



### Message From The Co-Chairperson

One of the most often cited health statistics is based on the vital statistics registration system. Life expectancy is a calculation of the number of years a person would be expected to live on the basis of the mortality statistics for a given period, typically a calendar year.

For the populations in industrialized nations of the world, there were impressive improvements in life expectancy in the twentieth century. During this period, for both males and females, life expectancy has increased by about 30 years. In 1998, life expectancy for Canadians was 78.8 years. This increase in life expectancy was dramatic during the first half of the century but has slowed in more recent years. The longer average life span has also meant a rise in the percentage of the population that is older.

However, with the changing demographics of the population, there has been increasing interest in the calculation of new measures that describe not just the length of life but also the quality of life. One question that was posed was whether the increases in the length of life were resulting in more years lived in poor health or whether there was a “compression of morbidity.” In other words: Was the period lived in poorer health being shortened due to the overall improvement in the factors that had led to longer life expectancy?

The new measures provide new sets of indicators that allow a comparison of years lived in health with total years lived. The estimation of healthy life expectancy combines data from different sources to build a model of a population that takes into account the health status of an estimated population and the number of people who would die during that period. At the national level, the mortality data are based on the Canadian Vital Statistics System, which are collected by the provincial and territorial Vital Statistics registries. Health data can come from various sources such as the National Population Health Survey or, in the future, the Canadian Community Health Survey. In the example included here, the functional limitation questions are based on the 1996 Canadian Census. As well, population data are based on estimates from the Canadian Census.

There are various names given to these indicators, depending on what is used to calculate the years lived in a healthy state. When the estimates are based on chronic or acute morbidity they are generically called *healthy life expectancy*; but when estimates of functional limitations are used it is usually referred to as *disability-free life expectancy* (DFLE). DFLE combines information on mortality rates with data on the prevalence of activity limitation. DFLE estimates the number of years of life that can be expected to be free of activity limitation.

Estimates of DFLE for 1995-1997 indicate that women could expect to spend just over 12 years, or 15% of their lives, with a disability, compared with about 10 years (13%) for men. Clearly, women’s longer total life expectancy does not mean that they have an equivalent advantage in disability-free years. Although women’s total life expectancy exceeded that for men by 5.8 years, the gap in disability-free life expectancy was less—a little more than three years. ♦

#### Life expectancy and disability-free life expectancy, 1995-1997

	Life expectancy	Disability-free life expectancy	Difference	
	Years	Years	Years	%
Both sexes	78.4	67.1	11.3	14
Male	75.4	65.5	9.9	13
Female	81.2	68.7	12.5	15

Data sources: Canadian Vital Statistics Database: 1996 Census of Population

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## Meet The Registrar: Annamarie Hedley of Nunavut

One of Canada's most interesting births was registered on April 1, 1999—when the eastern half of the Northwest Territories split off and became Nunavut. With a tiny population of 27,000 spread out over nearly two million square kilometres, Nunavut presents unique challenges when recording vital events. Overseeing that sprawling, frequently frozen, and utterly fascinating domain for Vital Statistics is its Registrar General, Annamarie Hedley.



The head office for Vital Statistics is located in Rankin Inlet, two hours north of Winnipeg as the jet flies, on Hudson Bay in the Eastern Arctic. Annamarie, like many people in the north, finds herself wearing more than one fur-lined cap. Broadly speaking, she manages the government's Health Insurance Programs, and is responsible for a spectrum of initiatives that, aside from Vital Statistics, also includes Nunavut Health Care, Non-Insured Health Benefits, Physician & Hospital Services, Extended Health, and Indigent Health.

As the Registrar in a recently-created position, Annamarie is still “feeling her way” as she responds to two very distinct challenges: the vast remoteness of Nunavut geography; and less-than-robust staffing levels further strained by training difficulties. “At the moment I oversee one full-time employee and have two job vacancies posted,” says Annamarie. “In the north there's traditionally a high turnover in any job and it's a real challenge to keep your staff.” Although the volume of vital events in Nunavut is understandably low—an average month may see 50 births, 10 marriages, and 5 deaths—just registering and reporting those events presents real difficulties.

Nunavut comprises about 27 settlements, ranging from one city to literal outposts, and vital events are typically recorded locally by a nurse or the municipal liaison officer. According to Annamarie, the process of training someone hundreds or even a thousand miles away to fill out forms accurately and completely can be difficult ... especially when the chronic high-turnover of personnel is factored in. “Getting the work done correctly is an ongoing challenge ... and we're still not there yet,” she admits.

