

A REPORT ON THE HEALTH OF BRITISH COLUMBIANS
PROVINCIAL HEALTH OFFICER'S ANNUAL REPORT 2002



The Health
and Well-being
of People in
British Columbia



BRITISH
COLUMBIA

Ministry of Health Planning
Office of the
Provincial Health Officer

Mission : Improve health & quality of life for all British Columbians

Goal 1 : Positive & supportive living & working conditions

Goal 2 : Opportunities for all to develop individual capacities, skills & make healthy choices

Goal 3 : Diverse, sustainable, healthy & safe physical environment

Goal 4 : Effective & efficient health services

Goal 5 : Improved health for Aboriginal peoples

Goal 6 : Disease & injury prevention

Progress Towards B.C.'s Health Goals

- ✓ 41 improving
- ↔ 31 not much change
- ✗ 14 negative/
undesirable trend
- ? 5 no trend or recent
data

Lens on Seniors

- **13 per cent of B.C.'s population are seniors**
- **By 2030, 23 per cent will be 65 years or older**
- **40 indicators are applicable and have available data**

Seniors are living longer



Source: BC STATS, B.C. Ministry of Management Services. <http://www.bcstats.gov.bc.ca/DATA/POP/vital/bcexp.htm>

Lens on Seniors

- Eat well
- Remain physically active
- Use preventive services
- Stay socially connected
- Live longer and independently
- Have financial stability (for most)
- Volunteer their time

Lens on Seniors

But

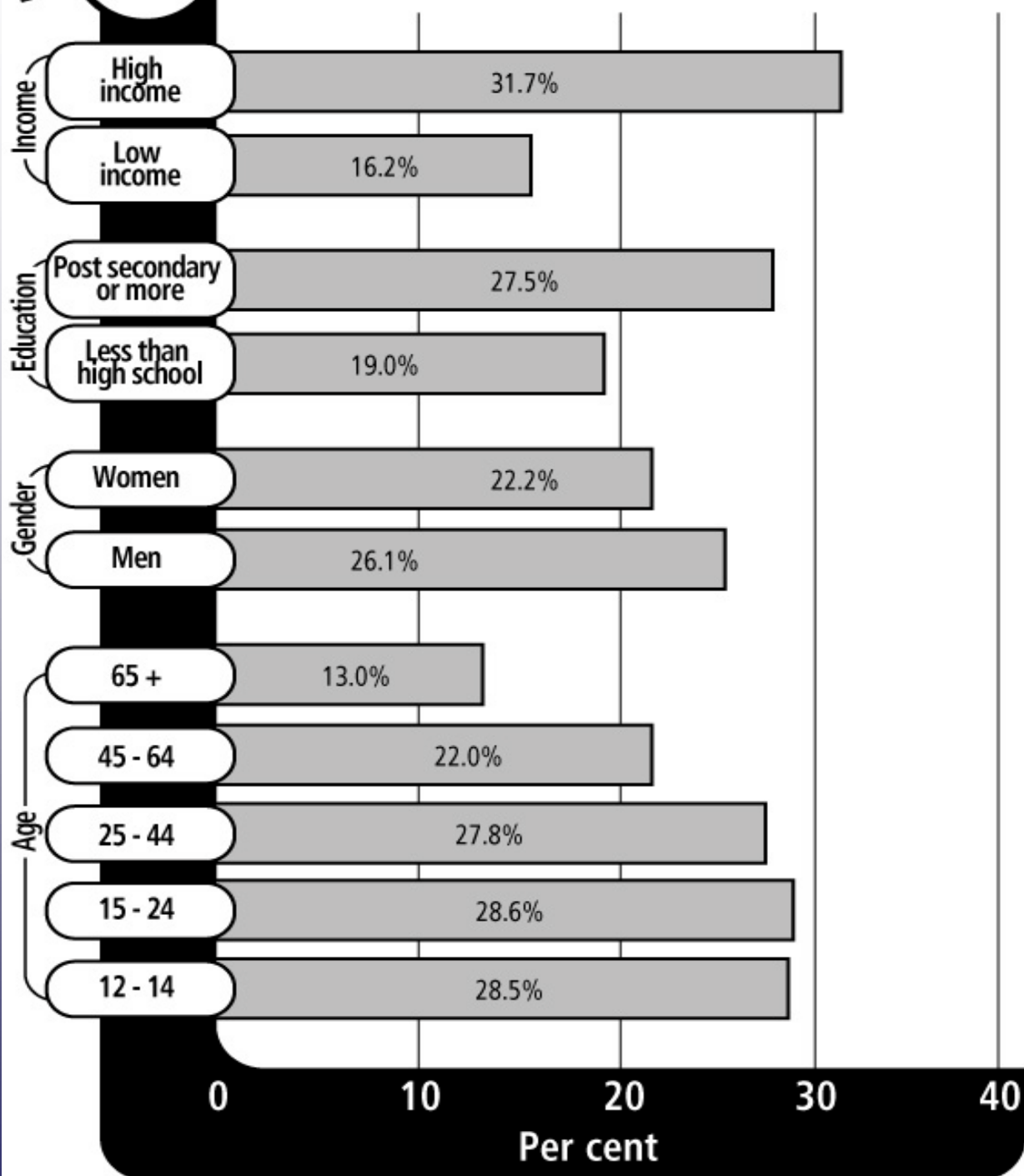
- Do have a greater share of health concerns
- Do use more health services
- Do wait longer in hospitals for alternative care

Health Status

Well-being	General health	Health conditions	Deaths
↔ Self rated health	× Functional health	↔ Overweight	↔ Infant mortality
↔ Mental health	× Activity limitation	× Chronic conditions	√ Potential years of life lost
	↔ Disability days	↔ Chronic pain	√ Life expectancy
		× Mental illness	

