



## Message From The Co-Chairperson

A recent issue of *Health Reports*, Statistics Canada's quarterly journal, once again illustrated the importance of the health information collected in the Vital Statistics system. The special issue, which was a joint publication with the Canadian Institute of Health Information (CIHI), was addressing the question, "How Healthy are Canadians?" It made extensive use of mortality and birth data along with Census and other information to reveal a number of important relationships.

For the first time, Statistics Canada provided calculations of life expectancy for each of Canada's 136 health regions. Life expectancy is a widely used indicator of the health of a population. This analysis of mortality data examined those with the lowest and highest life expectancy. In 1996, life expectancy at birth for Canadians as a whole was 78.6 years, the third highest among OECD (Organisation for Economic Co-operation and Development) countries. However, in 12 health regions, which account for 1.5% of the nation's population, life expectancy was less than 75.7 years, roughly equivalent to the national level in the 1970s. By comparison, in 13 health regions, life expectancy was at least 79.5 years. These were mostly southern urban communities. An association between low life expectancy and higher rates of unemployment and lower levels of education suggests that non-medical factors play an important role.

Other analysis explored changes and disparities in the health status of infants and children aged one to 14. It reviews trends in infant mortality, low birth weight and child mortality, and examines declines in principal causes of infant and child mortality. It also explores disparities in measures of health for infants and children according to levels of income and education.

Canada made tremendous progress against infant mortality during the 20th century. In 1901, the infant mortality rate was 134 deaths for every 1,000 population under the age of one, meaning that about one in seven newborns died before their first birthday. By 1997, the rate had fallen to 5.5 deaths for every 1,000, meaning that only one in 182 newborns failed to survive their first year.

Regional differences in infant mortality are now quite small in absolute terms, and are only a fraction of what they were in the early 1950s. Income-related differences in infant mortality have also diminished substantially, although by 1996 they were still nearly three times as large as regional differences.

Nonetheless, infant mortality in Canada's poorest neighbourhoods is now significantly lower than the national rate for the United States. But while Canada's progress against infant mortality looks good from a North American perspective, it is less impressive compared with Europe. During the 1990s, the decline in infant mortality in Canada did not keep pace with that of France, Sweden, or Britain. The rate in Canada's richest neighbourhoods is currently not much better than Sweden's national rate.

Mortality among children aged one to 14 is now exceptionally rare. Only one in 366 children who survived infancy in 1996 was expected to die before their 15th birthday. In 1901, the comparable risk of dying was one in seven. Between 1971 and 1996, mortality rates due to external causes, neoplasms, congenital anomalies and nervous system diseases declined by at least 50%. Mortality from external causes alone fell by 70%. The two major contributors to this reduction were deaths of child pedestrians hit by motor vehicles, which fell by almost 90%, and deaths from accidental drowning, which fell by 77%.

Finally, vital statistics information was used in a comparison of the income inequality and mortality experiences of Canada and the United States—a compelling comparison, given the differences in the social and political contexts of the two countries. It focused on working-age Canadians and Americans, those 25 to 64.

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In a combined analysis of the 335 American and Canadian cities with populations of 50,000 or more, a strong relationship was observed between income inequality and mortality for working-age populations. However, the results are quite different when each country is examined separately. Canadian provinces and metropolitan areas generally had less income inequality and lower mortality than their U.S. counterparts. Within Canada, moreover, there was no association between income inequality and mortality at either the provincial or metropolitan area levels. This finding contrasts strongly with U.S. and international research to date.

The comparison of Canadian and U.S. data suggests that differences in the social and material conditions of the two countries may soften the relationship between inequality and mortality in Canada. A major difference between the two countries is the way in which resources such as health care and high-quality education are distributed. In the United States, these resources tend to be distributed by the marketplace, so their utilization tends to be associated with ability to pay. In Canada, they are publicly funded and universally available. American metropolitan areas also differ from those in Canada in terms of the extent of economic and social inequality. One conjecture is that American cities have much more concentrated areas of affluence and of poverty than do Canadian cities.

