

The Health of Canadians

An individual's health is influenced by everything from their genetic make-up, to living and working conditions, to the quality and availability of health services. This Stats & Facts Sheet tracks a number of influences that affect individual health and well-being, as well as key health outcomes.¹

It also monitors health disparities. Canadians are among the healthiest people in the world, but some Canadians are not as healthy as others. Socio-economic status, Aboriginal identity, gender, and geographic location are significant factors associated with health disparities that can cause early deaths, disease, disability, and distress – at a significant cost to the individuals themselves and for Canadian society as a whole.

Health Care System

The character of the health care system has emerged as one important factor in explaining differential health outcomes among industrialized countries. The measures below track the scale and target of public investments in Canada's health care system.

Spending on Health Care

- Spending on health care in Canada was expected to reach \$142 billion in 2005 – an increase of 7.7% over the previous year. It constituted 10.2% of Canada's gross domestic product (GDP) in 2004, up from 10% of GDP in 1992.
- Public sector spending on health care is expected to reach \$98.8 billion by the end of 2006 – up \$24.1 billion from 2001 – with the bulk of spending on hospitals, drugs, and physicians.

Distribution of public sector health expenditures, Canada, 2005	
Hospitals	29.9%
Drugs	17.5%
Physicians	12.8%
Other professionals	10.7%
Other institutions	9.3%
Other	6.1%
Public health	5.5%
Capital	4.2%
Administration	4.1%
Source: Canadian Institute for Health Information. <i>National Health Care Expenditure Trends 1975-2005</i> , 2005.	

- Per capita spending is the total amount spent on health care divided by the number of people in the population. In 2005, per capita health care spending in Canada was expected to reach \$4,441² – an increase of 6.9% over the previous year.

¹ The indicators chosen for inclusion here are consistent with those identified in the Health Indicators Framework used by Statistics Canada and the Canadian Institute for Health Information.

(See www.statcan.ca/english/freepub/82-221-XIE/2005001/about.htm#framework)

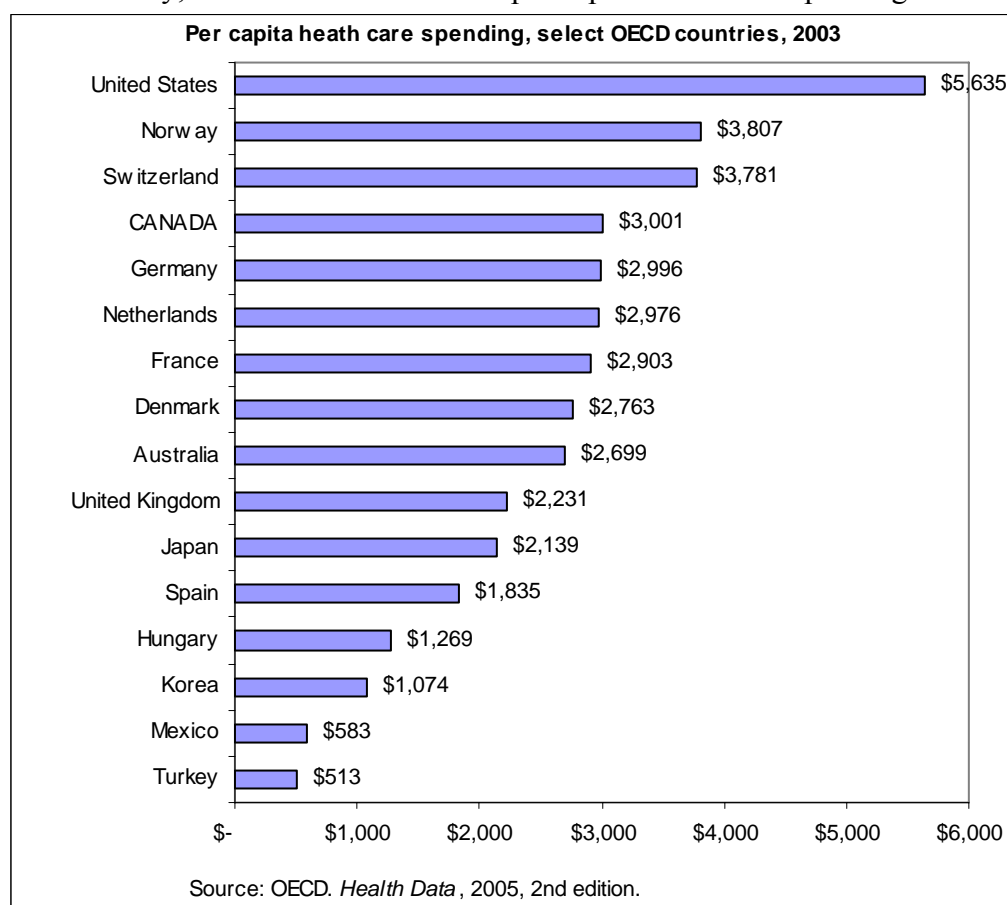
² Canadian Institute for Health Information. *National Health Care Expenditure Trends 1975-2005*, 2005.

- Per capita health care spending varied widely across the country, and was significantly higher in the North because of the small population spread over vast areas.

