



Statistics Canada

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Health Services Research at Statistics Canada: It really does exist!

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Careers in HSR panel

Questions to answer....

- What do I do? (good question!)
 - Health Analysis Division, Statistics Canada
- Do I use my HSR training? (everyday!)
 - Examples of HSR work at STC
- Do I interact with other HSR types? (all the time!)
 - External Collaborations
- Question for you....can we entice you to think about StatsCan as a career option?
 - Opportunities for student fellowships and training

You may have some misconceptions about a government job....



What do I do?/Use HSR skills?

- Senior Researcher – Health Analysis Division
 - Came to StatsCan on a Post-doctoral award....never left...I'm not the only one...;
- Conduct and manage HSR research using STC data holdings;
 - Access to care; waiting times; outcomes of care; variations
 - Longitudinal Health and Administrative Data Initiative
- Engage in « academic type » activities
 - Publish in peer review journals –including STC journal *Health Reports*
 - Involved in peer funded research (CIHR)
- Participate in the development of new STC data holdings as a result of HSR training and expertise
 - *Health Services Access Survey (2001)*
 - *Canadian Survey of Experiences with Primary Health Care (2007)*

Health Analysis Division, Statistics Canada

Around 30 analysts – many PhD trained, many with cross appointments at universities

Mandate

To provide high quality, relevant and comprehensive information on the health status of the population and on the health care system.

Analysis and dissemination of health information from Statistics Canada

Publish *Health Reports* journal

Articles indexed in MEDLINE/PubMed

Articles are available free online www.statcan.gc.ca/healthreports



Drivers of research priorities

Information priorities of stakeholders and Canadians

Demonstrate value of data holdings Expertise of the research team

Internal funding partners External funding partners

Health Analysis Division: Research Themes



Top tier

- **Mental Health**
- **Burden of chronic disease**
- **Access to care, wait times, and primary care**
- **Health care outcomes**
- **Environmental markers and physical measures**
- **Healthy aging**
- **Health inequalities**
- **Health research methods**

Second tier

- **Children's health**
- **Aboriginal health**
- **Environment and health**
- **Disabilities and injuries**

Third tier

- **Health human resources**
- **Immigrant health**
- **Infectious diseases**
- **Place and health**

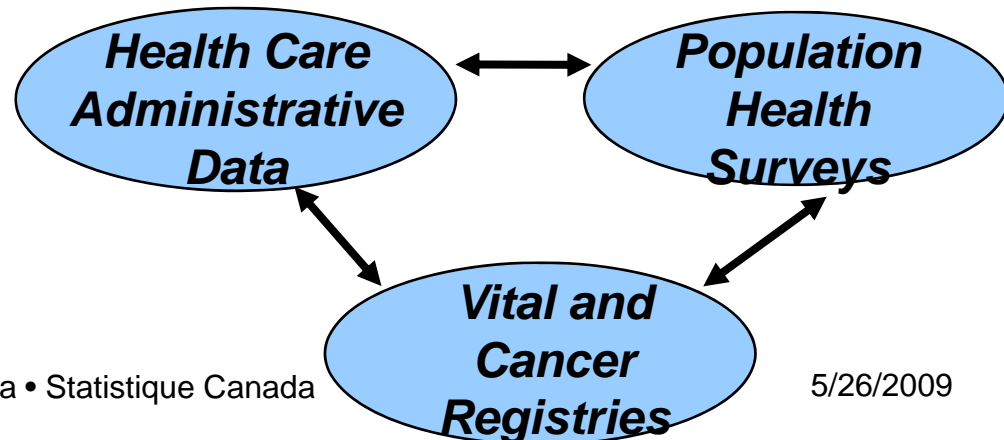
HSR Research: Data sources

- Canadian Community Health Survey
 - Mental health, nutrition, aging
 - Health services access and wait times
- National Population Health Survey
- Canadian Health Measures Survey
- Vital Statistics (Births, Deaths)
- Cancer Registry
- Hospital Person-Oriented Information
- Linkages among data sources
 - Longitudinal Health and Administrative Data Initiative
 - Census-Mortality linkage
- Special Surveys – Nurses, Primary Care

Longitudinal Health and Administrative Data Initiative (LHAD)

- Partnership between provincial and territorial ministries of health and Statistics Canada, with bi-lateral MOU's
- Addresses important information gaps on the health of Canadians, and their health care utilization
- Enhances the capacity of current data holdings to look broadly at the relationships between health status, risk factors, socio-economic influences, health service interventions and outcomes
- Requires links between administrative health service encounter and treatment information, vital and cancer statistics and household surveys
- Makes possible pan-Canadian and comparative analysis across provinces and territories

