



# NSG2113

# Introduction to Nursing Science

# Lecture Outline

1. Introduction of Professor
2. Correspondence
3. Syllabus
4. Lecture 1 Material
  - Primary Health Care

# Introduction

# Who am I?

- Education
- Experience
  - Clinical
  - Research
  - Teaching

<http://www.health.uottawa.ca/sn/per/pobyrne.htm>

# Correspondence

# Correspondence

- Contact me via uOttawa email: [pjobyrne@uottawa.ca](mailto:pjobyrne@uottawa.ca)
  - Do not use course website
- Contact me using YOUR uOttawa email
- Contact limitations: Evenings, Weekends, Holidays
- Ensure that emails are professional and courteous
  - Emails must have a:
    - Subject
    - Salutation
    - Signature
    - Proper tone

# Correspondence

- Salutation
  - Yo
  - Hey
  - Dear
- Body
  - Full sentences
  - Clear
- Signature
  - Name
  - Student number
  - Program
  - University

# Correspondence

- Emails which do not fulfill the foregoing stipulations:
  1. Will be returned as “received”
  2. No other response to queries will be provided
  
- This is a of socialization to professional nursing practice

# Syllabus

# Syllabus

- Take notes
- Ask questions

# Course Material

# Primary Health Care (PHC)

- PRIMARY HEALTH CARE (PHC) vs. PRIMARY CARE
- PRIMARY HEALTH CARE (PHC)
  - WHO
  - Health Canada
  - Canadian Nurses Association

# PHC vs. Primary Care



- **Primary Care:** First access point
- Office practice (most physicians )
  - Solo (24%)
  - Shared and group (62%)
    - Shared = >1 practitioner **operating private practice** in same space
    - Group = >1 practitioner in same space **with income distribution, patient sharing,** etc.
  - Can be generalists or specialists

# PHC vs. Primary Care



- Community Health Centres (n ~ 60)
  - Called Centres Locaux des Services Communautaires (CLSC) in Quebec
  - Receive annual operating budget from province (global budget)
  - Provide a range of services all covered
    - Medicine
    - Dentistry
    - Social work
    - Nursing
    - Nutrition
  - Focus on
    - Illness / injury prevention
    - Health promotion
    - Provision of holistic care

# PHC vs. Primary Care

- NP-led clinics
  - Started in 2007
    - Announcement of 25 clinics to be operational by 2012
    - Clinic development awarded based on application during three 'waves'
  - Combination of:
    - NPs (lead)
    - RNs
    - MDs
    - Allied health professionals
  - Operate in a similar fashion to CHCs
    - Simply NP led, rather than MD

# Primary Health Care (PHC)



- Primary care:
  - “person-centred approach to providing care that focuses on the health needs of individuals within the confines of their communities”
- Primary care
  - Biomedical in focus
  - Mostly describes first-line service access/delivery
- PHC
  - Person-centred
  - Continuous
  - Comprehensive
  - Integrated

# PHC: Alma-Ata (Kazakhstan)

- First formal definition of Primary Health Care (S. VI)

“Essential healthcare based on practical, scientifically sound, and acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination”

- What are the other stipulations of this declaration?

# PHC: Alma-Ata (itemized list as per document)

## 1. Basis for PHC

- a. Community's economics, sociocultural, and political context
- b. Social, biomedical, health services / public health research

## 2. Focus of PHC

- a. Addresses main health problems of particular communities
- b. Involves health promotion, illness prevention, and rehabilitation

# PHC: Alma-Ata

3. Health care components of PHC
  - a. Education re: illness and prevention
  - b. Nutrition
  - c. Water & sanitation
  - d. Maternal & child health (including family planning)
  - e. Immunization
  - f. Prevention & control of locally endemic diseases
  - g. Treatment / curative therapies
  - h. Medication distribution

# PHC: Alma-Ata

## 4. Non-health care components of PHC

- a. Agriculture
- b. Animal husbandry
- c. Industry
- d. Education
- e. Housing
- f. Public works

## 5. PHC should be community-based

- a. Promotes community involvement and participation


# PHC: Alma-Ata

6. The health care aspects of PHC must be well integrated
  - a. Horizontal & vertical integration without duplication
  
7. Multi/inter-disciplinary and sectorial workers
  - a. Health workers (nurses, physicians, midwives)
  - b. Auxiliary workers, traditional practitioners
  