FIGURE 2.2

Self-rated health as "excellent" by selected groups, B.C., 2000/01



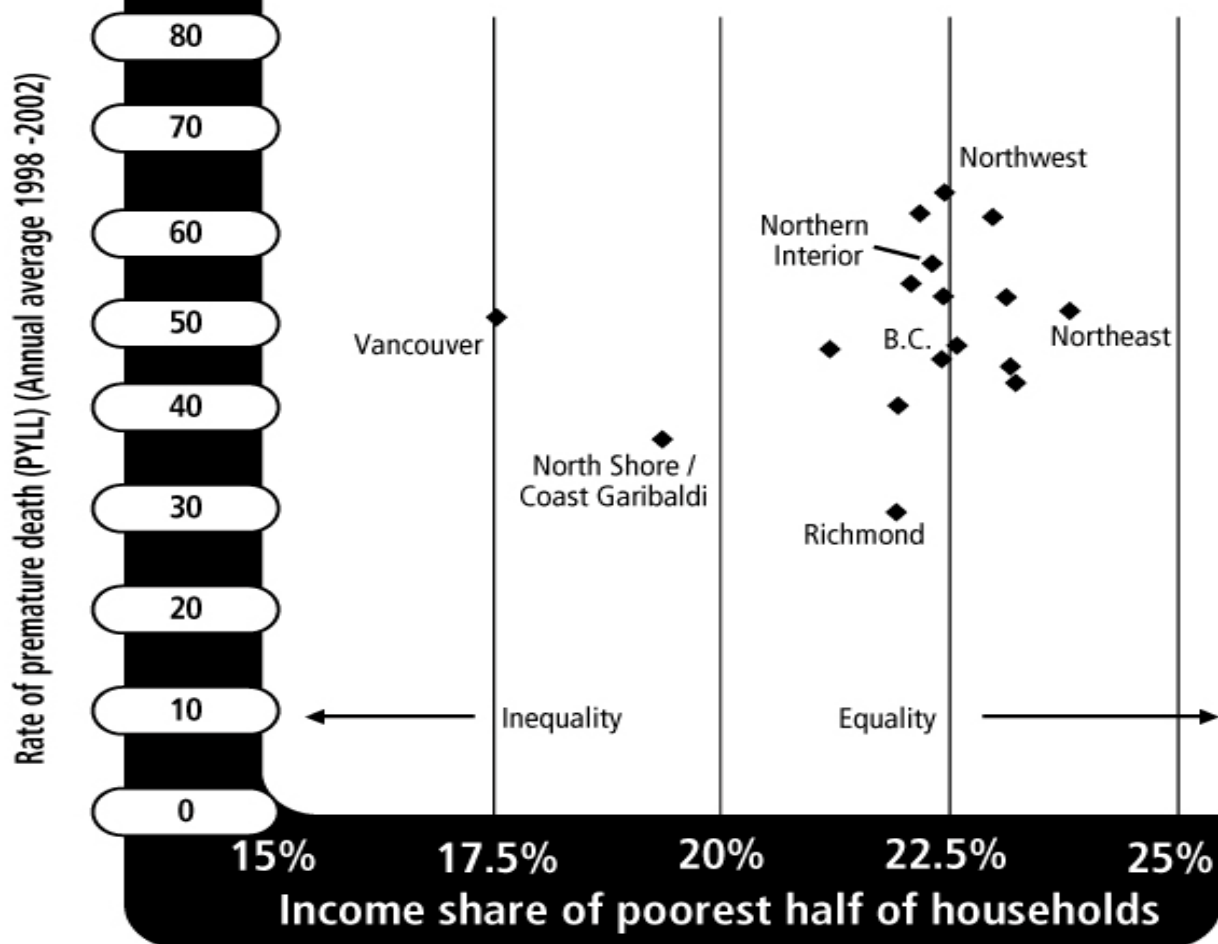
Source: Statistics Canada. Canadian Community Health Survey 2000/01. Prepared using Share Files from Information Support, B.C. Ministry of Health Services.

Goal 1: Positive & supportive living & working conditions

Employment	Income	Participation & social interaction	Housing
↔ Unemployment	↔ Low income rate	↔ Social support	? Housing need
√ Workplace injuries	√ Income assistance rate	× Volunteer rate	
? Decision latitude at work	↔ Income inequality	√ Crime rate	
		↔ Children & youth in care	

FIGURE
3.6

Relationship between income equality and health, B.C. Health Service Delivery Areas

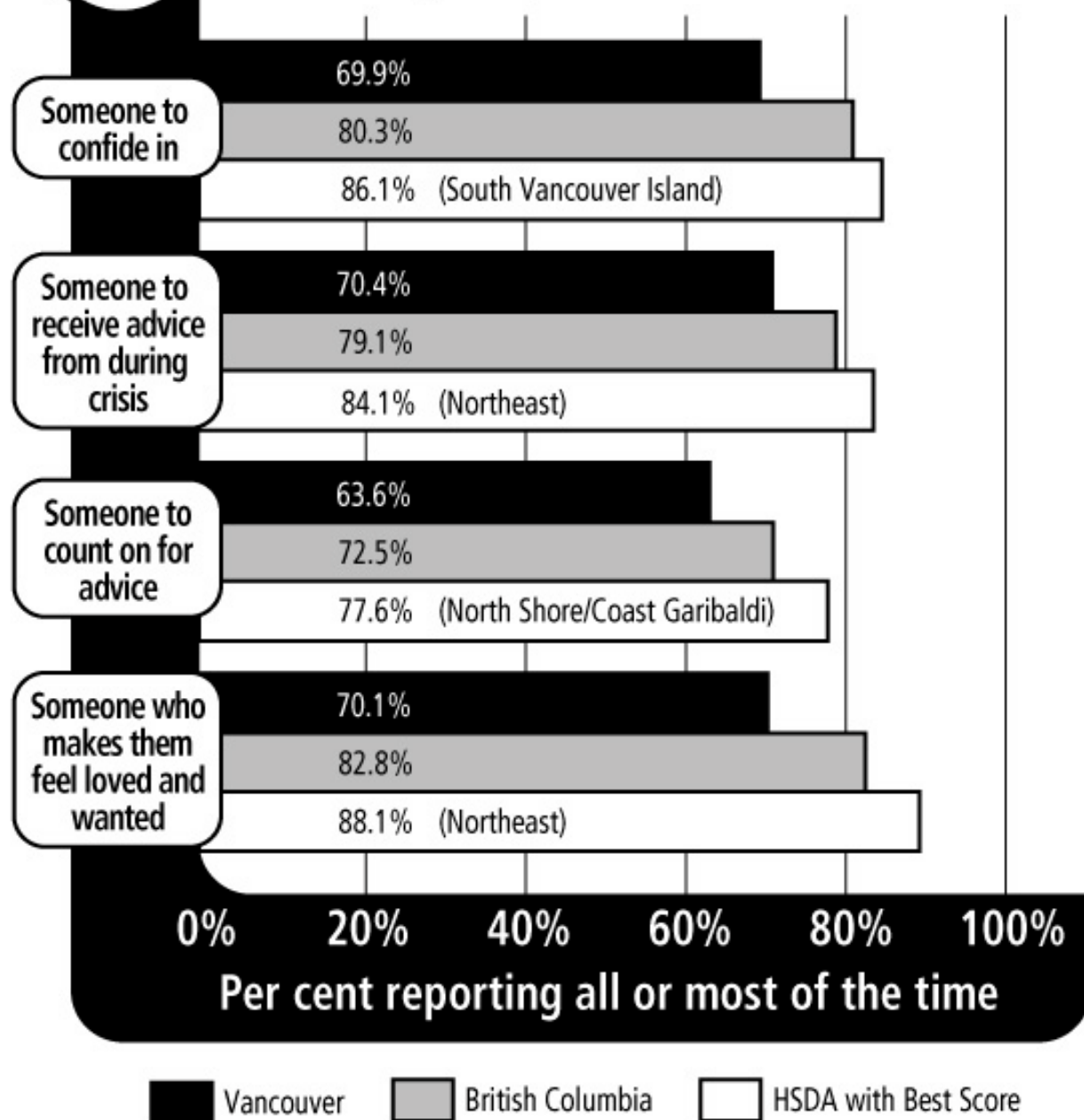


Notes: Income share of the poorest half of households: the proportion of each region's household income that accrues to households earning less than the median income. In a situation of perfect equality, the bottom half (poorest) households would receive 50 per cent of the total income. The overall value for B.C. is 21.2 per cent, slightly down from 22.0 per cent reported in the 1999 Annual Report.

Source: Income - Statistics Canada. Data prepared by Health Analysis and Measurement Group using data from 2001 Census, special tabulations. Health - PYLL is expressed as a rate per 1,000 population (age standardized) 1998-2002 annual average. B.C. Vital Statistics Agency, B.C. Ministry of Health Planning. Unpublished tables.

