

Canada's Health Region Peer Groups

How do we compare?

Prepared by James Haggerstone
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The following document is a draft document prepared to bring some of the evidence about this subject into view. It is a discussion document and it is not intended to reflect the official position of northern health towards any particular policy or issue. The contents are the responsibility of the author alone.

Rationale for the Health Region Peer Group Approach

By creating Health Region peer-groups based on the socio-economic characteristics known to influence health status, it is possible to compare regions more appropriately.

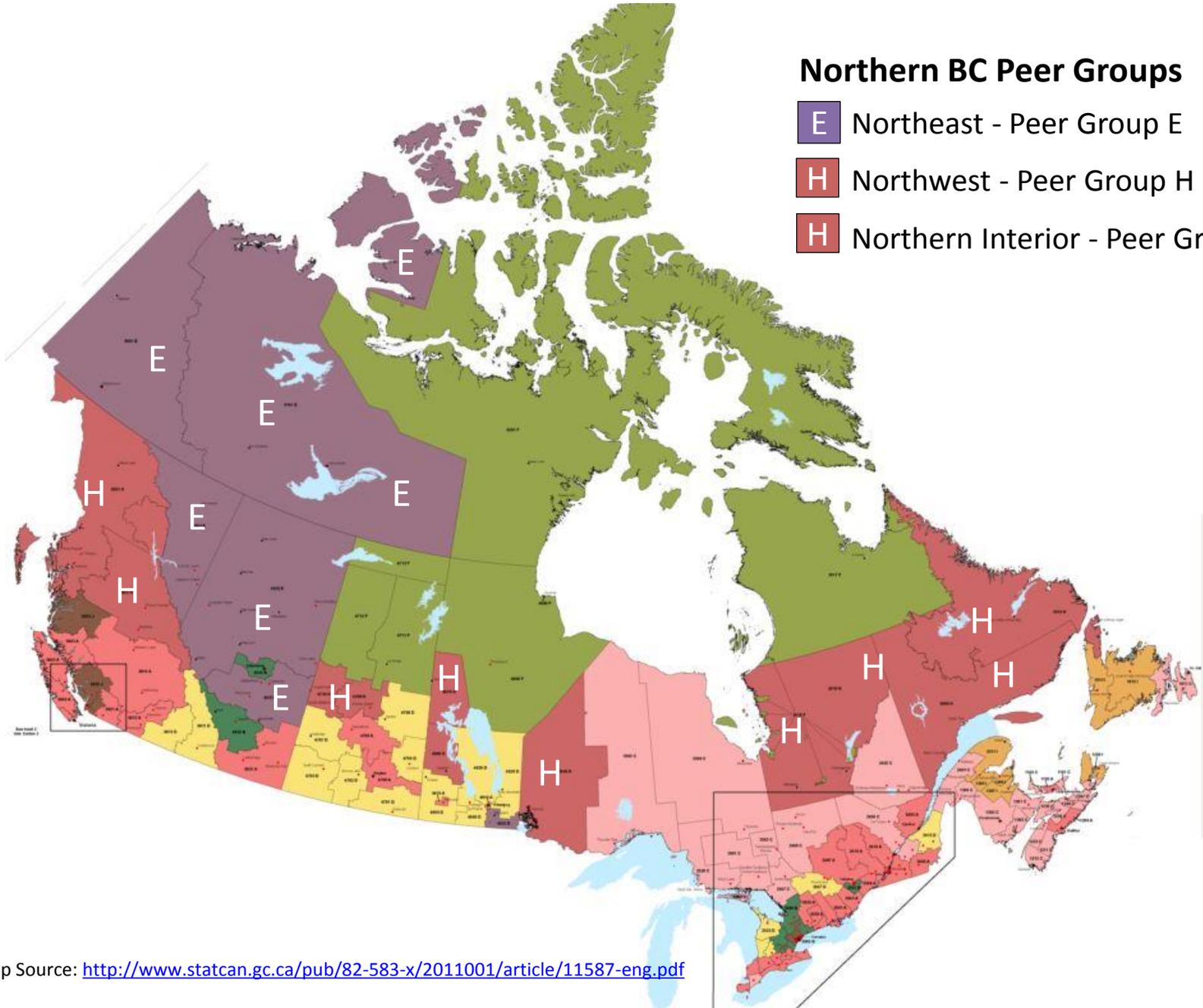
It is also possible to compare the relative effectiveness of health promotion, prevention and intervention strategies amongst regions that are similar to each other.

Methodology

Health regions were grouped into 'peer groups' using a statistical clustering method intended to achieve maximum differentiation between regions

In total, 24 socio-demographic variables, in addition to the prominent geographic characteristics, were used to delineate the 10 peer groups identified by letters A through J.

Health Region Peer Groups in Canada 2013



Map Source: <http://www.statcan.gc.ca/pub/82-583-x/2011001/article/11587-eng.pdf>

Peer Group	No. of Regions	% of Canada's Pop.	Peer Groups' Principal Characteristics
A	34	33.85%	<ul style="list-style-type: none"> • Urban-rural mix from coast to coast • Average percentage of Aboriginal population • Average percentage of immigrant population
B	8	16.66%	<ul style="list-style-type: none"> • Mainly urban centres in Ontario and Alberta. • Moderately high population density / Low percentage of Aboriginal • Very High employment rate/ Higher than average % immigrant pop.
C	20	10.06%	<ul style="list-style-type: none"> • Sparsely populated urban-rural mix in Eastern and Central provinces • Average percentage of Aboriginal population • Average employment rate / Low percentage of immigrant population
D	15	4.83%	<ul style="list-style-type: none"> • Mainly rural regions from Quebec to British Columbia • Average percentage of Aboriginal population • High employment rate
E	6	3.32%	<ul style="list-style-type: none"> • Rural & remote regions in the Western provinces and Territories • High proportion of Aboriginal population • Average percentage of immigrant population
F	5	0.49%	<ul style="list-style-type: none"> • Northern and remote regions • Very high proportion of Aboriginal population • Very low employment rate / Low proportion of immigrants
G	3	15.65%	<ul style="list-style-type: none"> • Largest metro centres with an average population density • Very low proportion of Aboriginal • Average employment rate / Very high proportion of immigrants
H	8	1.83%	<ul style="list-style-type: none"> • Rural northern regions from coast to coast • High proportion of Aboriginal population • Low proportion of immigrants
I	7	1.73%	<ul style="list-style-type: none"> • Mainly rural Eastern regions • Average percentage of Aboriginal population • Low employment rate / Very low percentage of immigrant population
J	6	11.58%	<ul style="list-style-type: none"> • Mainly urban centers in Ontario and BC with high population density • Low proportion of Aboriginal population • High proportion of immigrants

