



Message From The Co-Chairperson

Three recent Statistics Canada reports—on suicide, disability-free life expectancy, and cancer survival—highlight the role of information from the vital statistics registries in understanding the health of Canadians. Each of these reports uses mortality data as a key input to the analysis.

Suicide

From 1979 to 1998, age-standardized suicide rates changed little, remaining at about 15 suicide deaths per 100,000 population. However, suicide is among the leading causes of death for both males and females from adolescence to middle age.

The suicide rate of males is four times that of females. This difference can largely be explained by the methods used. Men tend to use more violent, conclusive methods such as firearms or hanging. Women are more likely to use poisoning, such as a drug overdose or carbon monoxide exhaust. These data come from the medical certificate of death completed by a physician or coroner.

An examination of hospitalization data in conjunction with vital statistics data gives a fuller picture of suicide as a public health issue. Although the male suicide rate exceeds that of females, females are hospitalized for suicide attempts at about one-and-a-half times the rate of males. In addition, in 1998/99, about 9% of individuals hospitalized for an attempted suicide had been discharged more than once for a suicide attempt the same year.

Disability-free life expectancy

As a health indicator, life expectancy is somewhat limited. Increased longevity throughout the 20th century has been accompanied by a growing prevalence of chronic illnesses and functional limitations. In acknowledgment of the impact that such health problems can have on quality of life, the concept of life expectancy has been expanded to include an individual's ability to function in society. One such measure is "disability-free life expectancy" or DFLE, which distinguishes between years free of disability and years lived with at least one disability.

As with life expectancy, DFLE is calculated using population estimates and mortality data, specifically the age-at-death variable that appears on death registration forms. To these are added data on

disability and other socio-demographic variables from health surveys and the Census.

In 1996, DFLE was estimated at 68.6 years, compared with a total life expectancy of 78.3 years. In other words, Canadians are likely to live almost a decade with an activity-limiting disability.

DFLE varies considerably across the country: from 61 years in the Nunavik region of northern Québec to close to 73 years in the Richmond, B.C. area. A discrepancy of this magnitude suggests that improvements are possible in regions where estimates are lowest.

Cancer survival

Comparisons of cancer survival rates across large population groups provide insight into changing diagnostic patterns, the use of early-diagnosis strategies, and the availability of effective treatments. Survival rates are calculated by linking data on diagnoses from the Canadian Cancer Registry with the Canadian Mortality Data Base (CMDB) to find out if and when the cancer patient died. The CMDB, created by Statistics Canada expressly for linkage studies, is based on the national vital statistics mortality database that contains data from all provincial and territorial registrars.

Five-year relative survival rates differ substantially by cancer site. (Québec was excluded from this study because its method of ascertaining the date of diagnosis varies from that of the other provinces.) Men diagnosed with prostate cancer in 1992 were 88% as likely to live another five years, compared with men of the same age and in the same province. Women diagnosed with breast cancer had an 82% chance of living another five years, compared with women with similar characteristics. Relative survival rates for lung cancer were much lower: 14% for men and 17% for women.

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Rates also vary by age. For example, among women, the five-year relative survival rate for lung cancer was 24% at ages 15 to 49, 15% at ages 70 to 79, and 10% at ages 80 to 99. This may reflect a reluctance to use aggressive therapy on older, frailer patients. ♦

*Gary Catlin, Statistics Canada
Co-Chairperson, VSCFC*

Change of Name in the Province of British Columbia

*Storm Edgar, Regional Manager,
British Columbia Vital Statistics Agency*

Following ongoing discussion with police officials, a need was identified to implement a process to ensure that the police are fully advised of legal name changes completed by adults in the province of British Columbia. Essentially, law enforcement officials were concerned that persons with a criminal record could change their name and thus make it hard or impossible for police to make a connection with their earlier criminal history. Prior to the change, adults (persons 19 years of age or over) wishing to change their name had to be a resident of the province for the three months preceding the time of application; they also had to advertise their intent in both the *BC Gazette* (the official weekly publication of the provincial government) and in a local newspaper circulating in the person's community. All legal name changes were announced by the British Columbia Vital Statistics Agency in the *BC Gazette*, on a weekly basis.

In addition, the RCMP were notified of all legal name changes, along with the province of birth for the applicant. If the applicant was married in Canada, the province where the marriage occurred would also be notified. But even though the RCMP were receiving notification of legal name changes occurring in British Columbia, there was no ready mechanism for the RCMP to quickly and easily update their central records system with complete assurance that they were updating the correct record. In October of 2002, legislation for the *Name Act* was amended so that the requirement for advertising was dropped. Instead, applicants and any of their applicant children aged 18 and over are now required to have their fingerprints taken and submitted along with their application for legal name change. This new process helps guarantee the highest level of assurance for police records.