FIGURE
3.7

**Four measures of social support,
Vancouver, B.C. and HSDA with the
best score, B.C., 2000/01**



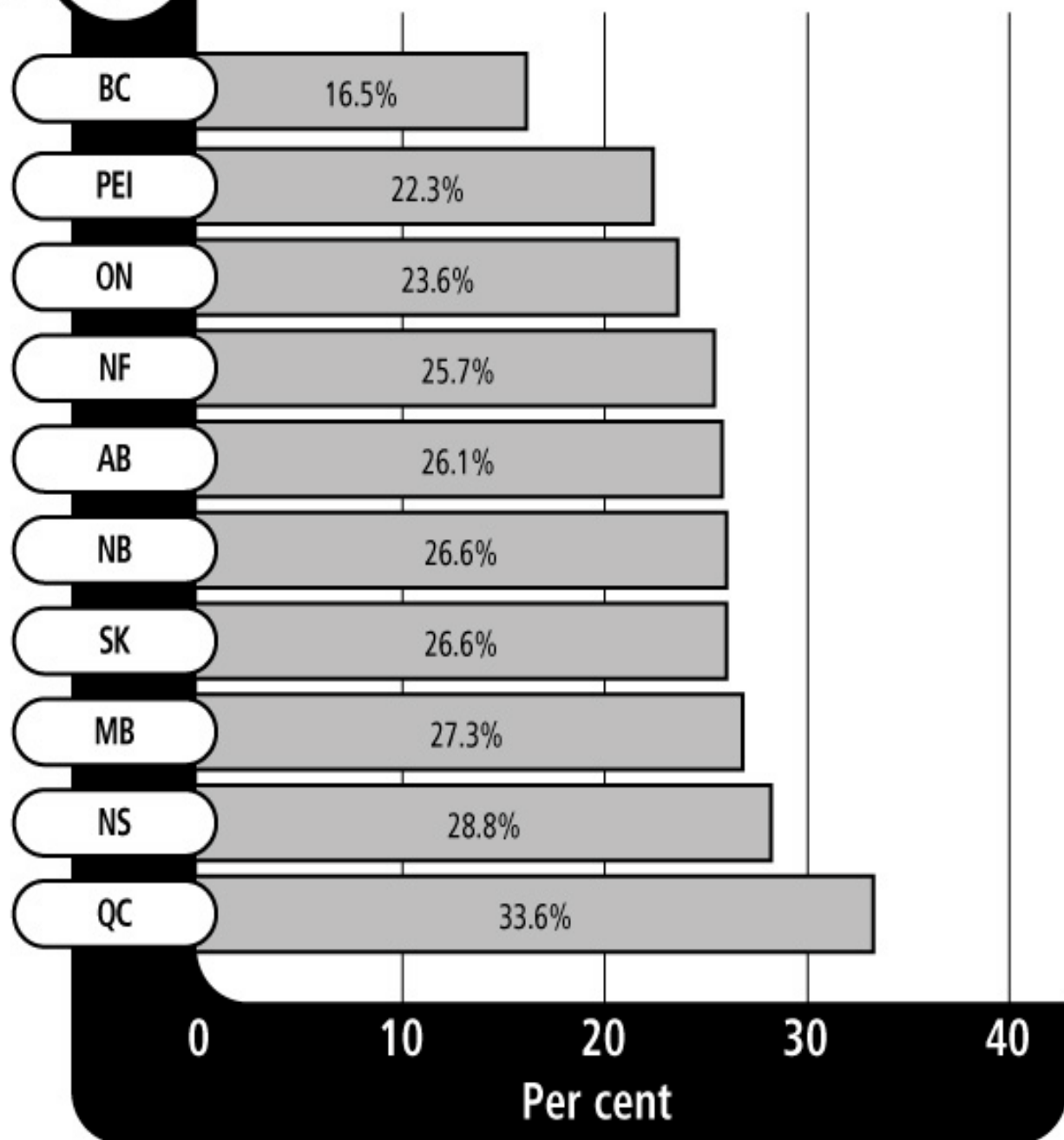
Source: Statistics Canada. Canadian Community Health Survey 2000/01. Prepared using Share Files from Information Support, B.C. Ministry of Health Services.

Goal 2: Individual capacities, skills & choices

Healthy child development	Learning opportunities	Healthy choices	Independent living
<p>↔ Low birthweight</p> <p>✓ Breast-feeding</p> <p>↔ Family functioning</p> <p>✓ School readiness</p>	<p>✓ High school education</p> <p>✓ Post secondary education</p> <p>✓ Grade 12 exam completion</p>	<p>✓ Smoking</p> <p>× Heavy drinking</p> <p>↔ Physical activity</p> <p>✓ Teen pregnancy rate</p> <p>? Healthy eating</p> <p>? Bicycle helmet use</p> <p>? High risk sexual practices</p>	<p>↔ Living in community, age 65 and over</p>

FIGURE
4.7

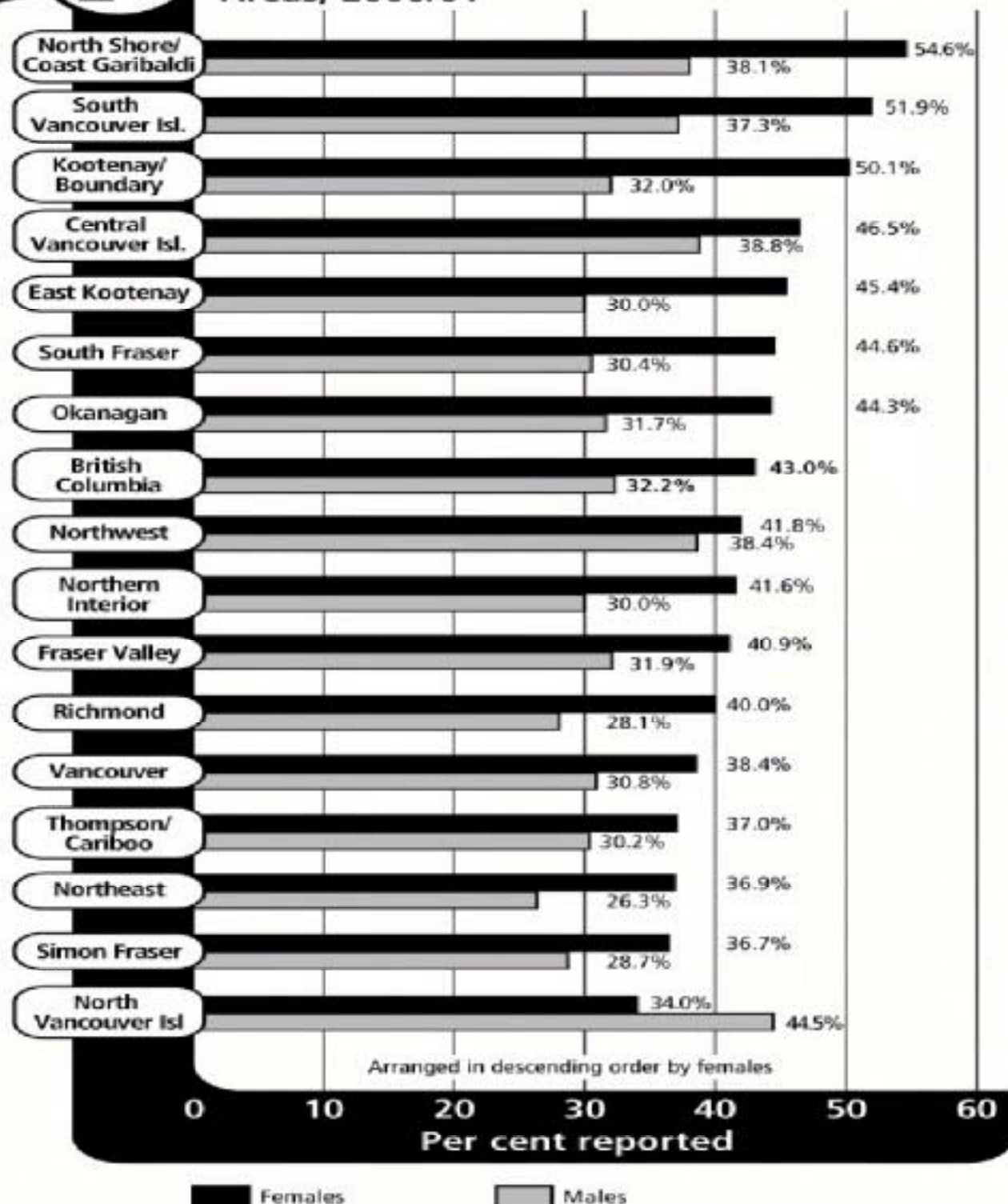
**Current smokers, Age 15 to 19 years,
by Province, 2000/01**



