

Healthy Canadians in 2010?

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Canada spends \$80 billion each year on health care services. We need better information to know what health outcomes are being achieved with this money and to enable better planning. To this end, the federal government recently allocated more than \$300 million for the development of health information. These funds are being used to enhance the health surveillance capabilities of Health Canada and to fund the Health Information Roadmap Initiative, a joint project of the Canadian Institute for Health Information and Statistics Canada.

The roadmap initiative will attempt to answer 2 questions: How healthy is the Canadian population? and How well is the health care system performing? The health indi-

cators to support this process were selected at a national consensus conference held in May 1999¹ and are clustered in 4 domains: health status, nonmedical determinants of health, performance of the health care system, and characteristics of the community and health care system. The indicators are under development, and some examples are provided in Table 1. Through the roadmap initiative, the data to support the health indicators will be made available to allow comparisons at the regional level across the country as well as at the provincial and national levels. The intent is to provide the public with a regular update on overall health status, to support continual quality-improvement efforts for both health care providers and institutions, and to inform the development of healthy public policies.

It is hoped that the health data will be comprehensive; however, some areas may prove difficult to support within the timelines of the project. For example, although the importance of the physical environment for health is well established, there are no contemporary comparable data available on air quality, water quality or toxic exposures. Moreover, in health care most of the available databases are related to acute care. Indicators and data standards are being developed in mental health and addiction, home care, long-term care, drug utilization and primary health care; however, it is not anticipated that there will be comparable data available for these sectors across the country within the timelines of this project. The production of useful data to support indicators in these sectors will require the co-operation and resources at all levels of government.

For these data to be useful at the regional level, they will need to be augmented wherever possible with additional information available locally or provincially. For example, some provinces have conducted their own patient satisfaction studies and have arranged for increased sampling in the National Population Health Survey, which provide rich sources of information not available on a comparable basis across the country but extremely useful locally. Because these data are insufficient by themselves to provide a complete understanding of the health of the community, they will need to be augmented with qualitative assessments of health, the determinants of health, and the performance and management of the health care system.

The data currently available to support the health indicators in the 4 domains of the roadmap initiative have been calculated and standardized for 63 health regions across Canada. These data have been made available to the re-

Table 1: Examples of health indicators, by domain, used to support the Health Information Roadmap Initiative, a project to determine how healthy Canadians are and how well the health care system is performing

Health status

Health conditions (e.g., asthma, arthritis, depression, chronic pain)

Human function (e.g., disability days, activity limitation)

Well-being (e.g., self-rated health, mastery, self-esteem)

Death (e.g., life expectancy, leading causes of death)

Nonmedical determinants of health

Health behaviours (e.g., tobacco use, drug use, alcohol consumption, physical activity, diet)

Living and working conditions (e.g., income level, education level, employment, housing)

Personal resources (e.g., early childhood development, social supports, life stresses)

Environmental factors (e.g., air quality, water quality, toxic exposure)

Performance of health care system

Acceptability (e.g., patient satisfaction)

Accessibility (e.g., influenza vaccination, mammography, Papanicolaou smears, cardiovascular procedures)

Appropriateness (e.g., cesarean section, vaginal birth after cesarean section)

Competence

Continuity of care

Effectiveness (e.g., transplantation, joint replacement, cancer treatment, treatment of HIV infection)

Efficiency (e.g., % of patients who may not require hospital admission, % of patients requiring alternative level of care, mean length of stay)

Safety (e.g., hip fracture rates in long-term care facilities)

Characteristics of community and health care system

Demographic characteristics, per capita expenditures, no. of hospital beds, volume of services provided

gional health authorities and have also been the basis of a recent report from the Canadian Institute for Health Information² and a companion special issue of *Health Reports* from Statistics Canada.³ There are also a number of other agencies issuing reports on aspects of health.^{4,5}

One important yet difficult question has been raised: although it is useful to have selected the appropriate indicators and to have these supported by data, what is the right number? In some provinces numerical targets (what *should* be achieved, given local conditions and resources) have been set for some of the indicators, and in other areas there has been a request for benchmarks (what *could* be achieved, given available evidence or best practices within the country or internationally). To provide benchmarks for all or some of these indicators would be an important but non-trivial undertaking. It would require bringing together experts in many fields and reaching consensus on the best interpretations of available evidence. It would be unreasonable to repeat this process in each jurisdiction across Canada; instead, we need a pan-Canadian process for developing health benchmarks. A similar approach was recently undertaken in the United States, and in January a report was released

(“Healthy People 2010”⁶) that contains the national goals for a wide range of health indicators. It is time for a similar process in Canada — Health Canadians 2010.

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