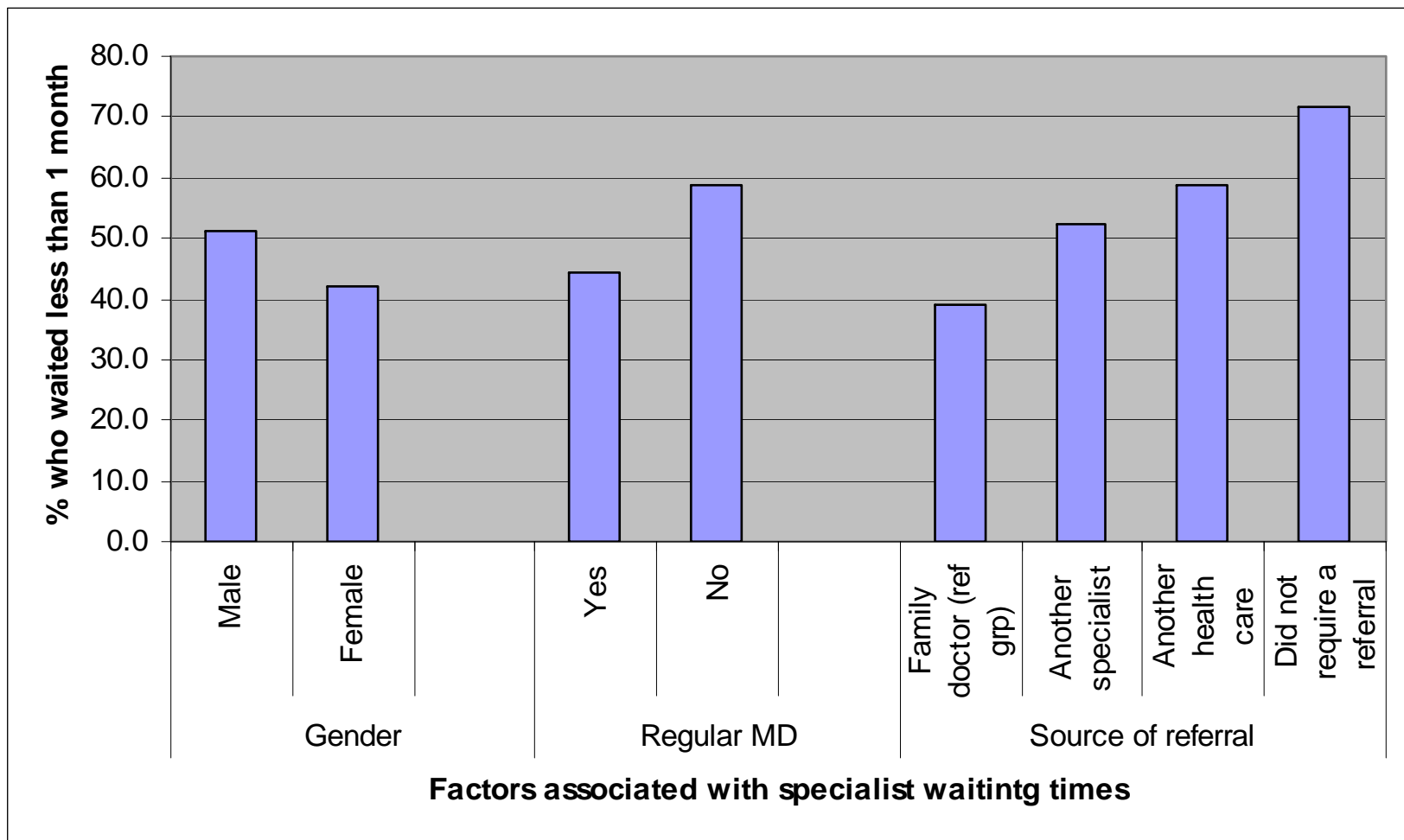
Data linkage to answer policy questions



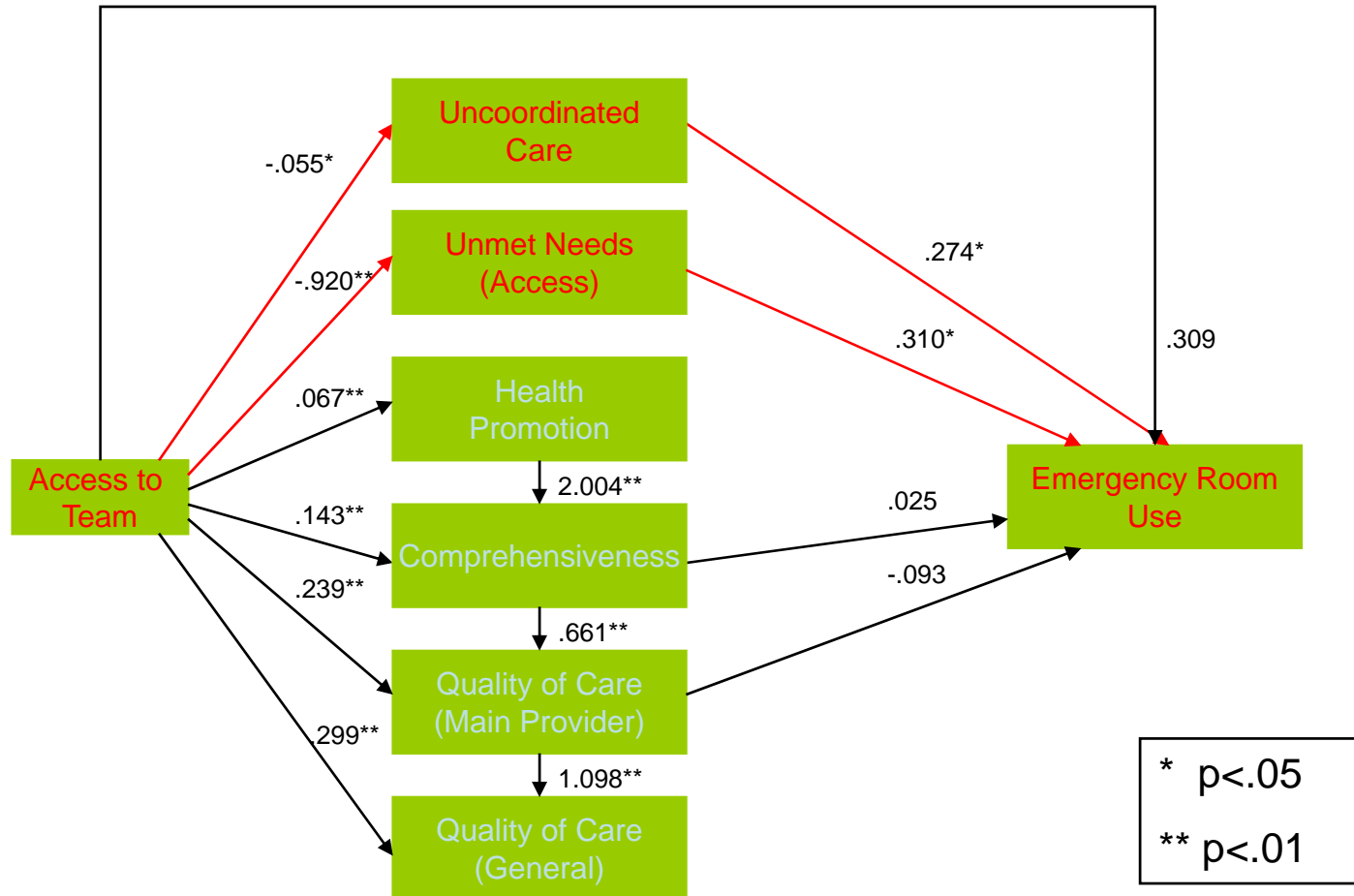
Performance Indicators (Fed/Prov/terr): Specialist waiting times

Province	2007 Estimate (weeks)
Newfoundland and Labrador	4.3 ^E
Prince Edward Island	4.3
Nova Scotia	4.0
New Brunswick	4.3
Quebec	3.0 ^{E †}
Ontario	4.3
Manitoba	4.3
Saskatchewan	4.3
Alberta	4.3
British Columbia	4.3*
Canada	4.3