Source: Statistics Canada. Canadian Community Health Survey, 2000/01. Prepared using CANSIM II (2002 October), <http://statcan.ca/english/freepub/82-221-XIE/00502/tables.htm>

FIGURE 4.10

Consume fruits and vegetables 5 or more times per day, B.C. Health Service Delivery Areas, 2000/01



Note: Health eating as measured by the consumption of fruits and vegetables 5 or more times per day.

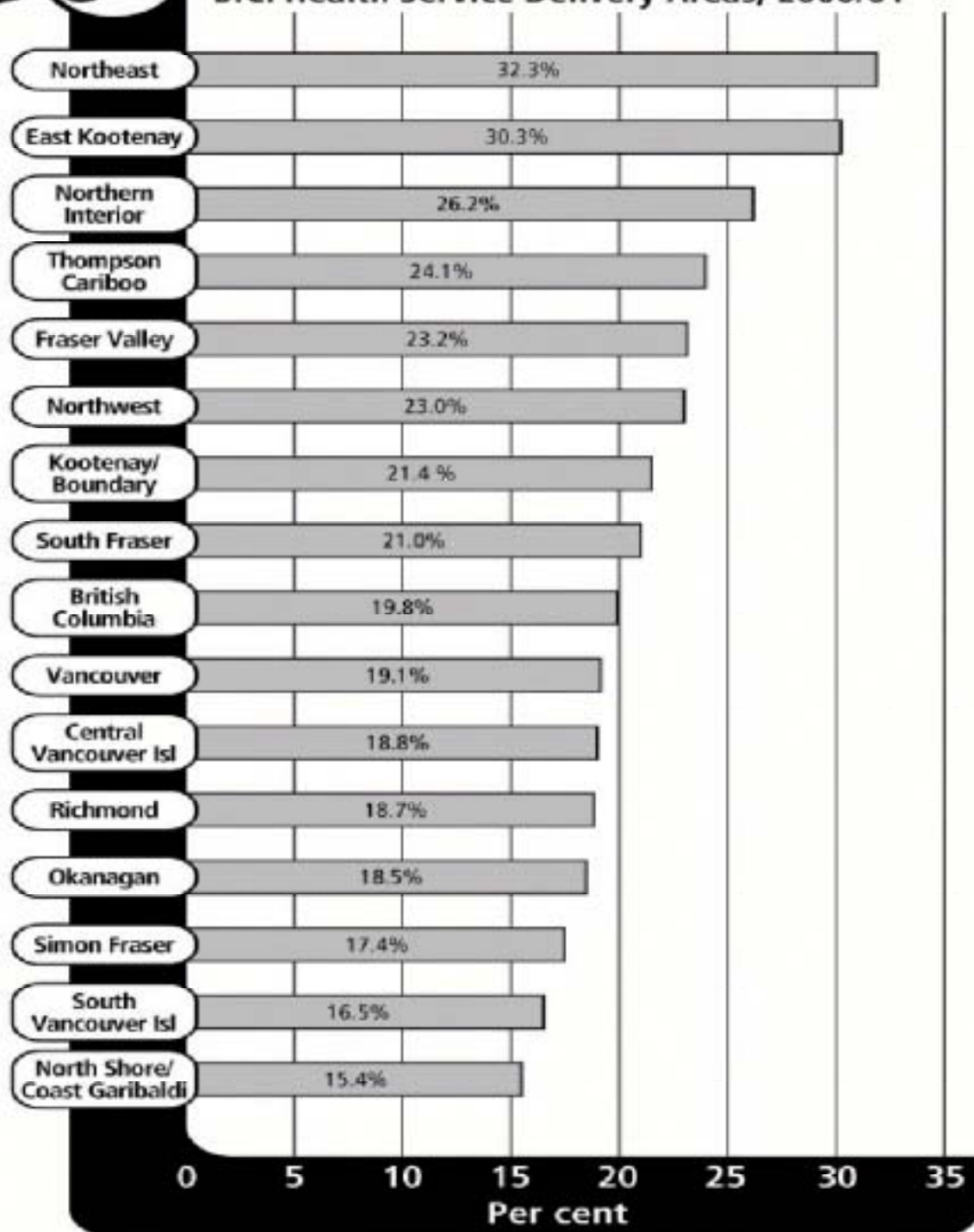
Source: Statistics Canada. Canadian Community Health Survey, 2000/01. Prepared using CANSIM II (2002 October), <http://www.statcan.ca/english/freepub/82-221-XIE/00502/tables.htm>

Goal 3: Diverse & sustainable physical environment with clean, healthy & safe air, water & land

Air	Water	Food	Land	Sustainability
√ PM ₁₀ air pollution	√ Water quality index	× Critical hazards in food premises	√ Blood lead levels	× Greenhouse gas emissions
↔ Exposure to second hand smoke	× Boil water advisories	↔ Food quality samples		↔ Energy consumption
				√ Land in protected areas

FIGURE 5.2

Per cent of non-smoking population exposed to second-hand smoke, Age 12 years and over, B.C. Health Service Delivery Areas, 2000/01