Per capita health care spending, by province/ territory, 2005	
NF & LB	\$4,401
PEI	\$4,132
NS	\$4,502
NB	\$4,364
QC	\$3,878
ON	\$4,595
MB	\$4,790
SK	\$4,399
AB	\$4,820
BC	\$4,317
YK	\$6,052
NWT	\$6,827
NV	\$10,742
CANADA	\$4,411

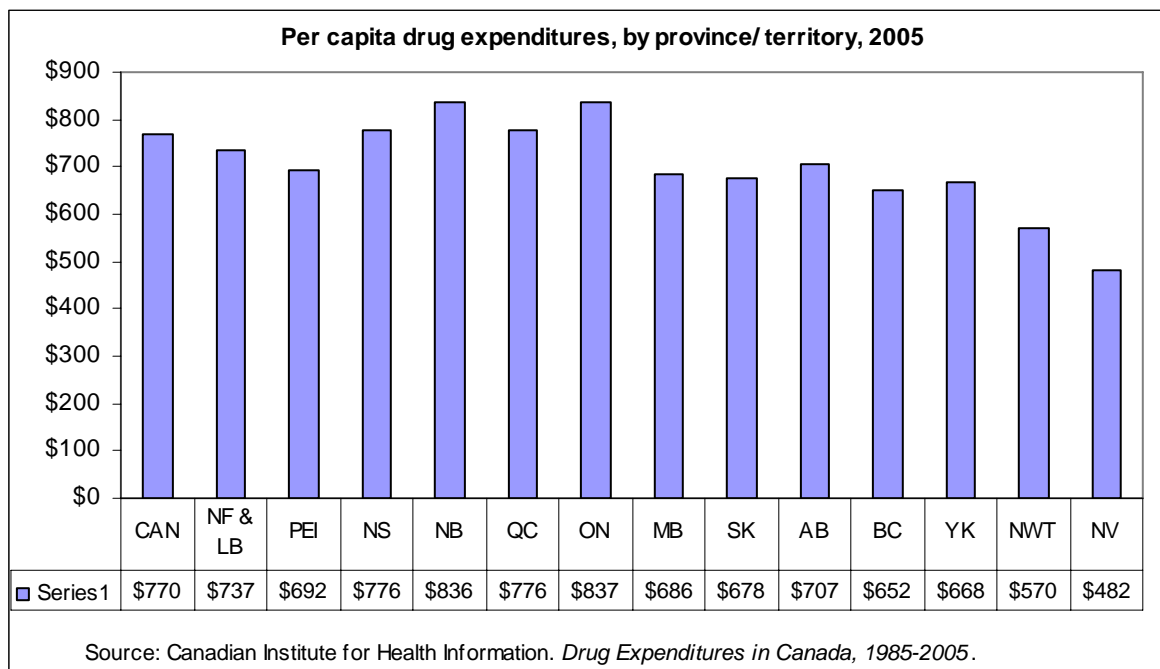
Source: Canadian Institute for Health Information.
National Health Care Expenditure Trends 1975-2005, 2005.

- Internationally, Canada ranked fourth in per capita health care spending in 2003.



Spending on Prescription Drugs

- Total expenditures on drugs³ were expected to reach \$24.8 billion in 2005 – an increase of 11% over the previous year. They represented 17.5% of per capita health care spending in 2005, up from 9.5% of total health expenditures in 1985.⁴
- Expenditures for prescription drugs are the fastest growing component of Canada's total health expenditures. Between 1985 and 2003, drug expenditures rose at an average annual rate of 9.7%, while total health care spending grew by an average 6.5% per year. Prescription drug expenditures were expected to reach \$20.6 billion in 2005 – an increase of 11.5% over the previous year.
- In 2005, 20.4 million Canadians – 79% of the population over age 12 – had insurance for prescription medications.⁵
- Across Canada, drug expenditures vary widely due to factors such as differences in drug subsidy programs, the extent of private insurance coverage, and the age and gender distributions in provincial/territorial populations.⁶



³ Total drug expenditures include both prescribed drugs and non-prescribed drugs (over-the-counter drugs and personal health supplies). Data are obtained from the National Health Expenditure Database and are estimates representing the final costs to Canadian consumers, including dispensing fees, mark-ups and appropriate taxes. Canadian Institute for Health Information. *Drug Expenditures in Canada 1985-2005*, 2005.

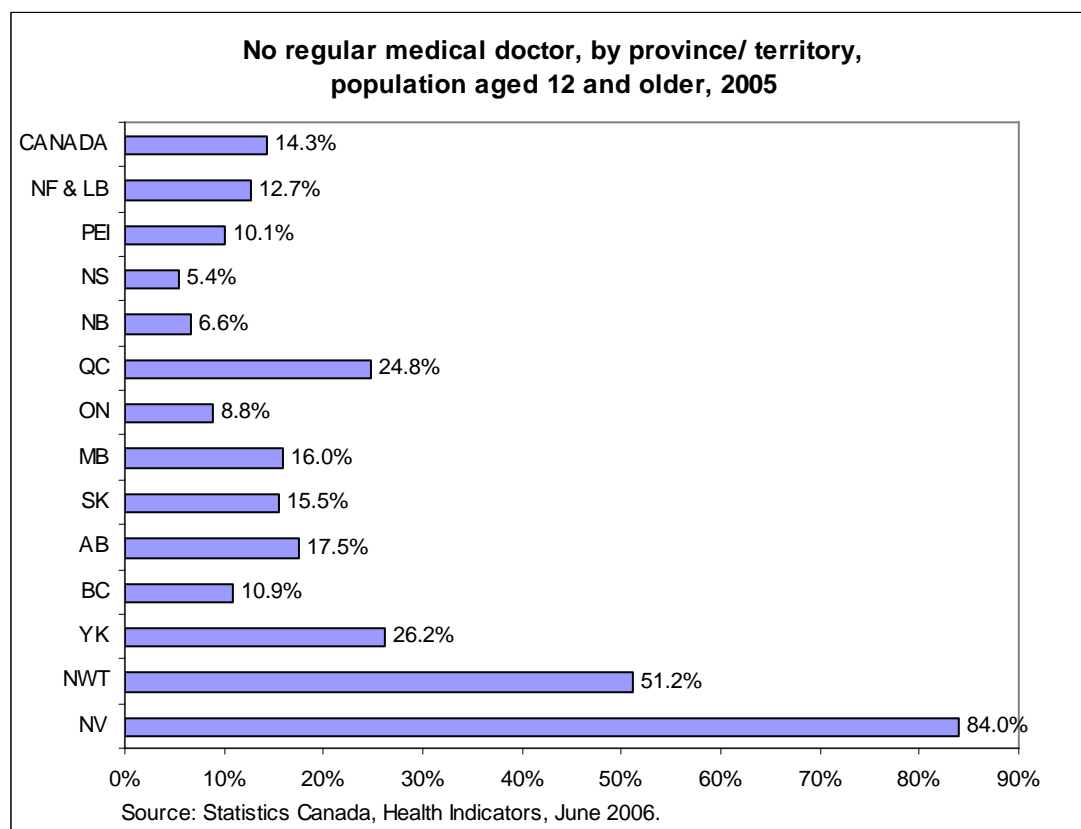
⁴ Canadian Institute for Health Information. *National Health Care Expenditure Trends 1975-2005*, 2005.

