

## 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. What are usually called health services are really sickness or treatment services. Further improvement in the health of Canadians will depend on a better knowledge of the human body, quality of the environment, and individual lifestyles rather than on 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 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 conducted during 1978-79 will provide figures on many aspects of health, lifestyle, illness and use of health services.

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.

Hospital statistics provide a comprehensive source of information on patterns of illness and disability. However, there is little information available about the chronically disabled and the number of days Canadians stay at home in bed because of illness.

## Life expectancy

5.1.1

Trends in life expectancy, infant mortality and causes of death in Canada are depicted in vital statistics tables in Chapter 4. Over the last 40 years expectation of life at birth has improved steadily for both males and females. In 1976 it reached 70.2 years for males and nearly 77.5 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 7.3 years between 1931 and 1976. 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

Death rates for both male and female infants under one year of age declined about 65% between 1951 and 1976. 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

The leading causes of death in infancy 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.

In the age groups 15-19 and 20-24, a serious trend in the last 10 years has been an increase in death rates in both sexes. Furthermore, the rate for males is three times as