The single biggest initiative that Vital Statistics is involved with is called “aboriginal custom adoption,” whereby a baby is openly adopted by a family member such as an aunt or grandmother. “A lot of these children are born outside the territory, for example in Manitoba, and our office facilitates the paperwork by acting as a liaison,” adds Annamarie. Another large project being started in the fall involves the *Change of Name Act*. A half-century ago many Inuit names were registered incorrectly—often they just took the crude form of a military-style “dog tag” with letters and numbers transcribed on a disc. “For the next year it's going to be free for Inuit to change their name to something that is meaningful for them,” says Annamarie.

The isolation of Nunavut also impacts on their computer technology. “We have a remote server that we access via satellite,” explains Annamarie. “It can take a half-hour to enter a document that, if we were down south, would breeze through in one or two minutes.” The government has plans to develop more infrastructure. With e-mail and Internet access, various Health Centres will significantly increase electronic communications between the larger communities.

Mind you, that isolation—and the adventure it implies—was part of what originally attracted Annamarie and her husband up to Rankin Inlet. A tax collector in Nova Scotia, Annamarie was encouraged by northern friends to spend what was supposed to be a “trial year” up in Rankin. “That was nine years ago, and this really has become our home now,” she states. But despite the long winters—snow lingers till mid-June and the Bay isn't clear of ice till July—Annamarie clearly loves her northern life. “Every day there are new challenges, but that's what makes this place so exciting,” she says. “And you bond with people in a more intense way when you have to entertain yourselves,” she adds.

The Government of Nunavut recognizes the importance of Inuit culture in the workplace, so therefore Annamarie and her staff participate in fun

activities such as a barbecue on the tundra, which may include activities such as finger wrestling or throat singing contests. “Canada’s Arctic is an amazing place to live, and I wouldn’t trade my years here for anything,” states Annamarie. ♦

## The Use of Vital Statistics Data by a Social Policy Ministry—Revisited

*Leslie T. Foster, Marilyn Shinto, and Wayne Wei,  
BC Ministry of Children and Family Development*

In 1998, the BC Ministry of Children and Family Development (MCFD) provided a brief summary of how it used selected vital statistics information in its planning, performance reporting, and budget allocation <sup>1</sup>. Over the last three years there has been an increasing emphasis on the use of such data for a variety of reasons. First, the province of B.C. has moved towards individual ministries developing and publishing performance plans, which is now enshrined in the Budget Transparency and Accountability Act <sup>2</sup>. In the case of the Ministry of Children and Family Development, 18 of the 41 performance indicators are based on vital statistics data. These indicators are in addition to those reported in “Measuring Our Success” (soon to enter its third edition) introduced in 1998 <sup>3</sup>. Second, as a result of scarce provincial resources, allocation of new funding has been directed to those geographical areas in the province that have the greatest “objective” need for interventions, as measured by vital statistics data. Third, because of the preponderance of aboriginal children in out-of-home care (foster care, group homes, etc.) the ministry is taking steps, through its Aboriginal Strategic Plan <sup>4</sup>, to move resources to aboriginal agencies, so that culturally appropriate services can be provided. The success of this process requires the best vital statistics data available.

The Ministry of Children and Family Development’s three-year performance plan <sup>5</sup> has several key vital statistics indicators to help measure the ministry’s performance. These include: healthy birth weights; survival rates for newborns; age standardized death rates for children (0 to 18 years); death rates for children related to natural causes and external causes (in B.C., the Children’s Commission reviews the deaths of *all* children in the province, so vital statistics data are extremely important for this purpose); sudden infant death syndrome (SIDS) death rates; alcohol-related death rates; and drug-induced death rates (MCFD has responsibility for

addictions programs and services in B.C.). The indicators assist in tracking how progress is being made and whether targets are being met. The development of the targets also relies heavily on the trend data available for these indicators from British Columbia’s Vital Statistics Agency (VSA).

Over the past couple of years MCFD has relied on vital statistics data to help target limited new funds to those geographical areas with greatest need. MCFD programs and services are delivered through 11 administrative regions. As indicated in 1998 <sup>1</sup>, needs for services vary substantially among regions because of a variety of factors. New funds have been allocated amongst regions based on agreed-to definitions of “need.” The characteristics of “need,” however, are defined in part by vital statistics data as well as socio-economic and demographic factors. For example, new funding provided for the treatment of addiction was allocated partly on the basis of addictions-related death rates, existing service levels, and population size. Similarly, new funds for children’s early intervention programs were allocated on the basis of the number of children between the ages of 0 to 6, and “need” factors as defined by vital statistics data. This involved the use of data from the Health Status Registry <sup>6</sup>, a registry which reports special needs and disabling conditions for the 0-19 age group in the province, and other vital statistics data related to birth records (e.g, low birth weight).