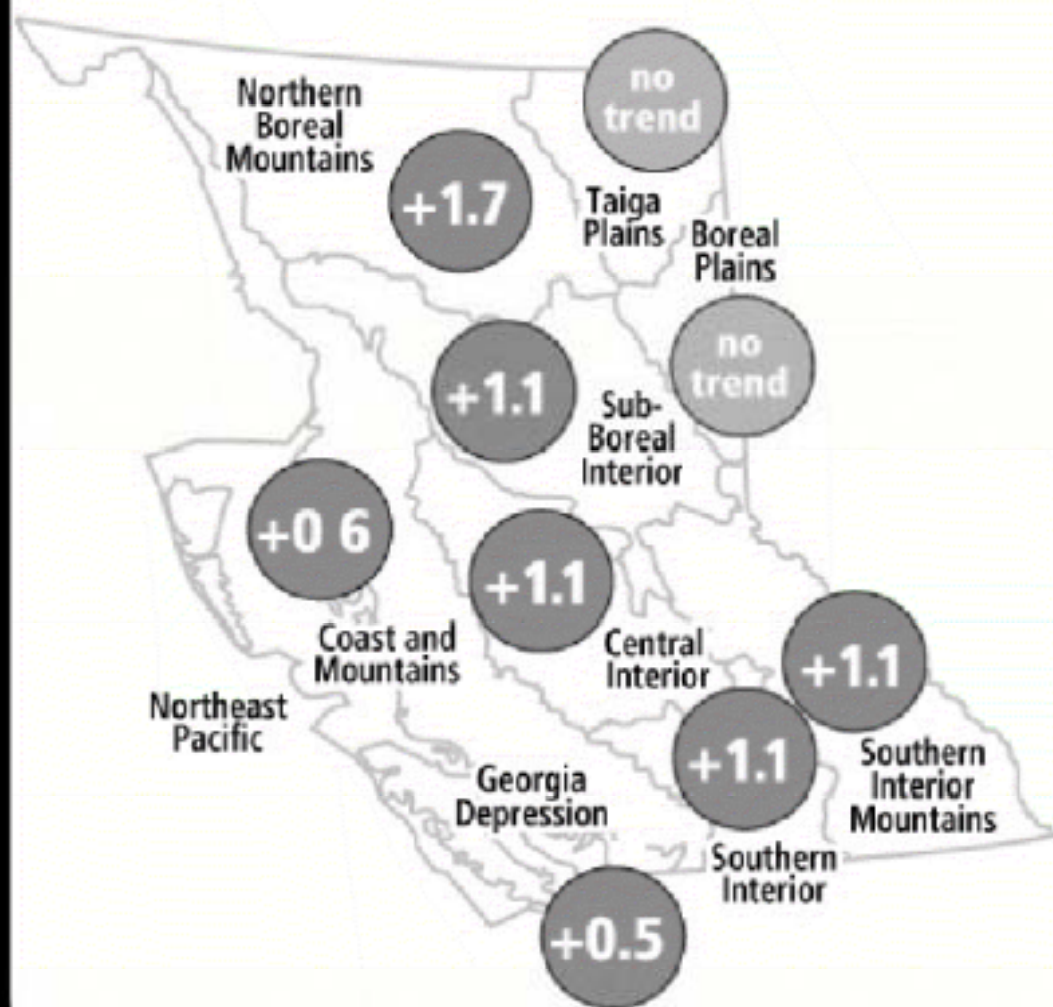
Notes: Sample size for North Vancouver Island HSDA is too small for reliable reporting.

Source: Statistics Canada. Canadian Community Health Survey 2000/01. Prepared using CANSIM II (2002 October).

<http://www.statcan.ca/english/freepub/82-221-XIE/00502/tables.htm>.

FIGURE
5.6

Average air temperature change
in degree centigrade



Source: B.C. Ministry of Water, Land and Air Protection. Data from Environment Canada. Analysis by Canadian Institute for Climate Studies, 2001.

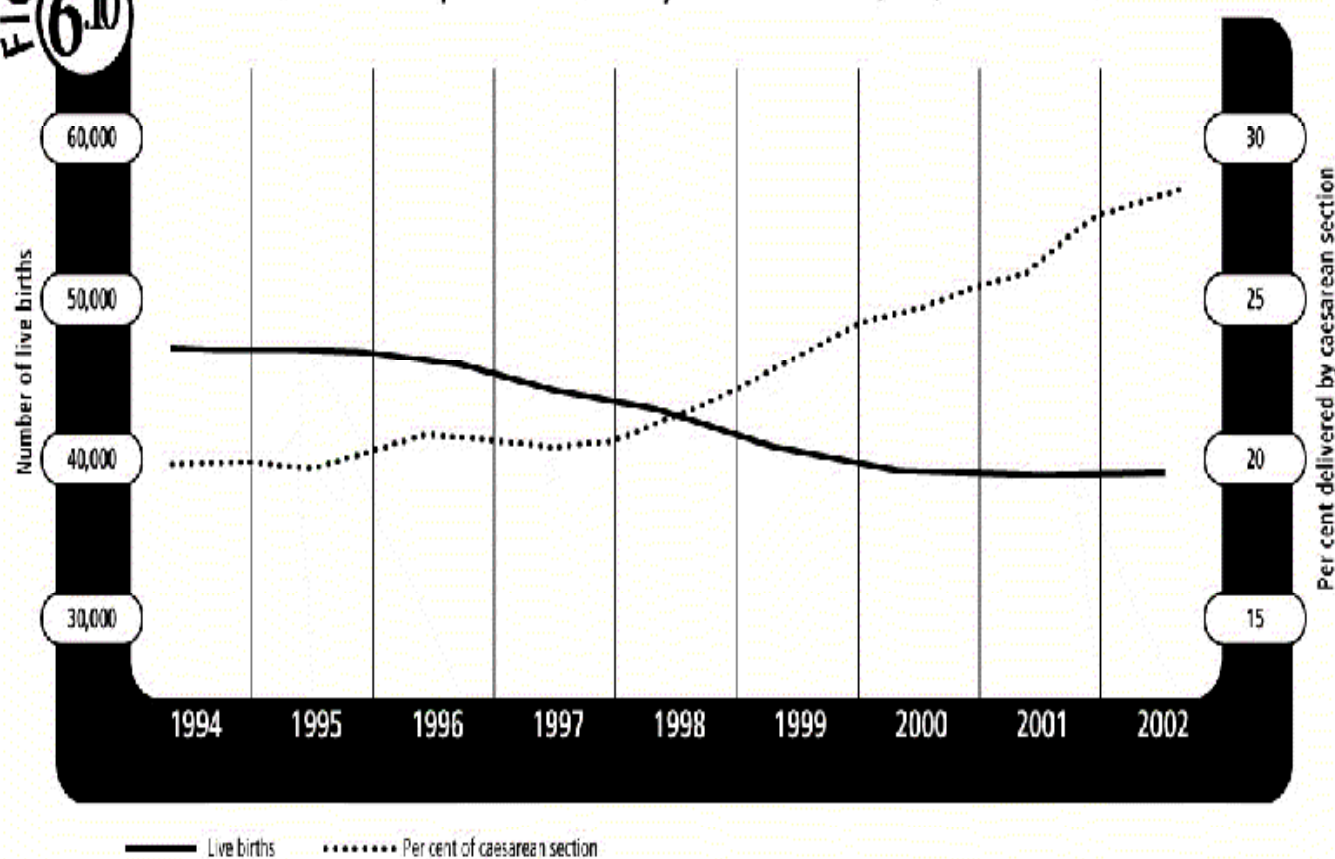
<http://wlapwww.gov.bc.ca/soerpt/pdf/ET2002Oct221.pdf>

Goal 4: Effective & efficient health service system that provides access to appropriate services

Accessibility	Doing the right things right		Improving health
↔ Childhood immunization	√ Opportunities for self-care	√ May not require hospitalizations	√ Deaths due to medically-treatable diseases (ASMR)
√ Influenza immunization	√ Use of protocols and guidelines	√ Expected compared to actual stay	
√ Screening mammography	↔ Breast conserving surgery √	× Alternate level of care	
↔ Pap smears	× Caesarean deliveries	↔ Community follow-up after hospitalization	
√ Smoking cessation	↔ Antibiotic prescribing		
↔ Dental visits in the past year	√ Preventable admissions		
× Unmet health care needs			