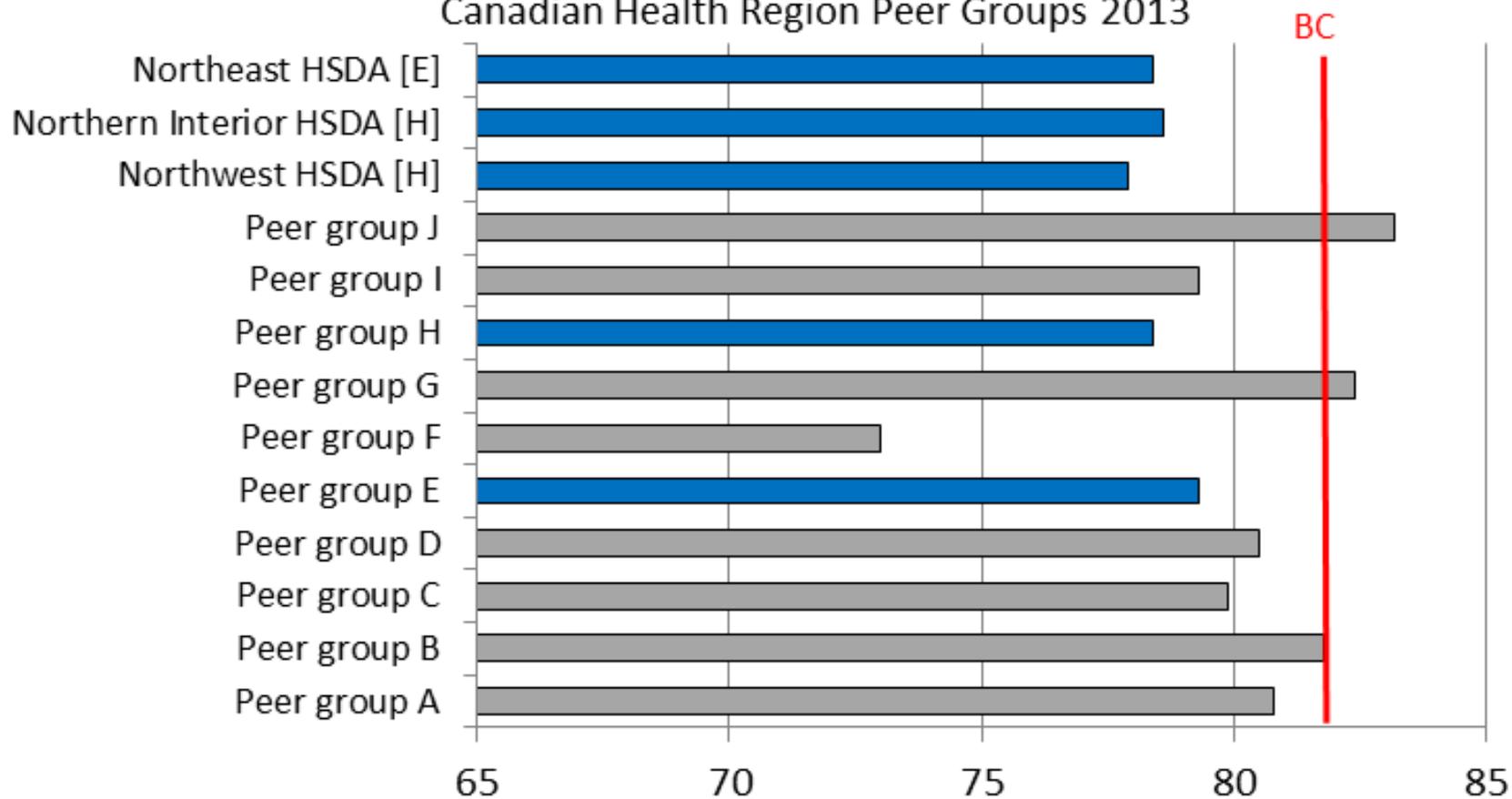
Peer Group	Peer Groups' Principal Characteristics	BC Health Service Delivery Areas	
A	<ul style="list-style-type: none"> • Urban-rural mix from coast to coast • Average percentage of Aboriginal population • Average percentage of immigrant population 	<ul style="list-style-type: none"> • Okanagan HSDA • Thompson-Cariboo HSDA • Fraser East HSDA 	<ul style="list-style-type: none"> • South Van. Is. HSDA • Central Van. Is. HSDA • North Van Is. HSDA
B	<ul style="list-style-type: none"> • Mainly urban centres in Ontario and Alberta. • Moderately high population density / Low percentage of Aboriginal • Very High employment rate/ Higher than average % immigrant pop. 	<ul style="list-style-type: none"> • No British Columbia HSDAs belong to this peer group 	
C	<ul style="list-style-type: none"> • Sparsely populated urban-rural mix in Eastern and Central provinces • Average percentage of Aboriginal population • Average employment rate / Low percentage of immigrant population 	<ul style="list-style-type: none"> • No British Columbia HSDAs belong to this peer group 	
D	<ul style="list-style-type: none"> • Mainly rural regions from Quebec to British Columbia • Average percentage of Aboriginal population • High employment rate 	<ul style="list-style-type: none"> • East Kootenay HSDA • Kootenay - Boundary HSDA 	
E	<ul style="list-style-type: none"> • Rural & remote regions in the Western provinces and Territories • High proportion of Aboriginal population • Average percentage of immigrant population 	<ul style="list-style-type: none"> • Northeast HSDA 	
F	<ul style="list-style-type: none"> • Northern and remote regions • Very high proportion of Aboriginal population • Very low employment rate / Low proportion of immigrants 	<ul style="list-style-type: none"> • No British Columbia HSDAs belong to this peer group 	
G	<ul style="list-style-type: none"> • Largest metro centres with an average population density • Very low proportion of Aboriginal • Average employment rate / Very high proportion of immigrants 	<ul style="list-style-type: none"> • Vancouver HSDA 	
H	<ul style="list-style-type: none"> • Rural northern regions from coast to coast • High proportion of Aboriginal population • Low proportion of immigrants 	<ul style="list-style-type: none"> • Northwest HSDA • Northern Interior HSDA 	
I	<ul style="list-style-type: none"> • Mainly rural Eastern regions • Average percentage of Aboriginal population • Low employment rate / Very low percentage of immigrant population 	<ul style="list-style-type: none"> • No British Columbia HSDAs belong to this peer group 	
J	<ul style="list-style-type: none"> • Mainly urban centers in Ontario and BC with high population density • Low proportion of Aboriginal population • High proportion of immigrants 	<ul style="list-style-type: none"> • Fraser North HSDA • Fraser South HSDA • Richmond HSDA 	<ul style="list-style-type: none"> • North Shore-Coast HSDA

How do we compare with our Peers?

In the next section we look at how our Northern BC HSDAs compare with their Canadian Peer Groups and the BC average, on the following measures:

Indicator	Characteristic being measured
Life Expectancy at Birth	Health Status
All Causes of Death	Health Status / Mortality
Unintended Injury Deaths	Health Status / Mortality
Premature Mortality	Health Status / Mortality
Potentially Avoidable Mortality	Health System Effectiveness
Avoidable Mortality from Preventable Causes	Health System Effectiveness
Avoidable Mortality from Treatable Causes	Health System Effectiveness
Percent of Population with a Regular Doctor	Health System Accessibility
Current Smokers: Daily or Occasional	Health Behaviors
Overweight or Obese as a percent of population	Health Conditions
Percent of population that is Aboriginal	Community
Population Centres and Measures of Rurality	Community

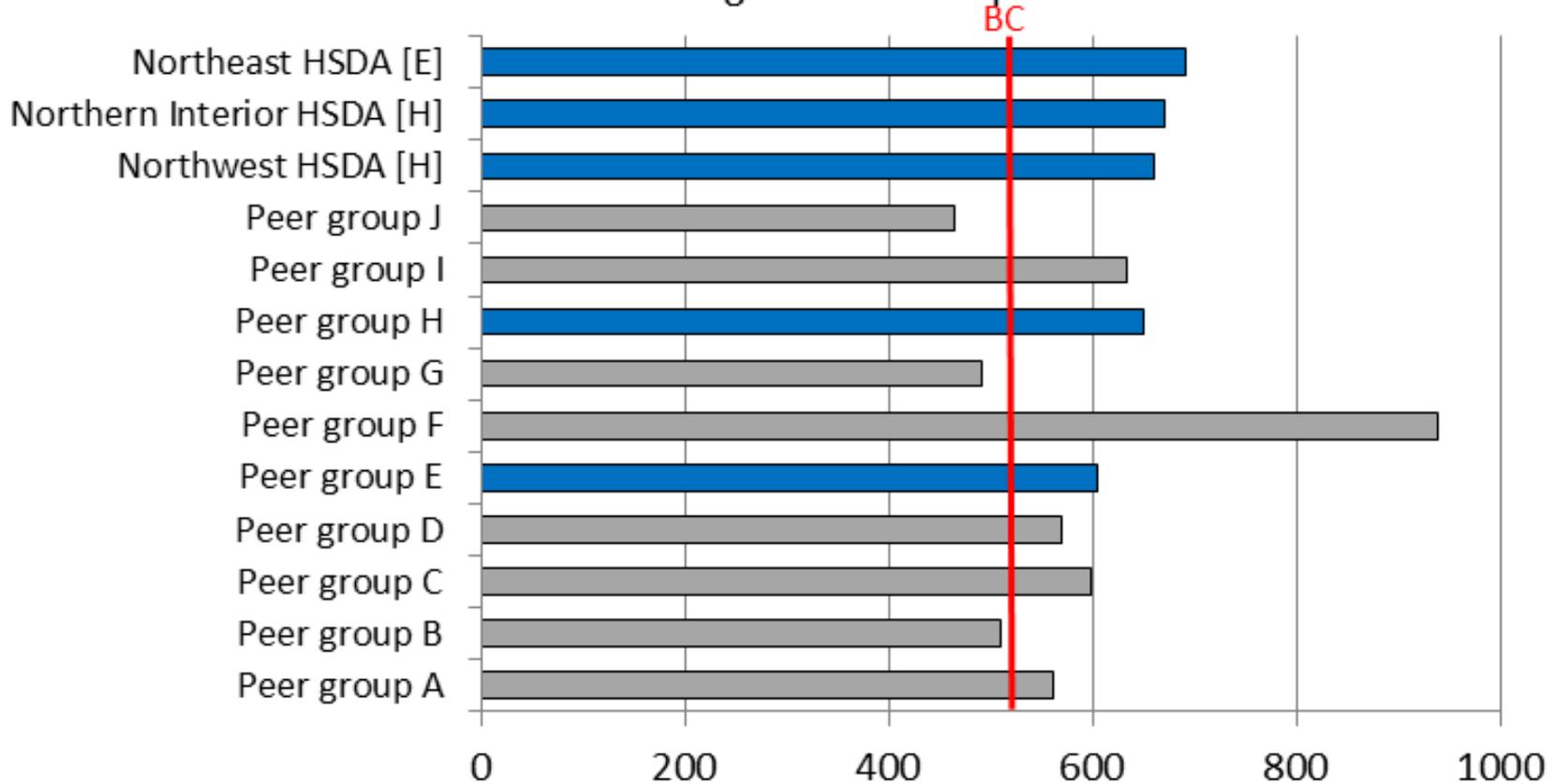
Life Expectancy (in years) at Birth Canadian Health Region Peer Groups 2013



Source : Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2007/2009. CANSIM table no(s): [102-4307](#)

Life expectancy is the number of years a person would be expected to live, starting from birth (for life expectancy at birth) or at age 65 (for life expectancy at age 65), on the basis of the mortality statistics for a given observation period. A widely used indicator of the health of a population. Life expectancy measures quantity rather than quality of life.

