

# Fast Facts

## Highlights:

Population  
Change

Death Rates

Hospitalizations

Emotional  
Health

Chronic  
Conditions

About our  
Organization

## *A question of resilience:* Has the closure of the cod fishery affected our health?

The 1992 moratorium, followed by the permanent closure of the cod fishery in 2003, had a devastating impact on many fishing communities in Newfoundland. Thousands of jobs were lost. Out-migration reached as high as 30% in some areas that relied heavily on the fishery.

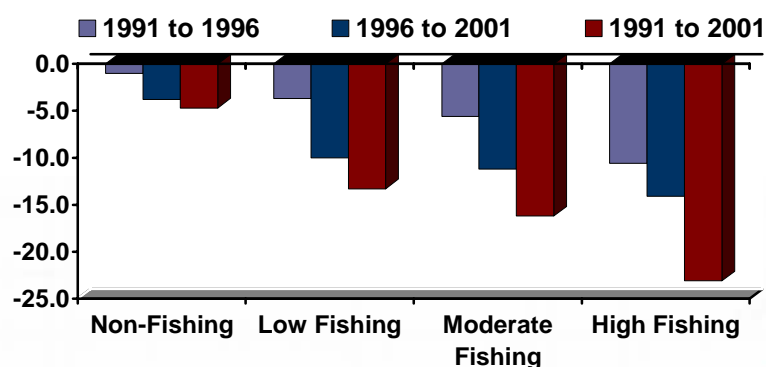
Historically, economic downturn is often accompanied by poorer health. To find out if and how the closure of the cod fishery has affected the health of residents, a research team from the Centre for Health Information and Memorial University compared health data over a 10-year period, before and after the moratorium.

The research showed that not all fishing communities were affected equally. In

economic, social and health terms, some were coping with the changes much better than others. This led to further research into why some communities were more resilient and the contributing factors. The benefit of this research is to help other communities adapt to economic adversity in the future.

This study analyzed health, social and demographic data collected between 1991 and 2001 in rural communities on the island portion of the province. Communities were classified according to their degree of reliance on the cod fishery – low, moderate or high. In addition, sociological and geographic data were used to explore possible factors that might explain variation in community resilience.

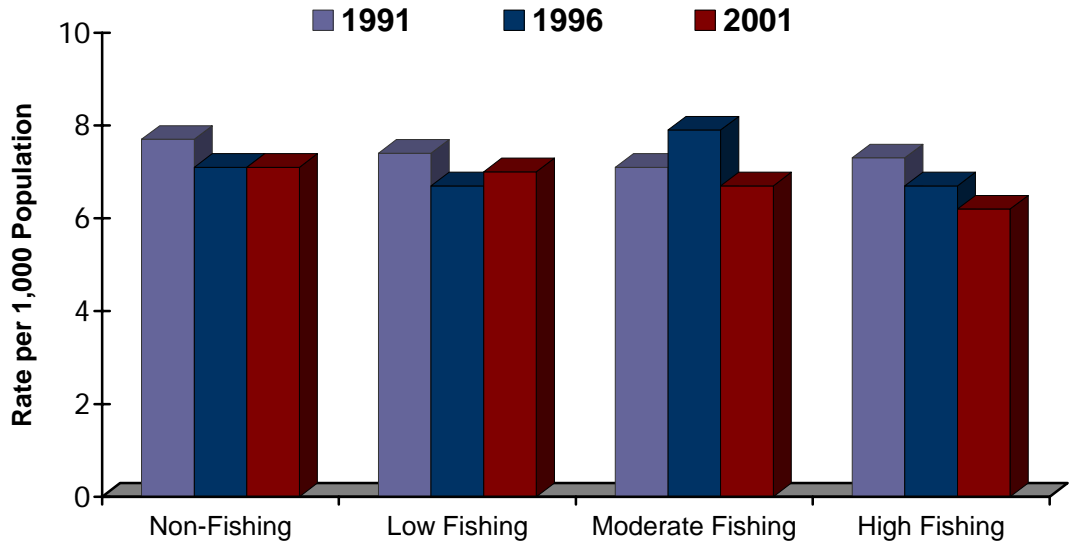
### Population Change by Type of Community



Source: Compiled by the Centre for Health Information based on information obtained from Newfoundland and Labrador Statistics Agency's Community Accounts



