

Mortality Trends 1992-2013

fast facts

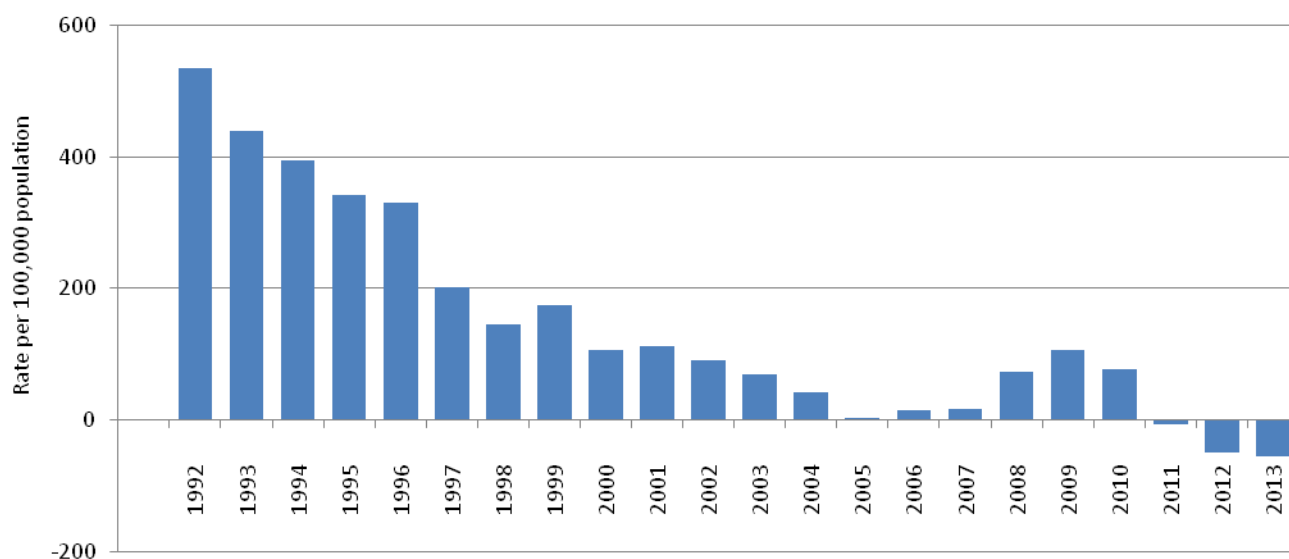
This Fast Facts presents mortality trends for the province of Newfoundland and Labrador for the 22-year period from 1992 to 2013. Information presented includes: rate of natural increase, mortality rates by age and sex, top causes of death and life expectancy.

In this issue...

- Rate of Natural Increase
- Age-Standardized Mortality Rate
- Infant Mortality Rate
- Top Three Causes of Death
- Life Expectancy
- About Our Organization

Rate of natural increase is the difference between the number of births and the number of deaths per 100,000 population. In Newfoundland and Labrador, the rate of natural increase steadily decreased between 1992 and 2005. Despite increases between 2006 and 2010, the rate of natural increase has been negative in the province since 2011, meaning that the number of deaths has surpassed the number of births. The rate decreased to a low of -55.4 per 100,000 population in 2013.

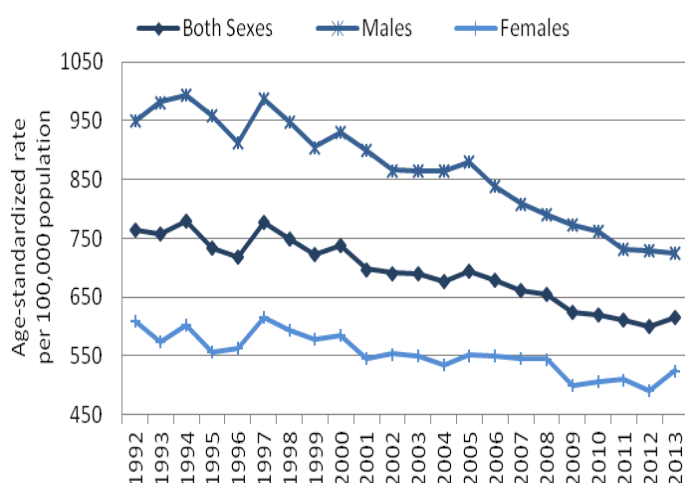
Rate of Natural Increase, Newfoundland and Labrador, 1992-2013



Source: Statistics Canada Annual Mortality Files, 1992-2009; NLCHI Mortality System, 2010-2013; NLCHI Live Birth System 1992-2013; Statistics Canada Population Estimates, 1992-2013.

The age-standardized mortality rate for the province has decreased from 765 deaths per 100,000 population in 1992 to 615 deaths per 100,000 in 2013. The mortality rate for males has consistently been higher than the rate for females. The gap in mortality rates between males and females has become narrower over time.

