	19.1-22.9	14.3	14.1-14.5	-		21.7	20.5-22.9

*BMI from CCHS 2004 Cycle 2.2

Obesity, PEI 2005
% of population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65 + yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	9.54	5.32-16.5	19.5	12.7-28.8	29.7	21.9-39.0	26.7	19.7-35.2	18.7	12.4-27.2
F	7.55	3.76-14.6	21.1	14.9-28.9	21.1	15.1-28.8	27.6	20.8-35.6	15.0	10.7-20.6

Obesity, PEI
% of population age 12+, by region

	WP		EP		Q		K	
	%	CI	%	CI	%	CI	%	CI
2003	21.2	15.9-27.7	21.1	16.7-26.2	19.7	16.1-23.9	17.7	13.7-22.4
2005	22.1	16.2-29.3	23.6	19.1-28.8	19.9	16.4-23.8	20.7	16.2-26.1

1. HEALTH STATUS

1.7 Chronic Conditions

Definition: Population aged 12 and over who report that they have been diagnosed by a health professional as having a chronic condition.

- Arthritis: includes both rheumatoid arthritis and osteoarthritis, excludes fibromyalgia
- Asthma: includes asthma, excludes bronchitis or emphysema
- Heart and Stroke: includes heart disease and stroke, excludes high blood pressure
- Diabetes: includes all types of diabetes
- Cancer: includes all types of cancer
- Pain: includes some or all activities are restricted due to pain (see 1.2 Functional health status)
- Any chronic condition: at least one of: arthritis, asthma, heart and stroke, diabetes, cancer

Sources: Statistics Canada: CCHS 2005, CCHS 2003[3]

Data Tables:

Chronic Disease

A.S. % of population age 12+, by year Source: CCHS

		PEI		Canada	
		%	CI	%	CI
Arthritis	2003	18.3	16.8-19.8	15.2	15.0-15.3
	2005	17.5	16.2-18.9	14.6	14.4-14.8
Asthma	2003	9.32	8.01-10.6	8.59	8.44-8.75
	2005	8.85	7.56-10.1	8.49	8.33-8.64
Heart and Stroke	2003	4.94	4.10-5.79	5.18	5.07-5.29
	2005	6.29	5.38-7.20	4.92	4.81-5.03
Diabetes	2003	4.70	3.82-5.58	4.14	4.04-4.24
	2005	5.32	4.41-6.23	4.33	4.22-4.43
Cancer	2003	1.20	0.76-1.64	1.51	1.44-1.57
	2005	1.43	0.93-1.93	1.22	1.16-1.28
Pain	2003	11.2	9.85-12.6	9.83	9.61-10.1
	2005	11.1	9.26-12.9	10.2	9.92-10.6

Any Chronic Condition, PEI 2005

% of population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
M	10.4	6.16-17.1	11.6	6.40-20.1	22.3	15.5-31.1	44.7	36.3-53.4	74.0	64.9-81.5
F	20.3	13.0-30.2	12.5	8.26-18.5	26.6	18.8-36.1	53.1	45.3-60.7	76.7	69.9-82.3

Any Chronic Condition, PEI

% of population age 12+, by region

	WP		EP		Q		K	
	%	CI	%	CI	%	CI	%	CI
2005	27.3	21.7-33.6	36.8	31.9-41.9	35.6	31.4-40.0	30.5	25.3-36.1

1. HEALTH STATUS

1.8 Depression

Definition: Population aged 12 and over who show symptoms of depression, based on their responses to a set of questions that establishes the probability of suffering a "major depressive episode" as defined by DSM-III-R and ICD-10. Probable risk (0.90) of depression was indicated with at least one episode of 2 weeks or more with depressed mood, loss of interest, and health problems.

Sources: Statistics Canada: CCHS 2005, CCHS 2003[3]

Data Tables:

Depression
A.S. % of population age 12+, by year

	PEI		Canada	
	%	CI	%	CI
2003	6.3	5.1-7.4	6.0	5.8-6.3
2005	3.8	2.9-4.7	5.3	5.1-5.5

Depression, PEI 2005
% of population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	2.7	0.9-8.3	5.9	2.2-15.0	1.5	0.5-4.2	4.7	1.7-12.6	0.7	0.1-5.1
F	3.9	1.4-10.0	5.2	2.6-10.3	4.9	1.8-12.6	3.3	1.7-6.32	3.5	1.4-8.3

Depression, PEI
% of population age 12+, by region

	WP		EP		Q		K	
	%	CI	%	CI	%	CI	%	CI
2003	3.6	1.8-7.3	7.9	5.2-11.8	5.2	3.5-7.7	5.9	3.6-9.5
2005	3.6	1.7-7.4	5.2	2.9-9.0	3.3	2.0-5.5	3.4	1.1-10.0

1. HEALTH STATUS

1.9 Cancer Incidence

Definition: New cases at primary sites of cancer (malignant neoplasms) for all cancers (ICD-9 140-208), excluding non-melanoma skin cancer. Rate expressed per 100,000 population age-standardized to the 1991 Canadian population.

Sources: Statistics Canada, Vital Statistics, Canadian Cancer Registry[7], and Demography Division (population estimates), Health Canada (2004 - 2006 forecast estimates)

Data Tables:

Cancer Incidence
A.S. Rate per 100,000 population, by year

	Male		Female	
	PEI	Canada	PEI	Canada
1980	397.4	406.1	293.3	305.5
1981	393.0	442.2	294.4	328.1
1982	405.3	440.7	330.0	321.0
1983	410.8	448.4	312.8	332.8
1984	446.2	450.1	308.1	329.5
1985	409.7	449.8	313.4	335.6
1986	377.2	451.9	259.6	324.9
1987	472.4	456.3	298.3	330.7
1988	434.5	458.5	345.3	336.1
1989	491.4	451.6	334.3	330.0
1990	487.8	457.7	379.1	333.2
1991	433.0	469.0	364.3	337.1
1992	495.8	489.2	373.4	343.5
1993	534.0	502.2	321.9	343.3
1994	527.8	488.8	390.3	342.1
1995	511.6	464.8	355.7	340.8
1996	470.2	456.6	362.5	338.8
1997	505.5	458.7	358.1	342.1
1998	491.4	457.5	425.1	349.6
1999	525.1	468.6	345.1	350.7
2000	476.2	469.4	340.5	350.3
2001	507.9	474.9	369.3	347.3
2002	524.6	457.2	357.8	354.8
2003	555.3	450.2	406.6	347.4
2004 f	525	454.8	371.5	354.3
2005 f	525	452.7	386	355.8
2006 f	516	450.7	404	357.2

Notes: Graph 3.1.9 uses 3 year moving average rates for PEI, to smooth out annual fluctuations.

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.1 Smoking

Definition: Population aged 12 and over who reported being either a smoker (daily or occasional) or a non-smoker (former or never smoked). Individuals answer a series of questions on frequency and amount smoked. This is used to create the following smoking status categories: daily smoker, occasional smoker, former smoker, never smoked.