Using vital statistics data as the key indicator, in conjunction with Census and other data, clearly provides an enriched analysis of health status and the many factors that may influence health. ♦

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Co-Chairperson, Vital Statistics Council for Canada*

## **Death Registrations: Improving the Quality of Occupation and Industry Data**

*Russell Wilkins, Health Statistics Division,  
Statistics Canada*

Information on the primary occupation and industry of the deceased is important for a better understanding of occupational mortality and health risks associated with particular industries. This knowledge may in turn lead to ways of reducing risk and improving the health of our population.

In order to improve the quality of the information reported in the occupation and industry fields of death registrations, guidelines have been developed by the Health Statistics Division at Statistics Canada in cooperation with provincial and territorial Registrars of Vital Statistics, and adopted by the Vital Statistics Council for Canada. The guidelines are intended to illustrate the general principles involved, and to correct a few frequently occurring problems or misunderstandings, so that the quality of the occupation and industry data can be improved. Funeral directors who understand and apply the following guidelines will greatly assist in improving the quality of the occupation and industry information reported.

**Q:** *What do you mean by occupation and industry?*

**A:** By “occupation” we mean the response to the question on the Registration of Death which asks, in reference to the deceased person, for the “Kind of work done during most of working life.” By “industry,” we refer to the question which asks for “Kind of business or industry in which worked.”

**Q:** *What sorts of problems have there been with the responses to these questions?*

**A:** Sometimes one or both of these fields is left blank. Other times the responses are not specific enough to permit coding to be done. As there are nearly 500 different occupations in the standard classification, proper coding requires reasonably specific information if it is to be done accurately.

**Q:** *What is the solution to these problems?*

**A:** Be sure to read the full questions to the informant: “What kind of work did [the deceased] do during most of his or her working life?” and “In what kind of business or industry did [the deceased] work?” Answers should be as specific as possible, avoiding words such as “retired” or “pensioner,” which are irrelevant, and “civil servant” or “businessman,” which are excessively vague.

**Q:** *What if the informant just doesn't know the answers?*

**A:** If the informant is completely unable to provide any information, please indicate “Unknown” in the applicable field. Don't leave either of these

fields blank. If there is some uncertainty as to the specific kind of occupation or industry, provide what is believed to be the best description possible: for example, “Trade unknown—Construction industry.” [Note that in this and other examples to follow, the occupation field is shown to the left of the dash, and the industry field to the right.]

**Q:** *The deceased never worked for pay. What should I put in the occupation and industry fields?*

**A:** In general, we are looking for paid employment, if the deceased person was ever in the paid labour force. If that is not the case, describe the usual unpaid activity, such as “Housewife—Own home,” “Student—High school,” “Volunteer nursing assistance—Hospital auxiliary,” “Infant—At home,” or perhaps “Never worked—Severely disabled since birth.”



**Q:** *In case of more than one occupation, which one should be listed?*

**A:** If the deceased had more than one occupation, list the one in which he or she worked for the greatest number of years. For example, if the deceased had been a mail truck driver for 20 years and a seaman in the Canadian navy for five years, the occupation should be listed as “Mail truck driver—Canada Post.” If two occupations were performed simultaneously, list both: for example, “Farmer and wood-cutter—Mixed farming and pulp and paper industry.” Note that wartime military service should be listed only if no other kind of work was done for as many or more years.

**Q:** *What sort of response are you looking for in the “industry” field?*

**A:** Here we are looking for the kind of business or industry in which the deceased person was employed during most of his or her working life. Acceptable responses can be either a generic description of the kind of business or industry, or a specific company or employer name. In general, it is better to be too specific rather than not specific enough.

**Q:** *How specific do you mean?*

**A:** Try wherever possible to give an exact description of the industry, indicating both a general and specific function for the employer; for example, “Copper mine,” “Fountain pen manufacturer,” “Wholesale grocery supplier,” “Retail book store,” “Road construction,” or “Shoe repair service.” At least two words are required for an accurate description of the kind of business or industry.

**Q:** *Which is better, a company name or a generic description of the kind of business or industry?*

**A:** In the case of a large company or employer (such as Eaton’s, CPR, Stelco, CTV, RCMP, etc.), it is better to list the name of the company or employer rather than to try to describe the kind of business or industry. Small companies and local industries should be described by the kind of work done, if that is not obvious from the company name: for example, “Convenience grocery store” or “Retail florist.” In doubtful cases, list the company name as well as a brief description of the kind of business or industry, for example, “J. Gold and Sons, tailors and clothing retailers.”