Age-Standardized Mortality Rate by Sex Newfoundland and Labrador 1992-2013

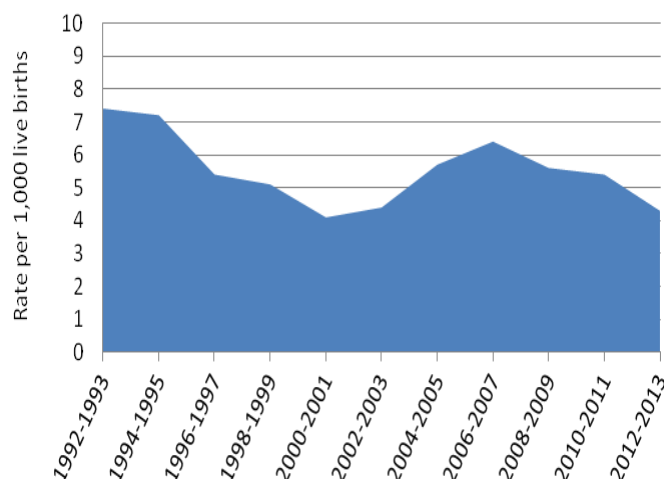


Source: Statistics Canada Annual Mortality Files, 1992-2009; NLCHI Mortality System, 2010-2013; Statistics Canada Population Estimates, 1992-2013.

Note: Mortality information for 2010-2013 was derived from the NLCHI Mortality System. The rate has been age-standardized to the 1991 Canadian population. An age-standardized rate is a rate that has been adjusted by using a standard population in order to remove or minimize the effects of difference in age composition when comparing rates for different populations.

Infant mortality rate is an indicator used to measure child health and well-being in population over time. Provincially, the infant mortality rate steadily fell between 1992 and 2001 from 7.4 deaths per 1,000 live births in 1992-1993 to 4.1 deaths in 2000-2001. The mortality rate increased to 6.4 deaths per 1,000 live births in 2006-2007 and has decreased annually thereafter. Overall, the rate decreased by 41.9% in Newfoundland and Labrador over the 22-year span from 1992 to 2013.

Infant Mortality Rate Newfoundland and Labrador 1992-2013

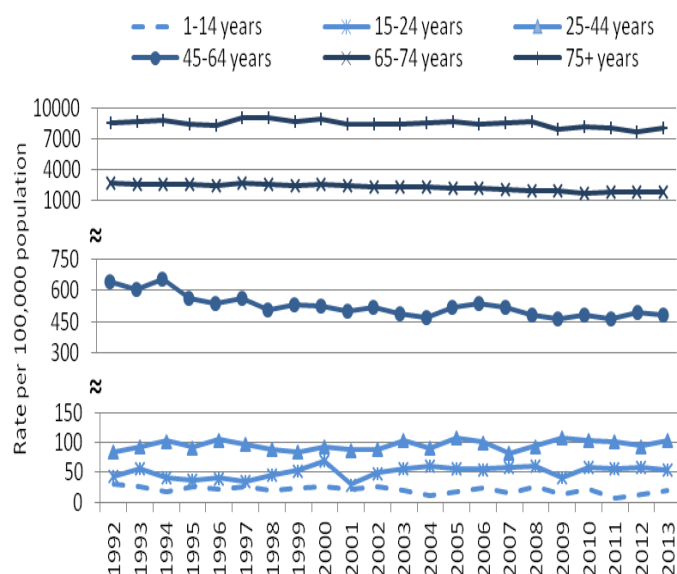


Source: Statistics Canada Annual Mortality Files, 1992-2009; NLCHI Mortality System, 2010-2013; NLCHI Live Birth System, 1992-2013.

Note: Mortality information for 2010-2013 was derived from the NLCHI Mortality System. Infant mortality rate is the number of deaths to infants less than one year age per 1,000 live births in the same year.

Mortality rates decreased from 1992 to 2013 among most age groups. However, mortality rates among individuals aged 15-24 years and 25-44 years increased by 25.8% and 22.6%, respectively over this time period.

Age-Specific Mortality Rate Newfoundland and Labrador 1992-2013



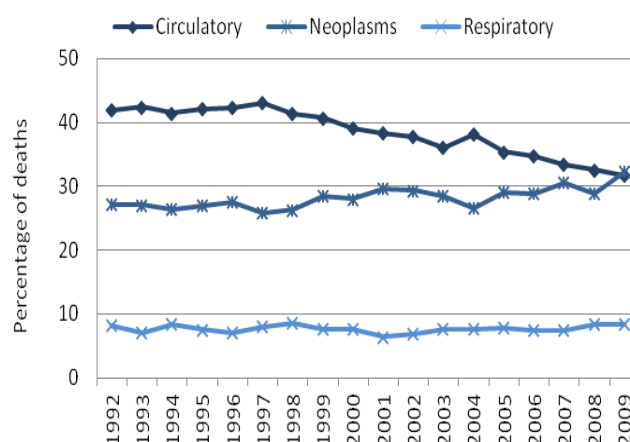
Source: Statistics Canada Annual Mortality Files, 1992-2009; NLCHI Mortality System, 2010-2013; Statistics Canada Population Estimates, 1992-2013.