Under the new process, applicants would take the completed name change package, along with their

current birth certificate or citizenship card or immigration document (and if married, their marriage certificate) to the local police detachment where their full fingerprints would be taken using the standardized fingerprint form (C-216C) issued by the RCMP. At the same time, police will check the individual's birth certificate information and picture ID to verify their identity. This is then mailed by the police directly to Vital Statistics where the legal name change is reviewed and approved. Once the legal name change has been approved, the fingerprint envelope is sent directly to RCMP headquarters in Ottawa. Here the fingerprints are verified against records on file with Canadian Police Information Centre (CPIC). When a match is determined the information file associated with this record is updated to reflect the new legal name. All fingerprint records are returned to clients following the review against existing records. No new fingerprint file records are created from this process, and only those information records already on file with CPIC are updated with the new legal name.

Since implementing this process, some 800 fingerprint files have been reviewed by the RCMP in Ottawa. As a result of this legislative change, police agency files now contain up-to-date legal change-of-name information for all persons aged 18 and over who have changed their name in British Columbia and who previously had an information record on file with a Canadian Police Agency.

Although there is now an additional fee payable for the taking of fingerprints by police, and for payment to Ottawa to undertake the criminal record check, there is believed to be an overall saving to residents of British Columbia who undertake a legal name change. Previously, advertising in one of the local newspapers and in the *BC Gazette* could easily cost in excess of \$100. Fingerprinting and criminal record check fees are approximately \$50.

The change to remove advertising and replace it with the requirement for individuals to undertake a criminal record check has proceeded with relative ease. There has been no negative feedback from the public regarding the new process. ♦

Meet The Registrar: Liz Crowley Meagher of Nova Scotia

The largest of the four Atlantic Provinces, Nova Scotia boasts a population of just under 950,000, much of it in a non-urban setting. Access to Vital Statistics services is easy in Halifax, via same-day walk-in service at the VS head office located

downtown. For the convenience of non-Haligonians, VS applications can also be made at any of the Access Nova Scotia and Registry of Motor Vehicles offices that are found in every county of the province. “Till 1996 Vital Statistics was a branch of the Department of Health,” explains Liz Crowley Meagher, the Deputy Registrar General for the province’s Vital Statistics services. “Then we transferred to the department now known as Service Nova Scotia & Municipal Relations, which is the ‘public face’ of government in terms of service.”

And aside from making applications in person, Nova Scotians are now able to apply for information or download applications from the VS website. “The volume of on-line activity has far exceeded our expectations,” says Meagher. “It has only been running since May of last year and already represents nearly 25 percent of our business ... presumably because people find it more convenient, and all you need is a credit card.”



With 23 full-time staffers and a budget of \$1.2 million, Meagher’s office handles all the functions of Vital Statistics except for the medical coding of the cause of death, which is done in Ottawa. Last year she oversaw the registration of approximately 9,000 births, 8,000 deaths, 5,000 marriages, and the consecration of 95 “domestic partnerships” — essentially, formal recognition of a common-law relationship that can apply to either heterosexual or same-sex couples aged 19 or older. “We were the first

province in Canada to acknowledge the legal fact of domestic partnerships,” notes Meagher. “That came about because of a Supreme Court case and a separate application to the Nova Scotia Court of Appeals. I think a few other provinces are considering following our lead.”

In the wake of the terrorist attack on the World Trade Centre, Meagher says that security is the overriding issue now confronting her department. They have already implemented legislative changes and altered business practices in order to make it harder for criminals to acquire false identification (especially applying for someone else’s birth certificate, which then becomes the means to acquire a seemingly legitimate passport). Further initiatives are pending, including a tightening up of the change-of-name process as well as establishing links with the Passport Office to better confirm the validity of applications for birth certificates. “The biggest challenge for us is balancing the increased need for effective security with an obligation to provide good customer service,” says Meagher.

Some other longer-term initiatives that her department will be tackling in the months and years to come include the introduction of electronic registration processes and eventually, the development of a new computer system.