FIGURE
6.10

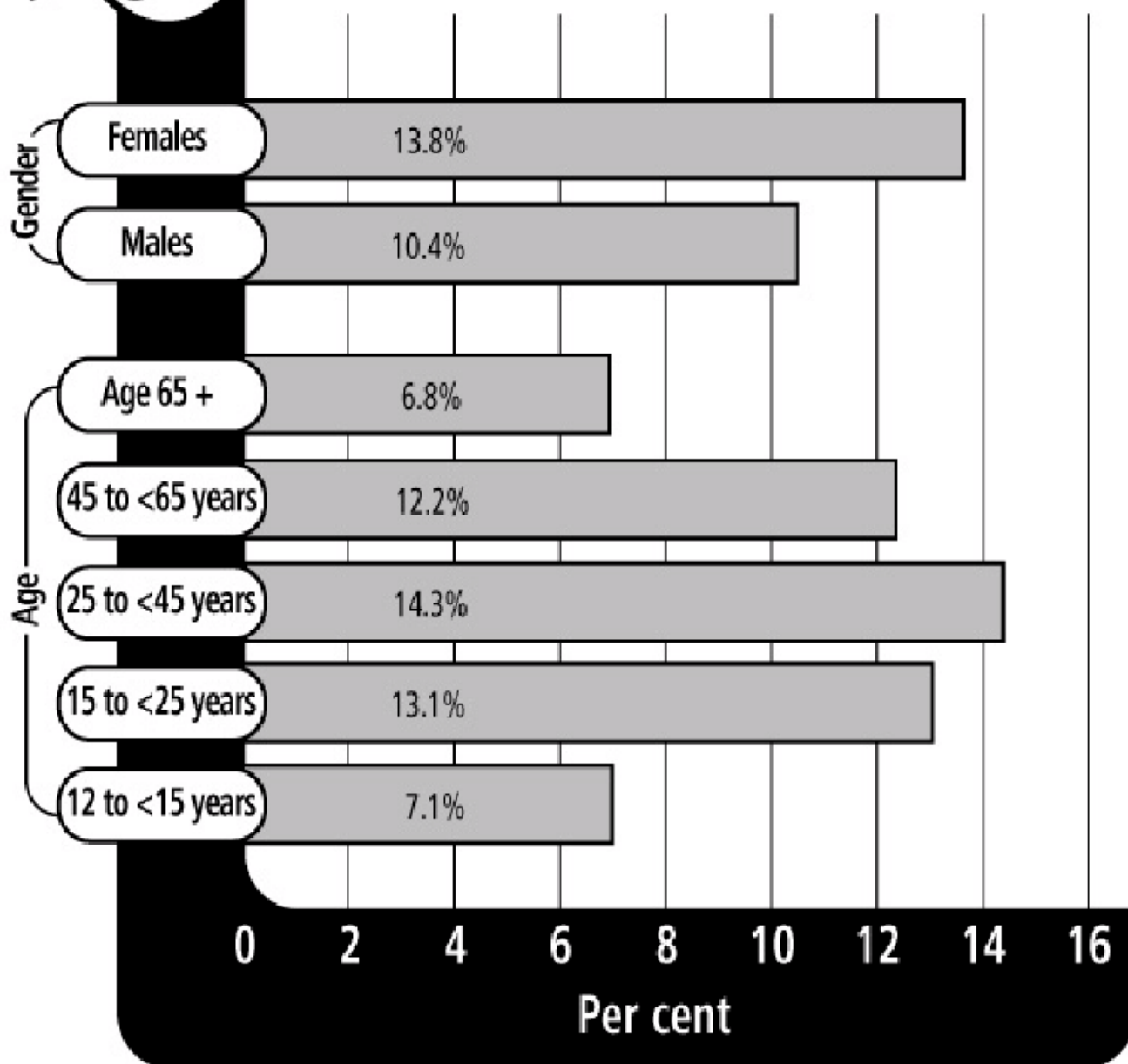
Number of live births and per cent delivered by caesarean section, B.C., 1994 to 2002



Source: B.C. Vital Statistics Agency, B.C. Ministry of Health Planning.

FIGURE
6.6

Per cent who reported unmet health care needs, B.C., 2000/01



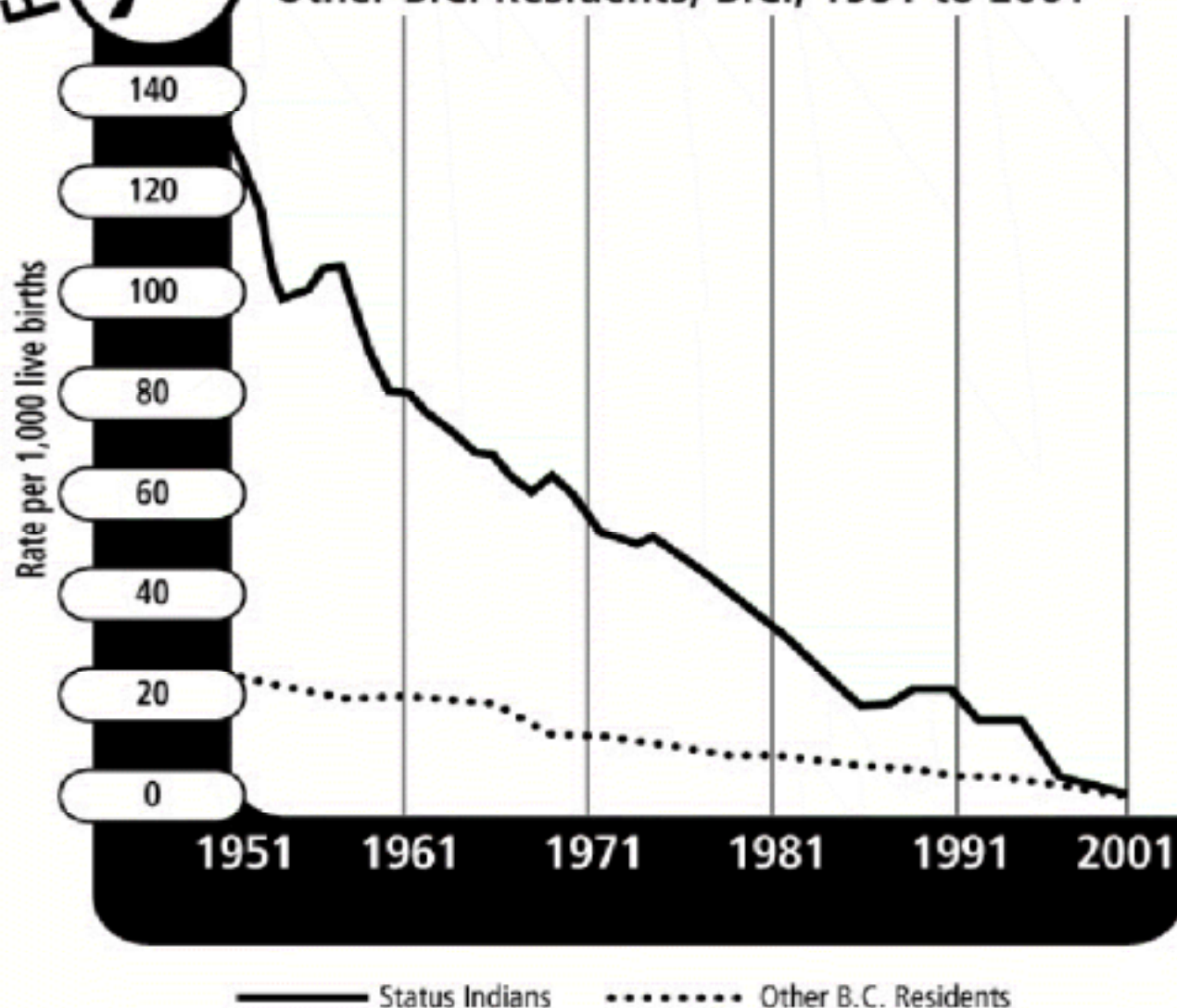
Source: Statistics Canada. Canadian Community Health Survey 2000/01. Prepared using Share Files from Information Support, B.C. Ministry of Health Services.