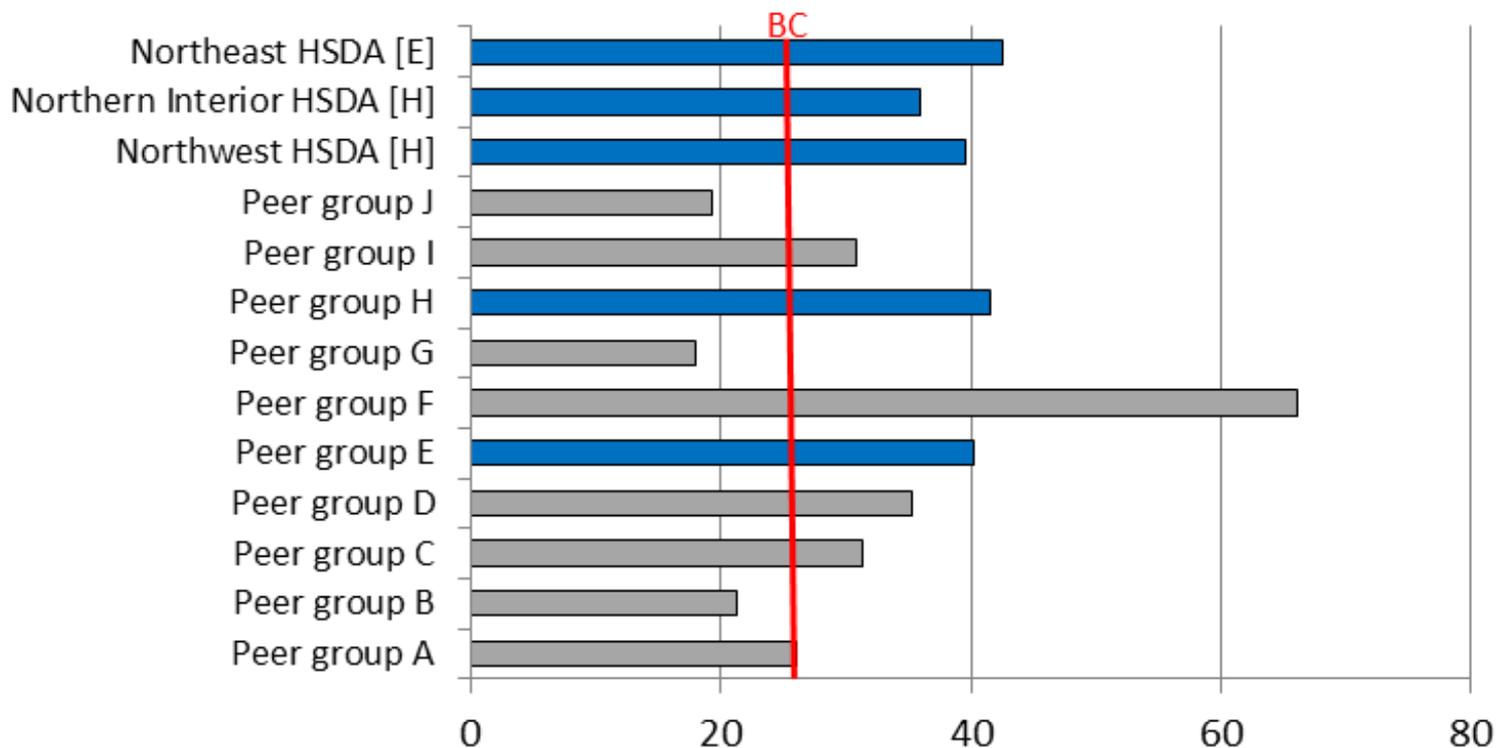
All Causes of Death per 100,000 Population Canadian Health Region Peer Groups 2013



Source : Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2005/2007.CANSIM table no(s): [102-4309](#), [102-4310](#)

Age-standardized rate of death from all causes per 100,000 population. World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). All causes of death [A00-Y89].

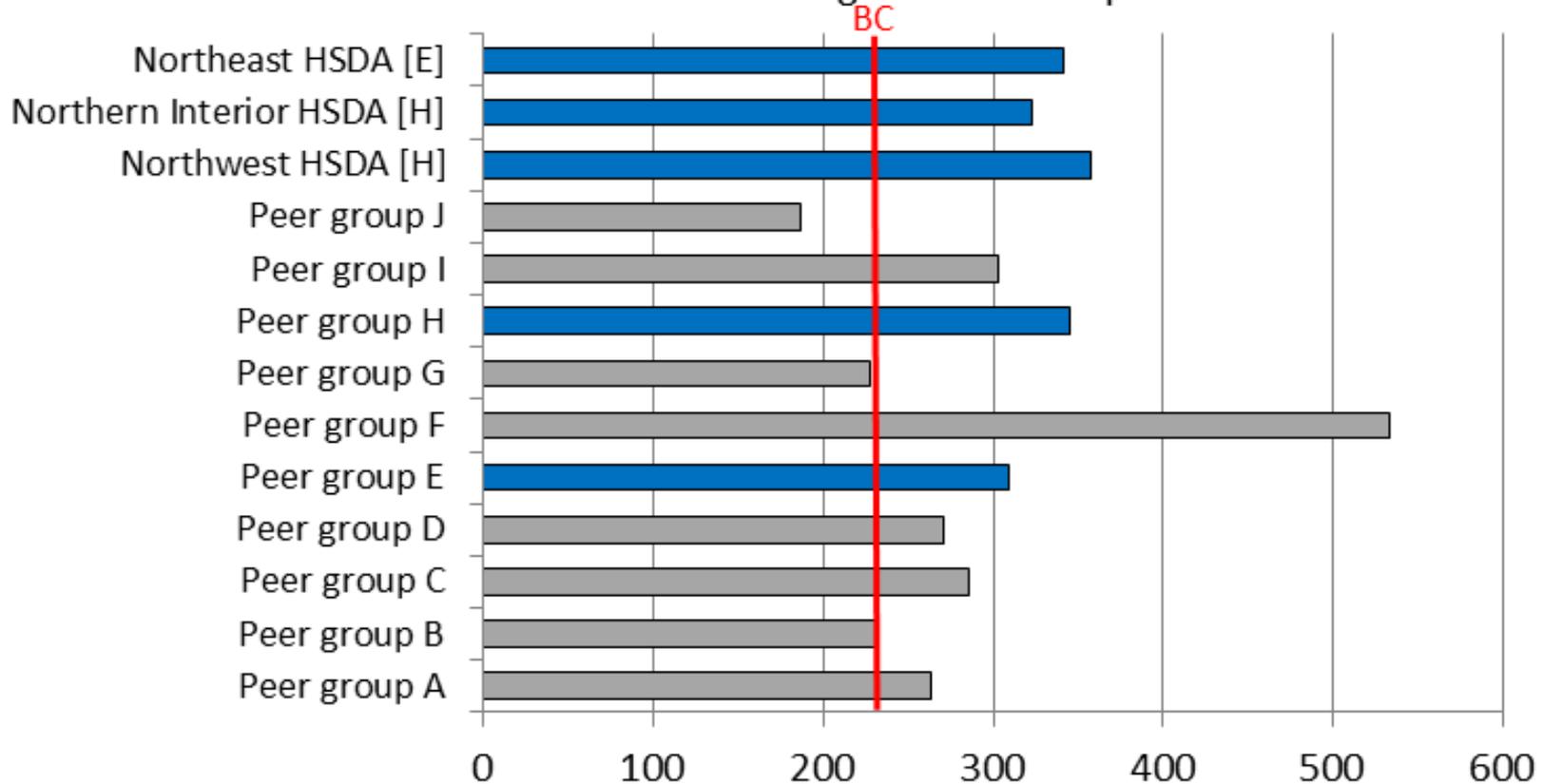
Unintended Injury Deaths per 100,000 Population Canadian Health Region Peer Groups 2013



Source : Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2005/2007.
CANSIM table no(s): [102-4309](#), [102-4310](#)

Age-standardized rate of death per 100,000 population. World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). Unintentional injuries [V01-X59, Y85-Y86]. External causes of unintentional injuries include transport accidents, falls, poisoning, drowning and fires, but not complications of medical and surgical care (International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) codes V01 to X59, Y85 to Y86).

Premature Mortality Deaths per 100,000 Population Canadian Health Region Peer Groups 2013