8. PHC is a system-wide approach to health amelioration
  
9. PHC is an international undertaking

# PHC: Health Canada

- “An approach to health and a spectrum of services beyond the traditional health care system.”
- “Primary care is an element within primary health care”
- Includes all services that play a part in health
  - Income
  - Housing
  - Education
  - Environment
- PHC expands beyond healthcare because:
  - ~75% of factors that affect health are beyond the healthcare system

# PHC vs. Public Health

- Public Health: 
  - Goal:
    - Help prevent injury and disease by maintaining health
  - Six main areas:
    - Population health assessment
    - Health surveillance
    - Health protection
    - Chronic disease and injury prevention
    - Health promotion
    - Emergency response and preparedness

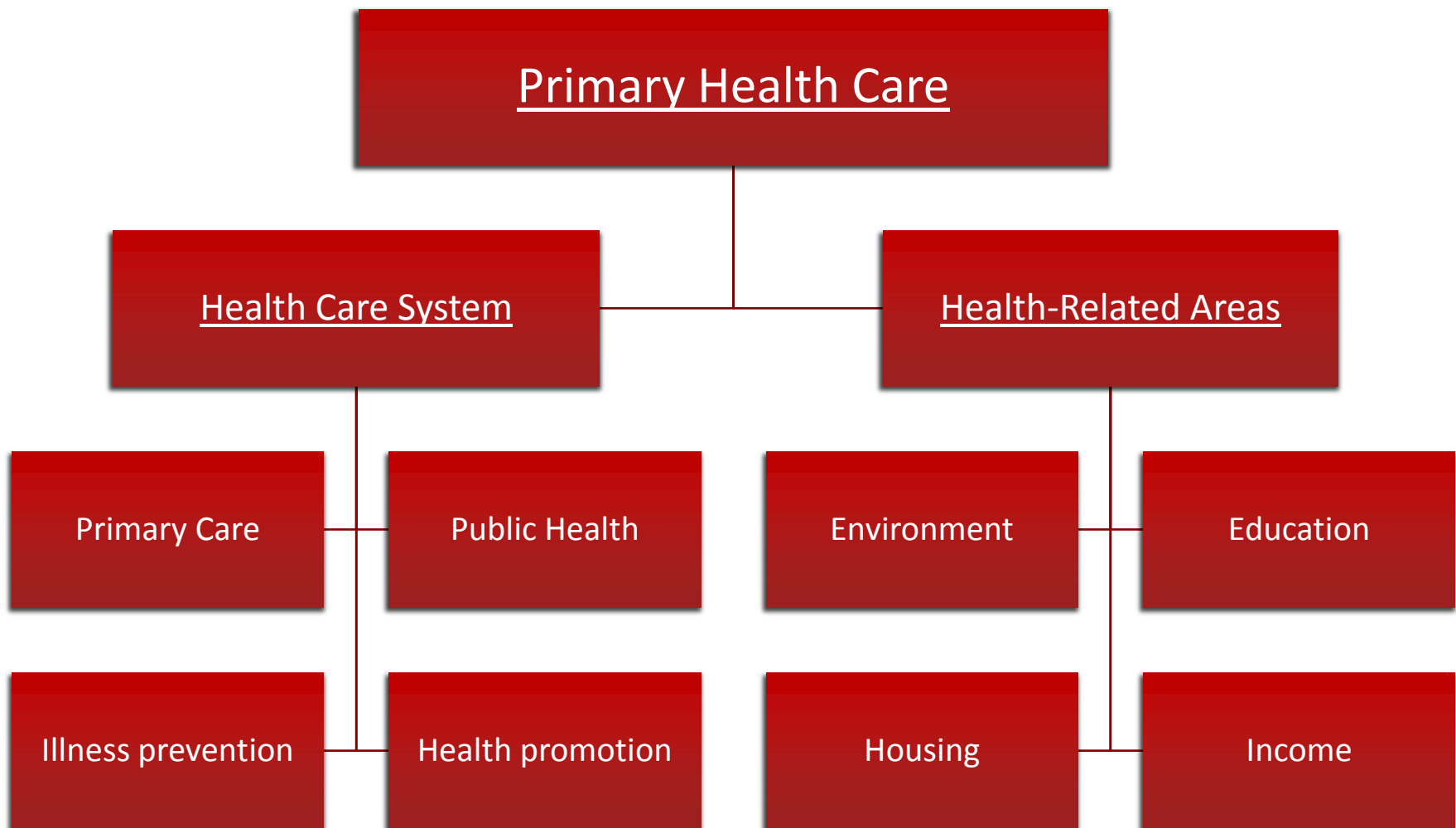
# PHC vs. Public Health

- Primarily a provincial responsibility
  - Also undertaken by the federal government
- Legislated in Ontario under the *Health Protection and Promotion Act*