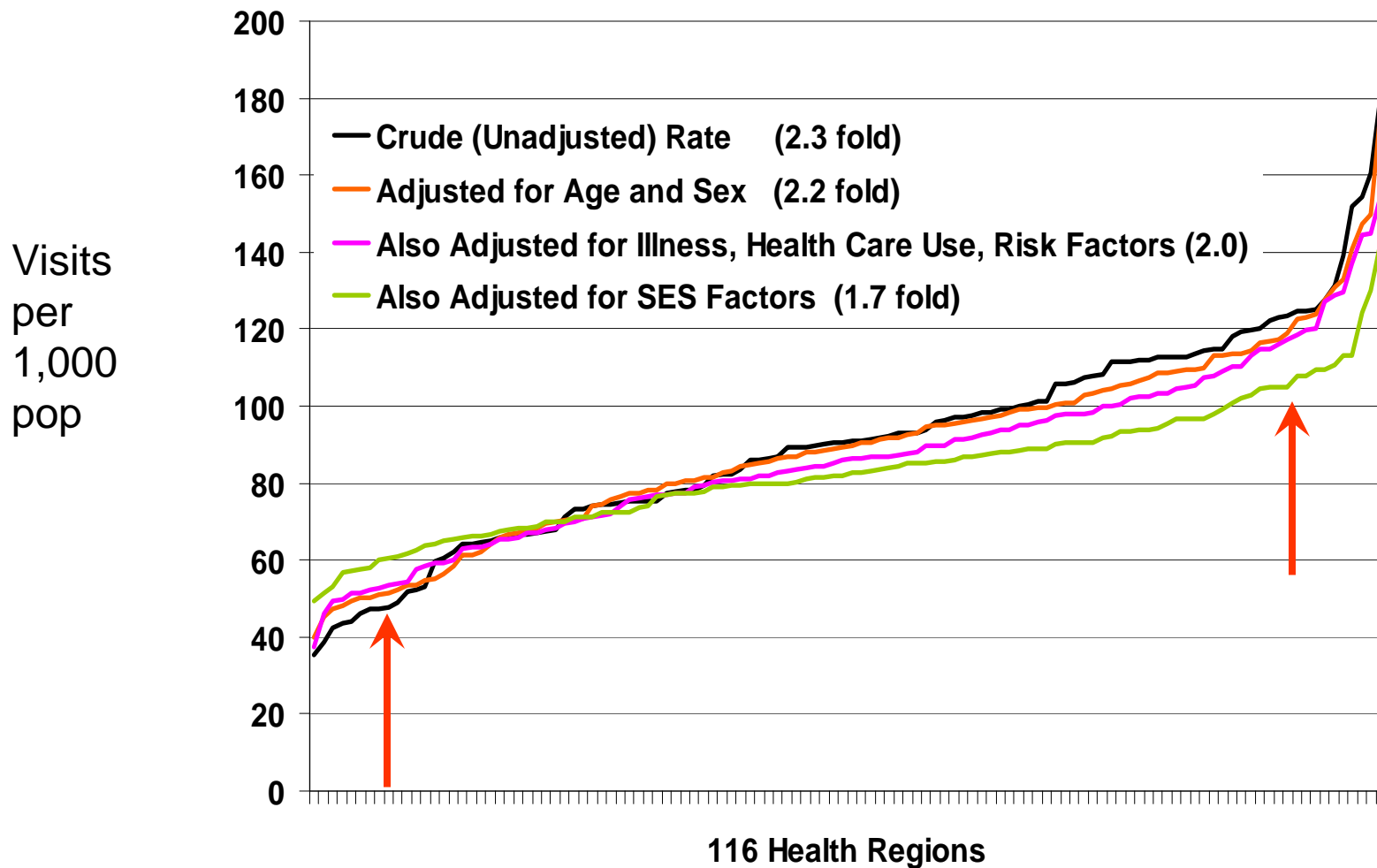
Who refers matters for waiting times for specialist services