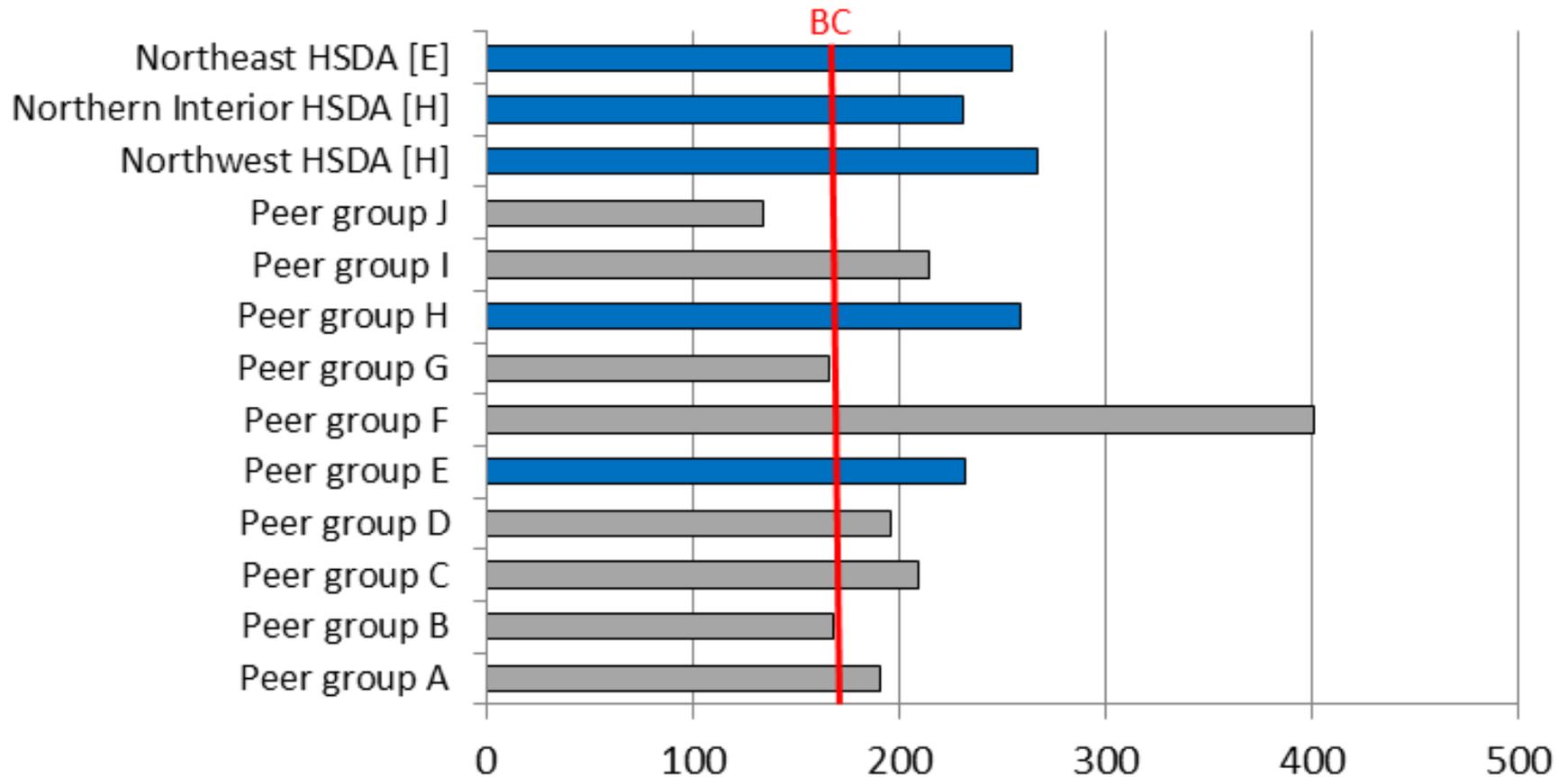


Source : Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2006/2008. CANSIM table no(s).: [102-4311](#) Age-standardized rate of premature deaths per 100,000 population. Premature deaths are those of individuals who are younger than age 75.

Note: measures of premature mortality are considered the single best proxy of overall population health care needs, largely due to their focus on potentially preventable deaths. Centre for Health Services Policy and Research: BC Health Atlas Second Edition. 2004.

http://www.chspr.ubc.ca/sites/default/files/publication_files/BC%20Health%20Atlas%20Second%20Ed.pdf

Potentially Avoidable Mortality per 100,000 Population Canadian Health Region Peer Groups 2013



Source : Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2006/2008.
CANSIM table no(s): [102-4311](#)

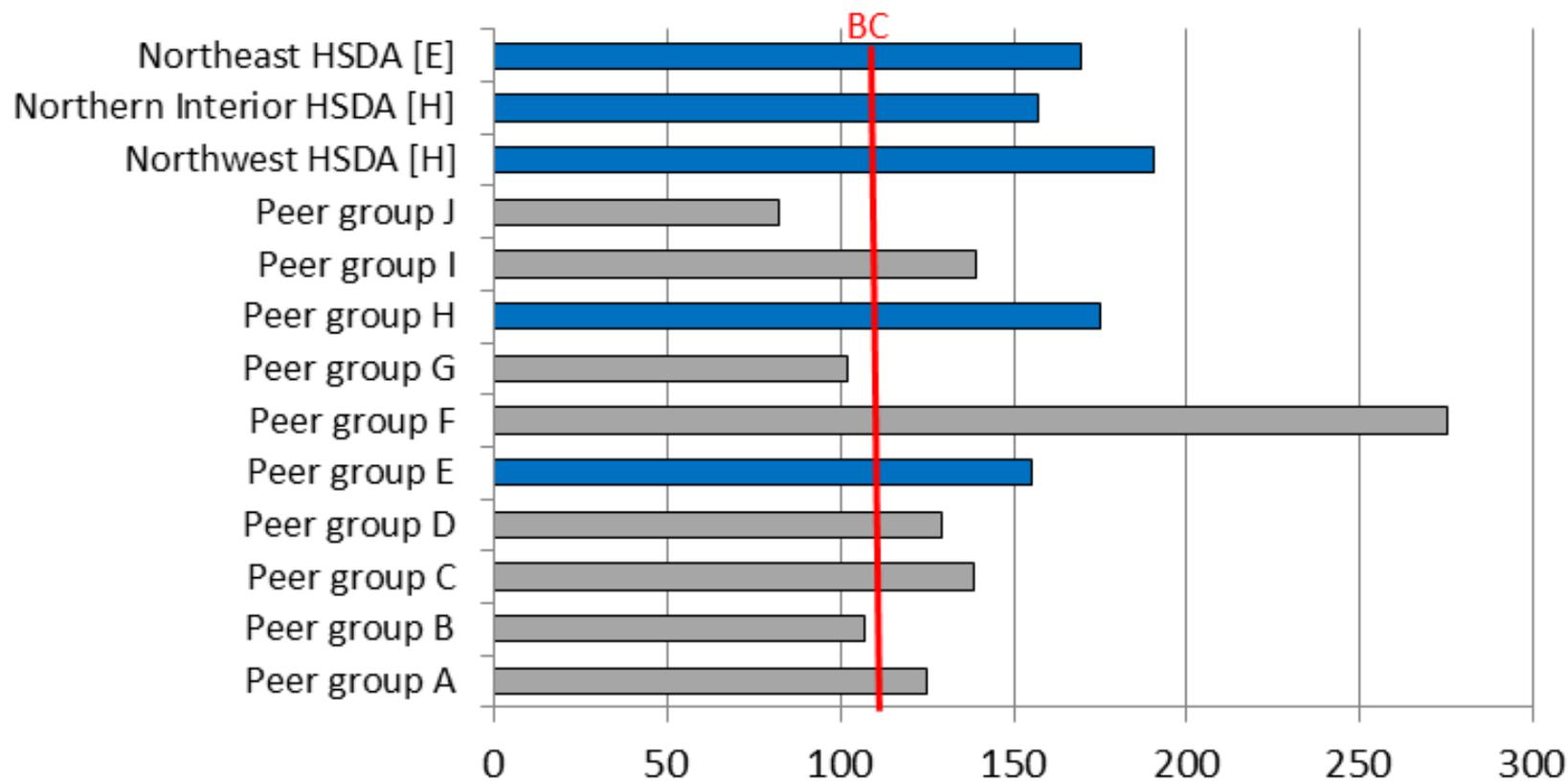
Age-standardized rate of premature deaths that could potentially have been avoided through all levels of prevention (primary, secondary, tertiary) per 100,000 population. Premature deaths are those of individuals who are younger than age 75.

Note: measures of premature mortality are considered the single best proxy of overall population health care needs, largely due to their focus on potentially preventable deaths. Centre for Health Services Policy and Research: BC Health Atlas Second Edition. 2004.

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Avoidable Mortality from Preventable Causes per 100,000

Canadian Health Region Peer Groups 2013

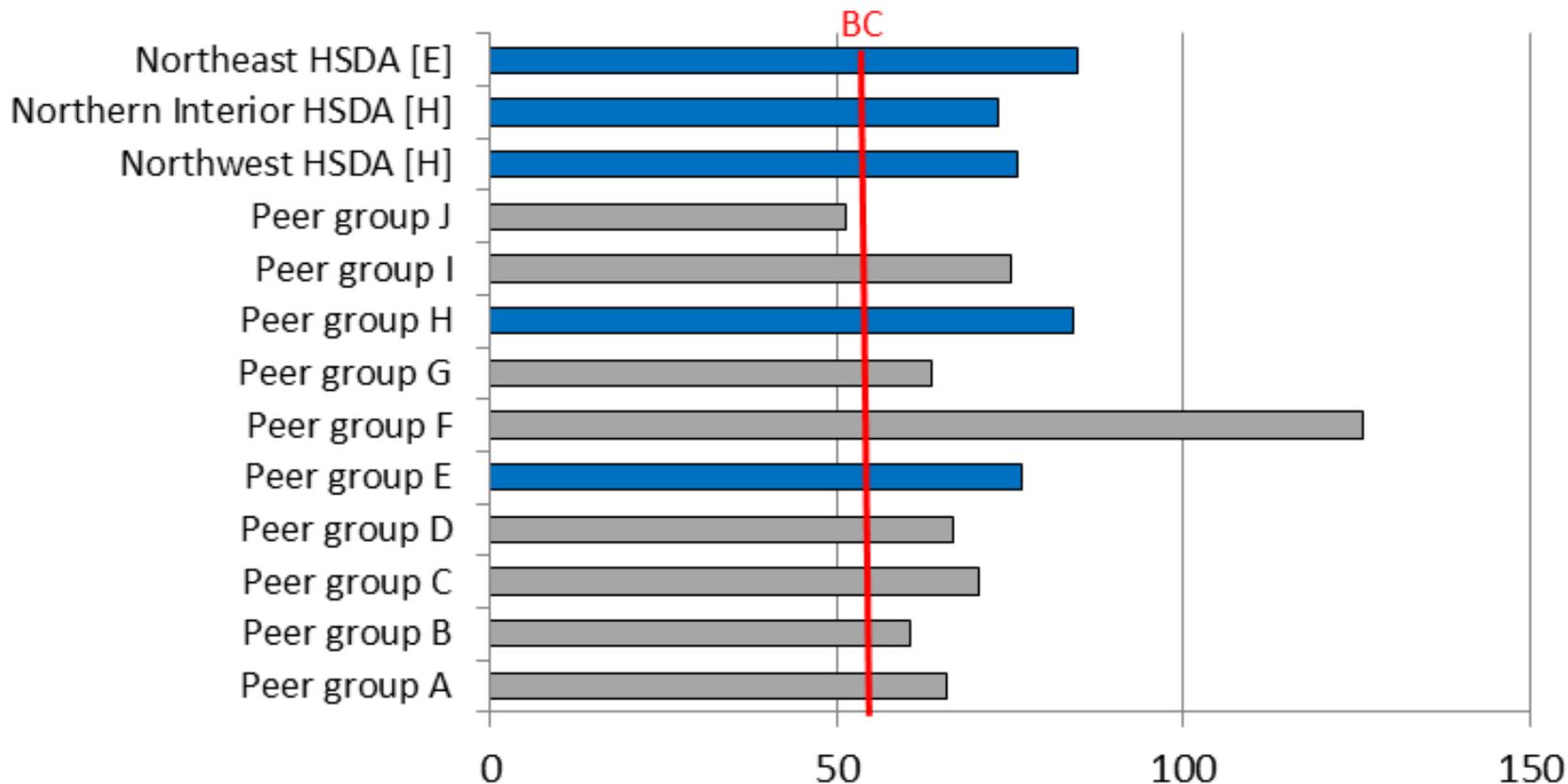


Source : Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2006/2008.