**Q:** *The deceased had been retired for many years at the time of his death, although he worked as a bookbinder until retirement. What should I list for occupation?*

**A:** Since the questions on occupation and industry both refer to what was done during most of working life, the fact of retirement is irrelevant, regardless of how long the deceased had been retired. Simply specify “Bookbinder” for the usual occupation.

**Q:** *Mr. Jones was a carpenter during most of his working life, but because of failing health in his later years, he finished his working years as security guard. Which of these two occupations should be listed?*

**A:** “Carpenter,” which was his occupation during most of his working life.

**Q:** *The deceased worked as both a farmer and logger during most of his working life. Which should be listed?*

**A:** Both.



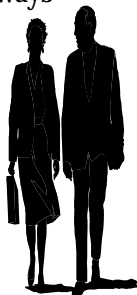
**Q:** *Mrs. Smith raised her seven children, with all that entails, but she never worked outside the home. How should her occupation and industry be listed?*

**A:** “Housewife (or homemaker)—Own home.” [“Own home” should be specified so that it is clear that Mrs. Smith was not usually employed doing paid housekeeping outside her own home.] If Mrs. Smith also looked after other people’s children for pay in her own home, indicate “Paid child care (or Baby-sitting)—Own home”

**Q:** *Could you give some examples of adequate responses?*

**A:** Certainly. Here are some examples of useful responses, with explanatory notes or comments shown within square brackets. Note that the abbreviations shown within parentheses can be used in place of the long form.

- “Brakeman—Canadian National Railways (CNR).”
- “Insurance salesman—Prudential Life Insurance Co.”
- “Farmer—Grain farming.” [or Dairy cattle, Fruit orchards, etc.]
- “Diesel mechanic—Toronto Transit Commission (TTC).”
- “Dispatcher—Blue Line Taxi Co.” [Note that airline dispatchers are a different occupation, so listing the industry here is crucial to correctly identifying the occupation.]
- “Data entry clerk—Unemployment Insurance Commission (UIC).”
- “Foreman, Public Works Dept.—City of Regina”
- “Building Inspector—municipal government”
- “Farm labourer—Agriculture” [Paid farm labour is in a different occupational category than self-employed farmers]
- “Baker—Brick manufacturing” [Note the importance of the industry field in clarifying the nature of this occupation.]
- “Baker—Bread and pastry bakery”



**A:** Here are some examples of incomplete responses. Comments on the problem and possible solutions are shown in square brackets. It is recognized that it will not always be possible to obtain a completely adequate response from the informant, but the following examples should help to identify the kind of situations in which additional probing for a better response should at least be attempted.

- “Worked for the City” [What kind of work was done, building inspection or secretarial, etc.?)
- “Civil Servant—Federal Government” [Too vague on both the occupation and industry. What kind of work was done, for which Department?]
- “Old age pensioner (OAP)” [What was the occupation and industry prior to retirement?]
- “Retired” [This is irrelevant and doesn’t answer the questions.]
- “On disability pension.” [What was done prior to that?]
- “Housekeeping” [This is ambiguous. Need to specify if this was “...—Own home” or “... for pay—private homes” or “... staff—St. Joseph’s Hospital,” or “...staff—Hotels and rooming houses,” etc.]
- “Businessman” [This is too vague as it could relate to any one of a number of occupations. Describe the kind of work done and the kind of business or industry, such as “Owner-manager—Restaurant,” “Owner-operator—Retail service station,” or “Real estate investor and developer—Homes and apartments,” “Owner-operator—Dry cleaning establishment,” “Vice President of Marketing—Consumer electronics manufacturer”]
- “Mechanic” [If possible, be more specific and list the industry if known. For example, was this an “Automobile mechanic—Service stations,” or “Diesel mechanic—Canadian Pacific Railroad,” or “Millwright—Lumber mills” ?]