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_90h07\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm)


- *HPPA* details
  - Mandatory programs
  - Communicable disease control (quarantine, reporting)
  - Community health protection

# PHC: Visual Overview





# CNA: Five Principles of PHC



- Accessibility 
  - All forms of healthcare must be accessible
    - i.e., promotive, preventive, curative, rehabilitative, supportive/palliative
  - “means that clients receive appropriate care from an appropriate provider within an appropriate time frame”
- Public Participation
  - Community members are decision-makers
    - Not simply present during decision-making processes
  - Health care services are flexible and responsive to changing need

# CNA: Five Principles of PHC

- Health Promotion 
  - Efforts must be made to **increase people's control over the items that affect their health**
- Appropriate Technology 
  - Technology **must be adapted to communities**
    - Based on social norms, economic circumstances, cultural mores
  - This does not mean “high technology all of the time”
- Intersectoral Co-operation
  - The recognition that health and well-being depend on more than the healthcare system
  - Services should be **integrated and congruent**
    - Between housing, education, healthcare, etc.

# PHC Case Analysis: Provinces

- Items of Analysis
  - Health system expenditures
  - Availability of, and contact with, physicians
  - Health status indicators
    - Life expectancy
    - Infant morality rates
    - BMI
    - Diabetes
  - Provincial health status ranking

**Contact with a medical doctor, by sex, provinces and territories  
(Percent)**

	2006	2008	2009	2010	2011
	percent				
<b>Canada</b>	<b>79.1</b>	<b>79.5</b>	<b>80.5</b>	<b>80.6</b>	..
<b>Males</b>	<b>72.9</b>	<b>73.0</b>	<b>74.4</b>	<b>74.9</b>	..
<b>Females</b>	<b>85.2</b>	<b>85.9</b>	<b>86.4</b>	<b>86.2</b>	..
Newfoundland and Labrador	80.9	81.3	79.1	83.7	..
Males	75.5	78.0	72.4	77.0	..
Females	86.1	84.5	85.5	90.1	..
Prince Edward Island	82.0	81.7	82.8	82.2	..
Males	75.5	78.2	79.4	78.1	..
Females	88.0	85.0	86.0	85.9	..
Nova Scotia	83.1	82.9	81.6	85.3	..
Males	77.5	76.8	76.4	81.9	..
Females	88.2	88.6	86.4	88.5	..
New Brunswick	80.6	77.4	80.9	80.7	..
Males	74.7	71.5	76.4	72.9	..
Females	86.2	83.0	85.3	88.0	..
Quebec	75.5	76.5	77.2	77.7	..
Males	67.9	67.3	69.2	70.9	..
Females	82.9	85.4	84.9	84.3	..
Ontario	81.2	81.6	82.9	81.6	..
Males	76.1	76.4	78.1	76.8	..
Females	86.2	86.7	87.5	86.2	..
Manitoba	76.4	78.3	81.4	81.0	78.9
Males	69.2	72.6	76.2	75.0	72.1
Females	83.4	83.9	86.4	86.8	85.7
Saskatchewan	79.8	79.0	81.3	81.7	..
Males	74.2	72.8	74.7	76.4	..
Females	85.3	85.1	87.7	87.0	..
Alberta	76.6	76.7	77.6	79.9	..
Males	69.0	69.2	69.9	72.8	..
Females	84.3	84.4	85.6	87.3	..
British Columbia	80.9	81.0	81.1	81.7	..
Males	75.2	75.3	75.4	76.2	..
Females	86.4	86.6	86.6	87.2	..

