

Health Security

Being in good physical and mental health, having access to adequate medical care in times of need, and feeling safe from accidents and disease are all basic elements that contribute to a person's sense of health security and that we monitor in the PSI.

Highlights:

According to the data, health security increased marginally in 2000, but Canadians' perceptions of their health declined slightly. Overall, Canadians rated their health status as somewhat lower, and they were slightly less confident that they could access necessary health care services if needed.

In the area of health security, women report more stress than do men, and the middle-aged report more stress than the young or old. Stress is the only area where higher-income people are as negatively affected as lower-income people. Otherwise, higher-income people report being in better health and they spend a lower portion of their income on private health care than do lower-income people.

Rate of premature death continues to drop

*Every year, thousands of Canadians die prematurely from injuries or disease. One way to measure the impact of these causes of death is by calculating the "potential years of life lost" or PYLL.**

DATA:

⇒ Overall, the news is good. Canada's PYLL declined between 1990 and 1997, indicating that fewer people are dying prematurely from various diseases and injuries. It went from 63 potential years of life lost per 1,000 persons in 1990, to 55 years per 1,000 persons by 1997. This represents a 13% reduction.

⇒ The PYLL gap between women and men has been closing.

⇒ The three leading causes: cancer accounted for 29%; unintentional injuries (accidents, poisonings, violence) and suicide accounted for 22%; and cardiovascular disease accounted for 18%. Between 1996 and 1997, the rate decreased by about 3% for each of these leading causes of premature death.

⇒ Research by Statistics Canada shows that there is a clear gradient of health status based on income, but it is flatter than in the U.S. This suggests that Canada's public health care system levels inequality to some degree.

(* The latest PYLL data is from 1997 sources.)

Do Canadians lead stressful lives?

Insecurities about a changing labour market, combined with the family obligations of working parents are making life more stressful for a growing number of Canadians.

DATA:

- ⇒ The vast majority of Canadians report that their lives are moderately or extremely stressful. In 2000, 22% of respondents said their lives were extremely stressful, and 62% said their lives were moderately stressful.
- ⇒ Only 17% said their lives were not stressful.
- ⇒ Women were more likely than men to say their lives were extremely or moderately stressful (23% compared to 20%).
- ⇒ Stress appears to increase in early adulthood, peak around middle age, then decline during old age.
- ⇒ Among Canadians with high household incomes of \$80,000 or more, 27% reported leading extremely stressful lives. The other group most likely to report high stress levels were those with household incomes of less than \$20,000, with 23% describing their lives as extremely stressful.
- ⇒ Regionally, 24% of Ontario and Alberta residents described their lives as extremely stressful, while only 18% of Quebec residents and 17% in the Atlantic Provinces reported this.
- ⇒ High stress levels have also been linked to higher levels of education, parenthood – particularly single parenthood – and trying to balance work and family life.
- ⇒ ***According to a Statistics Canada survey on time stress, married women who are employed and have young children are the most highly stressed group in Canada today.***

PERCEPTION: How do Canadians rate their own health?

One of the most reliable indicators of a person's health status is, quite simply, their own assessment of their health. With that in mind, we asked Canadians to rate their health.

- ⇒ In 2000, 69% of respondents said they were in good or excellent health. This is down by 4% from 1999 and a decline of 9 percentage points from only two years earlier.
- ⇒ 24% rated their health as average, while 7% rated their health as poor or terrible.
- ⇒ Women and men were about equally likely to report their health as excellent. However, men were much more likely than women to report their health as good or very good; women were more likely to report their health as average.
- ⇒ Not surprisingly, the number of people reporting excellent health declines with age: 80% of respondents under age 25 said their health was good or better compared to 54% for those over age 65.
- ⇒ The proportion of those reporting excellent health rose with household income. Nearly 28% of those earning over \$50,000 per year reported having excellent health, while slightly less than 20% of those

earning less than \$20,000 reported the same. Those with lower incomes were more than twice as likely as those with higher incomes to describe their health as terrible or poor.

⇒ Residents of Quebec were by far the most likely to rate their health as excellent (32%), whereas only 20% of Prairie residents rated their health in this way.