Sources: Statistics Canada: CCHS 2005, CCHS 2003, CCHS 2000/01[3], NPHS 1994/95[4]

Data Tables:

Daily Smoking
% of population age 12+, by year

		Male				Female			
	Source	PEI		Canada		PEI		Canada	
1966	LFS[9]	54		54		28		33	
1975	LFS[9]	44		44		30		32	
1986	LFS[9]	34		31		28		27	
1990	HPS	35		30		25		27	
1995	NPHS[4]	36	(30.4-40.4)	26	(24.7-27.2)	19	(15.6-23.2)	23	(21.6-23.8)
1997	NPHS[4]	36	(30.4-40.4)	26	(24.8-26.9)	18	(14.1-22.5)	21	(20.4-22.2)
1999	NPHS[4]	33	(28.0-38.2)	24	(23.1-25.6)	22	(18.3-26.8)	21	(20.2-22.6)
2001*	CCHS[3]	26	(23.2-28.7)	24	(23.0-24.0)	23	(20.3-25.9)	19	(19.0-19.9)
2003*	CCHS[3]	22	(18.7-26.3)	19	(18.8-19.9)	18	(15.4-21.3)	16	(15.9-16.8)
2005*	CCHS[3]	20	(17.0-24.3)	18	(17.8-18.7)	14	(11.8-17.3)	15	(14.6-15.4)

* A.S. rate

Daily Smoking , PEI 2005
% population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	5.54	2.54-11.6	29.2	20.2-40.3	21.4	15.0-29.6	24.0	17.4-32.2	14.2	8.75-22.1
F	4.88	2.17-10.6	15.0	10.2-21.5	21.2	14.9-29.2	18.7	13.4-25.6	4.62	2.64-7.99

Daily Smoking, PEI
% of population age 12+, by region

	WP		EP		Q		K	
	%	CI	%	CI	%	CI	%	CI
2003	25.6	19.3-33.0	20.0	15.5-25.4	18.8	15.5-22.6	21.3	16.8-26.6
2005	17.5	12.7-23.7	18.3	14.5-22.9	15.6	12.5-19.3	20.9	15.5-27.6

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.2 Drinking

Definition: **Heavy drinking:** Population aged 12 and over who are current drinkers and who reported drinking 5 or more drinks per occasion, at least 12 times in the past 12 months.

Sources: Statistics Canada: CCHS 2005, CCHS 2003[3]

Data Tables:

Frequency of Drinking 5+ drinks per occasion in past 12 months
A.S. % of current drinkers age 12+, by year

		PEI		Canada	
		%	CI	%	CI
2003	never	48.6	45.6-51.5	53.6	53.3-53.9
	<12 times	26.0	23.4-28.6	25.3	25.0-25.8
	heavy drinking	25.4	22.9-28.0	21.1	20.9-21.4
2005	never	47.2	44.0-50.3	51.3	51.0-51.6
	<12 times	28.0	24.9-31.1	26.4	26.1-26.7
	heavy drinking	24.8	22.6-27.0	22.2	22.0-22.5

Heavy Drinking, PEI 2005
% of current drinkers, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	50.8	35.3-66.2	53.7	42.0-64.9	35.4	26.0-46.0	34.8	24.8-46.3	9.61	4.33-19.9
F	31.2	18.8-47.1	25.1	18.0-33.8	9.40	5.43-15.8	6.65	3.50-12.3	1.00	0.20-4.79

Heavy Drinking, PEI
% of current drinkers age 12+, by region

	WP		EP		Q		K	
	%	CI	%	CI	%	CI	%	CI
2003	31.5	22.9-41.6	23.9	17.9-31.1	25.1	20.6-30.2	27.3	19.9-36.2
2005	30.3	21.9-40.1	25.7	19.5-33.0	27.2	22.6-32.4	19.6	14.1-26.7

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.3 Physical Activity

Definition: Population aged 12 and over reporting level of physical activity, based on their responses to questions about the type of activity, frequency and duration of their participation in leisure-time physical activity. Intensity of each activity was assigned a value for the metabolic energy demand. Categories of physical activity used are:

- Active: average 3.0 or more kcal/kg/day of energy expenditure. This amount of exercise is required for cardiovascular health benefit
- Moderate: average 1.5 - 2.9 kcal/kg/day of energy expenditure. This amount of exercise may produce some health benefits, but little cardiovascular benefit
- Inactive: average below 1.5 kcal/kg/day of energy expenditure

Sources: Statistics Canada: CCHS 2005, CCHS 2003[3]

Data Tables:

Physical Activity Level
A.S. % of population age 12+, by year

		PEI		Canada	
		%	CI	%	CI
Inactive	2003	54.3	52.1-56.5	47.4	47.2-47.7
	2005	54.6	52.3-56.8	47.2	46.9-47.5
Moderate	2003	21.9	20.0-23.8	25.3	24.8-25.3
	2005	23.0	21.1-25.0	25.2	24.9-25.4
Active	2003	23.8	21.9-25.7	27.5	27.3-27.8
	2005	22.3	20.5-24.2	27.6	27.4-27.9

Physically Inactive, PEI 2005
% of population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	28.3	20.3-38.0	45.9	35.4-56.7	60.3	50.8-69.1	65.3	56.9-72.9	68.4	58.9-76.6
F	31.8	23.5-41.4	54.8	46.7-62.7	51.2	42.2-60.2	61.3	53.5-68.6	81.5	74.8-86.7

Physical Activity Level, PEI
% of population age 12+, by region

		WP		EP		Q		K	
		%	CI	%	CI	%	CI	%	CI
Inactive	2003	62.7	55.5-69.4	49.4	43.7-55.2	56.7	52.1-61.2	52.5	46.2-58.7
	2005	62.7	55.5-69.4	56.4	51.0-61.7	53.9	49.3-58.5	56.3	49.6-62.8
Moderate	2003	16.1	11.6-21.8	26.1	21.1-31.8	20.2	16.8-24.1	24.7	19.1-30.8
	2005	16.6	12.0-22.4	21.3	17.3-25.9	23.8	20.1-28.0	23.6	18.4-29.7
Active	2003	21.2	15.8-27.8	24.4	19.7-29.9	23.0	19.4-27.1	22.9	17.8-28.9
	2005	20.7	15.4-27.2	22.2	17.9-27.2	22.2	18.6-26.4	20.0	15.3-25.8

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.4 Breast-feeding

Definition: Children born in the past year who were breast-feeding at time of discharge from hospital.

Sources: PEI Reproductive Care Program[8]

Data Tables:

Breast feeding, PEI
% of new mothers, by year

Year	% breast feed
1990	48.0
1991	44.0
1992	50.2
1993	52.1
1994	53.7
1995	54.5
1996	57.0
1997	61.4
1998	59.3
1999	61.7
2000	62.2
2001	64.0
2002	61.8

Source: PEI Reproductive Care Program

Breast feeding
% of new mothers, PEI, by region

	WP	EP	Q	K
1999	44.9	61.6	66.4	60.0
2000	40.0	90.6	70.0	55.3
2001	48.5	64.5	69.4	57.9
2002	42.9	61.2	67.5	59.1

Source: PEI Reproductive Care Program

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.5 Diet

Definition: Population aged 12 and over, by the average number of times per day that they consume fruits and vegetables. This may not correspond to the servings recommended by Canada's Food Guide.