New funds for general programs for children and families are also now allocated based partly on population characteristics and vital statistics data. It must be noted, however, that getting agreement among proposals within MCFD and external stakeholders about which indicators to use and what weights should be given to these indicators is no easy matter. It requires scientific evidence, objective data (provided by VSA), and a lot of discussion!

MCFD is responsible for providing child protection and family support services in B.C. Close to 40% of all children-in-care in the province are currently aboriginal. With the province’s goal of moving services for aboriginal children and families to aboriginal agencies it is imperative that MCFD has good information which can identify aboriginal clients. Records are not always accurate with respect to identifying aboriginal heritage. By data-matching children-in-care records with Status Indian data available through VSA, the Ministry of Children and Family Development is able to get the best data possible on the aboriginal status of children-in-care. Preliminary data-matching has

already indicated that the number of aboriginal children-in-care in B.C. has been under-recorded. Getting the best data will assist MCFD as it moves services to aboriginal agencies and will help ensure, as much as possible, the provision of culturally appropriate services to aboriginal clients when required. Seven of the 18 vital statistics indicators in MCFD's Performance Plan <sup>5</sup> are specifically related to the Status Indian population (Table 1).

**Table 1. Selected Indicators in MCFD Performance Plan**

Measure	Target by March 2004	
	Status Indian	General Population
a) Healthy infant birth weight/100 live births	95.0	95.0
b) Infant survival rate/1,000 (infant age <1)	996.3	996.8
c) Child survival rate/1,000 (child age 0-18)	999.2	999.6
d) Youth survival rate/1,000 (youth age 15-18)	998.9	999.7
d) Rate of SIDS death/1,000 live births	1.0	0.15
e) Child deaths from external causes (ages 0-18/10,000)	1.70	1.05
f) Youth (ages 15-18) suicide rates/100,000	25.8	3.9

Other joint projects between VSA and MCFD are currently underway. A major study, which looks at vital statistics records for children-in-care, is assisting MCFD in getting a better understanding of the health needs of children who come into care. For example, through a cooperative endeavour between the Provincial Health Officer, the Children's Commission, the Ministry of Children and Family Development and the Vital Statistics Agency, a major review <sup>7</sup> has just been completed on children's deaths in the province, with special attention being given to specific groups such as children-in-care and Status Indian children. Also, a couple of chapters in a forthcoming book on children's health and well-being in B.C. <sup>8</sup> have been co-authored by MCFD and VSA staff. One chapter looks specifically at SIDS deaths and trends in the province, while another examines the general trends in children's health status, including Status Indian children, within the province.

The Ministry of Children and Family Development continues to use an increasing quantity of vital statistics data. This is facilitated by the marketing strategy undertaken by VSA with respect to vital statistics data and the needs of MCFD. A formal Memorandum of Understanding between the two agencies deals with expectations and resource requirements and will allow cooperative ventures to continue well into the future. Both agencies have a joint goal of using the best information available to help improve the health of children and families in the province. Hopefully improvements can be made across Canada through a better understanding of how vital statistics data can be used to improve population health and quality of life.

### Works Cited

1. Shaw, Kelly T. and Foster, Leslie T. (1998). The use of vital statistics data by a social policy ministry. *Vital News*, Vol. 2, No. 3, July 1998, p. 5.
2. Budget Transparency and Accountability Act (2000). [www.qp.gov.bc.ca/statreg/stat/B/00023\\_01.htm](http://www.qp.gov.bc.ca/statreg/stat/B/00023_01.htm)
3. Ministry for Children and Families (2000). Measuring our success—a framework for evaluating population outcomes, 2<sup>nd</sup> ed. [www.mcf.gov.bc.ca/publications/measure\\_success/msindex\\_1.htm](http://www.mcf.gov.bc.ca/publications/measure_success/msindex_1.htm)
4. Ministry for Children and Families (1999). Strategic plan for aboriginal services. [www.mcf.gov.bc.ca/aboriginal/strategic\\_services\\_1.htm](http://www.mcf.gov.bc.ca/aboriginal/strategic_services_1.htm) See also: Ministry for Children and Families (2001). Historic agreement with first nations leaders. News Release, March 22.
5. Ministry for Children and Families (in press). Performance plan 2001/2 to 2003/4. [http://www.mcf.gov.bc.ca/per\\_plan/index.html](http://www.mcf.gov.bc.ca/per_plan/index.html)
6. British Columbia Vital Statistics Agency (2001). Health Status Registry, Ministry of Health, Victoria, B.C.
7. Kendall, P. R. W. (in press). Health status of children and youth in care in British Columbia: What do the mortality data show? Ministry of Health, Victoria, B.C.
8. Foster, L. T. and Hayes, M. V. (in press). Too little to see—too big to ignore: children's health and well-being in B.C. Western Geographical Series, University of Victoria, Victoria, B.C. ♦

