

INTRODUCTION

Indicators directly describe a specific measurement (ex: the percentage of Manitobans who report being physically active). They also “indicate” something more, such as degree of progress towards meeting a goal. With health indicators, this might include improvements in health status, disease prevention or treatment. The measurement itself is generally straightforward, based on definition and mathematics. The meaning of that measurement (a single “indicator” or set of indicators) is open to interpretation.

The meaning of the indicators in this report will vary with the observer, depending on point of view, values and other considerations. Indicators can be interpreted according to their absolute value (ex: “Only 42 per cent of Manitobans have healthy weights and that is too few”) or their relative value (ex: “Fewer Manitobans have healthy weights than Canadians overall”). If comparable data from other years are available, such measurements can also show progress or trends. A good indicator should always have a directional aspect; in other words, we should know in advance whether a higher or lower value for an indicator is “good” or “bad” (ex: A higher proportion of Manitobans with healthy weights is good, a lower proportion is bad). Beyond that, there is no right or wrong way to interpret one or more indicators.

The indicators in this report are described as “comparable,” because each jurisdiction has used the same definitions and calculations to produce data. However, the reader should exercise caution in drawing conclusions, since limited information can be obtained from a simple statistic. For example, only a few indicators are further described by extra dimensions such as income (ex: life expectancy).

Other factors to consider are the subjectivity of some data (ex: survey questions) and the fact that many things may contribute to the measurement of a single indicator. The mortality rate of any condition (ex: heart attack) reflects a whole spectrum of prevention and care, including living conditions, lifestyles, availability and use of diagnostic methods, quality of care from health care providers and family, and adherence to treatment regimens.