Sources: Statistics Canada: CCHS 2005, CCHS 2003[3]

Data Tables:

Fruit and Vegetable Consumption (5 or more times per day)
A.S. % of population age 12+, by year

	PEI		Canada	
	%	CI	%	CI
2003	31.4	29.2-33.5	41.5	41.2-41.8
2005	32.7	30.6-34.9	43.9	43.3-44.4

Fruit and Vegetable Consumption (5 or more times per day), PEI 2005
% of population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	29.1	20.9-38.9	23.0	15.0-33.6	21.5	14.8-30.1	21.4	15.0-29.5	40.8	31.7-50.6
F	33.2	24.3-43.4	35.5	27.9-43.9	36.2	28.4-44.8	46.6	38.9-54.5	52.3	44.2-60.3

Fruit and Vegetable Consumption (5 or more times per day), PEI
% of population age 12+, by region

	WP		EP		Q		K	
	%	CI	%	CI	%	CI	%	CI
2003	19.4	14.7-25.2	34.4	29.1-40.1	32.0	27.8-36.5	34.4	28.5-40.9
2005	22.0	16.9-28.1	27.8	23.6-32.5	37.1	32.8-41.6	36.8	30.2-43.9

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.6 Condom Use

Definition: Individuals reporting use of a condom the last time had sex. "Did you use a condom the last time you had sexual intercourse?" was asked of persons aged 15 to 49 years in a relationship lasting less than 12 months.

Sources: Statistics Canada: CCHS 2005, CCHS 2003[3]

Data Tables:

Used Condom the last time had sex
% of population age 15-49 yr with recent partner

	PEI		Canada	
Year	%	CI	%	CI
2003	53.4	45.3-61.3	52.8	51.6-54.0
2005	58.7	50.6-66.3	54.9	53.8-55.9

Used Condom the last time, PEI 2005
% of population with recent partner, by age and sex

	15-19 yr.		20-34 yr.		35-49 yr.	
	%	CI	%	CI	%	CI
M	84.2	64.7-94.0	74.9	58.2-86.4	28.9	15.6-47.9
F	89.6	69.9-96.9	51.5	37.3-65.5	27.8	14.9-45.9

Used Condom the last time, PEI
% of population age 15-49 yr with recent partner, by region

	WP		EP		Q		K	
Year	%	CI	%	CI	%	CI	%	CI
2003	59.4	39.3-76.8	56.3	40.3-71.1	49.3	37.0-61.7	56.5	39.0-72.6
2005	66.1	43.0-83.5	58.8	43.4-72.5	57.8	46.0-68.9	58.3	39.1-75.4

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.7 Education

Definition: Individuals aged 20 and older, reporting highest level of education obtained. Mutually exclusive categories used are:

- Less than high school: no schooling, elementary, or some secondary school
- High school graduates: high school graduation certificate, or some college or university
- Post-secondary graduates: diploma, certificate, or degree

Sources: Statistics Canada: CCHS 2005, CCHS 2003[3]

Data Tables:

Education Level
% of population age 20+, by year

		PEI		Canada	
		%	CI	%	CI
Less than High School	2003	25.0	22.5-27.8	19.0	18.6-19.3
	2005	24.2	21.7-26.8	16.5	16.2-16.8
High School Grad	2003	23.5	20.8-26.4	26.8	26.3-27.2
	2005	21.2	18.6-24.0	24.3	23.9-34.7
Post-secondary Grad	2003	51.5	48.2-54.7	54.2	53.7-54.7
	2005	54.6	51.4-57.8	59.2	58.8-59.7

Education Level, PEI 2005
% of population, by sex and age

		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
		%	CI	%	CI	%	CI	%	CI
Less than High School	M	13.7	7.77-23.0	16.5	11.4-23.3	36.1	28.1-45.0	65.0	55.3-73.5
	F	5.57	2.79-10.8	14.9	9.68-22.1	19.9	15.0-26.0	44.2	36.8-51.9
High School Grad	M	36.3	26.4-47.6	58.7	20.5-38.5	15.5	10.7-22.0	12.7	7.86-19.8
	F	21.6	15.9-28.6	17.2	11.8-24.4	20.2	14.7-27.1	14.5	9.45-21.5
Post-secondary Grad	M	50.0	39.2-60.7	54.8	45.4-63.9	48.3	39.5-57.3	22.3	15.0-32.0
	F	72.9	65.3-79.3	67.9	59.3-75.5	59.9	52.3-67.0	41.3	33.7-49.3

Education Level, PEI 2005
% of population age 20+, by region

	WP		EP		Q		K	
	%	CI	%	CI	%	CI	%	CI
Less than High School	45.6	37.9-53.5	27.3	22.5-32.6	17.1	13.8-21.1	27.7	22.3-33.9
High School Grad	24.5	18.1-32.4	21.2	16.8-26.5	21.9	17.9-26.6	16.3	12.1-21.6
Post-secondary Grad	29.9	23.2-37.6	51.5	45.6-57.4	60.9	55.9-65.7	56.0	48.9-62.8

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.8 Unemployment

Definition: Labour force aged 15 and over who did not have a job. The labour force consists of people who are currently employed and people who are unemployed but were available to work and had looked for work. Not included are persons too discouraged to seek employment.

Source: Statistics Canada, Labour Force Survey[9]

Data Table:

Unemployment
% of labour force age 15+, by year

	PEI	Canada
1980	10.5	7.5
1981	11.3	7.6
1982	12.6	11
1983	12.1	11.9
1984	12.3	11.3
1985	13.5	10.7
1986	13.2	9.6
1987	12.5	8.8
1988	12.4	7.8
1989	13.7	7.5
1990	14.6	8.1
1991	16.7	10.3
1992	18.1	11.2
1993	17.6	11.4
1994	17.2	10.4
1995	15	9.4
1996	14.7	9.6
1997	15.4	9.1
1998	13.8	8.3
1999	14.4	7.6
2000	12	6.8
2001	11.9	7.2
2002	12.1	7.7
2003	11.1	7.6
2004	11.3	7.2
2005	10.9	6.7

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.9 Income

Definition: Personal income including wages, farm, business, investment, government and other transferred income.
Expressed as current dollars (not adjusted for inflation) per capita.

Source: Statistics Canada
Table 27 from PEI 32nd Annual Statistical Review 2005

Data Table:

Per Capita Income

Year	PEI $	Canada $
1996	18,926	23,160
1997	19,338	23,924
1998	20,007	24,814
1999	20,949	25,755
2000	22,382	27,384
2001	22,679	28,254
2002	23,759	28,664
2003	24,248	29,369
2004	25,109	30,343
2005	25,841	31,542

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.10 Exposure to Second-hand Smoke

Definition: Non-smoking population aged 12 and over who reported exposure (in a car and in a public place) to second-hand smoke on most days in the month preceding the survey.

Sources: Statistics Canada: CCHS 2005, CCHS 2003[3]

Data Table:

Exposure to Environmental Tobacco Smoke
% of non-smokers age 12+

		PEI		Canada	
	Year	%	CI	%	CI
In a car	2003	13.5	11.2-16.1	10.1	9.8-10.4
	2005	12.0	10.1-14.2	8.43	8.25-8.61
In a public place	2003	13.0	10.9-15.4	19.6	19.2-20.1
	2005	5.71	4.44-7.32	15.5	15.3-15.8

Exposure to Environmental Tobacco Smoke, PEI 2005
% of non-smokers, by age and sex

		12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
		%	CI	%	CI	%	CI	%	CI	%	CI
In a car	M	26.9	19.1-36.4	16.5	9.81-26.3	14.70	8.32-24.7	7.11	2.85-16.7	4.07	1.71-9.33
	F	28.8	20.3-39.1	12.8	7.46-21.2	6.29	3.07-12.4	8.32	4.78-13.8	2.45	0.88-6.66
In a public	M	10.0	5.45-17.7	7.85	4.05-14.7	11.8	6.60-20.3	4.58	2.29-8.97	0.18	0.0-1.29
place	F	15.8	9.46-25.3	6.51	2.65-15.1	1.39	0.52-3.68	1.33	0.40-4.31	0.86	0.29-2.48