⁵ Calculations by the Canadian Council on Social Development using data from the Canadian Community Health Survey, Cycle 2.1 2005.

⁶ S. Morgan. "Sources of Variation in Provincial Drug Spending," in *The Canadian Medical Association Journal*, 170(3):pp.329-330, 2004.

Access to Doctors

- Although access to health care is guaranteed under the Canada Health Act, finding a physician can be a problem for many citizens. In 2005, 23.1 million Canadians over age 12 (86%) had a regular medical doctor, 9% had not looked for a doctor, and 5% were unable to find one.
- Women were more likely than men to have a regular family doctor in 2005: 90% compared to 82%. By age group, seniors were the most likely to have a regular doctor (95%), with no significant variation between senior men and women. Adults aged 20 to 34 were the least likely to have a regular doctor (77%), and among men in this age group, only 69% had a doctor, compared to 84% of women.
- Residents in Canada's North had the least access to a regular physician in 2005, and Nova Scotians had the most.



Patient Satisfaction

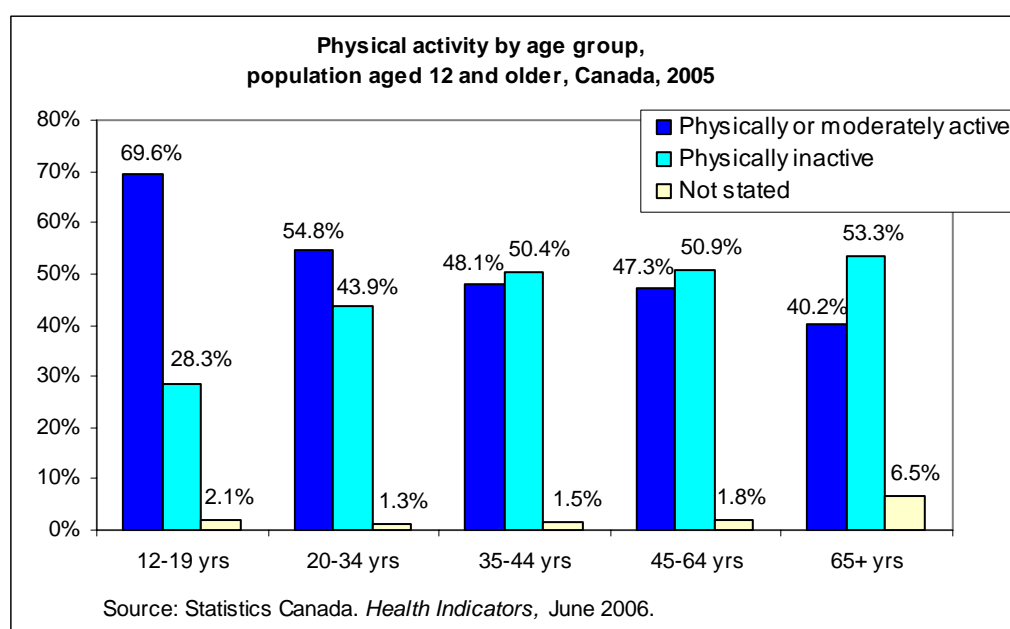
- In 2005, 85% of Canadians over age 15 said they were very or somewhat satisfied with the health care services they had received. There was very little variation across age groups. Seniors aged 65+ were the most satisfied; in 2005, 90% said they were very or somewhat satisfied with their health care services.
- Nova Scotia residents were the most satisfied with the quality of health care services they had received – 91% rated their health care services as excellent or good in 2005. Residents of Nunavut gave the lowest rating, with only 75% saying the quality of their health care was excellent or very good.

Health Behaviours

An individual's lifestyle and behaviour clearly affects their health. Regular physical activity, a good diet, and refraining from smoking have all been linked to better health outcomes. In turn, broader social factors such as the pricing and distribution of food, the design and quality of the built environment, and working conditions also influence health behaviours.

