Statistics Canada

Table **102-4315** [1], [2], [3], [4], [5], [6], [7]
Premature and potentially avoidable mortality, three-year average, Canada, provinces, territories, health regions and peer groups
occasional

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The data below is a part of CANSIM table 102-4315. Use the Add/Remove data tab to customize your table.

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Sex [12] = Both sexes
Indicators = Mortality [2]
Selected causes of death [23] = Potentially avoidable mortality [14]
Characteristics [4], [5], [6], [7], [17], [18], [19], [20], [21], [24] = Age-standardized rate (age-standardized rate per 100,000 population)

Geography [8], [9]	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Canada [0]	227.4	224.3	218.0	211.2	206.7
Yukon [60]	321.6	306.8	299.5	280.7	296.5
Northwest Territories [61]	319.7	312.5	296.4	289.7	299.5
Nunavut [62]	505.9	509.8	456.1	480.6	479.8

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Footnotes:

1. Sources: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates). The CANSIM table 102-4315 is an update of CANSIM table 102-4311. This is because of the adoption of the 2015 version of the Health Region Geography. For more information, consult Statistics Canada's publication "Health Regions: Boundaries and Correspondence with Census Geography" (catalogue number 82-402-X).
2. Mortality is the death rate, which can be measured as total mortality (all causes of death combined) or by selected cause of death. All counts and rates are calculated using the total population (all age groups).
3. Potential years of life lost (PYLL) is the number of years of potential life not lived when a person dies "prematurely", defined for this indicator as before age 75. All counts and rates in this table are calculated using the population aged 0 to 74.
4. Counts and rates in this table are based on three consecutive years of death data which were summed and divided by three consecutive years of population data. All rates are per 100,000 population.
5. Rates are age-standardized using the direct method and the 2011 Canadian Census population structure. The use of a standard population results in more meaningful rate comparisons because it adjusts for variations in population age distributions over time and across geographic areas.
6. Counts and rates in this table exclude: deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age of decedent was unknown.
7. Rates in this table are based on place of residence for indicators derived from death events.
8. Health regions are administrative areas defined by provincial ministries of health according to provincial legislation. The health regions presented in this table are based on boundaries and names in effect as of December 2015. For complete Canadian coverage, each northern territory represents a health region.
9. Peer groups are aggregations of health regions that share similar socio-economic and demographic characteristics, based on data from the 2011 Census of Population and 2011 National Household Survey. These are useful in the analysis of health regions, where important differences may be detected by comparing health regions within a peer group. The nine peer groups are identified by the letters A through I, which are appended to the health region 4-digit code. Caution should be taken when comparing data for the Peer Groups over time due to changes in the Peer Groups. In an analysis involving the peer groups, only one level of geography in Ontario should be used. For more information on the peer groups classification, consult Statistics Canada's publication "Health Regions: Boundaries and Correspondence with Census Geography" (catalogue number 82-402-X).
10. In Ontario, Public Health Units (PHU) administer health promotion and disease prevention programs. Local Health Integration Networks (LHIN) are responsible for planning, funding and administering health care programs and services across the province. Data are provided for both PHUs and LHINs. However, since the weights for the Canadian Community Health Survey sample are primarily based on PHUs, only estimates for rates (percentages) are available by LHIN in the profile. Special LHIN weights are available upon request. These weights will allow for more precise estimation at the LHIN level including the estimation of totals.
11. To avoid data suppression, northern regions in Saskatchewan have been grouped with neighbouring regions, as follows: Athabasca Health Authority (4713) is combined with Mamawetan Churchill River Regional Health Authority (4711) and Keewatin Yatthé Regional Health Authority (4712) and referred to as Mamawetan/Keewatin/Athabasca (4714).
12. Before 2010, missing data on sex of the deceased were imputed based on death registration number. Starting with 2010 data year, missing data on sex of the deceased were imputed based on the cause of death information and a logistic regression.
13. Premature deaths are those of individuals who are younger than age 75.
14. Premature deaths that could potentially have been avoided through all levels of prevention (primary, secondary, tertiary). Canadian Institute for Health Information, Health Indicators 2013 (Ottawa, Ont.: CIHI, 2013).
15. Premature deaths that could potentially have been prevented through primary prevention efforts. Mortality from preventable causes is a subset of potentially avoidable mortality. Canadian Institute for Health Information, Health Indicators 2013 (Ottawa, Ont.: CIHI, 2013).

16. Premature deaths that could potentially have been avoided through secondary or tertiary prevention. Mortality from treatable causes is a subset of potentially avoidable mortality. Canadian Institute for Health Information, Health Indicators 2013 (Ottawa, Ont.: CIHI, 2013).
17. Confidence intervals for age-standardized rates for selected causes of death data were produced using the Spiegelman method. Source: Spiegelman, M., "Introduction to Demography", Revised Edition, Cambridge, Massachusetts: Harvard University Press, 1968, page 113, formula 4.29.
18. Confidence intervals for crude rates for selected causes of death data were produced using the Fleiss method. Source: Fleiss, JL., "Statistical Methods for Rates and Proportions", Second Edition, New York, Wiley and Sons, 1981.
19. The 95% confidence interval (CI) illustrates the degree of variability associated with a number or a rate.
20. Wide confidence intervals (CIs) indicate high variability, thus, these numbers or rates should be interpreted and compared with due caution.
21. The following standard symbols are used in this Statistics Canada table: (..) for figures not available for a specific reference period, (...) for figures not applicable and (x) for figures suppressed to meet the confidentiality requirements of the Statistics Act.
22. In the Winter of 2014, a Health Authority level of geography was added for the province of British Columbia. These five Health Authorities are a grouping of the province's health regions.
23. The cause of death tabulated is the underlying cause of death. This is defined as (a) the disease or injury which initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury. The underlying cause is selected from the conditions listed on the medical certificate of cause of death.
24. The figures shown in the tables have been subjected to a confidentiality procedure known as controlled rounding to prevent the possibility of associating statistical data with any identifiable individual. Under this method, all figures, including totals and margins, are rounded either up or down to a multiple of 5. Controlled rounding has the advantage over other types of rounding of producing additive tables as well as offering more protection.

Source: Statistics Canada. *Table 102-4315 - Premature and potentially avoidable mortality, three-year average, Canada, provinces, territories, health regions and peer groups, occasional (number unless otherwise noted),* CANSIM (database). (accessed:)
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