Goal 5: Improved health for Aboriginal peoples

Health Status	Factors affecting health
↔ Self-rated health	√ High school completion
√ Infant mortality rate	√ Unemployment rates
√ Potential years of life lost	√ Low income rate
√ Life expectancy	√ Community control

FIGURE
7.2

Infant mortality rate, Status Indians and
Other B.C. Residents, B.C., 1951 to 2001

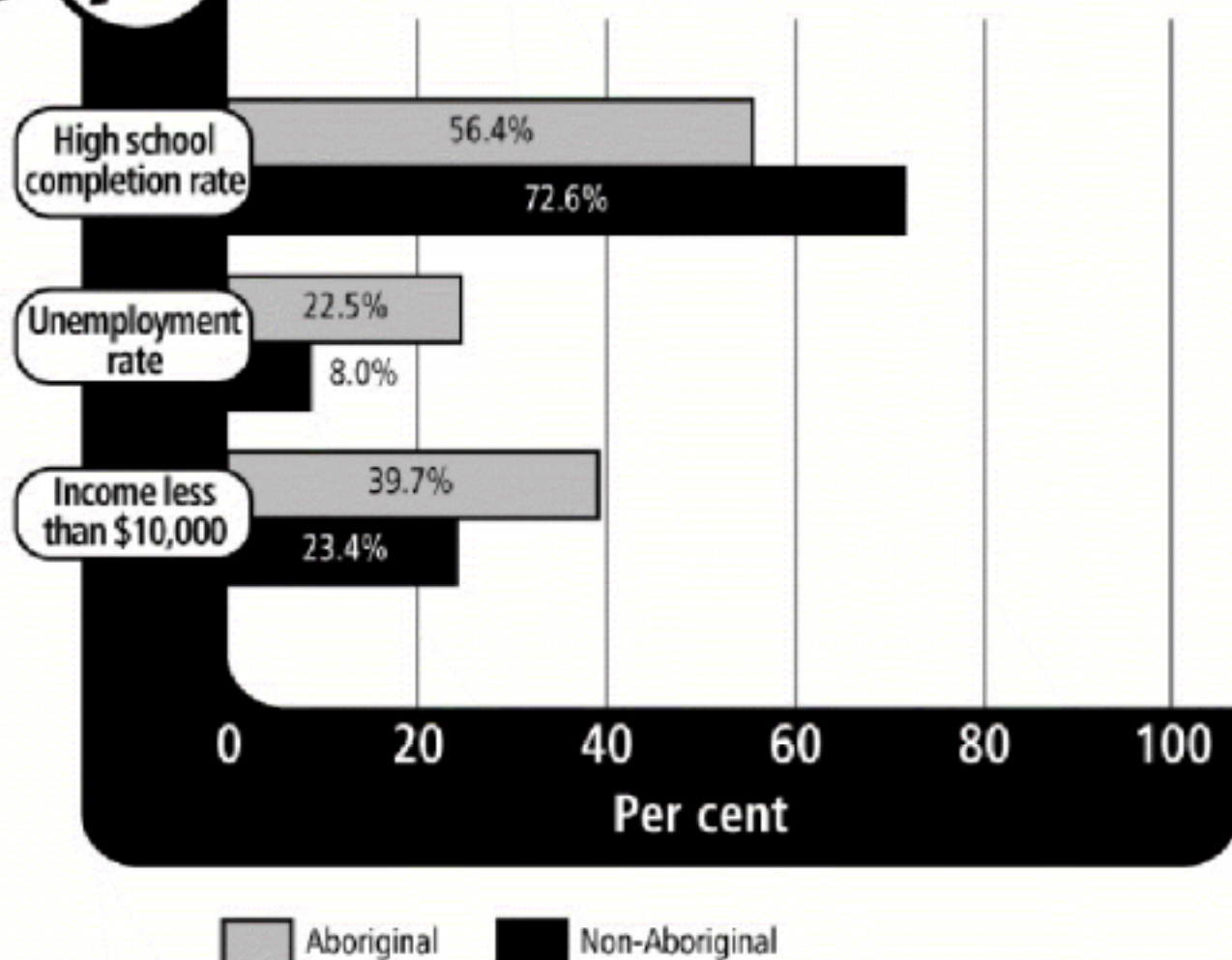


Note: Rates plotted as a moving average.

Source: B.C. Vital Statistics Agency, B.C. Ministry of Health Planning.

FIGURE
7.5

Factors affecting health, Age 15 years and over, Aboriginal and non-Aboriginal population, B.C., 2001



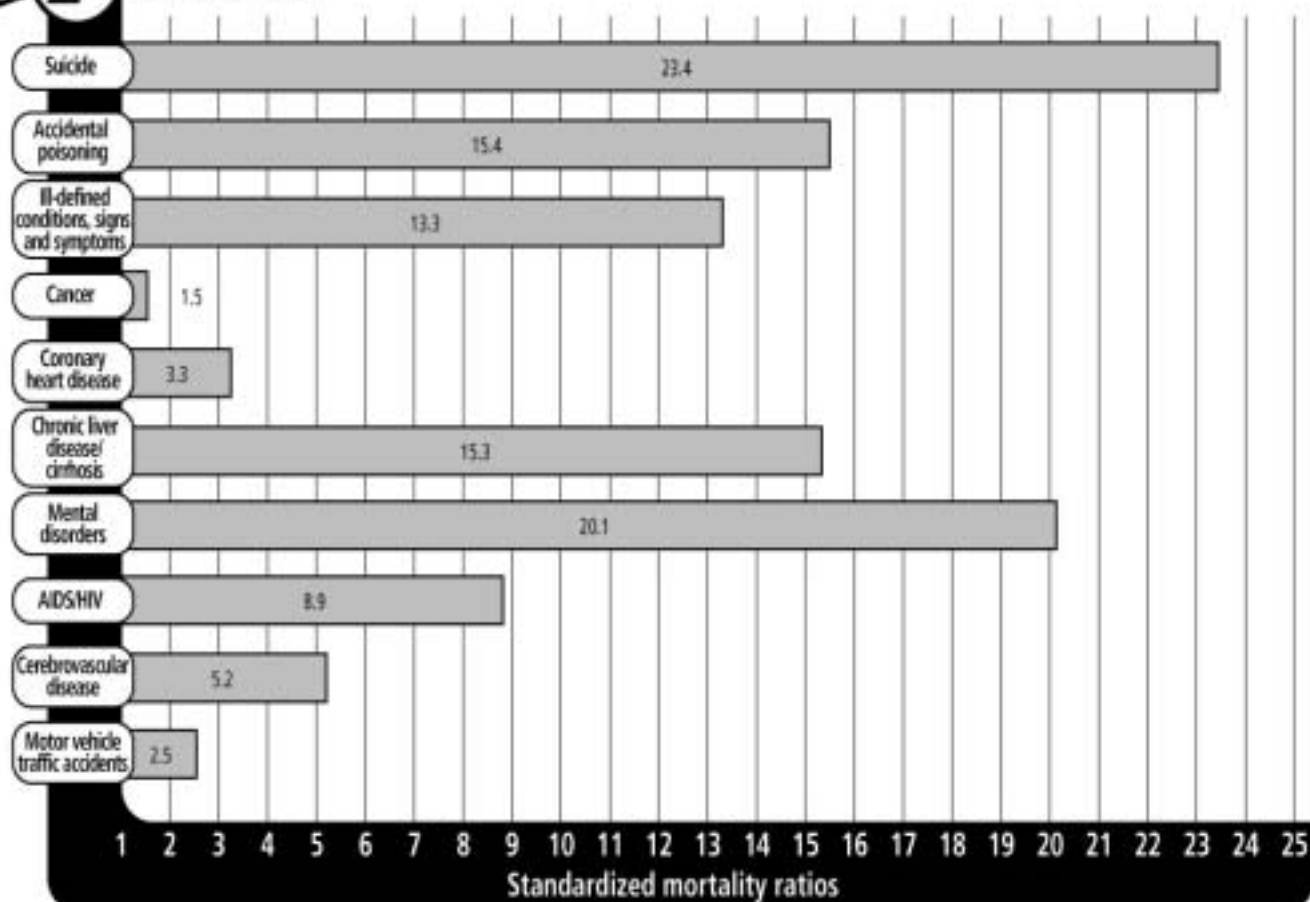
Source: Statistics Canada. Prepared using data from the 2001 Census, provided by BC STATS, B.C. Ministry of Management Services.

