

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 now 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 heart disease, stroke, cancer, accidents and respiratory disease. They also point out the considerable burden of ill-health imposed by mental disorders.

The major current health problems Canadians live with, apart 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 must 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 health survey in 1978-79 as a joint project of Health and Welfare Canada and Statistics Canada.

The survey considered not just diseases and disability but also 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*, a National Health and Welfare (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.

Most recently, the National Health Promotion Survey was carried out in 1985 by Statistics Canada for the Health Promotion Directorate of Health and Welfare Canada. While the Canada Health Survey determined the levels and demographic correlates of certain lifestyle behaviours and preventive health practices, the Health Promotion Survey, in addition to updating this information, is expected to provide a comprehensive picture about Canadians' levels of knowledge about, and attitudes toward, those behaviours.

The Health Promotion Survey data, which represent the responses of about 11,000 adult Canadians, are intended to answer questions such as: What do Canadians do to promote their health? Do they eat properly, exercise, follow good safety and prevention practices, avoid tobacco, drugs and alcohol? What do Canadians think, feel and know about health, and how do these factors relate to what they do?

The main findings of the survey were published by Health and Welfare Canada in *The Active Health Report* in April 1987.

The growing recognition of the importance of preventive behaviour, self-care and social support in the attainment of better health status is reflected in *Achieving Health for All: A Framework for Health Promotion*, published in November 1986. This report is intended to stimulate discussion and research on how public participation, community-based services, mutual aid and self-care may be brought together to address remaining health challenges in Canada.

3.1.1 Life expectancy

Life expectancy at birth, or mean length of life, is a convenient way of summarizing the state of