Physical Activity

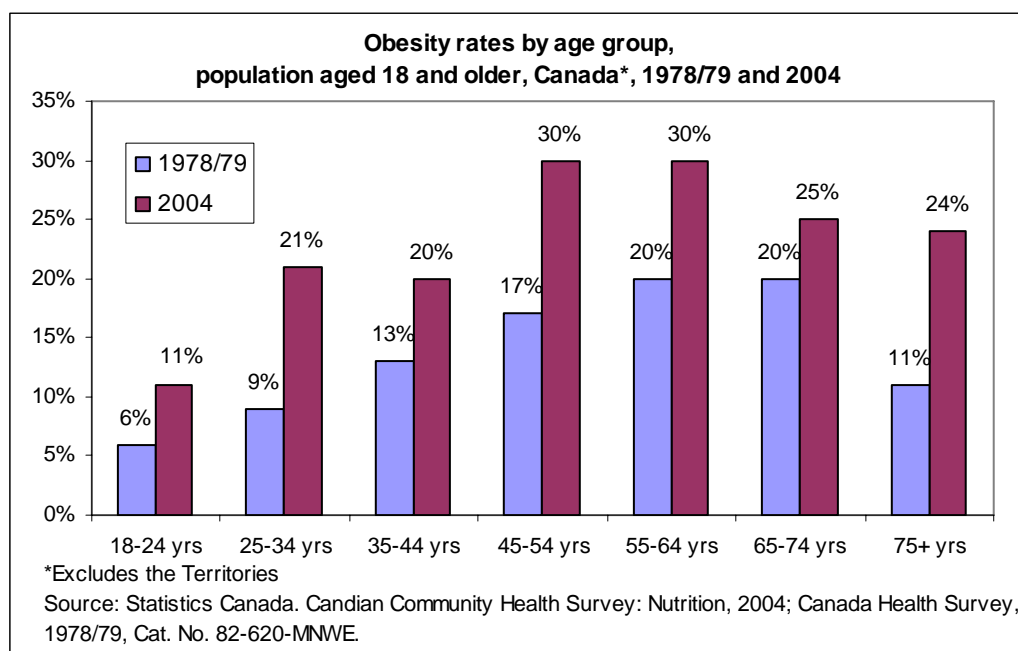
- Over one-third of adults in 2004 said they had participated in organized physical activities or sports such as aerobics, walking clubs, or baseball in the previous 12 months.
- In 2005, 51% of Canadians over age 12 said they were physically active or moderately active, while 46.7% said they were inactive. Youth aged 12 to 19 were the most active, with 69.6% reporting that they were physically active or moderately active.



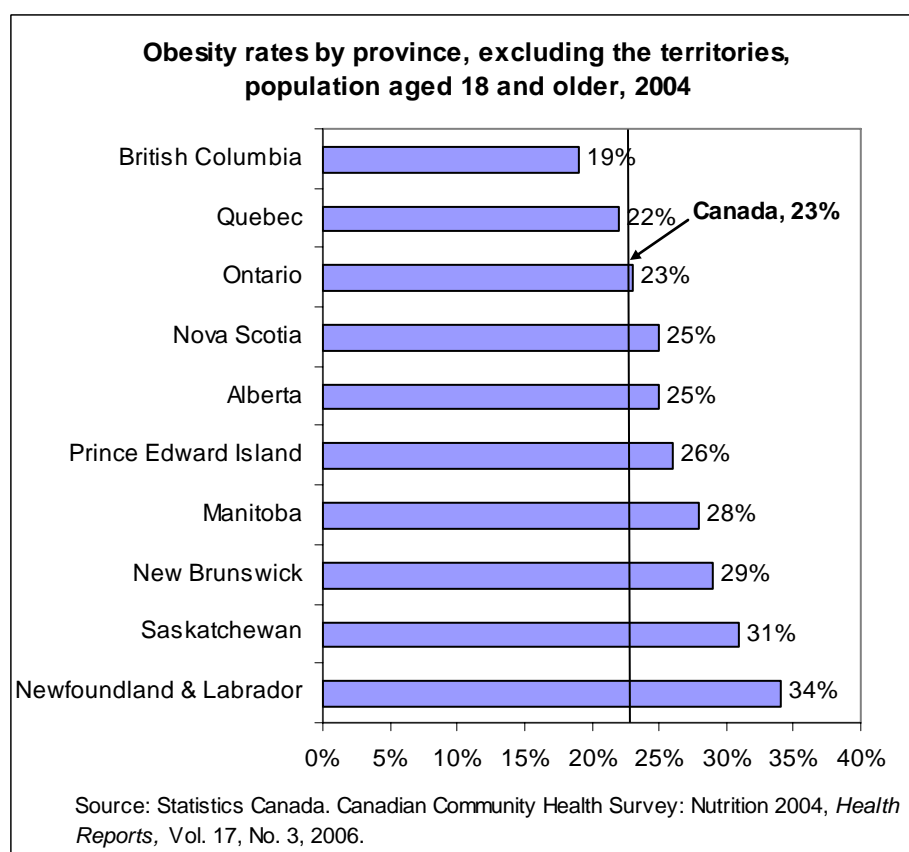
- Physical activity levels did not vary significantly across the country. Among those over age 12, residents of Prince Edward Island had the highest rate of physical inactivity (55%) in 2005, while people in British Columbia and the Yukon reported the lowest rates of inactivity (40%).

Obesity

- In 1978/79, 13.8% of the Canadian population over age 18 were obese; by 2004, nearly one-quarter (23.1%) were obese – 5.5 million people – and another 8.6 million (36.1%) were overweight.
- Men and women are equally likely to be obese: 22.9% and 23.2% respectively in 2004. Obesity rates were lowest among young people aged 18 to 24 – 10.7% for men and 12.1% for women. Rates peaked among those aged 45 to 64, with about 30% considered to be obese and no variation between genders. Among Canada's most senior citizens aged 75+, however, obesity rates in 2004 were considerably higher among senior women (26.5%) than among men (19.3%).