Exposure to Environmental Tobacco Smoke, PEI
% of non-smokers age 12+, by region

		WP		EP		Q		K	
	Year	%	CI	%	CI	%	CI	%	CI
In a car	2003	15.8	10.9-22.4	17.4	12.4-23.9	11.6	8.44-15.7	11.9	8.01-17.3
	2005	16.1	10.9-23.3	11.9	8.68-16.0	10.5	7.90-13.8	14.3	9.29-21.5
In a public place	2003	13.1	8.62-19.5	17.4	13.2-22.6	12.0	9.04-15.9	9.05	5.65-14.2
	2005	6.65	3.19-13.3	4.68	3.09-7.03	5.95	4.01-8.75	5.95	3.53-9.86

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.11 Food and Waterborne Diseases

Definition: Notifiable enteric diseases, expressed as a rate per 100,000 population. These include laboratory confirmed cases (PEI annual rate per 100,000 population for 2004 and 2005):

- *Shigella* *(1)*
- *Campylobacteriosis* *(14)*
- *Salmonella* *(10)*
- *E. coli* *(2)*
- *Giardia* *(3)*
- *Botulism* *(0)*

Excluded are *Staph. aureus*, and *Clostridium perfringens* since they are not reportable, and therefore incompletely captured.
Laboratory confirmed cases represent as few as 1 to 10% of cases, since only some patients seek medical care or have specimens taken for laboratory testing (Can J Inf Dis 1999; 10:201-206).

Sources: Notifiable Diseases [9]

Data Table:

Notifiable Enteric Diseases
Rate per 100,000 population, by year

	PEI	Canada
1990	140	113
1991	85	120
1992	116	106
1993	105	106
1994	126	108
1995	65	99
1996	58	94
1997	73	94
1998	69	99
1999	71	82
2000	75	82
2001	61	72
2002	68	79
2003	60	65
2004	39	64
2005	46	65*

* data for Nunavut not included

3. HEALTH SYSTEM PERFORMANCE

3.1 Unmet Health Needs

Definition: Population aged 12 and over who reported requiring health care, but had not received it. This is a measure of perceived access to care.

- Difficulty obtaining health services was indicated by persons aged 15 and over who required routine or on-going health services for self or a family member in the past 12 months

Sources: Statistics Canada: CCHS 2005, CCHS 2003[3], HSAS 2003[10]

Data Tables:

Unmet Health Needs in past year
A.S. % of population age 12+, by year

	PEI		Canada	
	%	CI	%	CI
2003	8.86	7.55-10.2	11.5	11.3-11.7
2005	11.6	10.2-13.1	11.6	11.4-11.8

Unmet Health Needs in past year, PEI 2005
% of population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	3.38	1.43-7.79	11.1	6.13-19.4	11.2	6.49-18.7	8.97	5.40-14.5	4.55	2.11-9.56
F	9.51	4.79-18.0	17.9	12.2-25.6	15.6	10.1-23.4	12.4	8.10-18.4	10.4	6.26-16.9

Unmet Health Needs in past year, PEI
% of population age 12+, by region

	WP		EP		Q		K	
	%	CI	%	CI	%	CI	%	CI
2003	7.19	4.34-11.7	8.76	6.25-12.1	9.17	6.91-12.1	6.6	4.30-9.99
2005	10.9	7.13-16.3	8.89	6.23-12.5	13.5	10.7-17.0	7.66	5.10-11.4

Difficulty Obtaining Primary Health Care Services, 2005
% of population age 15+

	PEI		Canada	
	%	CI	%	CI
Routine health services				
- during regular daytime hours	14.8	12.3-17.6	12.7	11.8-13.6
- during evenings or weekends	3.73	2.52-5.49	4.67	4.07-5.35
Health information or advice				
- during regular daytime hours	15.8	12.9-19.2	11.4	10.6-12.4
- during evenings or weekends	7.08	4.99-9.95	5.76	5.07-6.52
- at night	0.80	0.38-1.68	1.68	1.37-2.06
Immediate Care				
- during regular daytime hours	21.0	16.5-26.4	13.6	12.5-14.8
- during evenings or weekends	15.8	12.1-20.3	10.9	9.85-12.0
- at night	3.23	1.82-5.65	4.27	3.58-5.09

3. HEALTH SYSTEM PERFORMANCE

3.2 Wait time

Definition: Waiting times were asked of patients age 15+ accessing a service in the past 12 months. Wait time was reported by patients as the difference between the date of the initial attempt to schedule an appointment and the date of the actual visit. Services included:

- Specialist visit for new illness or condition - medical specialist such as cardiologist, allergist, gynecologist, psychiatrist, excluded optometrist
- Non-emergency surgery - cardiac, cancer, joint replacement, cataract, hysterectomy, removal of gallbladder, excluded dental surgery
- Diagnostic tests in non-emergency situation - CT scan, MRI (since 2004 in PEI), angiography (not available in PEI)

Wait times may be influenced by patient preference, treatment patterns of physicians, number of emergency surgeries with higher priority, nursing shortages, bed utilization strategies, and availability of appropriate prevention and follow-up care.

Sources: Statistics Canada: CCHS 2005[3], HSAS 2003[12]

Data Tables:

Median Wait Time (weeks)

	PEI		Canada	
	2003	2005	2003	2005
Specialist Visit	4.0	4.0	4.0	4.3
Non-emergency Surgery	4.3	4.3	4.3	4.3
Diagnostic Tests	4.3	3.0	3.0	3.0

3. HEALTH SYSTEM PERFORMANCE

3.3 Patient Satisfaction

Definition: Percentage of the population aged 15 and over who accessed health care services, and rated themselves as either very satisfied or somewhat satisfied (on a 5 point scale) with the way the following services were provided:

- Any health care service in the past year
- Hospital services in the past year
- Physician services in the past year
- Community-based services in the past year (includes home nursing care, home-based counseling or therapy, personal care, and community walk-in clinics

Quality of Care Rating is patient-perceived quality of care received, rated as excellent or good (on a four point scale) on the same services.

Sources: Statistics Canada: CCHS 2005, CCHS 2003[3]
Data Tables:

Patient Satisfaction and Quality of Care Rating
% of population age 15+, by year

		Satisfaction				Quality	
		PEI		Canada		PEI	Canada
		%	CI	%	CI	%	%
2003	Any health care service	88.9	86.0-91.4	86.7	86.1-87.3	90.2	88.1
	Physician care	95.0	92.5-96.7	92.3	91.7-92.8	94.6	92.3
	Hospital care	85.7	79.3-90.3	82.8	81.6-84.0	89.0	84.5
	Community care services	92.2	82.8-96.7	83.4	81.6-85.1	88.3	80.1
2005	Any health care service	88.7	86.7-90.4	86.0	85.2-86.7	88.8	86
	Physician care	93.1	91.2-94.6	91.6	90.9-92.3	93.1	91.3
	Hospital care	86.9	82.6-90.2	81.4	79.9-82.8	90.3	82.5
	Community care services	86.8	80.2-91.4	82.1	80.3-83.8	82.0	79.1

Patient Satisfaction with any health care service, PEI 2005
% of population, by age and sex

	15-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	94.2	86.5-97.6	85.4	76.5-91.3	87.2	80.4-91.8	89.4	82.9-93.6	93.0	86.6-96.5
F	93.4	83.1-97.6	84.2	77.1-89.4	89.0	82.9-93.1	86.7	80.6-91.0	91.6	86.6-94.8

Patient Satisfaction with any health care service, PEI
% of population age 15+, by region

	WP		EP		Q		K	
	%	CI	%	CI	%	CI	%	CI
2003	89.6	79.4-95.0	91.4	86.7-94.5	86.9	81.6-90.9	91.2	85.8-94.6
2005	81.6	74.3-87.1	91.8	88.5-94.2	88.1	84.9-90.7	89.6	84.8-93.0

3. HEALTH SYSTEM PERFORMANCE

3.4 Influenza Vaccination

Definition: Population aged 12 and over who reported when they had their last influenza immunization (flu shot).

