

Health status

5.1

To determine the state of health of a nation, one must first look at patterns of illness and what is done to prevent and deal with illness. Much of this chapter describes how the resources of Canadian society, on national, provincial and local levels, are used to combat illness.

There are many dimensions of health and illness in society. In April 1974, the national health and welfare minister tabled in Parliament and published *A new perspective on the health of Canadians*. This document suggests that what are usually called health services are really sickness or treatment services. It contends that further improvement in the health of Canadians will depend on a better knowledge of the human body, on the quality of the environment, and on individual lifestyles rather than on any improvements in health care services.

Despite the complexities of defining good health, there are various ways in which some fairly dependable measures of the state of health may be obtained. One attempt to gain information on this subject from a nationwide study of the population was a Canadian sickness survey of 1950-51. The Nutrition Canada study of 1970-72 was a national review of the impact of nutrition on health. A Canada health survey, which began in May 1978, will provide annual figures on many aspects of health, lifestyle, illness and use of health services. Preliminary data from the survey are expected to be available in 1979.

The most widely used measures of health status, based on available information, are life expectancy, infant mortality, causes of death, hospital and other morbidity data.

Life expectancy

5.1.1

Trends in life expectancy in Canada are depicted in Tables 4.46 and 4.47. Over the last 40 years expectation of life at birth has improved steadily for both males and females. In 1971 it reached 69.3 years for males and nearly 76.4 years for females. A major reason for the overall increase is the drop in infant mortality.

The difference between male and female life expectancy increased from 2.1 to 7.1 years between 1931 and 1971. This difference is reflected in lower death rates for women at all ages and a substantially larger decrease for female death rates compared to male death rates.

Infant mortality

5.1.2

Trends in infant mortality are presented in Table 4.43. Death rates for both male and female infants under one year of age declined about 63% between 1951 and 1975. The improvement is due to better health care before and after birth, improved nutrition and living standards and a decline in the number of children born to older mothers. However the death rate in Canada in recent years was still 20% to 25% higher for male infants than for females.

Causes of death

5.1.3

Table 4.42 presents causes of death by sex and age group for 1975 and 1976. The leading causes of infant mortality are considerably different from those at later ages. Most infant deaths occur during or shortly after delivery and most are caused by birth defects and conditions specific to the period immediately before and after birth. After the first week of life most infant deaths are due to congenital anomalies, acute infections of the respiratory tract or different kinds of accidents.

Between the ages of one and 14, death rates appear to be gradually stabilizing at low levels. However death rates for males in these age categories, as in all others up to age 80, are higher than those for females. More than half the deaths of children between age one and 14 are due to motor vehicle and other accidents.