CANSIM table no(s): [102-4311](#)

Age-standardized rate of premature deaths that could potentially have been prevented through primary prevention efforts per 100,000 population. Mortality from preventable causes is a subset of potentially avoidable mortality.

Avoidable Mortality from Treatable Causes per 100,000 Canadian Health Region Peer Groups 2013



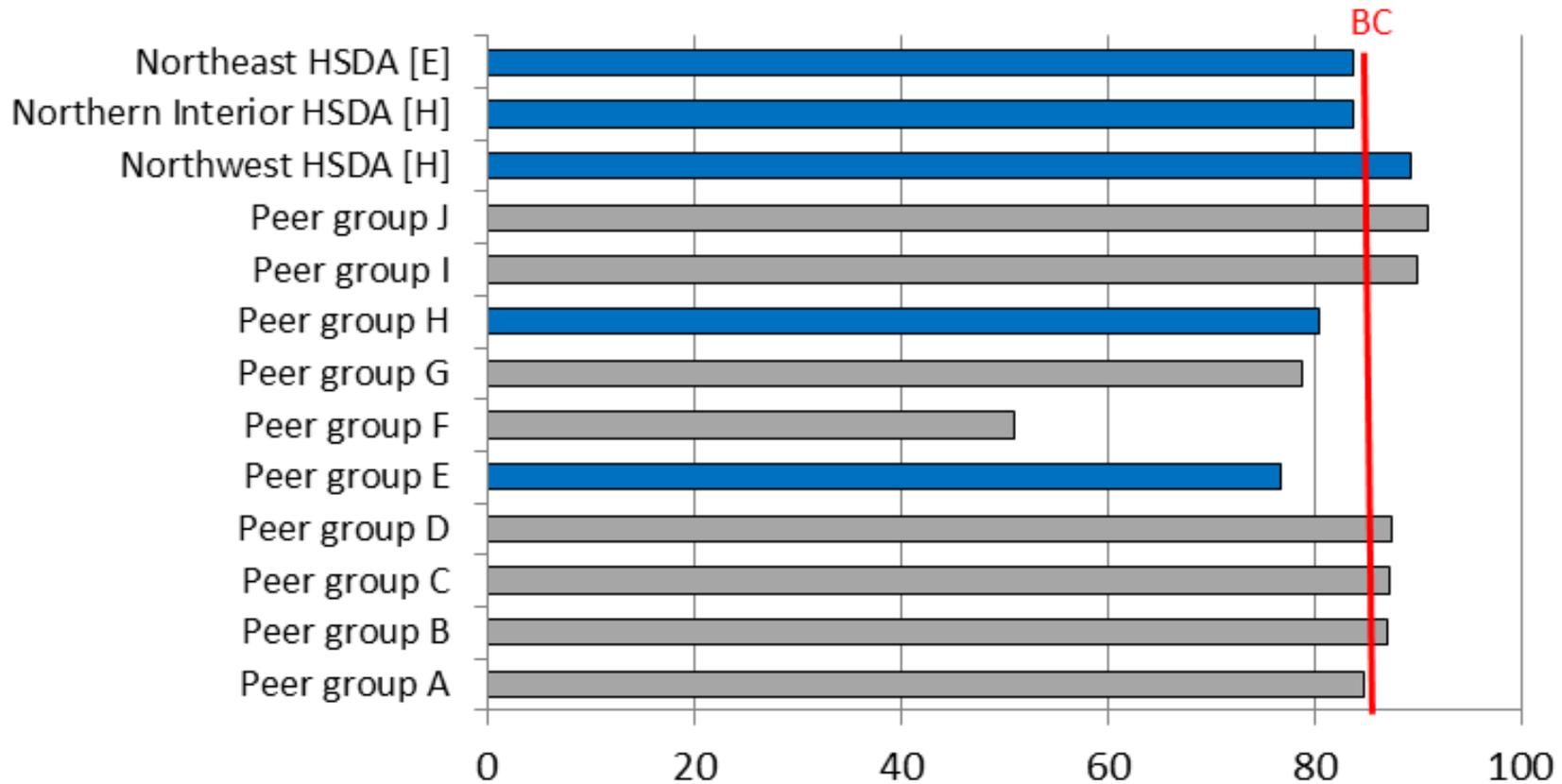
Source : Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2006/2008.
CANSIM table no(s): [102-4311](#)

Age-standardized rate of premature deaths that could potentially have been avoided through secondary or tertiary prevention per 100,000 population. Mortality from treatable causes is a subset of potentially avoidable mortality.

Note: measures of premature mortality are considered the single best proxy of overall population health care needs, largely due to their focus on potentially preventable deaths. Centre for Health Services Policy and Research: BC Health Atlas Second Edition. 2004.

http://www.chspr.ubc.ca/sites/default/files/publication_files/BC%20Health%20Atlas%20Second%20Ed.pdf

Percent of Population with a Regular Medical Doctor Canadian Health Region Peer Groups 2013

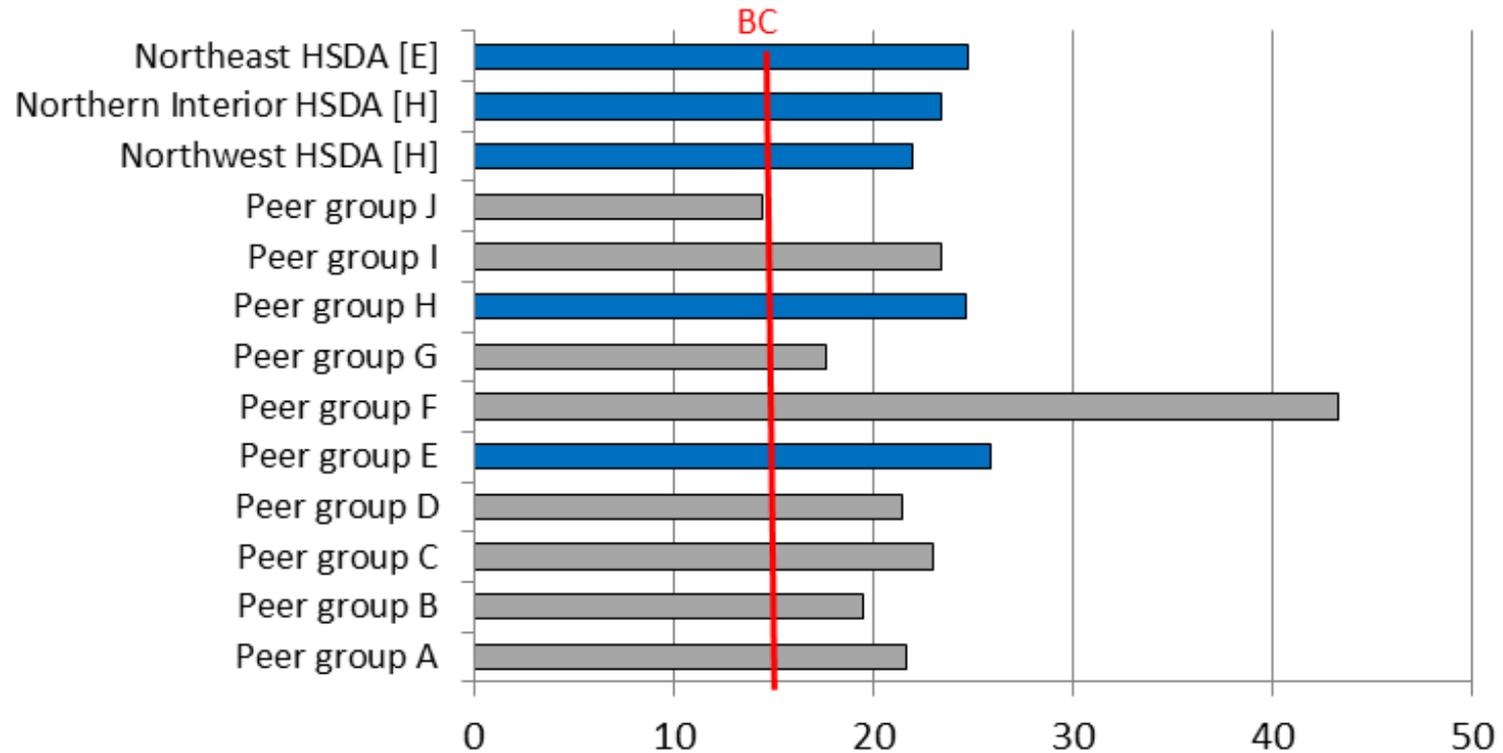


Source : Canadian Community Health Survey, Statistics Canada, 2011/2012.

CANSIM table no(s): [105-0502](#), [105-0592](#)

Population aged 12 and over who reported that they have a regular medical doctor. For many Canadians, the first point of contact for medical care is their doctor. Being without a regular medical doctor is associated with fewer visits to general practitioners or specialists, who can play a role in the early screening and treatment of medical conditions.