Sources: Statistics Canada: CCHS 2005, CCHS 2003[3]

Data Tables:

Flu Shot in past year
% of population age 65+, by year

	PEI		Canada	
	%	CI	%	CI
2003	72.1	66.3-77.2	75.7	74.8-76.5
2005	69.8	64.1-75.0	71.3	70.4-72.1

Flu Shot in past year, PEI 2005
% of population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	23.2	14.7-35.8	9.2	4.00-19.7	19.9	13.5-28.4	29.7	22.7-37.8	73.0	64.1-80.3
F	18.8	11.8-28.6	18.9	13.4-26.2	24.2	17.2-32.9	41.0	33.6-48.8	67.5	59.9-74.3

Flu Shot in past year, PEI
% of population age 65+, by region

	WP		EP		Q		K	
	%	CI	%	CI	%	CI	%	CI
2003	68.1	53.5-79.9	66.3	55.6-75.6	74.9	65.1-82.7	75.8	62.8-85.3
2005	49.0	34.7-63.5	74.8	64.4-83.0	73.8	64.2-81.6	64.1	53.4-73.6

3. HEALTH SYSTEM PERFORMANCE

3.5 Mammography

Definition: Women aged 50 to 69 who self-reported they had their last mammogram for routine screening or other reasons in the past 2 years.

Sources: Statistics Canada: CCHS 2005, CCHS 2003[3], Breast Cancer Screening Programs[11]

Data Tables:

Mammogram within 2 years
% women age 50-69, by year

Source	Program		Self-report Survey			
	PEI	Canada	PEI		Canada	
Year	%	%	%	CI	%	CI
1997 & 1998	-	20	-		-	
1999 & 2000	40	30	73.5	68.8-77.7	72.8	71.8-73.9
2001 & 2002	43.5	34	-		-	
2002 & 2003	-	-	70.7	63.6-76.9	72.6	71.6-73.6
2004 & 2005	-	-	64.9	57.9-71.3	72.1	71.1-73.1

Mammogram within 2 years (self-report), PEI
% women age 50-69, by region

	WP		EP		Q		K	
	%	CI	%	CI	%	CI	%	CI
2003	67.8	52.1-80.3	76.9	63.0-86.8	71.6	58.8-81.6	62.0	49.1-73.4
2005	71.2	55.9-82.8	61.2	48.9-72.2	65.2	53.6-75.3	64.4	47.4-78.4

3. HEALTH SYSTEM PERFORMANCE

3.6 Pap Screening

Definition: Women aged 20 to 69 with laboratory confirmation of Pap test in the past 3 years. Surveys use self-report that they had their last Pap smear test in the past 3 years.

Sources: PEI Pap Screening Program[14]
Statistics Canada: CCHS 2005, CCHS 2003[3]

Data Tables:

Pap Smear within 3 years
% of women age 20-69, by year

Source	Program	Self-report Survey			
	PEI	PEI		Canada	
Year	%	%	CI	%	CI
1993 - 95	60	73.9	69.0-78.8	72	70.5-73.4
1996 - 98	62	81.4	76.9-85.9	76.2	74.8-77.6
1999 - 01	65	83.7	81.1-86.0	77.3	76.7-77.9
2001 - 03	-	78.2	74.7-81.4	70.1	70.5-71.7
2003 - 05	-	82.5	78.6-85.8	75.7	75.0-76.3

Pap Smear within 3 years (self-report), PEI
% of women, by age group

	20-34 yr.		35-49 yr.		50-69 yr.	
	%	CI	%	CI	%	CI
2003	84.8	76.9-90.4	82.0	74.4-87.7	81.2	75.4-85.8
2005	79.3	78.2-80.4	79.2	78.0-80.2	68.5	67.5-69.5

Pap Smear with in 3 years (self-report), PEI
% of women age 20-69, by region

	WP		EP		Q		K	
	%	CI	%	CI	%	CI	%	CI
2003	84.3	71.8-91.9	79.5	71.8-85.5	85.1	78.8-89.7	77.7	67.4-85.4
2005	86.5	76.6-92.7	80.2	73.5-85.6	82.6	78.9-87.8	83.2	74.3-89.4

3. HEALTH SYSTEM PERFORMANCE

3.7 Blood Pressure

Definition: Population aged 21 to 84 who reported they had their blood pressure measured in the past year during a medical visit.

Sources: Statistics Canada: CCHS 2005, CCHS 2003[3]

Data Tables:

Blood Pressure taken in past year
% of population age 21-84, by year

	PEI		Canada	
	%	CI	%	CI
2001	77.8	75.8-79.7	76.6	76.2-77.0
2003	76.5	73.4-79.3	NA	-
2005	79.3	76.4-82.0	NA	-

Blood Pressure taken in past year, PEI 2005
% of population, by age and sex

	21-34 yr.		35-49 yr.		50-64 yr.		65-84 yr.	
	%	CI	%	CI	%	CI	%	CI
M	56.5	45.1-67.3	63.4	53.5-72.3	88.3	81.9-92.6	93.4	86.5-96.9
F	86.3	68.0-83.0	81.1	74.0-86.6	87.6	81.7-91.8	95.2	87.8-98.2

Blood Pressure taken in past year, PEI
% of population age 21-84, by region

	WP		EP		Q		K	
	%	CI	%	CI	%	CI	%	CI
2001	76.1	71.7-80.1	75.6	71.4-79.4	78.2	74.9-81.2	80.8	77.0-84.0
2003	78.0	70.0-84.3	74.4	68.2-79.9	77.8	72.9-82.0	74.6	67.5-80.6
2005	87.8	82.1-91.9	76.4	70.2-81.7	80.1	75.5-84.1	75.6	68.6-81.4

3. HEALTH SYSTEM PERFORMANCE

3.8 Vaccine Preventable Diseases

Definition: Notifiable communicable diseases that can be prevented by vaccines, expressed as a rate per 100,000 population. These include laboratory confirmed cases of the following diseases (PEI annual rate per 100,000 population averaged for 2004 and 2005):

- pertussis (whooping cough) (4.5)
- Hepatitis B (2.6)
- measles (0)
- mumps (0)
- *Haemophilus influenzae B* (0)
- rubella (0)
- diphtheria (0)
- tetanus (0)
- polio (Canada was officially certified polio-free in 1994) (0)
- meningococcal infections (0.3)

Excluded is chickenpox, which is incompletely captured at the laboratory for PEI. Varicella vaccination was added to the PEI Childhood Immunization Program in April 2000.