The Nova Scotia-born Meagher has worked in government for three decades, getting her start with the feds in Alberta. “Like a lot of easterners I wanted to return to my home province,” she says, “so I moved back to Nova Scotia 28 years ago when an opening came up at Vital Statistics.” Happy to boast that she has “worn just about every hat in the organization,” Meagher is particularly proud of having worked on developing the first computer system for Vital Statistics. “That was an exciting and tremendous experience—seeing us move from a totally manual set-up to an automated system,” she says. “And that meant that the staff had to be brought along throughout the entire process. They deserve a great deal of credit for making the transition such a positive one,” Meagher adds.

Although Meagher was gratified to eventually get promoted to the top position in Vital Statistics, in May of 1998, it proved to be a bit of a mixed blessing. Five months into her tenure, SwissAir Flight 111 crashed offshore of Peggy’s Cove. The resulting death of all 229 people on board plunged her office into a turmoil of grim activity. “I think there were 11 different countries involved, which added its own level of procedural complexity in terms of registration of death, shipping of remains,

and other activities that we were involved in,” notes a sombre Meagher.

Even after spending almost her entire working life in this one specific sector of government, Meagher never gets bored—she’s quick to point out that there is endless variety in the issues that arise, and lots of challenges and excitement in professionally engaging with the life and death events that are central to the lives of her fellow Nova Scotians.

Off the job, her life is a similar whirl. “With a son in high school and a daughter at university, my spare time is at a premium,” she laughs. She is also a browser for antiques and crafts, and shares with her husband a love of gardening. “We also really enjoy taking short trips, just for the day or a weekend away,” she adds. “We mostly just hit the back roads and see what we can find.” ♦

Health Statistics Data Users Conference

*K. Blinco, Registrar General,
Vital Statistics, New Brunswick*

Mark it on your calendar: Canada’s first Health Statistics Data Users Conference will be held in Ottawa this September 8-9, 2003 (with a pre-conference workshop scheduled for September 7). Organized by representatives of the Vital Statistics Council for Canada, Statistics Canada, and Health Canada, the conference’s overall goal is to offer an opportunity for individuals who provide and/or use health data to meet to discuss data collection, analysis, and dissemination.

The pre-conference workshop will be held from 9:00 to 4:00 on September 7. Participants will be provided an overview of available survey data and a hands-on opportunity to access and work with survey data. The conference itself is organized under six themes:

1. The path of data from collection to policy development;
2. Pulling together different data sources in research;
3. Data quality – finding the balance;
4. Health statistics in the broader social context;
5. Data stewardship – bringing privacy and research together; and,
6. Showcase of research using vital and population health data.

Opening remarks will be provided by Michael Wilson, Assistant Chief Statistician, Statistics Canada. Robert G. Evans, of the Centre for Health

Services and Policy Research at the University of British Columbia, will deliver the keynote address. And Andre Picard, a public health reporter with the *Globe and Mail*, is the guest speaker at a dinner planned for conference participants on September 8.

If you are interested in learning more about this conference—especially, how to register, where to stay while in Ottawa, booking flights, and who to contact if you have questions—please visit the conference website. At the time this article was written the website was still under construction and an address was not available. Please check the following websites for a link to the conference website: Vital Statistics Council for Canada (www.vscouncil.ca), Statistics Canada (www.statscan.ca), and Health Canada (www.hc-sc.gc.ca).

Members of the conference planning committee are very excited about this opportunity to bring providers and users of health data together. Hope to see you in Ottawa in September! ♦

British Columbia Reports on Birth Weight and Gestational Age

*Bill Kierans, Volunteer Researcher,
British Columbia Vital Statistics Agency*

Birth weight and gestational age form an essential part of all birth-related vital event reports. They are the two major determinants not only of disability and death among newborn infants but also of their subsequent health and well being. Charts showing the distribution of birth weights at each gestational age have appeared in reports since the 1920s but recently there has been a proliferation of population-based charts that depict local demographics, health care practices, and improvements in birth outcome.

At birth the charts are used to identify infants in need of special care; this is done by determining how much they deviate from the norm established by those born previously at the same gestational age. Charts are also used to classify newborns as Large for Gestational Age (LGA), Appropriate for Gestational Age (AGA) and Small for Gestational Age (SGA). In the last few years, SGA (<10th percentile of the birth weight distributions at each gestation) has become increasingly recognised as an effective risk indicator, for the following three reasons. First, SGA infants are identified for additional scrutiny at the time of and subsequent to birth. Second, the proportion of regional births

(e.g., in Health Regions) that are SGA is being used as a public health indicator for the allocation of resources. Third, SGA has been used as an operational definition of Intrauterine Growth Retardation.

