

CIHI Looks at Population Health— Understanding What Makes Canadians Healthy

The notion of health includes not just the physical state but also, according to the World Health Organization, complete mental and social well-being. In other words, good health is not merely the absence of disease, but the presence of other positive factors—such as family support, an environment with low pollution or the ability for a person to adapt to life's stresses.

With this definition of health has come a greater interest in understanding what factors and conditions have a strong influence on our health and the health of our communities. Population health is an increasingly influential approach to health that looks at the determinants of health and, in doing so, aims to reduce inequities among population groups and improve the health of the entire population.

In 1999, CIHI launched a new initiative to expand the public's knowledge of the determinants of individual and community health and well-being. CIHI realized that the knowledge was not always being shared with policy-makers so that they could translate this knowledge of population health into tangible policy.

The Canadian Population Health Initiative (CPHI) works closely with Health Canada, the Canadian Institutes of Health Research, the Public Health Agency of Canada, the Canadian Public Health Association and other partners across the country to promote population health research, evaluate policy options based on best evidence and transfer population health knowledge.

CPHI commissions selected research, builds research partnerships and also provides analysis and synthesis of the latest Canadian and international population health research. Education workshops across the country, along with a rapidly growing roster of published reports, help disseminate these new research findings.



As you'll read in this issue, much of this work is focused in three main areas: place and health, healthy weights and healthy transitions to adulthood. Also in this issue: an interview with a national leader in population health, Dr. Richard Lessard. ●

MANAGING EDITOR'S NOTE

CIHI is about more than numbers and statistics. We also do in-depth analysis of the factors that make Canadians, and their communities, healthy. In this issue, we focus on how CIHI is helping to fill the gaps in population health. Read on, and learn how we are linking researchers with policy developers and decision-makers to provide the best evidence on what works—and what doesn't—to help improve the health of Canadians.



Canadian Institute
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From the PRESIDENT



The Canadian Institute for Health Information (CIHI) was created with the vision that, someday in Canada, 13 different health care delivery systems—from the Northwest Territories to Prince Edward Island—would be linked through a system of comparable health information. It was a lofty undertaking, born out of frustration over the lack of relevant and trustworthy data upon which to base decisions. The remarkable thing is that—after 10 short years—CIHI is delivering on this vision.

By striving to rise above the particular environment of each health jurisdiction, CIHI has become a national source of information on health and health care in Canada. Some of what we do is still a work-in-progress. Yet already, media, governments, health care institutions and researchers turn to CIHI for information that will help shape decisions about individual Canadians' health choices and the future of the health system.

Guiding that vision is a diverse and committed board of directors. Led by Graham W. S. Scott, these 16 individuals from across Canada come to the table as knowledgeable members of provincial governments, health regions, academic institutions and health care providers. They guide CIHI in making the best decisions that will benefit individual health entities—and ultimately, that will lead to a pan-Canadian health information system. Representing “clients” of CIHI's data and analyses, they understand first-hand just how important it is to deliver on our promise of relevant, comparable and unbiased information.

One of the biggest challenges for the health system continues to be the need for more and better health information. But here I'm not talking just about the sort of information CIHI has customarily delivered. Canadians and their health leaders need more than statistics about the number of beds, deaths and doctors. That's why, as CIHI has evolved, it has added new data holdings and expanded existing data holdings. As well, CIHI is seeking to offer more analysis—and making it widely available in new reports. Finally, CIHI has expanded its expertise to include population health. Understanding what makes Canadians and their communities *healthy* is as important as providing information about those who are sick.

In recent months, the CIHI Board and staff have focused their energy on identifying priorities for the next three years. The results of this strategic planning process will be released this summer. It is clear to us that the organization is no longer in its infancy. CIHI is now a mature organization, ready to take an even greater leadership role in meeting the health information needs of Canadians and the health system. ●

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President and CEO

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As of May 2005

CIHI DATA

Making a Difference in the Health of Canadians

Helping students learn healthy habits for life is the goal behind a successful school program in Nova Scotia. Now, thanks to a study funded by CIHI's Canadian Population Health Initiative, lessons learned by schools in one area of Nova Scotia are being shared with the rest of the province—and across Canada.