**Q:** *Now could you give some examples of inadequate responses, with an explanation of what would be needed to make the responses better?*

- “Labourer” [Was this farm labour—mixed agriculture, construction labour—building sites, factory assembly work—automobile industry, etc.?)
- “Teacher” [Try to specify the level or type of school, such as elementary school, high school, university, art school, vocational training school, etc.]
- “Canadian Forces” [Specify if a commissioned officer or not, and occupational specialty, if any. For example, “Artillery Sergeant,” “Communications technician,” “Pilot,” “Captain in Military Police.” Remember that military service should be listed only if this was the main occupation of the deceased during most of his or her working life.] ♦

[The preceding has been adapted from a Vital Statistics Council for Canada document, *Guidelines for Completing the Occupation and Industry Fields on Death Registrations* (Ottawa: Health Statistics Division, Statistics Canada, March 1999). To receive paper or electronic versions of this document in English or French, please contact the Council Secretary, Beth Sander: telephone, (613) 951-1765; fax, (613) 951-0792; or email, sandbet@statcan.ca]

## And The Awards Go To...

Although it wasn't quite as dramatic as when *American Beauty* recently scooped up its armload of Oscars, the British Columbia Vital Statistics Agency made a strong showing on March 22 at the province's first-ever Public Service Awards. Created to honour the accomplishments of provincial government employees, the awards come in Gold, Silver, and Bronze categories. And of the 22 awards bestowed that night, an impressive three went to B.C.'s Vital Statistics Agency.

Earning gold in the category of “excellent use of technology” was the Agency's Vision System, an update to the aging mainframe computer that had been handling their data management chores. Aside from creating impressive efficiencies and cost savings, this unique blend of software, new technology and strategic solutions was also notable

because it was developed with a high degree of employee involvement. The Vision System, which quickly established the Agency as a North American leader in the field of Vital Statistics data management, has also resulted in the sale of licences to Ohio, Michigan, and Alaska, with other sales pending.

Ron Danderfer, the CEO of the Vital Statistics Agency since 1996, was personally honoured with a silver award in the Leadership category (no gold award was presented). This award recognized Ron's stewardship of the Agency, which has won provincial awards and also earned a reputation for excellence and innovation throughout the Vital Statistics community in North America.

A bronze award, also in the “excellent use of technology” category, went to the BC Vital Events Go On-line Project Team (whose participants came from BC Archives, the Information, Science and Technology Agency, and Vital Statistics). Team members won for developing a Vital Events Web Page and an on-line Web-based search engine that enables the public to search for historic birth, marriage, and death records. Their award recognized the technological and administrative achievements associated with establishing direct public access to indexes of old vital event records via the Web, and how access was increased to microfilm copies of these records through the sale of microfilm to libraries and genealogy societies. ♦

## Congratulations To Québec!

The Vital Statistics Council for Canada congratulates the Québec Registry of Civil Status for earning ISO-9002 certification, the first such designation for a Vital Statistics Registry in the country. The Registry obtained official accreditation from the Bureau de la normalisation de Québec (Québec Standardization Board) in September 1999. This significant achievement is difficult to earn and symbolizes the professionalism and commitment of the team in meeting a common goal. ♦

## ON A TYPICAL DAY IN MANITOBA IN 1997

The following events were recorded:

**40 LIVE BIRTHS OCCURRED IN THE PROVINCE TO MANITOBA RESIDENTS:**

- 21 males and 19 females were born
- 4 were born to teenage mothers
- 3 stillbirths occurred every 10 days

**17 MARRIAGES WERE SOLEMNIZED IN MANITOBA:**

- 6 were civil ceremonies
- 11 were performed by religious representatives

**26 DEATHS OCCURRED IN THE PROVINCE TO MANITOBA RESIDENTS:**

- 13 males and 13 females died
- 9 deaths were due to diseases of the circulatory system, including:
  - 7 deaths from heart diseases
  - 2 deaths from cerebrovascular diseases

7 deaths were due to cancer, including:

- 2 deaths from lung cancer
- 1 death from colorectal cancer
- 1 death from breast cancer
- 3 deaths from various other causes

2 deaths were due to diseases of the respiratory system, including:

- 1 death from pneumonia/influenza
- 1 death from chronic lung disease

1 suicide occurred every 26 days

1 motor vehicle fatality occurred every 33 days

1 homicide occurred every 16 days

1 death was due to diabetes

1 death every 36 days was from AIDS/HIV infections

3 infant deaths occurred every 10 days

**224 CERTIFICATES WERE ISSUED IN MANITOBA:**

- 160 Birth Certificates
- 32 Marriage Certificates
- 32 Death Certificates

*Source: Manitoba Vital Statistics Agency*

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