

## GLOSSARY

### ACRONYMS

<b>AMI</b>	See Acute Myocardial Infarction
<b>BMI</b>	See Body Mass Index
<b>CCHS</b>	See Canadian Community Health Survey
<b>COPD</b>	See Chronic Obstructive Pulmonary Disease
<b>HALE</b>	See Health Adjusted Life Expectancy
<b>HSAS</b>	See Health Services Access Survey
<b>NPHS</b>	See National Population Health Survey
<b>PAP test</b>	Papanicolaou test – A study of the shed cells of the cervix or vagina for early detection of cancer cells.
<b>PYLL</b>	Potential Years of Life Lost. The number of years of life lost when a person dies prematurely (a premature death is defined as one occurring before 75 years of age).
<b>STI</b>	Sexually Transmitted Infection

### TERMS

<i>Acute myocardial infarction</i>	A sudden loss of functioning heart tissue due to decreased blood flow to an area of the heart; also known as a heart attack.
<i>Age-standardized</i>	A statistical calculation that adjusts for differences in the age distributions between two groups, permitting comparisons across different groups, or over time.
<i>Ambulatory care sensitive conditions</i>	Health conditions where hospitalization could likely be avoided through early disease management in a primary care setting such as a doctor's office or community clinic. They include conditions such as diabetes, depression, hypertension and asthma.
<i>Body Mass Index</i>	An index that relates a person's body weight to their height. The body mass index (BMI) is a person's weight in kilograms divided by their height in meters squared. A BMI between 18.5 and 24.9 is considered ideal.
<i>Canadian Community Health Survey</i>	A cross-sectional health survey administered every two years by Statistics Canada to a representative sample of Canadians aged 12 years and older.
<i>Chlamydia</i>	A sexually transmitted infection (STI) caused by bacteria called <i>Chlamydia trachomatis</i> .

<i>Chronic disease</i>	Diseases that are expected to require a long period of supervision, observation, or care. They include conditions such as cardiovascular disease, diabetes, cancer, chronic obstructive pulmonary disease, asthma, and mental illness.
<i>Chronic obstructive pulmonary disease</i>	A progressive disease that is characterized by difficulty, breathing, wheezing and a chronic cough.
<i>Community-based care</i>	Medical or supportive care that includes home nursing care, personal care, home-based counseling or therapy and visits to community walk-in clinics, but excludes visits to doctor's offices.
<i>Elective</i>	A treatment or procedure that is advantageous to the patient, but not urgent, and therefore planned in the future subject to the choice or decision of the patient or physician.
<i>Frequency</i>	The number of occurrences of a particular event over a certain period of time.
<i>Health adjusted life expectancy</i>	<p>A measure of overall population health. Health adjusted life expectancy (HALE) combines measures of both age- and sex-specific health status, and age- and sex-specific mortality into a single statistic. HALE represents the number of expected years of life equivalent to years lived in full health, based on the average experience in a population. In this sense, it is not only a measure of quantity of life, but also a measure of quality of life.</p> <p>Full health, as defined for health adjusted life expectancy, is measured using the Health Utilities Index (HUI). The HUI describes a person's overall functional health based on eight attributes: vision, hearing, speech, mobility, dexterity, cognition, emotion, and pain and discomfort. The HUI score is calculated based on the number of attributes for which a person has a problem, as well as the level of severity. For example, vision ranges from perfect vision to blindness, while pain ranges from no pain to completely disabling pain. Based on the scores for each of the eight health attributes, a person receives a score between zero and one with zero representing death and one representing complete/full health.</p>
<i>Health Services Access Survey</i>	A health survey supplement to the Canadian Community Health Survey (CCHS) administered by Statistics Canada to a representative sample of Canadians aged 15 years and older.
<i>Health status</i>	The state of health of an individual, group or population, measured against an accepted standard.
<i>Immediate care</i>	Medical care for a minor health problem that is provided by a family or general physician, nurse or other health care provider. This does not include care provided by medical specialists.

<i>Incidence</i>	The number of new cases of a condition occurring in a population over a specified period of time.
<i>Income tercile</i>	The division of the population, ranked by income, into three equal groups.
<i>Infant mortality</i>	The number of infants (weighing at least 500 grams at birth) that die within the first year of life.
<i>Life expectancy</i>	The average number of years that a group of people of the same age and gender are expected to live assuming constant mortality rates.
<i>Low birth weight</i>	The proportion of live births with a birth weight between 500 and 2,500 grams.
<i>Mammography</i>	The use of x-rays to examine the breasts, commonly for cancer.
<i>Median</i>	A statistic that measures the mid-point of a series of ranked numbers. An equal number of items will fall above and below this point.
<i>Modifiable risk factors</i>	Risk factors that can be altered or eliminated.
<i>Morbidity</i>	The state of being sick, or of having a disease.
<i>Mortality</i>	The death rate. The ratio of the total number of deaths to the total population.
<i>National Population Health Survey</i>	A 20-year longitudinal survey of a representative sample of Canadians that is administered by Statistics Canada and conducted every two years.
<i>Prevalence</i>	The number of persons in the population who are living with a particular condition over a specified period of time.
<i>Primary health care</i>	The first level of contact with the health system where services are mobilized to promote health, prevent illnesses, care for common illnesses, and manage ongoing health problems.
<i>Rate</i>	A measure of the frequency with which an event occurs. It is calculated by dividing the number of events (ex: deaths from lung cancer) by the population at risk of experiencing the event (ex: the total population) over a particular unit of time.

<i>Routine care</i>	Health care provided by a general practitioner. This would include annual check-ups, blood tests or routine care for an ongoing illness.
<i>Screening</i>	Examination of people with no symptoms, to detect unsuspected disease.
<i>Self-reported health status</i>	A person's perception of how healthy they think they are. Generally measured using a rating scale of excellent, very good, good, fair or poor.
<i>Significance testing</i>	The application of statistical techniques to determine if the differences in values reported were statistically different or if there was essentially no difference.
<i>Telehealth</i>	(1) The use of satellite video conference technology to provide patients and care givers with the ability to access specialist care, to promote continuing medical education and to share information with rural and remote health care providers. (2) Phone-in health lines that provide health information to the public.

## DATA CLARIFICATION

### *Prevalence of Diabetes: Limitations*

- 1 Three types of diabetes are included in the databases: type 1, type 2 and gestational diabetes.
- 2 A baseline error rate of 20 to 25 per cent exists in the published (1999-2000) data.
- 3 This level of error is accepted by Health Canada and by those national experts identified by Health Canada.
- 4 Since 1997-98, these data have been accumulating false positives. For the data published here, this may not have a significant impact. Health Canada plans to work to reduce these errors so that by the time they publish the 2001-02 data, this accumulation will not become significant.
- 5 This baseline error rate is likely to vary by age and sex groups.

### *Incidence of Lung Cancer: Limitations*

The Auditor General of Canada noted:

"A Statistics Canada study on the capture of Manitoba cancer cases shows that the cancer data are fairly complete, and therefore I can form an opinion on Manitoba data only. However, because not all jurisdictions have had such a study completed on the capture of cancer data, I cannot form an opinion on any comparisons that are made with the national incidence rates of cancer."