**Population with a regular medical doctor, by sex, provinces and territories  
(Percent)**

	2006	2008	2009	2010	2011
	percent				
<b>Canada</b>	<b>84.9</b>	<b>84.4</b>	<b>84.9</b>	<b>84.8</b>	<b>84.7</b>
<b>Males</b>	<b>80.4</b>	<b>80.4</b>	<b>80.9</b>	<b>80.6</b>	<b>80.6</b>
<b>Females</b>	<b>89.2</b>	<b>88.3</b>	<b>88.7</b>	<b>88.9</b>	<b>88.8</b>
Newfoundland and Labrador	88.3	87.3	87.0	89.5	91.1
Males	86.0	84.5	82.7	85.5	88.0
Females	90.4	90.1	91.0	93.3	94.0
Prince Edward Island	88.0	86.2	91.1	91.1	87.4
Males	86.1	84.8	90.2	90.2	84.9
Females	89.8	87.6	91.9	91.8	89.9
Nova Scotia	94.2	94.2	92.8	93.6	93.5
Males	91.7	92.0	89.2	91.2	92.3
Females	96.6	96.4	96.1	95.8	94.6
New Brunswick	91.9	90.8	92.1	92.4	92.5
Males	89.6	86.9	91.9	90.0	90.5
Females	94.1	94.6	92.3	94.6	94.4
Quebec	73.6	72.7	73.3	75.1	74.5
Males	65.1	66.3	65.9	68.5	68.2
Females	81.8	78.9	80.5	81.4	80.8
Ontario	90.5	91.0	91.5	90.8	90.9
Males	88.3	88.8	89.4	88.1	88.7
Females	92.6	93.2	93.5	93.3	93.0
Manitoba	84.6	83.1	85.6	86.0	86.2
Males	79.4	77.9	81.8	82.7	79.8
Females	89.7	88.2	89.3	89.2	92.5
Saskatchewan	84.7	82.3	83.4	84.5	80.5
Males	78.4	77.9	78.9	81.4	74.9
Females	90.7	86.5	87.8	87.5	86.0
Alberta	81.7	80.5	80.6	78.8	79.7
Males	75.2	74.9	75.3	72.9	72.3
Females	88.3	86.2	86.0	85.0	87.3
British Columbia	88.1	86.8	86.8	85.7	86.1
Males	85.4	83.3	84.1	81.7	83.1
Females	90.7	90.3	89.4	89.5	89.0

Table 5: Health Expenditure Summary, by Province/Territory and Canada, 2011<sup>f</sup>

	Total			Provincial/Territorial Government		Other Public Sector*		Total Public Sector <sup>†</sup>			Private Sector		
	Expenditure	Exp. per Capita	Exp. as Percent of GDP	Expenditure	Exp. per Capita	Expenditure	Exp. per Capita	Expenditure	Exp. per Capita	Exp. as Percent of Total	Expenditure	Exp. per Capita	Exp. as Percent of Total
	Amount in Billions of Dollars	Amount in Dollars	Percentage	Amount in Billions of Dollars	Amount in Dollars	Amount in Billions of Dollars	Amount in Dollars	Amount in Billions of Dollars	Amount in Dollars	Percentage	Amount in Billions of Dollars	Amount in Dollars	Percentage
<b>N.L.</b>	3.5	6,884	11.7	2.6	5,077	0.1	223	2.7	5,300	77.0	0.8	1,584	23.0
<b>P.E.I.</b>	0.9	6,115	17.2	0.6	4,058	0.1	430	0.6	4,488	73.4	0.2	1,627	26.6
<b>N.S.</b>	5.9	6,288	15.6	3.7	3,972	0.3	343	4.1	4,316	68.6	1.9	1,973	31.4
<b>N.B.</b>	4.8	6,358	15.6	3.0	4,033	0.2	307	3.3	4,341	68.3	1.5	2,017	31.7
<b>Que.</b>	41.9	5,261	12.4	27.2	3,407	2.4	301	29.6	3,709	70.5	12.4	1,552	29.5
<b>Ont.</b>	77.4	5,792	11.9	48.7	3,645	3.6	267	52.3	3,913	67.5	25.1	1,880	32.5
<b>Man.</b>	8.1	6,463	14.2	5.3	4,266	0.7	562	6.0	4,828	74.7	2.0	1,635	25.3
<b>Sask.</b>	6.8	6,421	10.1	4.6	4,348	0.5	517	5.1	4,865	75.8	1.6	1,556	24.2
<b>Alta.</b>	24.9	6,570	8.6	17.2	4,528	1.2	314	18.4	4,842	73.7	6.6	1,728	26.3
<b>B.C.</b>	25.1	5,450	11.6	16.6	3,604	1.3	283	17.9	3,887	71.3	7.2	1,563	28.7
<b>Y.T.</b>	0.3	8,996	12.4	0.2	5,912	0.0	1,190	0.2	7,102	78.9	0.1	1,894	21.1
<b>N.W.T.</b>	0.5	10,242	8.8	0.3	6,690	0.1	1,752	0.4	8,441	82.4	0.1	1,801	17.6
<b>Nun.</b>	0.4	11,929	21.3	0.3	9,347	0.1	1,766	0.4	11,113	93.2	0.0	815	6.8
<b>Canada</b>	<b>200.5</b>	<b>5,811</b>	<b>11.6</b>	<b>130.3</b>	<b>3,778</b>	<b>10.6</b>	<b>308</b>	<b>141.0</b>	<b>4,086</b>	<b>70.3</b>	<b>59.5</b>	<b>1,725</b>	<b>29.7</b>