Launched in 2003, the Children's Lifestyle and School-Performance Study (CLASS) recorded the height and weight of 5,200 fifth-grade students in a sample of Nova Scotia schools. The study, led by researcher Paul Veugelers, used a questionnaire to determine physical and sedentary activities and to assess dietary intake. Researchers found that schools

with a comprehensive healthy living program had significantly lower numbers of overweight and obese students than schools without such a program.

CIHI's release of the CLASS findings in February brought the Annapolis Valley Health Promoting School Project into the national spotlight, showing a direct link between an overall healthy living program and lower numbers of overweight and obese students. In April, Nova Scotia Premier John Hamm announced the School Healthy Eating and Physical Activity Program, which will provide grants to partnerships of school boards and district health authorities across the province for the development and

implementation of school health programs. These programs must address both healthy eating and physical activity that, notes Premier Hamm, "go hand in hand in improving children's health."

Former Saskatchewan premier Roy Romanow once notably recommended that, if you want to live a long and healthy life, "don't be poor."

Now the Canadian Mental Health Association (CMHA) is also applying this notion: if you want to live in a state of "positive mental health," don't be poor. In materials published for their Citizens for Mental Health project, the Association concluded that

"income security" is a key determinant of mental health in every community in Canada. Canadians living at higher social and economic levels are more likely to experience more positive states of mental health and well-being than those at lower levels.

To reach this conclusion, the Association tapped into findings from CIHI's Canadian Population Health Initiative showing that over the past 25 years, both life expectancy and average income in Canada have increased, but health status differences between income groups persist. ●

Findings From CIHI's Sixth Annual Report on the Health Care System



- **How do Canadians rate their health care system?**
A 2003 Statistics Canada survey says Canadians aged 15 or older rated the quality of care they received in the past 12 months as excellent or good (87%). Provincially, the rate varied between 89% in Quebec and 83% in British Columbia.
- **How well do we follow doctors' orders?**
According to the 2004 Commonwealth Fund International Health Policy Survey, 40% of Canadians surveyed did not follow advice on lifestyle changes (compared to 33% in Australia and 24% in the United Kingdom).
- **How do we compare internationally?**
A Commonwealth Fund International Health Policy Survey found that Canadians had more confidence in their health care system than most countries surveyed. When asked if the health system needed to be rebuilt, only 14% of Canadians said yes (down from 23% in 1998)—fewer than in Australia (24%), New Zealand (18%) and the United States (34%). Only the UK had a lower percentage of those wanting to rebuild their health system (12%). ●





A Personal Perspective on Population Health:

Interview With Dr. Richard Lessard

Leadership for the Canadian Population Health Initiative (CPHI) comes from a council of 12 members selected from among accomplished Canadians representing diverse interests across the population health field. Recently, *CIHI Directions ICIS* spoke to the newly appointed Chair of the CPHI Council, Dr. Richard Lessard, Director of Prevention and Public Health for the Agence de développement de réseaux locaux de services de santé et de services sociaux de Montréal (Montréal-Centre Regional Health and Social Services Board).

How would you describe population health?

Population health looks at determinants of health not on an individual basis, but rather for the population as a whole—or for certain segments of the population, such as Aboriginal people, youth or women.

Why is it important to include a population health perspective in health planning?

The mission of the health system is not only to provide services to the sick, but also to prevent disease. Air quality, the availability of places to exercise, income levels—these are all factors that can have an impact on an individual's health. Both the physical and social environments are critical when one considers the health of a population. People who live in communities where there is a high level of air pollution, for example, are inevitably going to be prone to health issues that result from air pollution—lung disease, respiratory problems and so on. Health planners need to understand the big picture, and not just the symptom that brings the patient to the doctor's office or hospital.

In your view, what are the most exciting developments in population health?