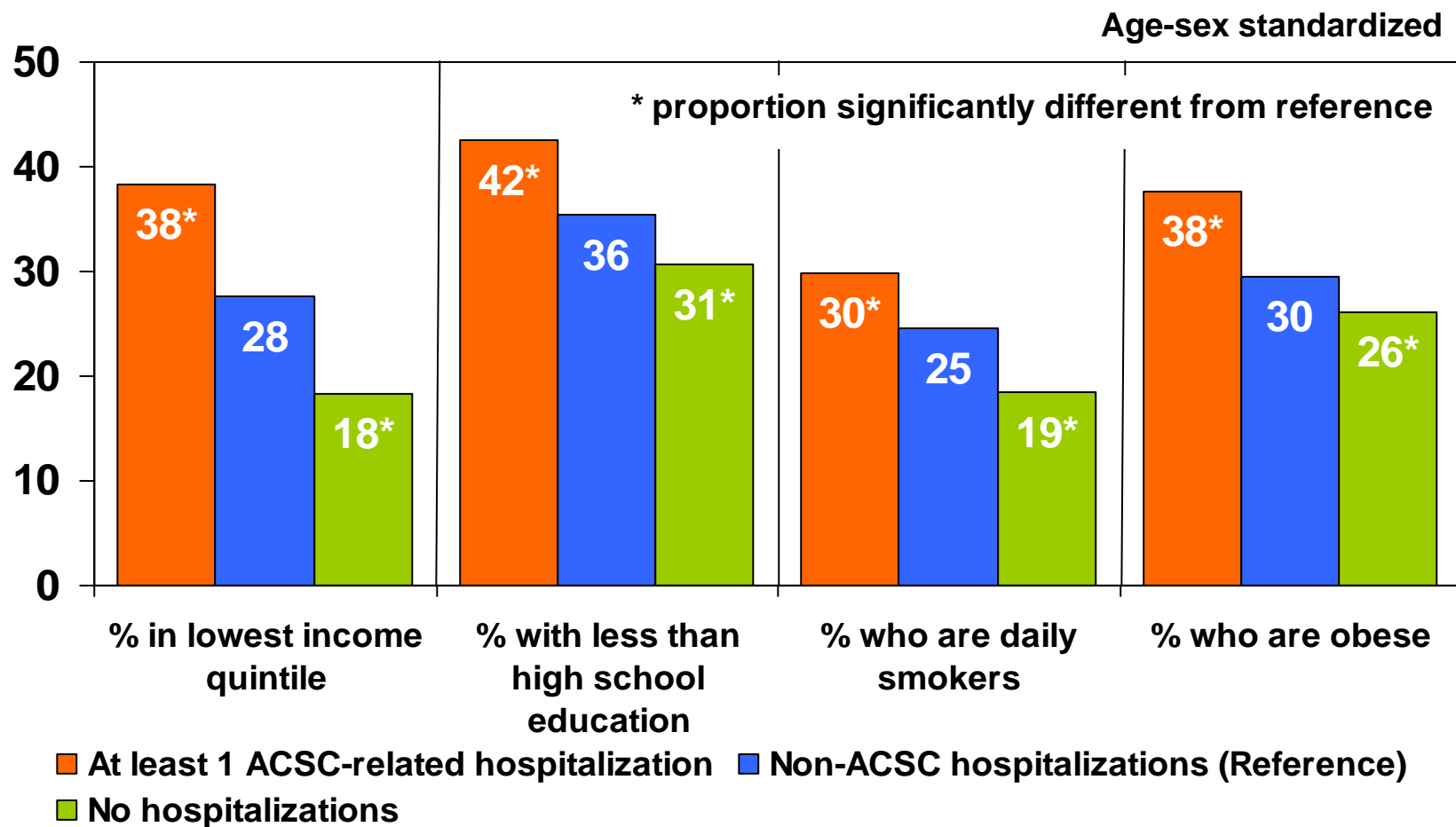
Access to primary health care teams associated with reduced use of ER services



Variation in Hospitalization Rates Across Health Regions Can Be Better Understood by considering other determinants of health



Individuals who experienced an ACSC admission were more likely to be poor, less educated, a smoker and obese compared to other "at risk" populations (I.e. those with an ACSC related condition†)



Source: Linked CCHS (2001)/Health Person Oriented Information (Excludes Quebec), Statistics Canada

†ACS-related condition includes asthma, diabetes, emphysema/COPD, epilepsy, heart disease, and high blood pressure

Interact with others?

- Internally:
 - Other HSR researchers within HAD
 - Academic based STC affiliates (UBC, McGill, ICES)
- Externally:
 - Adjunct Research Assistant Professor in the Department of Community Health Science at the University of Calgary;
 - Funded research:
 - CIHR Grants: NET Grant – Appropriateness of Joint Replacement
 - AHFMR Grant: Chronic Disease Management
 - Collaborations:
 - Canadian Institute for Health Information
 - Health Council of Canada
 - Health Canada/PHAC
 - ICES, CHSPR
 - Heart Health Strategy, Mental Health Commission

HSR at StatsCan: Some advantages

- Access to datalots of it!
- Interesting research possibilities
- Supportive and collaborative environment
- Opportunity to contribute to policy making at the fed/prov/terr level
- Great work/life balance

Student/Fellowship Opportunities

- Research Affiliate Program (RAP) – (Masters' level)
 - 4 month work placement/summer employment
 - Annual intake (January/Feb)
- Tom Symons PhD Stipend –
 - PhD students – using STC data for thesis
 - 8 month research fellowship
 - Annual intake (April 15)
- Post-doctoral Program in Health Research
 - Within 3 yrs of completion of PhD
 - 1 year term position (full salary and benefits)
 - Annual intake (Feb/Mar)
- Research assistant positions



Contact Information

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