Sources: Notifiable Diseases [9]

Data Table:

Vaccine Preventable Disease
Incidence Rate per 100,000 population, by year

	PEI	Canada
1990	29.1	48.1
1991	4.6	46.6
1992	45.8	42.5
1993	47.6	41.3
1994	13.5	49.7
1995	10.4	54.4
1996	25.7	29.6
1997	34.3	34.7
1998	16.1	33.1
1999	15.2	24.8
2000	8.0	20.2
2001	7.2	13.8
2002	0.0	13.9
2003	30.6	9.5
2004	14.5	13.4
2005	5.8	11.4*

* data for Nunavut not included

3. HEALTH SYSTEM PERFORMANCE

3.9 Sexually Transmitted Infections

Definition: Notifiable sexually transmitted infections, expressed as a rate per 100,000 population. These include laboratory confirmed cases of the following diseases (PEI annual rate per 100,000 population averaged for 2004 and 2005):

- chlamydia (138.0)
- gonorrhea (2.2)
- syphilis (0)
- AIDS

Excluded is HIV, which includes individuals infected in previous years; reporting is not notifiable in all jurisdictions.

Sources: Notifiable Diseases [9]

Data Table:

Sexually Transmitted Infections
Incidence Rate per 100,000 population, by year

	PEI	Canada
1990	7.7	182.8
1991	78.3	208.4
1992	158.0	197.5
1993	105.0	180.2
1994	83.1	167.5
1995	84.6	151.3
1996	99.7	140.2
1997	105.8	137.2
1998	109.6	157.3
1999	111.8	167.5
2000	174.5	178.8
2001	114.1	184.3
2002	105.9	206.0
2003	135.5	216.9
2004	146.6	231.6
2005	133.8	230.0*

* data for Nunavut not included

3. HEALTH SYSTEM PERFORMANCE

3.10 Hospital Mortality

Definition: Risk adjusted (age, sex, co-morbidity) rate of all cause In-hospital death ocurring:
- Within 30 days of first admission to an acute care hospital with Acute Myocardial Infarction (AMI)
- Within 30 days of first admission to an acute care hospital with Stroke

Annual rate is averaged over a 3 year period.

Sources: Canadian Institute for Health Information, Hospital Morbidity Database[13]

Data Table:

Hospital Mortality Rate
% population (risk adjusted for age, sex, and co-morbidities)

		PEI		Canada	
		%	CI	%	CI
1999/00 to 2001/02	AMI	12	9.8-14.2	11.8	-
	Stroke	21.7	18.2-25.2	18.7	-
2000/01 to 2002/03	AMI	13	10.7-15.3	11.4	-
	Stroke	20.3	17.0-23.6	18.6	-
2001/02 to 2003/04	AMI	14.3	11.8-16.8	11.1	-
	Stroke	17.4	13.9-20.8	19.1	-

3. HEALTH SYSTEM PERFORMANCE

3.11 Preventable Hospitalizations

Definition: **Ambulatory care sensitive conditions** age-standardized inpatient acute care hospitalization rate per 100,000 population for conditions where appropriate ambulatory care (out-patient treatment) prevents or reduces the need for admission to hospital. Conditions include the following:

Most responsible diagnosis	ICD-9 code	ICD-10 code
Diabetes	250	E10, E11, E13, E14
Depression, neurotic disorders	300, 311	F32.0, F32.9, F34.1, F40, F41, F42, F44, F45.0/.1/.2, F48, F53.0, F68.0, F99
Drug and alcohol dependency	291, 292, 303, 304, 305	F10, F11, F12-19 (excluding F12.6, F13.6, F14.6, F15.6, F16.6, F17.6, F18.6, F19.6), F55
Hypertension	401, 402, 403, 404, 405	I1
Asthma	493	J45

While not all admissions for ambulatory care sensitive conditions are avoidable, it is assumed that appropriate prior ambulatory care could prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. The "right" level of utilization is not known although a disproportionately high rate is presumed to reflect problems in obtaining access to primary care.

Source: Canadian Institute for Health Information, Hospital Morbidity Database[13]

Data Tables:

Ambulatory Care Sensitive Conditions
A.S. Rate per 100,000 population

	PEI	Canada
2002	888	346
2003	696	416
2004	726	406
2005	724	-

3. HEALTH SYSTEM PERFORMANCE

3.12 Hospital Readmissions

Definition: Risk adjusted (age, sex, co-morbidity) rate of unplanned re-admission to an acute care hospital within 28 days of discharge for:

- Acute Myocardial Infarction (AMI)
- Pneumonia
- Asthma

Readmission rates may be related to medication prescribed at initial discharge from hospital, patient compliance, quality of follow-up care in the community, quality and completeness of care during initial hospitalization. High readmission rates should lead to examination of any of the following: early discharge criteria, availability of appropriate community services, coordination between hospital and community providers, and patient education and instruction.

Sources: Canadian Institute for Health Information, Hospital Morbidity Database[13]

Data Table:

Hospital Readmissions
% population (risk adjusted for age, sex, and co-morbidities)

		PEI		Canada	
		%	CI	%	CI
2000-2001 to 2002-2003	Asthma	5	2.9-7.2	5.1	-
	AMI	6.5	4.7-8.2	4.5	-
2001-2002 to 2003-2004	Asthma	6.6	4.5-8.6	4.7	-
	AMI	8.3	6.1-10.5	6.9	-
2002-2003 to 2004-2005	Asthma	6.2	4.0-8.3	4.8	-
	AMI	11.4	9.4-13.5	7.1	-

4. COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

4.1 Health Expenditures

Definition: Public spending on health by provincial government, regional authorities, Worker's Compensation Board medical aid, and federal government. Expressed as current dollars (not adjusted for inflation) per capita. Categories:

- Hospitals: acute care
- Physicians
- Long term care institutions: nursing homes, residential care facilities
- Pharmacy: prescription drugs for seniors, social assistance, and other programs

Excluded are private sector expenditures by insurance, out-of-pocket household expenses, or private facilities. In PEI this is estimated as 30% of total health expenditures. Private expenses include:

- prescription drugs, over the counter drugs, and personal health supplies
- dentists, optometrists, opticians, chiropractors, and other professionals
- private nursing homes and care facilities
- other expenses such as insurance fees, hearing aids, hospital fees for parking and preferred accommodations

Source: CIHI: National Health Expenditure Database[14]
PEI Ministry of Health and Social Services Annual Report[15]

Data Tables:

PEI Public Health Expenses, 2004/05
% of total budget, by use of funds

Use of Funds	%
Hospital Services	39.1
Physician Services	16.0
Blood Services	1.6
Ambulance Services	1.3
Home Care	2.4
Continuing Care	13.0
Provincial Pharmacy	5.6
Mental Health	4.2
Public Health Nursing	1.1
Addiction Services	1.8
Dental Public Health	0.7
Other Programs	13.1

Source: PEI Annual Report

4. COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

4.1 Health Expenditure Data Tables continued:

Public Health Expenditures
$ per capita (not adjusted for inflation)

	PEI	Canada
1985	1005	1165
1986	1075	1246
1987	1164	1325
1988	1261	1424
1989	1341	1536
1990	1427	1641
1991	1564	1762
1992	1599	1822
1993	1651	1812
1994	1626	1814
1995	1658	1802
1996	1716	1786
1997	1689	1839
1998	1808	1957
1999	1900	2074
2000	2038	2248
2001	2406	2407
2002	2679	2543
2003	2777	2725
2004(f)	2825	2881
2005(f)	2892	3069