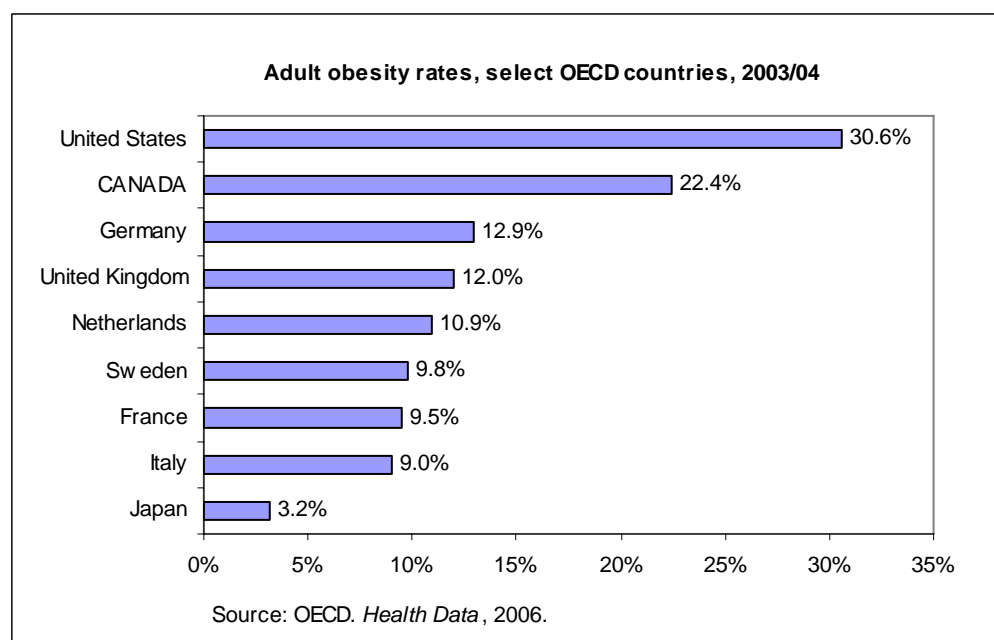
- Obesity rates varied widely across Canada. While the national average was 23% in 2004, obesity rates were relatively high among residents of Newfoundland, Saskatchewan, and New Brunswick, and significantly lower in British Columbia.



- Obesity rates did not vary significantly by level of household income in 2004.

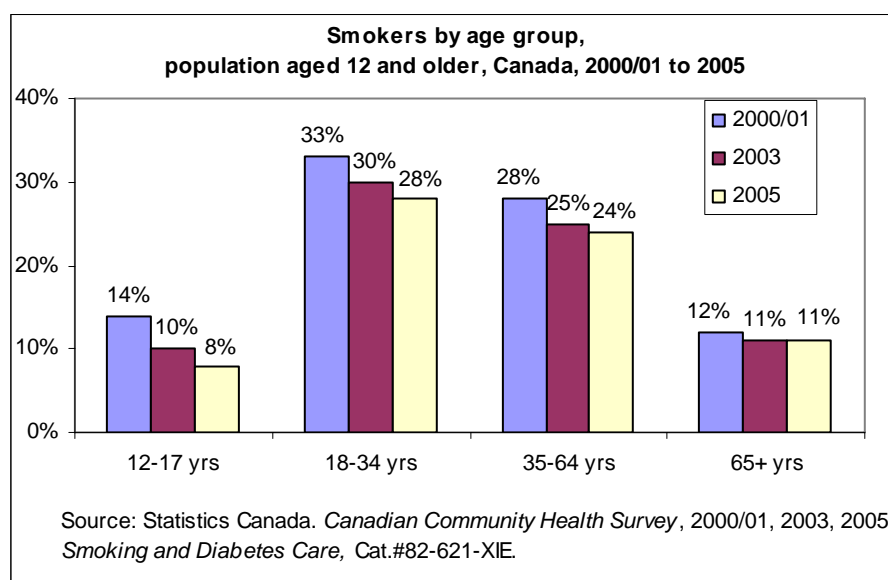
Obesity rates by household income, population aged 18 and older, Canada, 2004	
Level of Household Income	
Lowest	20.4%*
Lower-middle	21.2%
Middle	25.5%
Upper-middle	24.6%
Highest	23.1%
* Interpret with caution due to small sample size	
Source: Statistics Canada. <i>Overview of Canadians' Eating Habits</i> , 2004. Cat. 82-620-MIE, No. 2.	

- Obesity rates among Canada's adult Aboriginal population were 37.8% in 2004, significantly higher than the Canadian average.
- Canada's adult obesity rate is lower than that of the United States – 23.1% and 30.6% respectively – but very poor in comparison to other OECD countries in 2003/04.