I find it exciting that we now have more information on what works in terms of helping people change their behaviours to improve their health. When we modify the physical environment, it can lead to different behaviours. If we make public transportation readily available, people will use it. In this case, we as a society are not forcing people to change their behaviour, but rather, we are offering a healthy alternative. Thoughtful policy can lead to new and healthier behaviours. Look at the past 20 years: no smoking by-laws, tough anti-tobacco advertising legislation and seat belt legislation—all of these legislative changes have raised individual Canadians' awareness of their health and resulted in powerful change. Let's make the healthy choice the easy choice.

How is the work of the Canadian Population Health Initiative (CPHI) relevant to health service delivery—and the health system in general?

CPHI helps to describe the population that needs the most services within the health system. It's important for clinicians to know a patient's whole situation, because often this helps them modify their service to the benefit of the patient. Take diabetes, for example. Certain groups within the population are more prone to diabetes and the resulting bad outcomes. A diabetic who does not receive adequate treatment could eventually be forced to have a leg amputated, or could even go blind. Knowing what challenges a patient faces is very helpful to clinicians.

As a physician, what attracted you to a leadership role in the area of population health?

Can we modify a poor person's life trajectory to improve his or her health? That is a question that we ask at CPHI. Our approach is to listen to policy-makers and take time to understand what they need to know. Then we work with researchers to design research studies that will fill the gaps for policy-makers, and identify policy options based on the best evidence available. In Montréal, for example, we've seen how significantly poverty has contributed to poor health over more than 20 years. This makes it all the more important to study the underlying causes and to think of long-term plans and interventions. We have to look for evidence-based interventions and then make sure we evaluate the effectiveness of these interventions (something that is rarely done), so that the result is the design of more effective policy. ●



Place and Health

How does where you spend your time contribute to your physical and mental health? There is growing interest among researchers and policy-makers in understanding how the many dimensions of place impact health.

The concept of place is broad, and can include physical location, urban and rural locations, as well as school, workplace and neighbourhood settings. For example, children and adolescents who live in neighbourhoods that are considered dangerous—with lots of graffiti and high residential turnover—report more depression and anxiety than those from other neighbourhoods.

Understanding the complexities of place and its relationship to health is an area of major focus for the Canadian Population Health Initiative (CPHI), and involves work on rural and urban health as well as exploration of the characteristics of a healthy community. ●

Healthy Transitions to Adulthood

Adolescence is a time of rapid growth and transition, expanding horizons, self-discovery and emerging independence. It is a time during which youth develop the necessary skills to make decisions about their lifestyles, learning, relationships and self-reliance. The Canadian Population Health Initiative (CPHI) is exploring information on the factors that promote healthy adolescent development.

By reviewing research relevant to understanding adolescent health and development, CPHI is identifying various protective and risk factors associated with health outcomes for adolescents. These include the relationship between how connected youth are to their school environment and both positive health outcomes, such as self-worth and self-rated health, and negative health outcomes, including alcohol, tobacco and marijuana use. Close examination of this issue helps

researchers identify what conditions may promote youth's engagement in healthy behaviours and protect them from risky health behaviours.

CPHI's goal is to make this knowledge of adolescence useful to professionals working with adolescents, as well as the broader policy community, to support the design of programs and policies that reflect a greater understanding of this complex period of life. ●

Healthy Weights

It seems barely a day goes by without a major media story on obesity. Often these stories focus on individual-based strategies, such as diets, weight-loss drugs and surgical interventions. CPHI steps back from the glare of the headlines to focus on both population health factors associated with overweight and obesity in Canada and the public's views of issues related to healthy weight.

More and more research suggests that an individual's ability to maintain a healthy weight is largely the result of an interplay of social and environmental factors.

CPHI supports Canadian research and analyses on healthy weights to strengthen public policies and programs that take into account the various determinants of health. It examines places where various

obesity prevention strategies have been implemented, including schools, workplaces and communities. It also examines what strategies individuals and communities can best employ, based on the evidence, to encourage healthy weights. ●

CPHI Council Members

- Hon. Monique Bégin, University of Ottawa
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Going Global With a Population Health Perspective

Applying a population health perspective to health issues is important not only in Canada, but also on the international front. CIHI and its partners, the Public Health Agency of Canada and Health Canada, are playing a key role in sharing Canada's expertise in population health and learning from other countries.