British Columbia Vital Statistics Agency (BCVSA) is producing a comprehensive report that presents charts and descriptive birth outcome statistics for 27 demographic clusters within the province, as well as mortality grids, which show mortality risk in relation to birth weight and gestation

The report, an update of a previous publication, now includes estimates of neighbourhood income. With the cooperation of (and exacting work by) the Health Analysis and Measurement Group of Statistics Canada, average income in the mother's neighbourhood was linked to each birth. And because socio-economic status is currently recognised as a crucial determinant of birth outcome, the inclusion of this information will enhance the quality and relevance of the report.

In addition, the editorial team included Dr. Michael Kramer, Departments of Paediatrics and Epidemiology and Biostatistics at McGill University; Dr. Robert Liston, Department of Obstetrics and Gynaecology, Women's and Children's Hospital in Vancouver; and Russell Wilkins, Health Analysis and Measurement Group of Statistics Canada. Their contributions have broadened the scope and improved the contents of the report.

The report focuses on population-based, easily interpretable charts and descriptive statistics for the groups in the study, including Chinese, South Asian, and European immigrants. The mortality grids are of particular interest. These grids, which show neonatal mortality in 250-gram birth weight groups at each week of gestation, represent a considerable refinement of grids currently available from other countries, and are believed to be unique in Canada. The study of mortality in relation to weight and gestation provides an extra measure of validity to the charts by indicating the degree of ultimate risk at the time of delivery. Mortality grids provide medical practitioners with important information when considering such issues as whether to induce delivery or to prolong gestation, when to do in-utero therapy, the timing of a move to a higher-care hospital, or estimating the possibility of post-natal problems. They are also a useful educational tool because they graphically portray changes in risk in relation to intrauterine growth and duration.

The project was a sizeable analytical undertaking for BCVSA but it will provide health professionals with valuable standards, many of which are applicable to the rest of the Canada. It is anticipated that this report will be available in June 2003 from the British Columbia Vital Statistics Agency web site at: <http://www.vs.gov.bc.ca/stats/features/index.html> ♦

Vital Statistics Council for Canada Annual Meeting

What: The Vital Statistics Council for Canada 2003 Meeting with Representatives from Provincial/Territorial Vital Statistics Agencies, Statistics Canada, NAPHSIS and NCHS

When: June 24-26, 2003

Where: St. John's, Newfoundland

Organizations that wish to make a presentation to the Council at this meeting should address their requests no later than April 30, 2003 to:

Secretariat
Vital Statistics Council for Canada
c/o Health Statistics Division
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Main Building, Room 2200 Section F
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Recognition of Paternity on a Birth Registration

*Arnold Kirby, Regional Manager,
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Historically, when a birth was registered in the province of British Columbia, the birth mother determined if the father's information would appear on the birth registration form and subsequently on the birth certificate for the child. If she chose not to include the father's information, it was necessary for her to complete a second section on the registration form in which she declared that the father was "unknown by the mother" or "unacknowledged by the mother." Subsequently, regardless of the level of involvement with the child, the decision as to whether the father's particulars could be added to the registration form remained with the mother.

The *Vital Statistics Act* did not provide a means for fathers to have their particulars added to a child's birth registration (or, by implication, to birth certificates issued subsequently) without joint application and consent of the mother. As a result, a father who had legal responsibility for a child and whose paternity may have been established by the courts for the purpose of child support, visitation and access rights, was unable to document his relationship to the child via a birth certificate.

Based on feedback from affected individuals, a review of the legislation was undertaken and a decision was made to amend the *Vital Statistics Act* so that a father's particulars could be added to the birth registration.

The amendment also addressed concerns of the court expressed in a BC Court of Appeal ruling which, while upholding the mother's right to refuse to acknowledge a father's paternity on his child's registration of birth, strongly indicated that fathers in these situations were treated unfairly and were not given the full benefit of their status as fathers.

The specific amendment (shown in italics) stated;

(6) If a statement completed by only one parent of the child or by a person who is not the child's parent is registered, the director must alter the registration of birth on application of any of the following persons

(d) the child's mother or father, if the application is accompanied by a copy of an order of the court declaring the child's paternity, unless the court orders that the father's particulars are not to be included on the child's registration of birth

Subsection (6) (d) does not apply to an order of the court declaring the child's paternity made before October 1, 2002.

By implementing this change, fathers who have been participating in the life of their child are able to guarantee that their particulars be included on the birth registration of the child. For many fathers this is an important recognition. The specific document (VSA 796 – Application to Add Paternity Information), along with a copy of the court order of paternity and the payment of a \$27 amendment fee, provide the specific means for a father to be added to the registration. ♦

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