Current Smokers: Daily or Occasional as a Percent of Pop. Canadian Health Region Peer Groups 2013



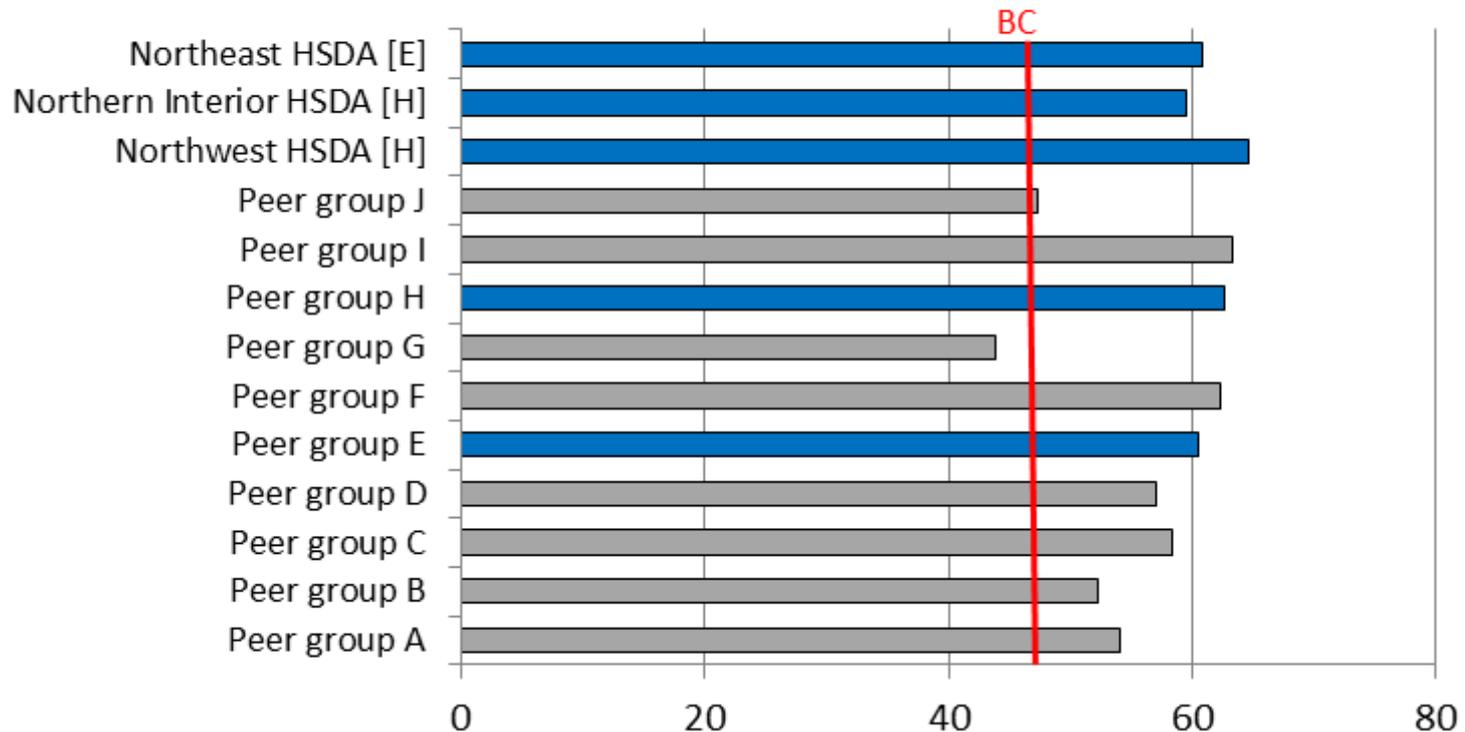
Source : Canadian Community Health Survey, Statistics Canada, 2011/2012.

CANSIM table no(s): [105-0502](#), [105-0592](#)

Population aged 12 and over who reported being a current smoker. Daily smokers refers to those who reported smoking cigarettes every day. Does not take into account the number of cigarettes smoked. Occasional smokers refers to those who reported smoking cigarettes occasionally. This includes former daily smokers who now smoke occasionally.

Smoking is a risk factor for lung cancer, heart disease, stroke, chronic respiratory disease, and other conditions¹. According to the World Health Organization, smoking is an important and preventable cause of death.

Overweight or Obese as a Percent of Population Canadian Health Region Peer Groups 2013



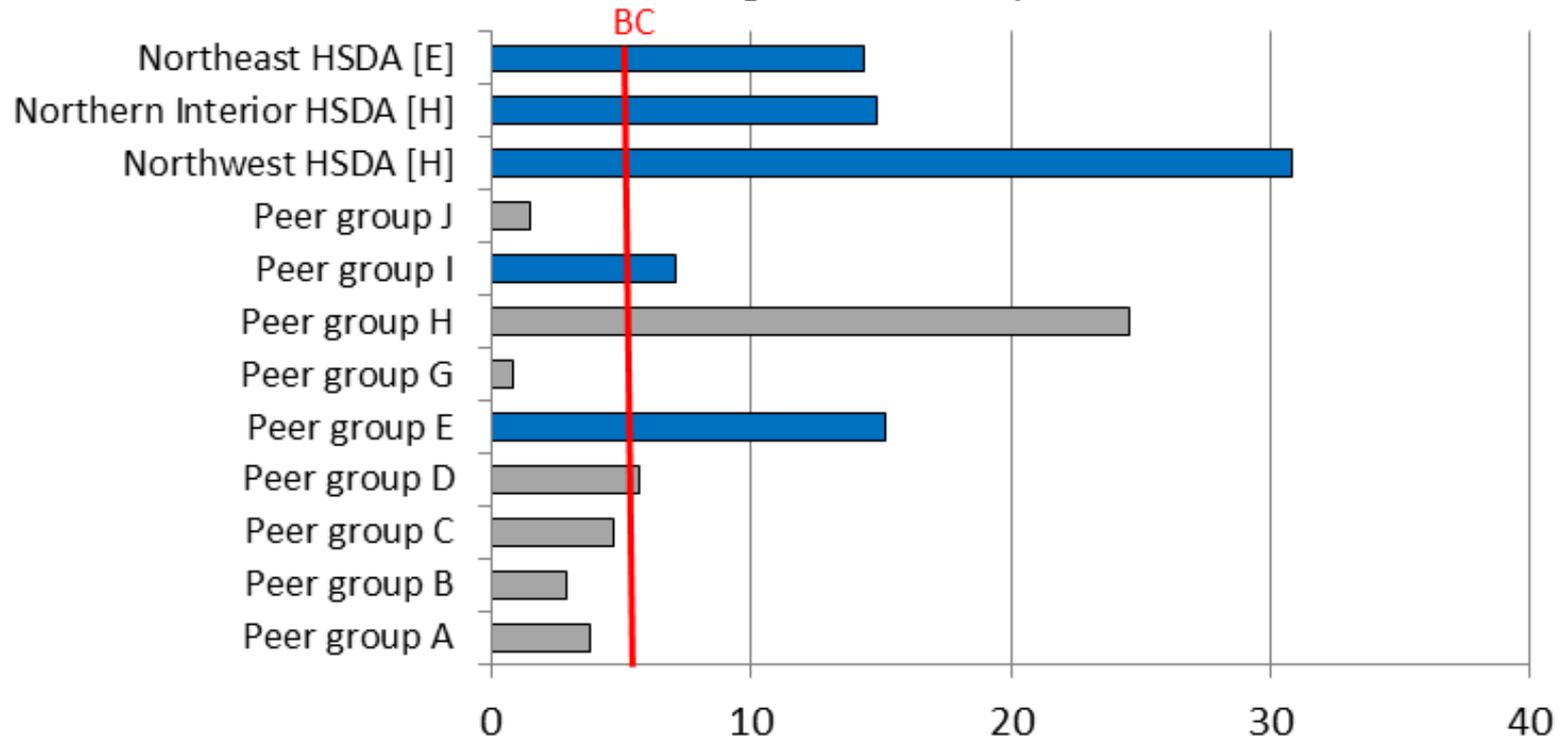
Source : Canadian Community Health Survey, Statistics Canada, 2011/2012.
CANSIM table no(s): [105-0502](#), [105-0592](#)

Body mass index (BMI) is a method of classifying body weight according to health risk. According to the World Health Organization (WHO) and Health Canada guidelines, health risk levels are associated with each of the following BMI categories:

- normal weight = least health risk;
- underweight and overweight = increased health risk;
- obese, class I = high health risk;
- obese, class II = very high health risk;
- obese, class III = extremely high health risk.

Obesity is linked with many chronic diseases: hypertension, type 2 diabetes, cardiovascular disease, osteoarthritis and certain types of cancer.

Percent of Total Population who are Aboriginal Canadian Health Region Peer Groups 2013