**Notes**

f: forecast.

\* The other public category includes federal government direct, municipal governments, workers' compensation boards and the Quebec Drug Insurance Fund.

† Total public sector includes provincial/territorial government and other public sector.

**Source**

National Health Expenditure Database, Canadian Institute for Health Information.

# Summary: MDs & Expenditures

- Physician contact
  - Quebec has the lowest percentage for “contact with MD”
    - 77.7% versus 81.6% in Ontario
  - Quebec has lowest percentage for “pop’n with regular MD”
    - 74.5% versus 90.9% in Ontario
- Expenditures
  - Quebec spends the lowest amount of money on health (per capita)
    - \$5261 (total) or \$3407 (province only) versus \$5792 (total) or \$3645 (province only) in Ontario

**Life expectancy, at birth and at age 65, by sex and by province and territory****2007/2009**

	Both sexes	Males	Females	Both sexes	Males	Females
	At birth			At age 65		
	years					
<b>Canada</b>	<b>81.1</b>	<b>78.8</b>	<b>83.3</b>	<b>20.2</b>	<b>18.5</b>	<b>21.6</b>
Newfoundland and Labrador	78.9	76.5	81.2	18.2	16.6	19.7
Prince Edward Island	80.2	77.5	82.8	19.3	17.6	20.7
Nova Scotia	80.1	77.7	82.4	19.3	17.5	20.9
New Brunswick	80.2	77.5	82.8	19.5	17.7	21.1
Quebec	81.2	78.8	83.4	20.1	18.3	21.6
Ontario	81.5	79.2	83.6	20.3	18.7	21.7
Manitoba	79.5	77.0	81.9	19.6	17.7	21.2
Saskatchewan	79.6	77.0	82.1	19.7	17.9	21.3
Alberta	80.7	78.5	83.0	20.2	18.5	21.6
British Columbia	81.7	79.5	83.9	20.7	19.2	22.0

**Infant mortality rates, by province and territory  
(Both sexes)**

	2005	2006	2007	2008	2009
	Both sexes				
<b>Canada</b>	<b>5.4</b>	<b>5.0</b>	<b>5.1</b>	<b>5.1</b>	<b>4.9</b>
Newfoundland and Labrador	6.2	5.3	7.5	5.1	6.3
Prince Edward Island	2.2	2.1	5.0	2.0	3.4
Nova Scotia	4.0	4.0	3.3	3.5	3.4
New Brunswick	4.1	4.0	4.3	3.2	5.8
Quebec	4.6	5.1	4.5	4.3	4.4
Ontario	5.6	5.0	5.2	5.3	5.0
Manitoba	6.6	6.0	7.3	6.5	6.3
Saskatchewan	8.3	6.1	5.8	6.2	6.7
Alberta	6.8	5.3	6.0	6.2	5.5
British Columbia	4.5	4.1	4.0	3.7	3.6