Note: Mortality information for 2010-2013 was derived from the NLCHI Mortality System. Age-specific mortality rate is the number of deaths in a specific age group divided by the total population in that age group. The rate is usually expressed per 100,000 population.

Between 1992 and 2009, the top three causes of death were diseases of the circulatory system, neoplasms (tumors) and disease of the respiratory system. The number of deaths due to neoplasms has increased while the number of circulatory system deaths has steadily decreased. In 2009, for the first time, the percentage of deaths due to neoplasms surpassed the percentage of deaths due to circulatory diseases.

Cancer was the number one cause of death in Canada in 2009 accounting for 30% of all deaths¹. From 2000 to 2009, the number of cancer deaths constantly increased by 13.5% while deaths caused by heart disease and stroke decreased by 10.5% and by 9.4%, respectively.

Top Three Causes of Death Newfoundland and Labrador 1992-2009



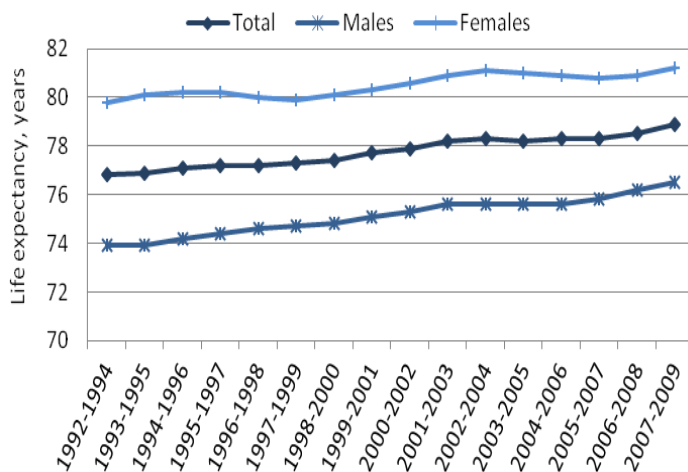
Source: Statistics Canada Annual Mortality Files, 1992-2009.

¹Statistics Canada. (2012) Mortality, Summary List of Causes — 2009. Catalogue no. 84F0209X.

In Canada, life expectancy at birth increased from 78 years in 1992-1994 to 81.1 years in 2007-2009. In Newfoundland and Labrador, life expectancy at birth has steadily increased from 76.8 years in 1992-1994 to 78.9 years in 2007-2009. Females have consistently had a higher life expectancy at birth than males.

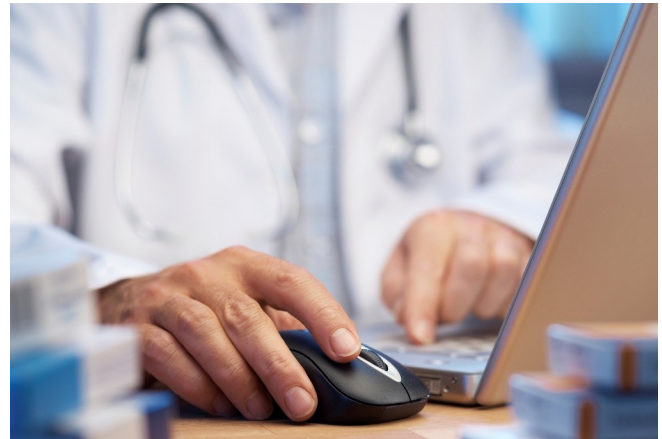
According to a report released by the Public Health Agency of Canada², Canadian women may live longer than Canadian men, but men have a greater quality of life compared to their female counterparts. People with chronic diseases or living in lower income neighborhoods have lower life expectancies.

Life Expectancy at Birth by Sex Newfoundland and Labrador 1992-2009



Source: Statistics Canada. CANSIM Table 102-0512 - Life expectancy, at birth and at age 65, by sex, Canada, provinces and territories, annual (years).

²Public Health Agency of Canada Steering Committee on Health — Adjusted Life Expectancy. (2012) Health — Adjusted Life Expectancy in Canada. Ottawa, Ontario: Public Health Agency of Canada.



About the Centre for Health Information

The Newfoundland and Labrador Centre for Health Information (NLCHI) provides quality information to health professionals, the public, researchers and health system decision-makers. Through collaboration with the health system, NLCHI supports the development of data and technical standards, maintains key health databases, prepares and distributes health reports, and supports and carries out applied health research and benefits evaluations. The NLCHI's mandate also includes the development and implementation of a confidential and secure provincial electronic health record, including the change management required to support adoption by end user clinicians.