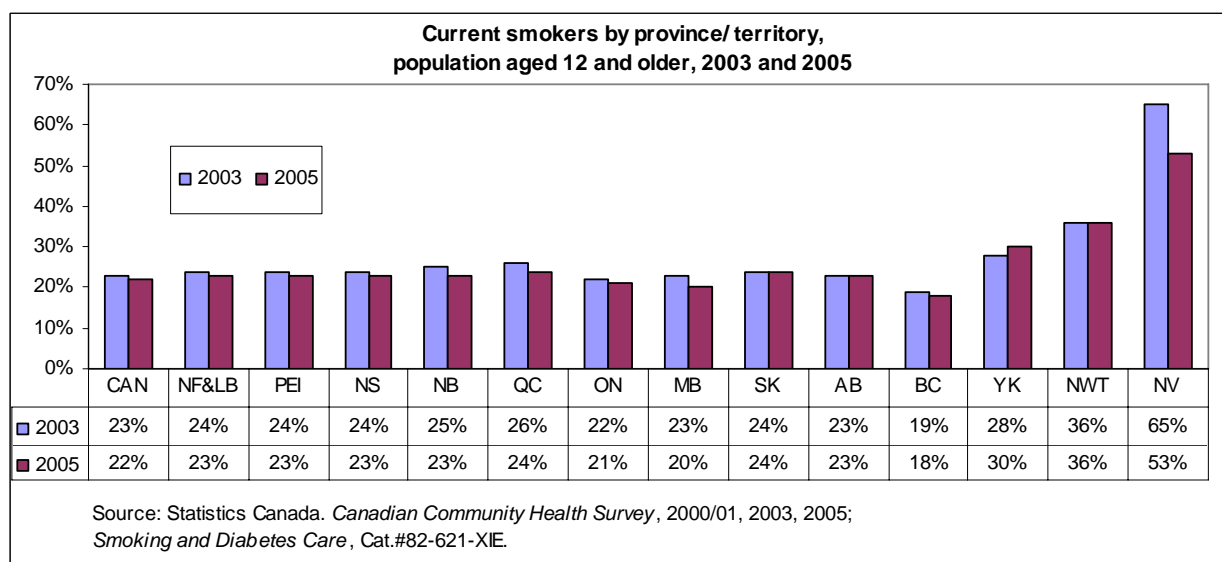


Smoking

- 22% of Canadians over age 12 were smokers in 2005, down slightly from 2003 (23%). Over the decade, the percentage of smokers dropped by four percentage points.
- Smoking rates have declined among both men and women and across all age groups – except among seniors, where rates appear to be stable. The greatest decline in smoking rates between 2000/01 and 2005 were among youth aged 12 to 17.



- Between 2003 and 2005, smoking rates declined in nine provinces and territories. The most dramatic decline was in Nunavut, where the smoking rate among the population aged 12 and older dropped from 65% to 53%. In the Yukon, the smoking rate rose over this two-year period.



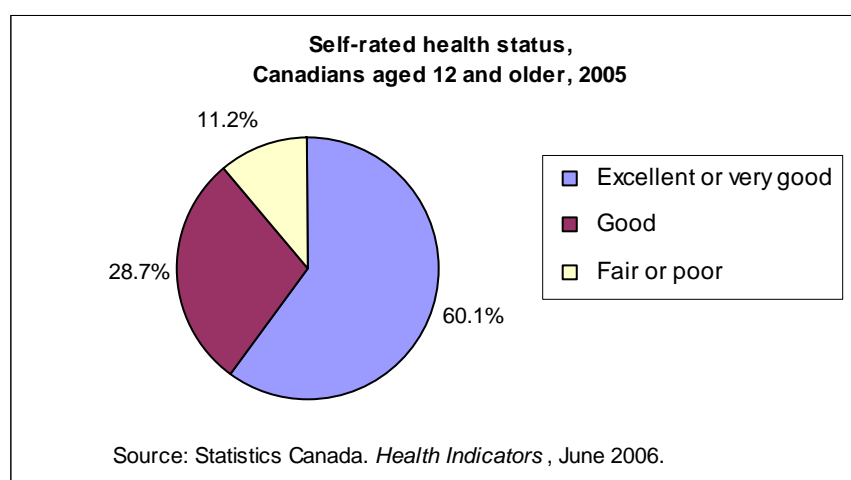
- Smoking rates in 2005 were higher among lower-income earners (30.4%) than among middle- and high-income earners (22.8%).
- Internationally, Canada has relatively low smoking rates. In 2004, Canada's adult smoking rate was 15%, while France and Germany had rates of 23% and 24%. Japan had one of the highest smoking rates among OECD nations (29.4%); the United States and Australia had rates slightly higher than those of Canada (17%).

Health Status

Health outcome indicators include both measures that track morbidity and mortality as well as more “positive” measures of health, drawing on Canadians’ assessment of their own well-being and general health.

Self-rated Health

- Most Canadians consider themselves to be in good health. In 2005, those aged 20 to 34 were the most positive, with 70% rating their health as excellent or very good. The positive ratings declined as age increased. Among those aged 35 to 44, 65.2% rated their health as excellent/very good; for those aged 45 to 65, it dropped to 56%, and among seniors, only 30.5% rated their health as excellent or very good.
- More residents of Newfoundland rated their health as excellent or very good (64.2%); in Nunavut, only 49.9% rated their health status as positively.