**Body mass index, overweight or obese, self-reported, youth, by sex, provinces and territories**  
**(Percent)**

	2008	2009	2010	2011
	percent			
<b>Canada</b>	<b>19.3</b>	<b>19.7</b>	<b>20.0</b>	<b>20.4</b>
<b>Males</b>	<b>23.9</b>	<b>23.9</b>	<b>23.7</b>	<b>23.5</b>
<b>Females</b>	<b>14.5</b>	<b>15.5</b>	<b>16.1</b>	<b>17.2</b>
Newfoundland and Labrador	34.8	28.7	33.2	30.2
Males	39.4	28.2 <sup>E</sup>	35.6 <sup>E</sup>	37.2 <sup>E</sup>
Females	29.4 <sup>E</sup>	29.2 <sup>E</sup>	30.5 <sup>E</sup>	23.6 <sup>E</sup>
Prince Edward Island	26.4 <sup>E</sup>	18.3 <sup>E</sup>	24.0 <sup>E</sup>	17.9 <sup>E</sup>
Males	37.3 <sup>E</sup>	25.8 <sup>E</sup>	F	24.2 <sup>E</sup>
Females	F	F	F	F
Nova Scotia	17.7	28.3	23.4 <sup>E</sup>	32.0 <sup>E</sup>
Males	20.7 <sup>E</sup>	29.0 <sup>E</sup>	28.6 <sup>E</sup>	37.6 <sup>E</sup>
Females	14.4 <sup>E</sup>	27.7 <sup>E</sup>	17.6 <sup>E</sup>	26.1 <sup>E</sup>
New Brunswick	23.7	28.1	20.1 <sup>E</sup>	25.0 <sup>E</sup>
Males	28.5 <sup>E</sup>	27.3 <sup>E</sup>	18.2 <sup>E</sup>	22.3 <sup>E</sup>
Females	18.3 <sup>E</sup>	29.1 <sup>E</sup>	22.2 <sup>E</sup>	28.2 <sup>E</sup>
Quebec	14.4	14.9	20.5	18.6
Males	17.0	18.3	21.9	22.4
Females	11.7 <sup>E</sup>	11.3 <sup>E</sup>	19.0	14.4 <sup>E</sup>
Ontario	20.3	20.9	20.1	19.9
Males	23.8	23.9	24.9	23.6
Females	16.6	17.8	14.8	15.9
Manitoba	23.5	20.0	21.7	23.5
Males	32.1 <sup>E</sup>	24.1 <sup>E</sup>	29.1 <sup>E</sup>	24.5 <sup>E</sup>
Females	14.6 <sup>E</sup>	15.5 <sup>E</sup>	12.7 <sup>E</sup>	22.3 <sup>E</sup>
Saskatchewan	21.8	17.1	22.9	18.1 <sup>E</sup>
Males	33.6	25.2 <sup>E</sup>	24.3 <sup>E</sup>	22.9 <sup>E</sup>
Females	10.2 <sup>E</sup>	9.6 <sup>E</sup>	21.5 <sup>E</sup>	13.3 <sup>E</sup>
Alberta	20.8	22.8	18.6	19.7
Males	29.1	34.4	23.1 <sup>E</sup>	19.2 <sup>E</sup>
Females	11.9 <sup>E</sup>	12.5 <sup>E</sup>	13.9 <sup>E</sup>	20.1 <sup>E</sup>
British Columbia	19.5	17.5	16.4	21.3
Males	25.2	22.6 <sup>E</sup>	19.8 <sup>E</sup>	23.6 <sup>E</sup>
Females	13.4 <sup>E</sup>	12.8 <sup>E</sup>	12.7 <sup>E</sup>	18.9 <sup>E</sup>