Health Care Spending

DATA:

- ⇒ Initial forecasts estimate that the public share of health care costs increased to 71.1% in 2000 from 69.9% in 1999. (This is a positive shift from the mid-1990s when the private share was increasing and the public share was decreasing.)
- ⇒ Provincially, combined public and private health care spending for 1998 was highest in British Columbia, Ontario and Manitoba. With the exception of Nova Scotia, which placed fourth, the Atlantic Provinces and Quebec spent the least on health care in 1998.
- ⇒ Ontario led all other provinces in 1998 in the share of health care spending financed by private sources, followed by Alberta and British Columbia.
- ⇒ The largest areas of health expenditures are for hospital care, prescribed and non-prescribed drugs, and physician services.
- ⇒ In 1997, for the first time since 1975, total drug costs exceeded the total costs of physician services.
- ⇒ Since 1996, drug expenditures have been rising. The growth rate in 1997 and 1998 was about 10% and rates of growth around 9% are expected for 1999 and 2000.
- ⇒ The majority of drug costs and most of the growing costs of home care are privately financed, so this change in health expenditures may affect people's future ability to access health care.
- ⇒ **The bottom 20% of households increased their health care spending by 23%, compared to an increase of 12% for households at the top of the income ladder. This suggests that the growing need for private health spending has hurt low-income households the most, despite government assistance programs.**

Access to Health Services

Government cuts in spending on health care and publicity over problems in the system have caused many Canadians to worry that they will not have access to affordable and adequate health services.

PERCEPTION: Are Canadians worried about access to health care services?

- ⇒ The proportion of Canadians who are confident they would be able to access the necessary health care services remained stable at 60%.
- ⇒ The proportion feeling "not confident" increased slightly in 2000, to 23%.

- ⇒ Seniors and those under age 25 were the most confident in the health care system (69%). Middle-aged Canadians were less confident, with 57% of those aged 25 to 44 and 58% of those aged 45 to 64 expressing confidence.
- ⇒ As with previous years, women were less confident than men (64% vs. 58%).
- ⇒ As might be expected in a government-financed system, confidence varied little by household income.
- ⇒ Across Canada, residents of Saskatchewan and Manitoba were the most confident (66%), with residents of British Columbia the least confident (54%).

Safety at work continues to improve

The PSI tracks the incidence of workplace injuries by reporting on the number of injuries per 100,000 workers that result in time being lost from the workplace. Unfortunately, only very limited data are available on psychological stress and strain at work.

DATA:

- ⇒ In 1998 – the latest year for which time loss injury data are available – Human Resources Development Canada reported that work days lost to occupational injuries were equivalent to the number of days worked for 62,150 full-time jobs in one year.
- ⇒ Workers' compensation boards paid out more than \$4 billion directly related to time loss injuries in 1998. When indirect costs are added, this figure is estimated at over \$9 billion.
- ⇒ 798 workers died as a result of occupational fatalities in 1998, down from 1997, but still much higher than the number reported in 1996.
- ⇒ The highest workplace injury rates were recorded in Quebec and British Columbia, where rates exceeded 4,500 per 100,000 workers.
- ⇒ The lowest rates were in New Brunswick and Ontario – both with rates under 2,000 per 100,000 workers. These differences may reflect differences in the mix of industries in those provinces.

Traffic accidents

To gauge the safety of Canadians on the road, the PSI monitors the motor vehicle crash victim rate – that is, the number of people injured as a result of traffic accidents, as a proportion of the overall Canadian population.

DATA:

- ⇒ Traffic injuries have fallen from 1,073 per 100,000 population in 1980, to 729 per 100,000 in 1999, due mainly to better seat belt laws and more intensive efforts to discourage impaired driving.

- ⇒ Injury rates from motor vehicle accidents were highest in Manitoba and Alberta, both with rates over 800 per 100,000 population.
- ⇒ Injury rates were lowest in Newfoundland (551 per 100,000) and in Quebec (657 per 100,000 population).
- ⇒ Injury rates for individuals aged 15 to 19 (1,424 per 100,000) and for those aged 20 to 24 (1,391 per 100,000) were the highest of all age categories.
- ⇒ On a positive note, impaired driving is decreasing. In 1992, 48.1% of drivers who died in motor vehicle accidents had been drinking or were impaired, but by 1997 this figure was down to 39.1%.