The three partners are developing a three-year memorandum of understanding with the World Health Organization (WHO) European Office for Investment for Health and Development in Venice, Italy. The primary focus of this collaboration will be to address health disparities through joint action on the social and economic determinants of health. This new initiative will result in the development of various international projects, and will draw upon the wealth of expertise of many Canadian organizations.

Canadians are also key players in the WHO's groundbreaking new Commission on the Social Determinants of Health. Canada has two official representatives on the Commission: Monique Bégin, who also serves on the Council of CIHI's Canadian Population Health Initiative; and Stephen Lewis, known internationally for his work on HIV/AIDS. Ms. Bégin and Mr. Lewis will be working on finding common strategies for alleviating what Canada's Minister of State for Public Health, Dr. Carolyn Bennett, calls the "root causes" of poor health, including poverty, food insecurity and unsafe environmental conditions. ●

Divergent Health Realities in Western Canada

Western Canadians experience widely divergent health realities. For instance, average household income—a key determinant of health—is both highest and lowest in Vancouver (West Vancouver and Downtown Eastside, respectively).

Creating successful health delivery models and policies in an environment characterized by such diversity poses challenges. Through its Victoria and Edmonton regional offices, CIHI is supporting and contributing to the development of western Canadian health information to support health policies that reflect a population health perspective.

CIHI staff is working to identify research opportunities that address population health information gaps as they relate to healthy communities, urban and rural disparities and Aboriginal health.

"Our goal is to contribute to a rich research program that helps policy-makers improve the health of all western Canadians," explains Anne McFarlane, Executive Director of CIHI's Western Region. ●

Did You Know?

- Many health indicators, including life expectancy, proportion of the population who report a physical activity index of "active" and obesity levels, show that health typically improves from east to west in Canada.
- West Nile virus hit hardest on the Prairies in 2003–2004, with nearly 1,100 of just over the 1,200 nationally confirmed or probable cases in Saskatchewan and Alberta.
- Over 600,000 of Canada's nearly one million Aboriginal peoples live in British Columbia, Alberta, Saskatchewan and Manitoba.

Sources: Canadian Institute for Health Information. *Health Care in Canada 2004*. Ottawa: CIHI, 2004.
Canadian Institute for Health Information. *Improving the Health of Canadians 2004*. Ottawa: CIHI, 2004.
Statistics Canada, census data, 2001.

Where You'll See CIHI Next!

SEPTEMBER 2005

18–20 The 6th International Conference on the Scientific Basis of Health Services (ICSBHS 2005), Montréal

18–22 Canadian Public Health Association's 96th Annual Conference, Ottawa

29–30 Informatique-Santé 1⁶e édition/Healthcare Information Systems, Montréal

OCTOBER 2005

20–22 Halifax 5: The Canadian Healthcare Safety Symposium, Calgary

25–28 International Society for Quality in Health Care, Vancouver

26 Responding to the Challenge Conference, Toronto

31–Nov. 2 Ontario Hospital Association Health Achieve 2005, Toronto



Mapping the Future of Public Health: People, Places and Policies

Health practitioners, policy planners and researchers from across the country will be gathering in Ottawa for the Canadian Public Health Association's 96th Annual Conference, from September 18 to 21.

This year's conference, which is being held in partnership with CIHI's Canadian Population Health Initiative, the Institute of Population and Public Health from the Canadian Institutes of Health Research, as well as the Public Health Agency of Canada, will include timely and provocative sessions on a wide range of issues of interest to the public health community. Topics include:

- Policy- and practice-relevant research in population health;
- Impact of nutrition data on the health of Canadians;
- Enhanced public health surveillance systems; and
- New and emerging threats from global forces affecting health.

Featured speakers include Dr. Carolyn Bennett, Minister of State for Public Health, Dr. David Butler-Jones, Chief Public Health Officer of the new Public Health Agency of Canada and Mr. Michael Decter, Chair of the Health Council of Canada.

This year's meeting will be held in association with Statistics Canada's Health Statistics Data Users' Conference 2005.

To register or obtain further information, visit the CPHA Web site, at www.cpha.ca. ●

CIHI Has a New Home in Ottawa!