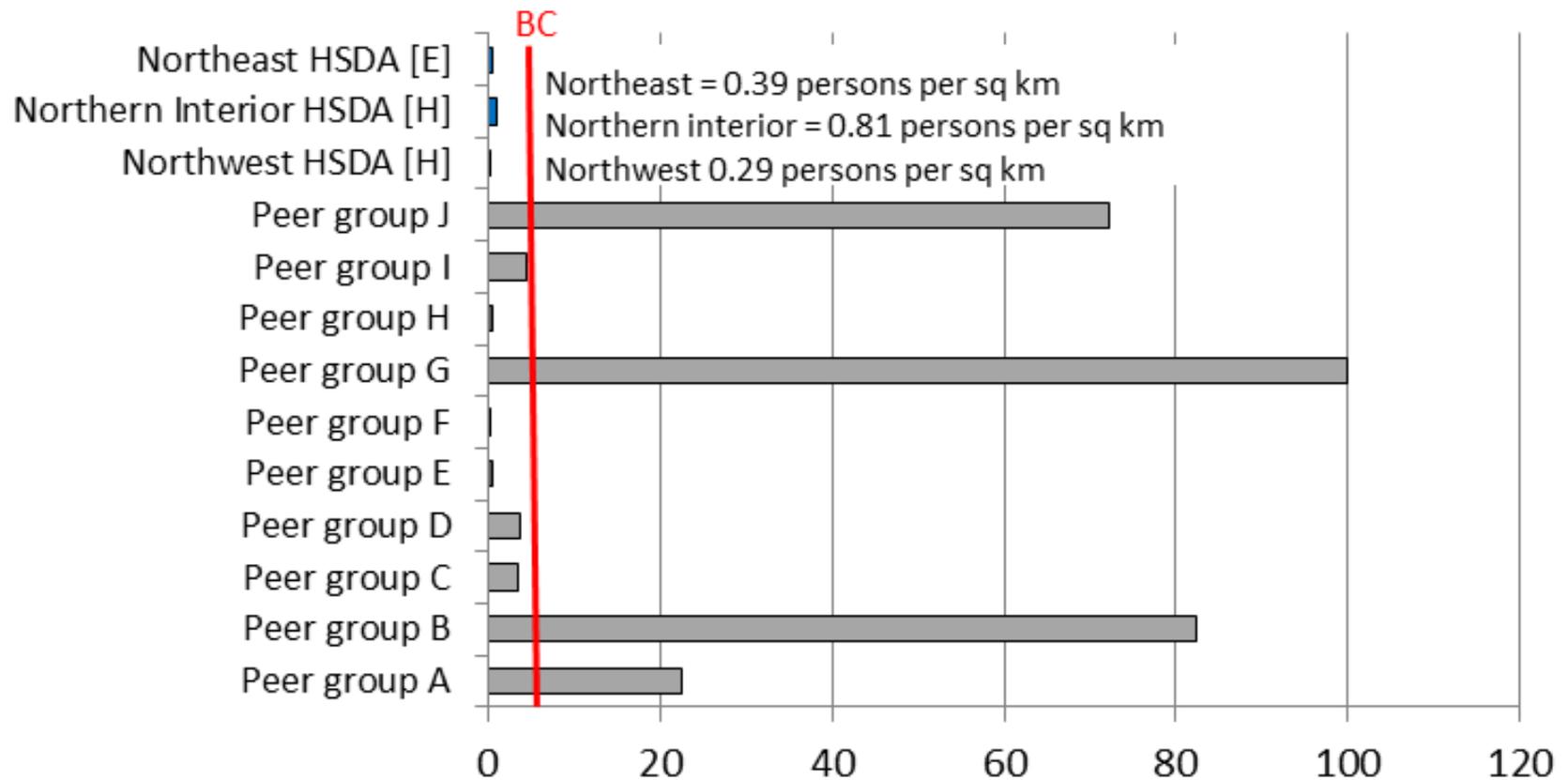


Source : 2011 National Household Survey, Statistics Canada.
Global non-response rates (GNR): British Columbia = 26.1%, Canada = 26.1%

'Aboriginal identity' refers to whether the person reported being an Aboriginal person, that is, First Nations (North American Indian), Métis or Inuk (Inuit) and/or being a Registered or Treaty Indian (that is, registered under the *Indian Act* of Canada) and/or being a member of a First Nation or Indian band. Aboriginal peoples of Canada are defined in the *Constitution Act, 1982*, section 35 (2) as including the Indian, Inuit and Métis peoples of Canada. Aboriginal identity is reported for the population in private households.

Population Density: Persons per Square Km

Canadian Health Region Peer Groups 2013

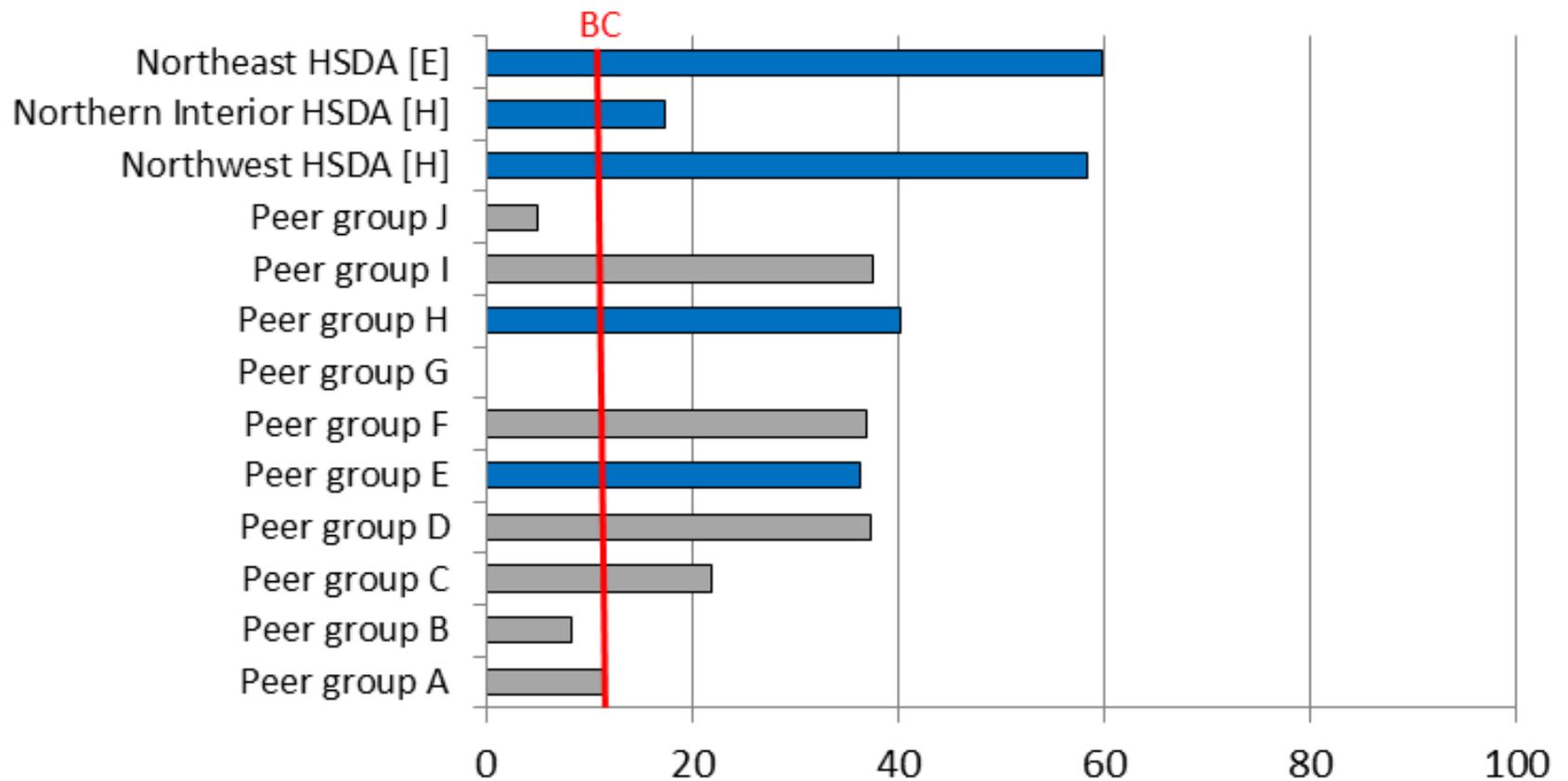


Source : 2011 Census, Statistics Canada.

Population density is the number of persons per square kilometre. The calculation for population density is total population divided by land area. Land area is the area in square kilometres of the land-based portions of standard geographic areas.

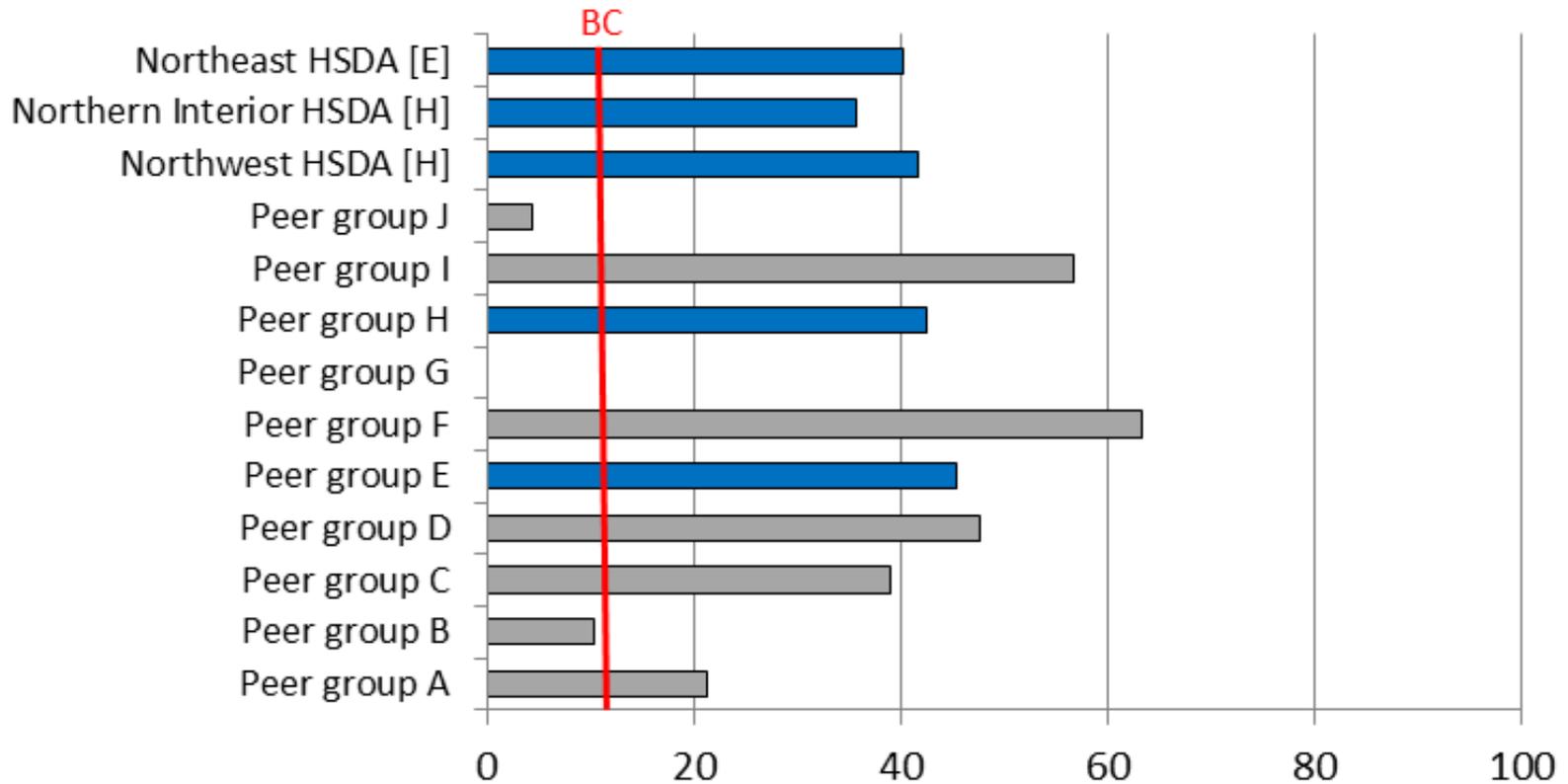
Percent of Total Population Residing in a Small Pop Centre