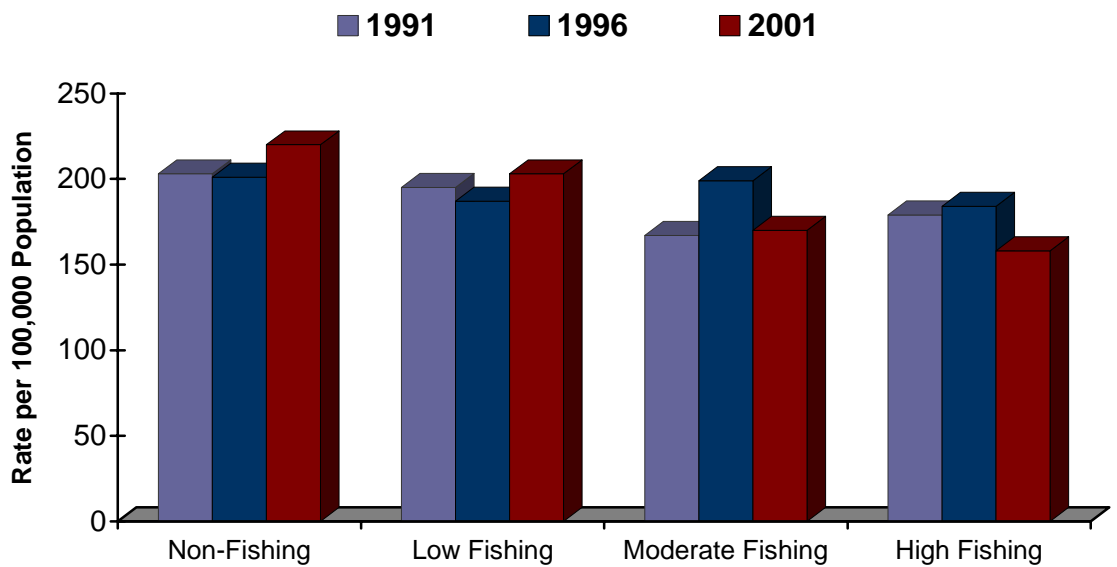
Age-standardized Death Rate by Type of Community



The age-standardized death rate declined between 1991 and 2001 in all four types of communities. However, the lowest rates were found in communities highly dependent on fishing.

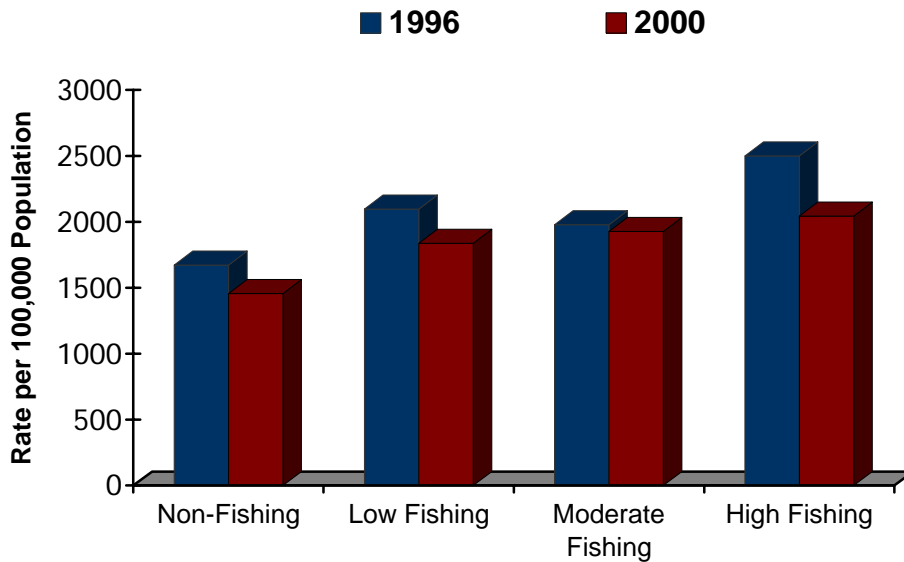
Source: Compiled by the Centre based on information obtained from Statistics Canada Annual Mortality Files

Age-standardized Death Rate Due to Neoplasms (Cancer) by Type of Community



While there was little overall change in the age-standardized death rate for neoplasms (cancer), a decline was observed in communities highly dependent on fishing.