Source: CIHI Health Expenditures

Public Health Expenditures, PEI 2003
$ per capita, by age and sex

	<1	01–04	05–14	15 – 44	45 – 64	65 – 74	75 – 84	85+
Total								
M	5938	1596	1645	1181	2220	5200	10625	15565
F	5663	1007	868	1831	2308	4639	9646	17099
Hospital								
M	4668	331	216	352	1086	3031	6550	9071
F	4586	266	234	828	1081	2376	4812	7030
Physician								
M	700	670	738	150	372	685	946	945
F	509	150	171	352	451	647	845	806
Institutions								
M	1	2	4	63	87	434	1999	4394
F	0	0	0	29	75	530	2694	7909

Source: CIHI Health Expenditures

4. COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

4.2 Hospitalization Rates by Cause

Definition: Hospitalizations include discharges and deaths for inpatients in acute care hospitals, excluding same day surgery (outpatient) cases and patients admitted to psychiatric or rehabilitation facilities. Primary diagnosis captured:

- Circulatory includes heart disease, stroke (ICD9 390-459; ICD10 I00-I99)
- Respiratory includes flu, pneumonia, asthma, chronic obstructive pulmonary disease(ICD9 460-519; ICD10 J00-J99)
- Digestive includes appendicitis, gallstones, inguinal hernia (ICD9 520-579; ICD10 K00-K99)
- Pregnancy & Puerperium includes birth, delivery and complications, congenital disorders, perinatal conditions (ICD9 630-677,740-759,760-779,V3;ICD10 O00-O99,P00-P96,Q00-Q99,Z3)
- Genitourinary includes urinary, genital, breast, and kidney disorders (ICD9 580-629; ICD10 N00-N99)
- Ill-defined (ICD9 780-799; ICD10 R00-R99)
- Mental disorders includes alcohol, drug dependency, schizophrenia, psychoses (ICD9 290-319; ICD10 F00-F99)
- Injury includes fractures, wounds, burns, poisons (ICD9 800-999; ICD10 S00-T98)
- Neoplasms includes malignant, in situ and benign neoplasms (ICD9 140-239; ICD10 C00-D48)
- Other includes infectious diseases, blood, metabolic, nervous system, skin, and musculoskeletal disorders (ICD9 001-139, 240-269, 270-289, 320-389, 680-709, 710-739; ICD10 A00-B99, D50-D89, E00-D90, G00-G99, H00-H59, H60-H95, L00-L99, M00-M99)

Rates per 100,000 population are not age-standardized. Data are reported based on the region of the patient's residence, not region of hospitalization. Rates are based on calendar year and use July 1st population estimates.

Source: PEI Hospitalization Database

Data Tables:

Hospital Separations by Cause
Rate per 100,000 population, by year and sex

	Total		Male		Female	
Cause	1995	2005	1995	2005	1995	2005
Circulatory	1602	1274	1739	1438	1468	1117
Respiratory	1980	1227	2026	1241	1936	1214
Digestive	1714	1225	1528	1096	1896	1349
Pregnancy & Puerperium	3010	1957	1404	876	4575	2990
Genitourinary	916	770	644	521	1182	1008
Mental Disorders	1031	1012	1001	1040	1061	986
Ill-defined	1445	1449	1372	1319	1515	1573
Injury	873	691	897	666	849	715
Neoplasms	851	619	855	557	848	679
Other	1817	1456	1651	1330	1979	1576

4. COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

4.2 Hospitalization Rates Data Tables, continued:

Hospital Separations, all causes, PEI
rate per 100,000, by age and sex

		< 20	20-34 yr.	35-49 yr.	50-64 yr.	65+ yr.
1995	M	12507	4753	7528	15615	40276
	F	13686	19416	10582	14777	33216
2005	M	7704	3430	5154	11095	32201
	F	8739	14492	8519	9777	28922

Hospital Separations, all causes, PEI
rate per 100,000, by region

	WP	EP	Q	K	PEI
1995	21314	15785	12773	18074	15239
2005	17515	11232	10284	12901	11680

Hospital discharge* for any condition
A.S. Rate per 100,000 population

	PEI	Canada
1995/96	13683	11171
1999/00	12071	9473
2000/01	11688	9138
2003/04	12016	8414

Source: CIHI Inpatient Hospitalization Trends
*excludes newborns and patients in other types of care (eg. emergency, chronic, rehab)

4. COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

4.3 Visits to Health Professionals

Definition: Population aged 12 and over who have consulted with a medical doctor/pediatrician, mental health professional, dentist, chiropractor, or alternative care providers in the past 12 months.

Medical doctor includes family or general practitioners as well as specialists such as surgeons, allergists, orthopaedists, gynaecologists, or psychiatrists.

Alternative health care providers include: massage therapists, acupuncturists, homeopaths or naturopaths, Feldenkrais or Alexander teachers, relaxation therapists, biofeedback teachers, rolfers, herbalists, reflexologists, spiritual healers, religious healers, etc. Chiropractor visits are indicated separately.

Sources: Statistics Canada: CCHS 2005, CCHS 2003[3]

Data Tables:

Visits to Health Professionals
A.S. % of population age 12+

		PEI		Canada	
	Year	%	CI	%	CI
Physician	2003	84.6	82.9-86.2	80.3	80.0-80.5
	2005	83.2	81.5-84.9	80.4	80.2-80.6
Dental	2003	64.8	62.7-66.9	63.9	63.7-64.2
	2005	61..6	59.5-63.8	63.9	63.6-64.2
Social Worker/Counselor	2003	6.11	5.02-7.20	6.11	5.02-7.20
	2005	6.00	4.93-7.08	5.05	4.93-5.18
Chiropractor	2003	4.35	3.43-5.28	11.4	11.2-11.6
	2005	3.24	2.45-4.03	9.77	9.60-9.94
Alternative	2003	7.12	5.95-8.30	12.6	12.4-12.8
	2005	7.88	6.65-9.12	14.0	13.8-14.2

Physician Visits
% population age 12+

		PEI		Canada	
	Year	%	CI	%	CI
Has regular family doctor	2003	92.0	90.7-93.2	84.9	84.7-85.1
	2005	88.9	87.4-90.3	84.7	84.5-84.9

4. COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

4.3 Visits to Health Professionals, Data Tables continued:

Visits to Health Professionals, PEI 2005
% of population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
Physician										
M	63.6	51.5-74.3	57.9	45.4-69.4	55.0	43.7-65.8	84.6	75.4-90.7	90.8	83.6-95.0
F	69.7	58.6-78.9	87.2	80.0-92.0	81.8	74.1-87.6	91.6	87.0-94.7	93.7	86.6-97.1
Dental										
M	69.1	57.7-78.6	30.7	21.2-42.2	39.2	29.3-50.2	45.6	36.1-55.6	20.4	13.9-29.0
F	90.0	81.6-94.8	51.7	41.9-61.3	59.3	49.3-68.6	41.5	33.0-50.5	30.6	23.3-39.2
Social Worker/Counselor										
M	8.85	4.66-16.2	1.08	0.23-4.81	2.18	0.99-4.74	5.41	2.12-13.2	0.0	-
F	8.89	4.97-15.4	8.05	4.71-13.4	6.88	3.20-14.2	2.31	0.66-7.79	2.34	0.86-6.22
Chiropractor										
M	0.37	0.0-2.58	1.43	0.55-3.66	8.92	4.33-17.5	3.05	1.31-6.90	2.14	0.60-7.32
F	0.66	0.0-4.57	1.25	0.43-3.58	2.60	0.90-7.27	5.51	2.64-11.1	0.0	0.00-0.39
Alternative Care										
M	2.40	0.71-7.78	2.77	1.36-5.56	9.44	4.86-17.5	8.83	4.04-18.2	0.15	0.00-1.06
F	4.48	1.87-10.3	14.1	9.30-20.9	7.10	4.18-11.8	15.8	11.1-22.1	6.43	3.73-10.9