**Diabetes, by sex, provinces and territories**  
**(Percent)**

	2006	2008	2009	2010	2011
	percent				
<b>Canada</b>	<b>5.8</b>	<b>5.9</b>	<b>6.0</b>	<b>6.4</b>	<b>6.1</b>
<b>Males</b>	<b>6.4</b>	<b>6.3</b>	<b>6.6</b>	<b>7.4</b>	<b>6.7</b>
<b>Females</b>	<b>5.2</b>	<b>5.4</b>	<b>5.3</b>	<b>5.4</b>	<b>5.6</b>
Newfoundland and Labrador	8.8	8.8	8.1	8.3	11.1
Males	8.6	9.1	8.4	7.9	10.6
Females	9.1	8.6	7.9	8.6	11.7
Prince Edward Island	5.6	6.7	6.0	8.5	7.1
Males	6.4 <sup>E</sup>	8.0 <sup>E</sup>	7.9 <sup>E</sup>	10.9 <sup>E</sup>	8.6 <sup>E</sup>
Females	4.8	5.5 <sup>E</sup>	4.3 <sup>E</sup>	6.2 <sup>E</sup>	5.7 <sup>E</sup>
Nova Scotia	6.8	7.4	7.7	8.3	8.6
Males	8.2	8.0	8.3	9.2	8.8
Females	5.6	6.7	7.1	7.4	8.4
New Brunswick	7.4	7.8	6.6	8.0	8.6
Males	8.1	7.6	6.9	9.7	10.6
Females	6.6	8.1	6.3	6.5	6.7
Quebec	5.9	6.0	5.7	5.5	5.9
Males	6.7	6.5	6.8	6.3	6.6
Females	5.1	5.4	4.7	4.7	5.3
Ontario	6.1	6.2	6.4	7.2	6.5
Males	6.7	6.7	6.9	8.7	7.2
Females	5.5	5.7	6.0	5.8	5.9
Manitoba	5.0	5.0	5.6	6.1	6.8
Males	5.3	5.1	6.9	6.5	7.0 <sup>E</sup>
Females	4.6	4.9	4.3	5.7	6.5
Saskatchewan	5.7	6.4	5.6	7.2	5.7
Males	6.2	6.9	6.0	6.8	6.4
Females	5.2	5.9	5.2	7.5	5.1
Alberta	4.5	4.7	4.8	5.4	4.7
Males	4.4	4.8	5.6	6.2	5.1
Females	4.6	4.6	4.1	4.5	4.2
British Columbia	5.4	4.9	5.4	5.2	5.0
Males	6.3	5.6	6.0	6.2	5.2
Females	4.5	4.3	4.8	4.2	4.9

**High blood pressure, by sex, and by province and territory  
(Percent)**

	2006	2008	2009	2010	2011
	percent				
<b>Canada</b>	<b>16.0</b>	<b>16.4</b>	<b>16.9</b>	<b>17.1</b>	<b>17.6</b>
<b>Males</b>	<b>15.1</b>	<b>15.9</b>	<b>16.4</b>	<b>17.0</b>	<b>17.4</b>
<b>Females</b>	<b>16.8</b>	<b>16.9</b>	<b>17.3</b>	<b>17.2</b>	<b>17.7</b>
Newfoundland and Labrador	21.2	20.2	21.6	24.2	22.4
Males	18.4	18.6	19.3	26.4	21.3
Females	23.8	21.7	23.7	22.1	23.5
Prince Edward Island	17.4	18.6	17.9	18.4	20.6
Males	18.3	18.9	17.7	19.1	22.1
Females	16.4	18.3	18.1	17.7	19.3
Nova Scotia	19.0	20.4	21.5	20.5	22.5
Males	18.5	19.5	19.5	19.6	21.4
Females	19.6	21.2	23.3	21.3	23.4
New Brunswick	19.4	19.3	20.7	22.0	21.7
Males	18.3	18.4	19.3	21.1	21.5
Females	20.6	20.3	22.0	22.7	21.9
Quebec	15.9	16.3	17.0	17.1	16.9
Males	15.1	15.0	15.7	16.5	16.1
Females	16.6	17.5	18.3	17.8	17.8
Ontario	16.5	16.6	17.2	17.6	18.1
Males	15.5	16.2	17.1	17.5	18.4
Females	17.3	17.0	17.4	17.6	17.8
Manitoba	16.2	18.4	17.1	16.9	19.4
Males	16.1	18.1	17.8	17.2	18.6
Females	16.4	18.7	16.4	16.6	20.2
Saskatchewan	17.3	18.6	18.2	18.3	18.3
Males	15.7	17.8	17.6	17.4	17.5
Females	18.8	19.4	18.7	19.2	19.0
Alberta	14.1	14.8	14.6	15.1	14.8
Males	12.9	15.2	15.0	14.4	14.8
Females	15.3	14.4	14.2	15.8	14.9
British Columbia	14.0	14.7	14.9	14.9	16.4
Males	13.8	14.9	14.8	16.1	16.6
Females	14.3	14.6	15.0	13.8	16.2