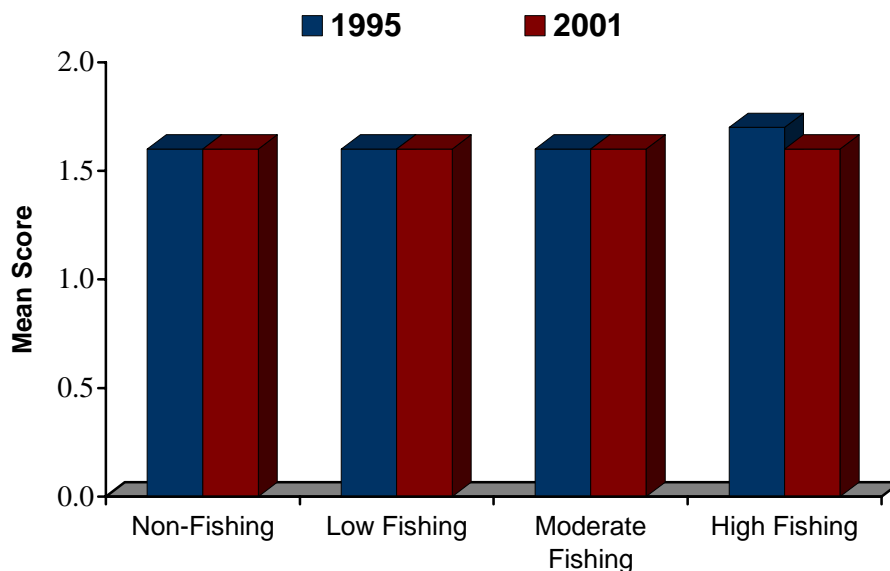
**Age-standardized Rate of Hospitalizations Due to Circulatory Disease by Type of Community**



Overall hospitalization rates for circulatory disease declined, but remained higher in communities highly dependent on fishing.

Source: Compiled by the Centre based on information obtained from the Clinical Database Management System

**Average Emotional Score by Type of Community**

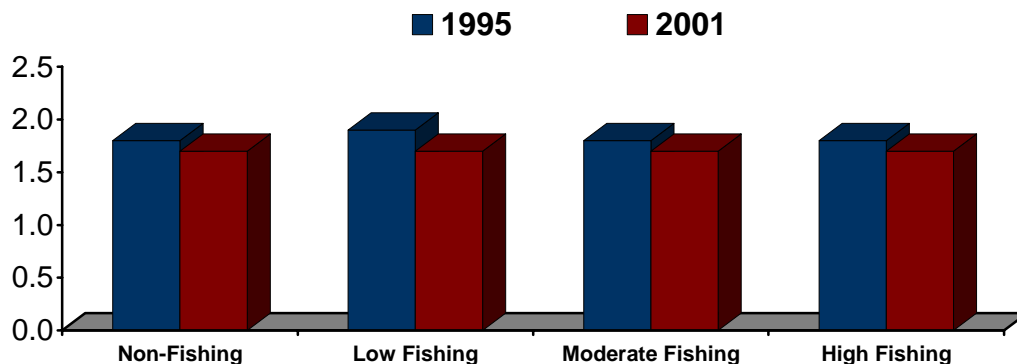


A 10-question survey was used to test emotional health on a scale of 1 (best) to 3 (worst). The average emotional score remained constant from 1995 to 2001 for all but communities highly dependent on fishing, where emotional health appears to have improved slightly.

Source: Compiled by the Centre based on information obtained from Newfoundland Panel on Health and Medical Care (NPHMC), 1995 and Newfoundland Adult and Community Health Survey, 2001

Average Number of Chronic Conditions by Type of Community

The average number of self-reported chronic conditions was slightly lower in 2001 than in 1995, regardless of community type.



Source: Compiled by the Centre based on information obtained from Newfoundland Panel on Health and Medical Care (NPHMC), 1995 and Newfoundland Adult and Community Health Survey, 2001

Conclusions and questions

Out-migration, especially of young people, has clearly been a primary consequence of the closure of the cod fishery. As the community struggles to adapt, relationships may change and health may suffer. However, such times of crisis can also lead to positive change, as residents find new ways to cope, form new ties and build new, more solid support structures.

The ultimate meaning of several findings in this study remains unclear. An example is the decline in age-standardized death rates in those communities most highly dependent on the fishery. While this may seem surprising, it may be due to out-migration of ill and very elderly people, perhaps to join their families or to be closer to health care facilities. This would tend to raise the death rates in the communities to which they migrated, and in fact we see that

death rates have risen in non-fishing dependent communities.

Using a set of five socioeconomic measures, the study identified certain 'resilient' communities which rebounded in both economic and health terms following initial reversals. The pattern of recovered communities appears to be random.

This study builds upon other similar studies, and takes examination of the post-moratorium experience to a new level. However, there are opportunities for further study. In particular, the interplay between out-migration and health must be further investigated. Other priorities include exploring the phenomenon of community resilience, and identifying factors crucial to recovery.

About our Organization...

The Newfoundland and Labrador Centre for Health Information was established by the Government of Newfoundland and Labrador to provide quality information to health professionals, the public, and health system decision-makers. Through collaboration with the health system, the Centre 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 evaluations. The Centre's mandate also includes the development of a confidential and secure Health Information Network that will serve as the foundation for the provincial Electronic Health Record.

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