CIHI Ottawa staff have packed up their offices—and moved across town.

Since 2000, the CIHI Ottawa team has almost doubled, and more growth is expected for the next year. It's no wonder then, that the Ottawa headquarters, located in the Byward Market area, could no longer accommodate everyone. In fact, the CIHI Ottawa team has been working out of three different locations in recent years.

As of June 20, the CIHI Ottawa team will be under one roof at 495 Richmond Road, in the west end of Ottawa. The phone and fax numbers will remain the same. ●



What Makes a Healthy Community?

Canadian Researchers Share Their Vision

The community in which we live influences how we live, learn and work. Yet while there is a growing awareness that communities may have a positive or negative effect on health, many questions remain about why certain communities are healthier than others.

In a new report, published by CIHI's Canadian Population Health Initiative, eight prominent researchers share their vision of what makes a community healthy and how this might look and be measured.

Developing a Healthy Communities Index:

A Collection of Papers contains think-pieces written to help broaden the use of health-related indicators beyond health services, individual health status and economic markers.



This unique collection of papers traces the various stages in the development of a healthy communities index (including sharing past experiences, planning a healthy communities index and situating the need for such an index in the current sociopolitical context) and provides special consideration of particular populations such as children, youth and Aboriginal communities.

To download a copy, visit the CIHI Web site, at www.cihi.ca/cphi.

Careers at CIHI



At CIHI, our work is challenging and constantly evolving, and we put a high value on people with the skills and talents to handle it. We're serious about investing in building a winning team, and it shows: in our latest employee survey, conducted by the Hay Group, and

where CIHI was compared to 500 other companies, our people gave us top marks!

At CIHI, employees are encouraged to take on new challenges and are provided with the tools, the training and the opportunity to realize their goals. We offer competitive

salaries, generous vacation entitlement, an excellent flexible benefit scheme and a comprehensive pension plan.

If you would like to join our team, please visit our Web site for more information on current opportunities, at www.cihi.ca.

CREDITS

CIHI Directions ICIS is published by the Canadian Institute for Health Information (CIHI). Since 1994, this national, not-for-profit organization has been working to improve the health of Canadians and the health system by providing quality health information.

CIHI provides reliable and relevant information to support sound health policies, help manage the Canadian health system effectively and promote informed public discussion of issues affecting health and health services.

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Cette publication est également disponible en français.

Recently Published Reports



National Trauma Registry Report: Major Injury in Canada, 2002-2003

This report provides data available from the registry's Comprehensive Data Set and includes data on Canadian patients hospitalized with major trauma.



Drug Expenditure in Canada, 1985 to 2004

Drug expenditure data in this report are obtained from the National Health Expenditure Database (NHEX) maintained by the Canadian Institute for Health Information (CIHI). This database contains a historical series of macro-level health expenditure statistics by province and territory, beginning in 1960.



Inpatient Rehabilitation in Canada, 2003-2004

This is the second public report based on data collected for the National Rehabilitation Reporting System (NRS), which was developed by the Canadian Institute for Health Information (CIHI). The report presents aggregate data and analyses related to inpatient rehabilitation clients, including demographics (such as age and rehabilitation group), system characteristics (such as access to services) and clinical outcomes (such as improvement in functional status).



The Status of Alternative Payment Programs, for Physicians in Canada, 2002-2003

This report describes the status of alternative funding programs for physicians in Canada and was prepared to assist CIHI in developing plans for collecting data on physicians' services insured by the provinces and territories and paid through alternatives to fee-for-service.



Medical Imaging in Canada, 2004

This is a comprehensive report on the imaging field in Canada, incorporating the results of the 2003 and 2004 National Survey of Selected Medical Imaging Equipment, as well as new data from Statistics Canada, provincial and territorial ministries of health, professional associations and other sources.



Provincial and Territorial Government Health Expenditure by Age Group, Sex and Major Category: Recent and Future Growth Rates

This report examines recent changes in provincial and territorial government health spending by age group, sex and major category of expenditure. It also assesses the demographic effects on future provincial and territorial government health spending.