

## **Genuine Progress Index**

### *The Cost of Chronic Disease in Nova Scotia, October 2002*

GPIAtlantic is a non-profit research organization founded in 1997 and committed to the development of the Genuine Progress Index (GPI) – a new measure of sustainability, well-being and quality of life consisting of 22 social, economic and environmental components. GPIAtlantic is a pioneer and leader in quality of life research.

*The Cost of Chronic Disease in Nova Scotia*, authored by Ronald Colman, PhD, has had a tremendous impact in changing policy direction in Nova Scotia in favour of health promotion.

The report discovered that there were many potential savings from an improvement in health and economic outcomes related to four types of chronic disease: heart disease, stroke, atherosclerosis and cancer.

- These four types of chronic disease kill an estimated 5,800 Nova Scotians every year, account for nearly three-quarters of all deaths in the province, and are the major causes of premature death and hospitalization.
- The biggest killer is cardiovascular disease (heart disease, stroke, and atherosclerosis) which claims the lives of 2,800 Nova Scotians each year, and accounts for 36% of all deaths in the province.
- Cancer kills an estimated 2,400 Nova Scotians every year, accounting for 30% of all deaths in the province.

In addition, other chronic conditions disable many more Nova Scotians.

- Arthritis and rheumatism afflict 20% of Nova Scotians; 16% suffer from high blood pressure; 14% have chronic back problems; 9% suffer from migraine headaches; and 6% have asthma.
- One-quarter of all Nova Scotians have a long-term limitation or handicap that interferes with their activity at home, school, or work – the highest rate of activity limitation in the country.
- Nova Scotians also have the country's highest reported use of disability days.

Compared to other Canadians, Nova Scotians have particularly high rates of chronic illness.

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For more information contact:

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## *Backgrounder*

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- Highest rate of deaths from cancer and from respiratory disease;
- Highest rate of arthritis and rheumatism in Canada.
- Second highest rate of circulatory deaths and of diabetes in the country,
- Second highest psychiatric hospitalization rate.

In terms of medical care costs and productivity losses due to premature death and disability, the numbers are as alarming as the illness rates, themselves.

- Medical care costs for people with chronic diseases account for 60% of total medical care expenditures, or \$1.2 billion a year in Nova Scotia.
- Because of the debilitating nature of these illnesses, and because cancer and heart disease kill so many at an early age, the indirect costs of chronic illness due to productivity losses are particularly high.
- Premature death due to cancer alone costs the Nova Scotia economy \$427 million each year
- Musculoskeletal disorders like arthritis and osteoporosis cost the economy \$307 million due to disability.
- Circulatory diseases cost Nova Scotia more than half a billion dollars a year in productivity losses

Combining direct medical costs (\$1.24 billion) and indirect productivity losses (\$1.79 billion), the total economic burden of seven types of chronic illness (cardiovascular diseases, cancer, respiratory ailments, diabetes, musculoskeletal disorders, diseases of the nervous system and sense organs, and mental illness):

- Exceeds \$3.0 billion a year.
- Account for 78% of productivity losses due to premature death,
- 76% of productivity losses due to disability, and
- Nearly two-thirds of the total economic burden of illness in Nova Scotia, including both direct and indirect costs.

The total cost to the province is the equivalent of 13% of provincial GDP annually.

- All categories of chronic disease combined are estimated to account for 70% of the total economic burden of illness in Nova Scotia.

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- Epidemiological studies indicate that 25% of all medical costs (or nearly half a billion dollars a year in Nova Scotia) are attributable to a small number of excess risk factors like smoking, obesity, physical inactivity, and poor nutrition.

It is estimated that **40% of chronic illness can be prevented**.

Risk factors are not the only sources of illness. In fact, socioeconomic causes of chronic illness, such as poverty, inequality, and poor education, and environmental causes such as exposure to toxic pollutants, are significant contributors and are also modifiable.

- Low-income women under the age of 40 are 62% more likely to be hospitalized than higher income women;
- Over the age of 40, they are 92% more likely to be hospitalized.
- In Nova Scotia, those without a high school diploma use 49% more physician services than those with a BA,
- Low income groups use 43% more physician services than higher income groups.
- Excess physician use due to educational inequality costs the NS health care system \$42.2 million a year; excess physician use due to income inequality costs \$27.5 million a year.
- Low income groups have higher rates of smoking, obesity, physical inactivity, and cardiovascular risk.

Nova Scotia could avoid an estimated 200 deaths and save \$214 million per year if all Nova Scotians were as heart healthy as higher income groups

\*This report indicates that Nova Scotia's high rates of chronic illness can be reduced through concerted health promotion initiatives that reduce risk behaviours and conditions.

\*The evidence demonstrates that the province's escalating health care costs can be significantly lowered by improving the health of the population and thereby reducing the need and demand for medical care.

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