## **New Faces in Vital Statistics:**

### **Kim Blinco**

Kim Blinco is the new Registrar General for Vital Statistics in New Brunswick. Born and raised in Ste-Foy, Quebec, Kim is a graduate of the University of New Brunswick, Faculty of Nursing. She is currently enrolled as a part-time graduate student at UNB in the Masters of Nursing program, where she has been focusing on health-related program/policy evaluation. Prior to her current position, Kim has worked in acute care, tertiary care, and community care settings. For the last 11 years, Kim has been a policy/program consultant in Public Health management. Most recently, Kim was a Project Manager in the office of the Chief Medical Officer of Health, where she had the opportunity to work on a number of provincial public health projects. She has also been a member of a number of Federal/Provincial/Territorial committees.



Kim very much looks forward to her new challenges as Registrar General. A registered nurse with diverse work experiences, Kim brings her holistic health perspective to Vital Statistics. She believes that Vital Statistics has a key role to play in the design and monitoring of an accountable health care system. Kim wants increased emphasis on the collection, storage, data synthesis, and analysis of key attributes of the population's health.

When Kim's not working, you can find her at home in Harvey, a small rural community 30 miles northwest of Fredericton. There, she enjoys a marvelous country life, which includes gardening, reading, and tending to her horses, dogs, and cat.

### **Ronn Wallace**

Since late spring of this year, Ronn Wallace has been the director of Vital Statistics for the province of Saskatchewan. Born and raised in Manitoba, Ronn graduated from the University of Winnipeg in 1971. Three years later he joined the Saskatchewan civil service, and has been an employee of Saskatchewan Health for the past 24 years.

During that period, Ronn assumed the directorship of Vital Statistics from December 1993 to March 1996, following the departure of Wilmer Berg. His direct involvement with the activities of Vital Statistics during that time was somewhat limited, however, as he was also the Director of Health Registration and the priority was to operationalise the new provincial registry database.

Now that he is once again the Director, Ronn looks forward to a more direct and extensive involvement with the various program operations under the purview of Vital Statistics. Ronn will also be an active participant on the Vital Statistics Council for Canada. ♦

### **Farewell to a Friend and Colleague**

It is with regret that the members of the Vital Statistics Council for Canada bid farewell to Shelley Gibson, who has left her post as the Director of Vital Statistics for Saskatchewan in order to take on new responsibilities as a Senior Policy Analyst with the Policy and Planning Branch of the Department of Health. Shelley began her career at Vital Statistics in 1987 as Assistant Director. In 1997 she accepted the position of Director. Shelley's commitment to maintaining a high level of integrity for the Vital Statistics program was evident to all her colleagues. Shelley recognized the importance of a strong national vital statistics program with common standards and definitions while at the same time acknowledging the need to meet local requirements.

Shelley has been an active member of the Council and served as Chair of Council from 1998 to 2000. During her tenure she brought developing issues to the attention of the members. Those of us who had an opportunity to work closely with Shelley appreciated her dedication to the business of vital statistics and her willingness to become involved in any aspect where input was needed. Shelley also served on numerous Council committees and made

many significant contributions. Shelley's knowledge and dedication to the provincial and national system of Vital Statistics made her a valuable asset to



Council. She especially enjoyed working on the *Vital News* publication and her editing, writing, and proofreading skills were frequently called upon to

assist in finalizing an issue whose deadline was imminent.

In Shelley's various positions on Council she always provided leadership, while encouraging a team approach. She was generous with her time when colleagues needed assistance; and consistently provided a timely, well-researched, and detailed analysis of any issue under discussion—traits that will serve her well in her new position. Her compassion for people was most evident in her support of Gord Meiklejohn, the first editor of *Vital News*, through his terminal illness.

Shelley was not only a colleague but also a friend to many of us, and we wish her much success in her future endeavours.

The Council also has the pleasure of welcoming Ronn Wallace as the new Director of Vital Statistics for Saskatchewan. Council members look forward to meeting and working with Ronn and wish him all the best as he gets settled into his new position. ♦

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