Visits to Health Professionals, PEI
% of population age 12+, by region

	WP		EP		Q		K	
	%	CI	%	CI	%	CI	%	CI
Physician								
2003	80.0	73.5-85.3	79.6	73.5-84.5	89.3	86.3-91.8	83.2	77.7-87.5
2005	82.7	76.0-87.8	76.1	69.5-81.6	78.6	73.9-82.6	77.3	70.9-82.6
Dental								
2003	46.5	39.4-53.7	66.4	61.0-71.3	70.2	65.9-74.2	56.1	49.9-62.1
2005	27.3	20.4-35.6	44.6	38.3-51.0	52.8	47.6-58.0	41.7	35.0-48.7
Social Worker/Counselor								
2003	2.43	1.02-5.64	4.1	2.51-6.60	7.52	5.39-10.4	5.69	3.32-9.59
2005	4.82	2.40-9.44	4.3	2.61-6.99	4.81	3.23-7.12	3.87	1.49-9.70
Chiropractor								
2003	2.17	.835-5.52	4.46	2.39-8.18	4.91	3.18-7.51	3.36	1.69-6.56
2005	1.69	0.71-3.98	2.29	1.27-4.08	3.39	1.93-5.89	3.25	1.72-6.03
Alternative								
2003	5.90	3.31-10.3	7.34	4.76-11.2	7.29	5.36-9.86	5.67	3.37-9.40
2005	8.63	5.12-14.2	9.24	6.18-13.6	8.18	6.03-11.0	4.64	2.83-7.51

4. COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

4.4 Home Care

Definition: Population age 12+ that reported receiving home care services with the cost entirely or partially covered by government. Eg. Nursing care, help with bathing, help around the home, physiotherapy, counseling, meal delivery.

Patients use home care services for: long term chronic illness (continuing care), acute care substitution, disabilities, palliative care, and dialysis.

Sources: Statistics Canada: CCHS 2005, CCHS 2003[3]

Data Tables:

Home Care Use in past year
% of population age 75+, by year

	PEI		Canada	
Year	%	CI	%	CI
2003	14.6	9.85-21.1	14.6	13.7-15.6
2005	21.1	15.3-28.4	15.3	14.4-16.2

Home Care Use in past year, PEI 2005
% of population, by age and sex

	< 65 yr.		65-74 yr.		75-79 yr.		80 + yr.	
	%	CI	%	CI	%	CI	%	CI
M	0.84	0.40-1.76	7.33	3.02-16.7	2.76	0.61-11.6	36.1	20.9-54.8
F	1.35	0.69-2.62	3.66	1.04-12.0	6.51	1.17-29.1	30.9	20.6-43.6

Home Care Use in past year
% of population age 75+, by region

	WP		EP		Q		K		PEI	
Year	%	CI	%	CI	%	CI	%	CI	%	CI
2003	26.6	13.3-46.0	10.4	4.73-21.5	14.8	7.93-26.1	13.5	5.0-31.5	14.6	9.82-21.2
2005	28.0	12.9-50.4	18.5	9.91-32.0	20.5	11.7-33.4	24.5	14.8-37.8	21.1	15.3-28.4

4. COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

4.5 Population and Projections

Definition: The number of people living in a geographic area by age and sex. Population data provide the "denominators" used to calculate rates for most health indicators.

- PEI Medicare Registry counts the number of persons eligible for health services in Prince Edward Island. Excluded are recent residents of less than 3 months
- Statistics Canada estimates population using data derived from the Census, and administrative sources on births, deaths, and migration
- Population projections use the July 1, 2005 population estimate as the starting point, and use cohort component methods that incorporate age and sex specific survival rates and fertility rates, and allows for immigration, emigration, non-permanent residents and interprovincial migration

Sources: Statistics Canada
PEI Medicare Registry

Data Tables:

PEI Population, 2006
Counts by region

	K	Q	EP	WP	PEI
Males					
<20	2,562	8,431	4,153	1,870	17,016
20-34	2,019	6,925	3,074	1,414	13,432
35-49	2,253	7,522	3,728	1,622	15,125
50-64	2,133	6,960	3,289	1,435	13,817
65+	1,440	4,175	2,303	977	8,895
75+	641	1,687	963	395	3,686
Females					
<20	2,458	8,119	3,931	1,925	16,433
20-34	1,893	7,129	3,155	1,367	13,544
35-49	2,193	8,201	3,907	1,557	15,858
50-64	2,072	7,433	3,341	1,368	14,214
65+	1,719	5,730	2,898	1,202	11,549
75+	886	3,020	1,500	584	5,990
Total	20,742	70,625	33,779	14,737	139,883
% 65+	15.2%	14.0%	15.4%	14.8%	14.6%

Source: PEI Medicare Registry, mid-year counts on July 1

4. COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

4.5 Population and Projections, Data Tables continued:

PEI Population Projections
Mid-year counts by year, age and sex

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Males											
<20	17,663	17,268	16,917	16,610	16,285	15,925	15,635	15,299	15,038	14,813	14,583
20-34	13,097	13,210	13,281	13,281	13,345	13,416	13,455	13,535	13,496	13,396	13,334
35-49	14,849	14,639	14,476	14,311	14,109	13,902	13,589	13,330	13,077	12,923	12,675
50-64	13,166	13,567	13,891	14,232	14,477	14,769	15,018	15,051	15,150	15,176	15,295
65+	8,423	8,597	8,775	8,955	9,209	9,433	9,758	10,241	10,685	11,121	11,512
Females											
<20	17,127	16,802	16,483	16,220	15,908	15,572	15,240	14,952	14,726	14,523	14,343
20-34	13,660	13,757	13,811	13,864	13,895	14,001	14,084	14,120	14,119	13,996	13,904
35-49	15,479	15,380	15,284	15,131	15,037	14,774	14,540	14,336	14,050	13,827	13,674
50-64	13,621	14,025	14,453	14,839	15,128	15,571	15,933	16,074	16,199	16,339	16,347
65+	11,028	11,177	11,321	11,497	11,770	11,994	12,265	12,716	13,226	13,743	14,249
Total	138,113	138,422	138,692	138,940	139,163	139,357	139,517	139,654	139,766	139,857	139,916
PEI (% 65+)	14.1%	14.3%	14.5%	14.7%	15.1%	15.4%	15.8%	16.4%	17.1%	17.8%	18.4%

Source: Stats Can. Provided by:
Provincial Treasury, Economics, Statistics and Federal Fiscal Relations Division, September 2006

PEI Population Projections
Mid-year counts by year, age and sex

	2016	2021	2026	2031
Males				
<20	14,300	13,300	12,700	12,100
20-34	14,300	13,500	12,400	11,400
35-49	13,400	14,100	14,700	15,000
50-64	15,200	14,700	14,100	13,500
65+	11,800	13,600	15,600	17,300
Females				
<20	13,700	12,900	11,900	11,400
20-34	14,000	13,200	12,100	11,200
35-49	13,800	14,100	14,500	14,500
50-64	15,800	15,400	14,400	13,900
65+	14,500	17,000	19,300	21,200
Total	141,000	141,600	141,800	141,300
PEI (% 65+)	18.7%	21.6%	24.6%	27.2%

Source: Statistics Canada, Catalogue 91-520 low growth scenario, December 2005.