Goal 6: Reduction of preventable illness, disabilities & premature deaths

Non-communicable disease	Communicable Disease	Injuries
√ Heart disease and stroke deaths	√ Vaccine-preventable disease	√ Unintentional injuries
√ Cancer incidence and mortality	↔ Tuberculosis	↔ Hip fractures
↔ Respiratory deaths	× HIV infection	↔ Domestic assault
↔ Mental health hospitalizations	× Sexually transmitted diseases	↔ Child abuse and neglect
√ Neural tube defects	√ Food and waterborne diseases	√ Illicit drug overdose
	√ Waterborne diseases outbreaks	√ Suicide

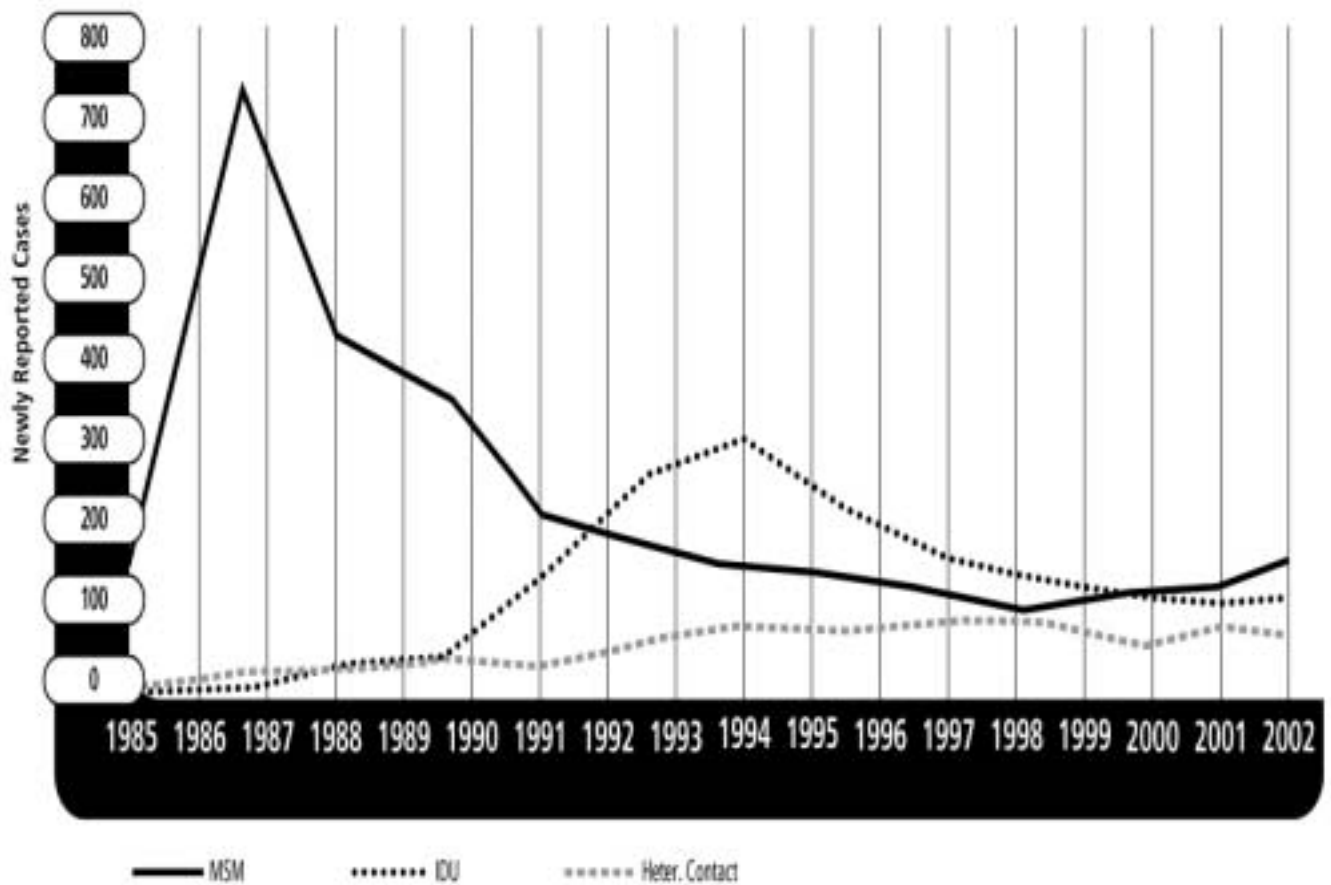
FIGURE
2.8

Leading causes of death, Standardized mortality ratios, Psychiatric cohort, B.C., April 1997 to December 2000



Source: Population Health Surveillance and Epidemiology, B.C. Ministry of Health Planning. Prepared using data from B.C. Vital Statistics Agency and BC STATS.

Newly Reported HIV Cases by Risk Factor, B.C. 1985 - 2002



Source: BC Centre for Disease Control

What can individuals do?

- 1. Don't smoke**
- 2. Eat a balanced, healthy diet**
- 3. Remain physically active**
- 4. Drink alcohol responsibly**
- 5. Practice safe sex**
- 6. Use preventive services**
- 7. Use safety devices**
- 8. Protect yourself and your children from the sun**
- 9. Learn basic first aid**
- 10. Adopt an attitude of lifelong learning**

What can governments do?

- 1. Support healthy child development**
- 2. Make equal access to quality education a priority**
- 3. Create a healthy, diverse economy**
- 4. Provide supportive programs and policies to protect the disadvantaged**

What can governments do?

- 5. Implement evidence-based programs to promote non-smoking, responsible alcohol use, regular physical activity, healthy eating and other healthy behaviours**
- 6. Continue to support & expand broad public health programs**
- 7. Continue to support & expand programs that help citizens become wiser health consumers**

What can governments do?

- 8. Be committed to health research, analysis of trends and evaluation of programs, particularly for new policy directions**
- 9. Continue to build an evidence-based culture focused on appropriate health care services**
- 10. Create a safer and healthier indoor and outdoor environments**

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