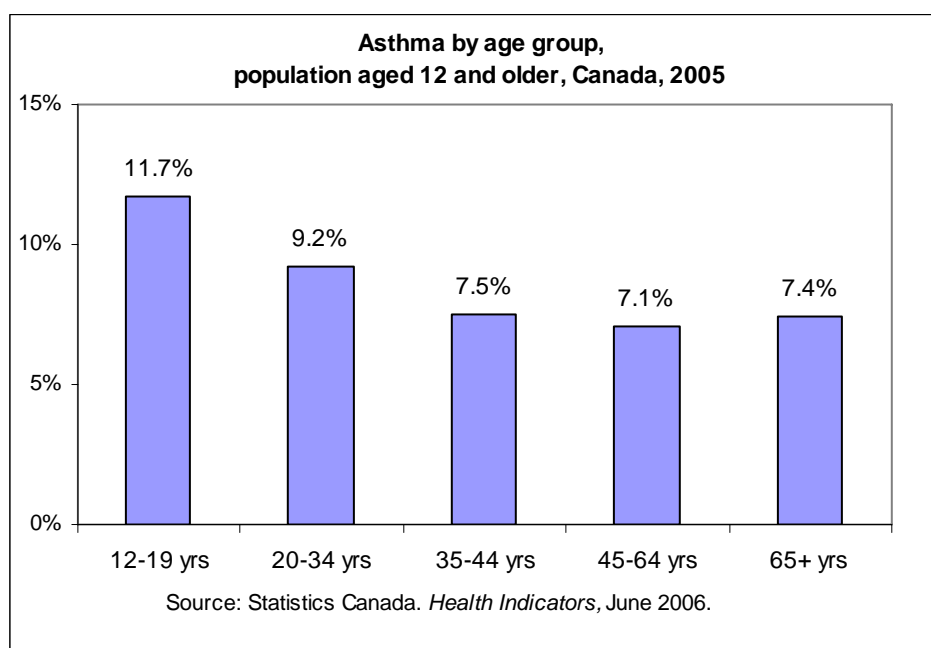
- Between 2001 and 2005, the proportion who rated their health as excellent/very good dropped across all age groups – except among those over age 44. The largest increases in positive health ratings were among those aged 55 to 64 (+30%) and among seniors (+16.5%).

Chronic Health Conditions

Chronic conditions pose the most widespread risks to Canadians' physical health, and many are linked to other conditions such as high blood pressure and cardio-vascular disease. The following data track three chronic conditions that compromise the health and well-being of growing numbers of Canadians. For more information about these chronic health conditions in Canada's young population, see *The Progress of Canada's Children and Youth 2006*, at www.ccsd.ca/pccy/2006/.

Asthma

- Almost 2,250,000 Canadians – 8.3% of the population aged 12 and older – suffered from asthma in 2005. Women were more likely than men to have asthma: 9.6% compared to 6.9%.
- The highest asthma rate in 2005 was among youth aged 12 to 19. It was considerably higher than in the overall population, with little variation between young men and women: 11.9% and 11.5% respectively. Asthma rates were lowest among Canadians aged 45 to 64.



- Asthma rates did not change significantly between 2001 and 2005. Among youth aged 12 to 19, the rate dropped from 12.6% in 2001 to 11.7% in 2005. For those aged 20 to 34, the rate fell from 9.7% to 9.2%. Slight increases were reported among Canadians aged 45 and older.
- Across Canada, asthma rates for those aged 12 and older were highest in Nova Scotia (9.3%) and lowest in Nunavut (4.3%)*. [*This number should be used with caution due to small sample size.]

Diabetes

- The diabetes rate rose dramatically between 2001 and 2005. In 2001, just over one million Canadians aged 12 and older were living with diabetes; by 2005, the number had climbed to 1.3 million – an increase of almost 25% in just four years.
- Across Canada in 2005, rates of diabetes were highest in the Atlantic Provinces and lowest in the Northwest Territories and Alberta.

Diabetes rate by province/ territory, population aged 12 and older, 2001 to 2005			
	2001	2003	2005
Canada	4.1%	4.6%	4.9%
Newfoundland & Labrador	5.8%	6.4%	6.8%
Prince Edward Island	5.0%	5.1%	6.3%
Nova Scotia	5.2%	5.5%	6.6%
New Brunswick	5.1%	5.4%	6.0%
Quebec	4.1%	4.6%	5.1%
Ontario	4.2%	4.6%	4.8%
Manitoba	4.0%	5.3%	4.4%
Saskatchewan	4.0%	4.7%	5.1%
Alberta	3.4%	3.6%	3.9%
British Columbia	3.9%	4.6%	4.6%
Yukon Territory	3.2%*	3.7%	4.3%
Northwest Territories	2.8%	3.5%	3.4%
Nunavut	1.9%*	**	**
* Number should be used with caution due to small sample size.			
** Number cannot be released			
Source: Statistics Canada. <i>Health Indicators</i> , June 2006.			

- Diabetes rates rose in every province and territory between 2001 and 2005. The most dramatic increases were in the North. In the Yukon, the number of people over age 12 living with diabetes rose by 45.4%, while the Northwest Territories experienced a 31% increase over this four-year period. Newfoundland and Manitoba reported the lowest increases – but at 14.4% and 15.1% respectively, it still represented significant growth in the number of people living with diabetes.