Canadian Health Region Peer Groups 2013



Percent of Total Population Residing in a Rural area

Canadian Health Region Peer Groups 2013



Source : 2011 Census, Statistics Canada.

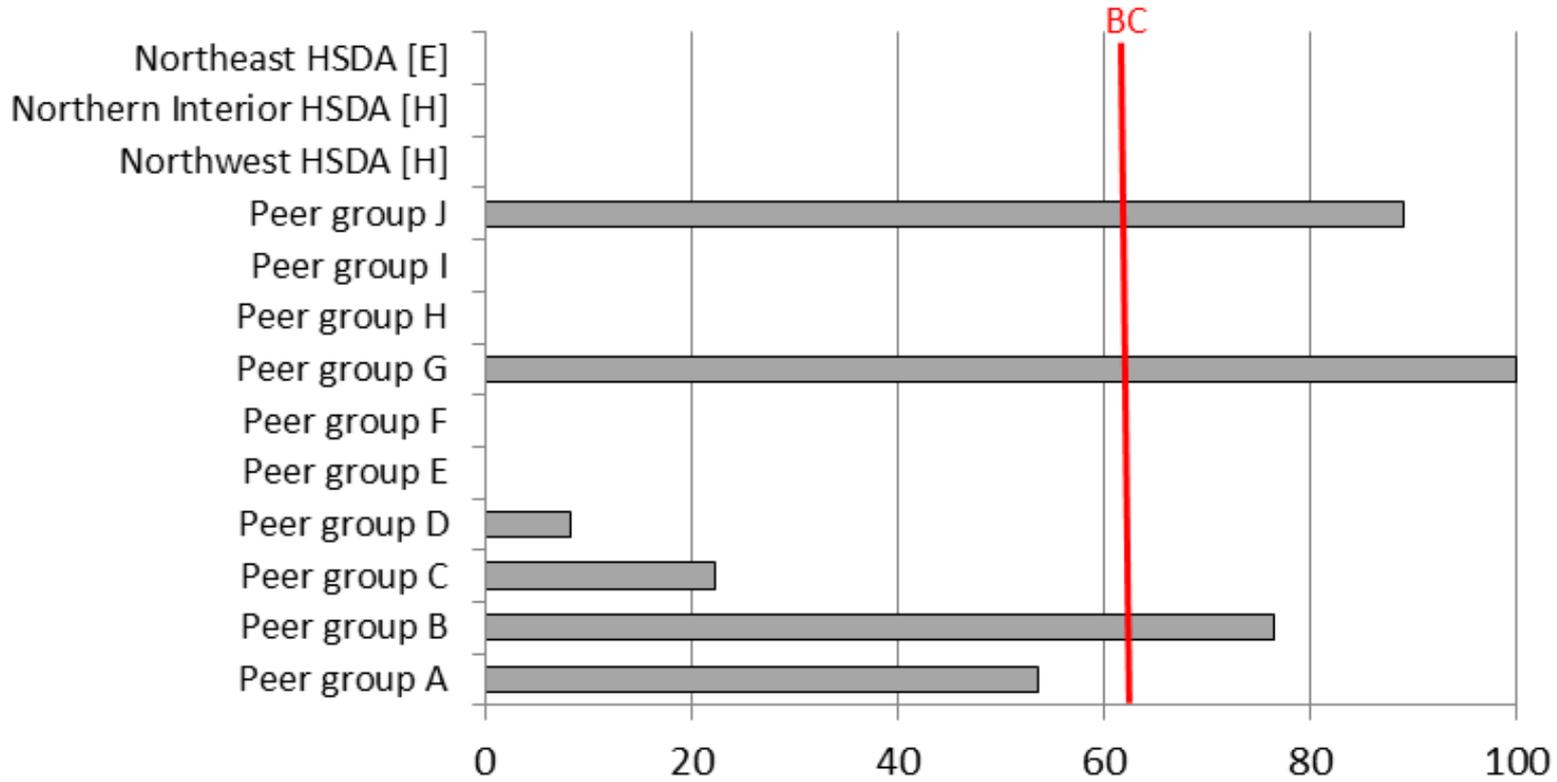
A population centre has a population of at least 1,000 and a population density of 400 persons or more per square kilometre, based on the current census population count. All areas outside of the population centres shown below are classified as rural areas.

Population centres are classified into three groups, depending on the size of their population:

- small population centres, with a population of between 1,000 and 29,999;
- medium population centres, with a population of between 30,000 and 99,999
- large urban population centres, consisting of a population of 100,000 and over.

Taken together, population centres and rural areas cover all of Canada

Percent of Population Residing in Large Urban Centre Canadian Health Region Peer Groups 2013



Source : 2011 Census, Statistics Canada.

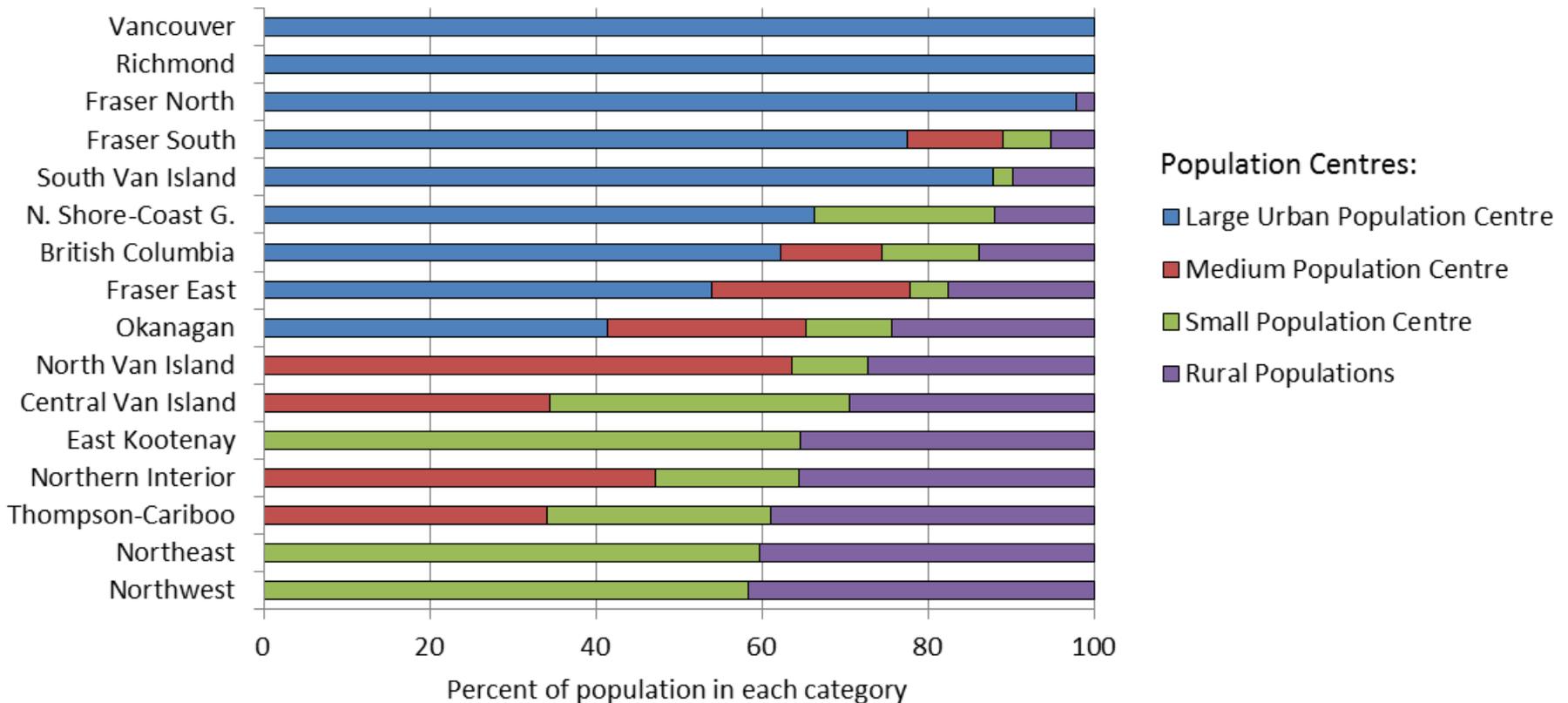
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Taken together, population centres and rural areas cover all of Canada

Percent of HSDA Populations Residing in Population Centres and Rural Areas According to Census 2011 population counts



Source : 2011 Census, Statistics Canada.

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