

## CHAPTER 3

# HEALTH

### 3.1 Health status

Most Canadians enjoy a quality of life equal to or better than that of the people of most other countries. The burden of ill-health on individuals has eased enormously over the past 50 years, and many infectious diseases that were once prevalent have been virtually eliminated.

Overall mortality rates have significantly declined since early in the 20th century. As Canada moved into public insurance coverage of health care services, there was a further decline in specific areas. The leading causes of death are cardiovascular diseases, cancer and accidents. Hospital morbidity data reinforce the need for dealing with these causes — heart disease, stroke, cancer, accidents and respiratory disease. They also point out the considerable burden of ill-health imposed by mental disorders.

The health problems Canadians live with, quite different from those which result in death, include arthritis and rheumatism, disorders of back, limbs and joints, mental disorders, allergies, and dental trouble.

To improve significantly the health status of Canadians, future emphasis will be on the reduction of risks to health and the early detection of health problems. Improvements in the rehabilitation of people afflicted by disease or handicap would contribute to their well-being and quality of life.

To obtain information on the health status and risk exposure of the Canadian population, for use in program planning and policy development, the federal government carried out a Canada health survey in 1978-79 as a joint project of the national health and welfare department (NHW) and Statistics Canada.

The survey considered not just diseases and disability but lifestyle, environment and socio-economic factors. Information came from interviews and questionnaires. About 12,000 homes (38,000 individuals) were visited. *The health of Canadians: report of the Canada Health Survey* was released in July 1981. Computer tapes of the data base are available to users.

The survey was influenced by the guidelines spelled out in *A new perspective on the health of Canadians*, an NHW working document published in 1974. This approach to health planning is in line with

the program and policy initiative of the World Health Organization, *Health for all by the year 2000*, which Canada endorsed. For Canada, this means that the development of new social policy will emphasize specific groups, such as the elderly, the handicapped, native peoples, low-income persons, and those with specific conditions, and to priority health problems affecting Canadians. It was planned that the Canadian health system would be geared to these priorities during the 1980s.

#### 3.1.1 Life expectancy

Life expectancy at birth, or mean length of life, is a convenient way of summarizing the state of mortality and is to some extent an indicator of the population's overall health status. High life expectancy attained in industrialized nations attests to the success of the battle against infectious diseases, which were primarily a threat during the first year of life.

Canada has a high average life expectancy for both males and females. It reached 71.9 years for males and 79.0 for females in 1981 (Tables 3.1 and 3.2), with a life expectancy differential by sex of 7.1 years in 1981. This difference is reflected in lower death rates for women at all ages.

**Infant mortality.** A major reason for the overall increase in life expectancy at birth is the drop in infant mortality. Death rates for infants under one year of age declined about 76% between 1951 and 1982. 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 recent years was still 20% to 24% higher for male infants than for females.

The primary change since 1931 has been not so much the length of old age as the proportion of the population reaching this level. Under prevailing conditions in 1931, 66% of the male population could expect to reach the age of 60; by 1981 the proportion had increased to 83%; the corresponding figures for females were 68% and 90%. (*Perspectives on health*, Statistics Canada Catalogue 82-540E February 1983 and *Life tables, Canada and provinces*, Statistics Canada 84-532 June 1984.)