Depression

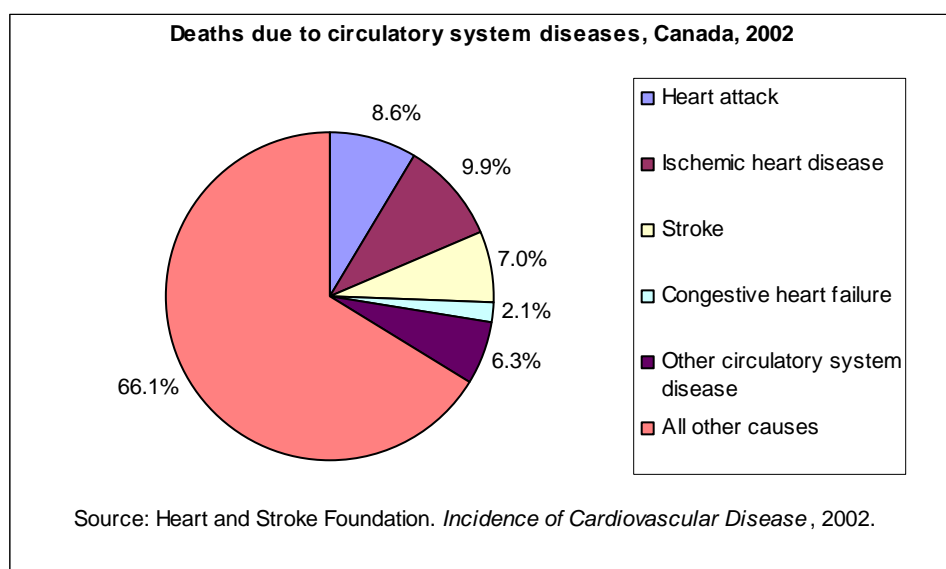
- Depression is the most prevalent mental health condition. In 2002, 1.2 million Canadians – 4.8% of the population aged 15 and older – said they had suffered from depressive episodes in the previous year. Young people aged 15 to 24 reported the highest rates of depressive episodes (6.4%). The rate dropped to 3.8% among adults aged 24 to 64, and to 1.9% among seniors. Rates of depression were highest among young women aged 15 to 24 (8.3%) – considerably higher than among their male counterparts (4.5%).
- There was little variation in rates of depression across the country. Alberta had the highest rate (5.6%) and Prince Edward Island the lowest (2.6%).

Leading Causes of Death

Data below track the two leading causes of death in Canada – circulatory system diseases and cancer. These are important measures of society's success in preventing, detecting, and treating the most prevalent life-threatening illnesses.

Circulatory Disease

- Diseases of the circulatory system are the major cause of death, illness, and disability in Canada.⁷ Circulatory diseases include heart disease, congestive heart failure, and stroke.
- In 2001/02, circulatory system diseases accounted for 34% of all deaths among Canadians over the age of 20 – 74,530 people.



- Between 1994/95 and 2001/02, the proportion of people who were hospitalized for circulatory diseases and died in hospital declined from 9.6% to 8.4%.

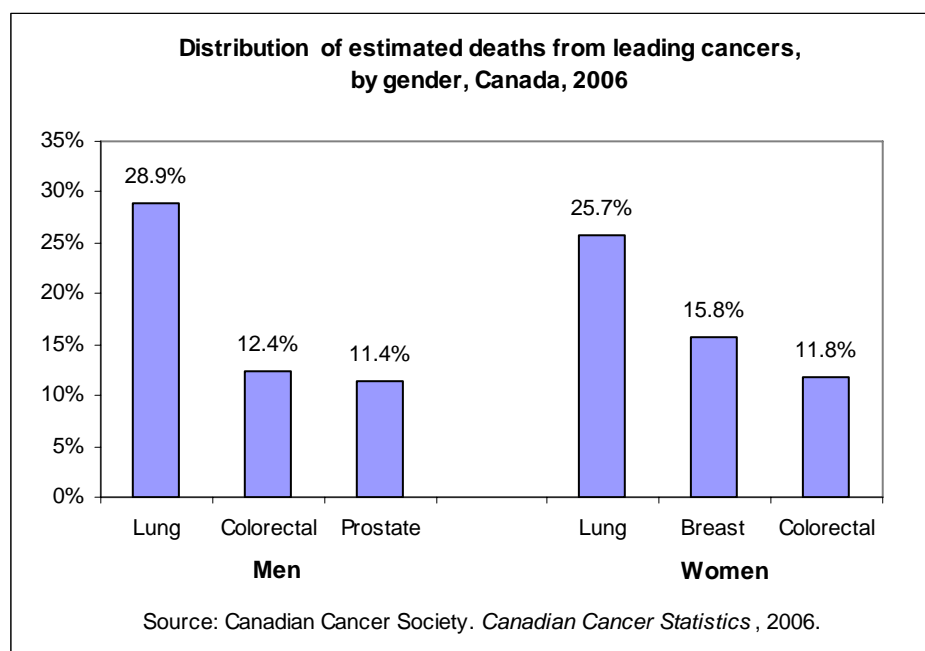
Cancer

- An estimated 153,100 new cases of cancer will be diagnosed in Canada in 2006, and there will be 70,400 cancer deaths.
- Four types of cancer account for 55% of all new cancer cases in Canada. The three leading cancers among men are prostate, lung, and colorectal cancer; for women, it is breast, lung, and colorectal cancer. Lung cancer accounts for 29% of cancer deaths among men and 26% among women.
- The incidence of lung cancer in women continues to rise. It is the leading cause of death and the second most common type of cancer among women. In 2006, an estimated 8,600 Canadian women will die from lung cancer and 10,600 new cases will be diagnosed. Another 5,300 will die from breast cancer and 22,200 new cases will be diagnosed. In

⁷ Heart and Stroke Foundation of Canada. *The Growing Burden of the Heart and Stroke in Canada 2003*. Ottawa: Heart and Stroke Foundation, 2003.

addition, an estimated 3,900 women will die from colorectal cancer in 2006 and 9,100 new cases will be diagnosed.

- For men, prostate cancer continues to be the leading type. In 2006, an estimated 20,700 Canadian men will be diagnosed with prostate cancer and another 4,200 will die from it. Lung cancer remains the leading cause of death among men. In 2006, an estimated 12,000 new cases of lung cancer will be diagnosed and 10,700 men will die from it. An estimated 10,800 Canadian men will be diagnosed colorectal cancer in 2006 and 4,600 will die from it.



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