# Summary: Health Indicators

- Life expectancy
  - Quebec ranks 3<sup>rd</sup> for longest life expectancy
  - Ontario ranks 2<sup>nd</sup>
- Infant mortality rates (tie for first)
  - Quebec ranks 3<sup>rd</sup> for lowest infant mortality rates
  - Ontario ranks 4<sup>th</sup>
- BMI (youth)
  - Quebec ranks 2<sup>nd</sup> for lowest percentage of youth overweight or obese
  - Ontario ranks 3<sup>rd</sup>
- Diabetes
  - Quebec ranks 4<sup>th</sup> for lowest percentage of people with diabetes
  - Ontario ranks 5<sup>th</sup>
- BP
  - Quebec ranks 4<sup>th</sup> for lowest percentage for high blood pressure
  - Ontario ranks 5<sup>th</sup>

# Provincial Ranking

**Table 3**  
Weighted Count by Category

<b>Health Status Ranking</b>	<b>Weighted Count</b>	<b>n.a.*</b>
1 British Columbia	84	0
2 Quebec	67	0
3 Ontario	64	0
4 Alberta	58	0
5 Prince Edward Island	49	0
6 Saskatchewan	48	0
7 New Brunswick	43	2
8 Newfoundland and Labrador	42	2
9 Nova Scotia	35	0
10 Manitoba	33	0

**Health and social service institutions revenue and expenditures, by province and territory**  
**(Quebec, Ontario, Manitoba, Saskatchewan)**

	2009				
	Canada	Que.	Ont.	Man.	Sask.
	\$ thousands				
<b>Total revenue</b>	<b>80,103,978</b>	<b>19,735,747</b>	<b>26,937,123</b>	<b>3,283,411</b>	<b>2,927,353</b>
Own source revenue	12,107,664	2,306,378	5,207,403	296,715	338,752
Sales of goods and services	10,124,989	2,128,615	4,085,143	278,113	311,733
Investment income	208,214	27,895	111,664	3,257	6,218
Other own source revenue	1,774,461	149,868	1,010,596	15,346	20,802
Transfers from other levels of government	67,996,314	17,429,369	21,729,720	2,986,695	2,588,601
Federal government	7,361	2,399	507	..	..
Provincial governments	67,686,684	17,426,970	21,628,816	2,959,046	2,512,463
Local governments	302,269	..	100,396	27,649	76,138
Other health and social services	..	..	..	..	..
<b>Total expenditures</b>	<b>80,826,966</b>	<b>19,703,929</b>	<b>27,744,375</b>	<b>3,363,120</b>	<b>2,964,663</b>
Health	71,435,800	15,990,403	26,052,730	3,021,344	2,713,046
Hospital care	37,336,376	8,351,064	15,472,861	1,290,216	1,037,287
Medical care	16,558,004	3,164,202	5,323,829	725,733	671,540
Preventive care	1,636,130	688,918	660,658	..	..
Other health services	15,905,290	3,786,219	4,595,383	1,005,395	1,004,219
Social services	9,112,216	3,483,525	1,658,292	338,930	250,481
Social assistance	3,299	..	484	..	..
Other social services	9,108,917	3,483,525	1,657,808	338,930	250,481
Debt charges	278,949	230,002	33,352	2,846	1,137
Protection of persons and property	..	..	..	..	..
Housing	..	..	..	..	..
<b>Surplus or deficit</b>	<b>-722,988</b>	<b>31,818</b>	<b>-807,252</b>	<b>-79,709</b>	<b>-37,310</b>

# Health & Social Expenditures

**Expenditures: Ontario vs. Quebec (2009)**  
(in thousands \$ per capita)

<u>Expenditure Item</u>	<u>Quebec</u>	<u>Ontario</u>
Health	\$2043	\$1993
Hospital	\$1067	\$1184
Medical Care	\$404	\$407
Prevention	\$88	\$51
Other Health Services	\$484	\$352
Social Services	\$445	\$127

# Summary: Case Analysis

- Quebec spends the least amount of money (per capita) on medical and hospital care
- Quebecers have the lowest percentage of contact with, and routine access to, physicians
- Quebec has the 2<sup>nd</sup> highest health status in Canada

# Summary: What is PHC?

