



Executive Summary

This report summarizes the most current information we have on the health of Canadians. As such, it is a tool to alert policy makers, practitioners and the public to current and future challenges in population health and to identify actions that will improve the health of all Canadians.

What Makes Canadians Healthy or Unhealthy?

This deceptively simple story speaks to the complex set of factors or conditions that determine the level of health of every Canadian.

“Why is Jason in the hospital?

Because he has a bad infection in his leg.

But why does he have an infection?

Because he has a cut on his leg and it got infected.

But why does he have a cut on his leg?

Because he was playing in the junk yard next to his apartment building and there was some sharp, jagged steel there that he fell on.

But why was he playing in a junk yard?

Because his neighbourhood is kind of run down. A lot of kids play there and there is no one to supervise them.

But why does he live in that neighbourhood?

Because his parents can't afford a nicer place to live.

But why can't his parents afford a nicer place to live?

Because his Dad is unemployed and his Mom is sick.

But why is his Dad unemployed?

Because he doesn't have much education and he can't find a job.

But why ...?”

As this story suggests, health, illness and early death depend on a variety of factors or “determinants” that surround individuals, families and nations. Getting to the root cause of Jason’s illness and the other major health problems we face in Canada today requires action on the broader determinants of health. It also requires that we continue to provide high-quality health services that will help Jason heal.

This report shows that factors in the socioeconomic and physical environment, as well as early childhood experiences, personal health practices and biology, have a major impact on health. These factors operate independently of the amount of money we spend on health care. The highlights of these findings are summarized in the next section.

Highlights

How Healthy Are Canadians?

- ◆ Canada ranks in the top three developed countries in the world in measures of life expectancy, self-rated health and mortality rates. Life expectancy in Canada has reached a new high: 75.7 years for men and 81.4 years for women (Chapter 1).
- ◆ Most recent immigrants to Canada are in good health and the great majority of our older citizens enjoy independence and good health as they age (Chapters 1, 3, 5, 7).
- ◆ In 1996, Canada’s infant mortality rate dropped below the level of six infant deaths per 1,000 live births for the first time ever (Chapters 1, 3).
- ◆ The United Nations (UN) ranks Canada first in the world on its human development index. That standing drops to 10th place, however, when the UN Human Poverty Index for industrialized countries is applied (Chapter 1).

Gender and Age Influence Health

- ◆ Men are more likely to die prematurely than women, largely as a result of heart disease, fatal unintentional injuries, cancer and suicide. Rates of potential years of life lost before age 70 are almost twice as high for men than women and approximately three times as high among men aged 20 to 34 (Chapter 1).
- ◆ While women live longer than men, they are more likely to suffer depression, stress overload (often due to efforts to balance work and family life), chronic conditions such as arthritis and allergies, and injuries and death resulting from family violence (Chapters 1, 2).
- ◆ While overall cancer death rates for men have declined, they have remained persistently stubborn among women, mainly due to increases in lung cancer mortality. Teenage girls are now more likely than adolescent boys to smoke. If increased rates of smoking among young women are not reversed, lung cancer rates among women will continue to climb (Chapters 1, 3, 5).
- ◆ Older Canadians are far more likely than younger Canadians to have physical illnesses; however, youth (aged 12 to 19) report the lowest levels of psychological well-being (Chapters 1, 3, 7).

- ◆ Unintentional injuries are still the leading cause of death among children and youth, as well as a tragic and costly cause of disabling conditions among young Canadians. Boys and young men experience more unintentional injuries and more severe injuries than girls and young women (Chapters 1, 3).
- ◆ Rates of physical activity drop quickly as age increases, and males are more active than females in every age group. Regular, moderate activity is associated with better health, reduced risk for chronic illnesses and longer life (Chapter 5).

Income and Income Distribution Affect Health

- ◆ Only 47% of Canadians in the lowest income bracket rate their health as very good or excellent, compared with 73% of Canadians in the highest income group (Chapter 1).
- ◆ Low-income Canadians are more likely to die earlier and to suffer more illnesses than Canadians with higher incomes, regardless of age, sex, race and place of residence (Chapters 1, 2).
- ◆ At each rung up the income ladder, Canadians have less sickness, longer life expectancies and improved health (Chapters 2, 3).
- ◆ In 1995, children, youth and unattached seniors (mostly women) were most likely to be living in low-income situations (below Statistics Canada low-income cut-off) (Chapters 2, 3).
- ◆ In 1995, almost 50% of single-parent, mother-led families were in low-income situations. However, poverty was not restricted to single-parent families. From 1990 to 1995, the percentage of married couples with children in low-income situations rose from 9.5% to 13% (a total of almost 460,000 families) (Chapter 2).
- ◆ A greater proportion of Aboriginal families are experiencing problems with housing and food affordability than Canadian families as a whole (Chapter 4). In 1995, a disturbing 44% of the Aboriginal population lived in low-income situations (Chapter 2).
- ◆ Studies suggest that the distribution of income in a given society may be a more important determinant of health than the total amount of income earned by society members. Large gaps in income distribution lead to increases in social problems and poorer health among the population as a whole (Chapters 1, 2, 8).
- ◆ Overall, inequities in income distribution remained relatively constant in Canada between 1985 and 1995. This was largely due to the effect of redistributive taxes and transfer payments, which helped to offset a growing income gap between the 10% of Canadians with the lowest incomes and the 10% of Canadians with the highest incomes (Chapter 2). Trends in income inequality beyond 1995 are worth monitoring in future analyses.
- ◆ Changes in income distribution are closely related to changes in employment and wages. In recent years, some workers have been gaining, most notably older workers and those who are highly skilled. Others, especially young workers and lower-paid, lower-skilled men have experienced declines.



- ◆ While women are making progress in the workplace, they still earn less than men, mainly because they hold the majority of the lowest paying jobs .

The Social Environment Affects Health

- ◆ By and large, Canadians are a caring people. They report high levels of social support, caring for others, voluntarism and civic participation. These are important buffers in times of stress (Chapter 2).
- ◆ Family violence has a devastating effect on the health of women and children in both the short and long term. In 1996, family members were accused in 24% of all assaults against children; among very young children, the proportion was much higher. In 1997, about 40% of female homicide victims were killed by a man with whom they had experienced an intimate relationship (Chapter 2).
- ◆ In a 1996 study of 15-year-olds, half of boys and one-quarter of girls said that bullying was a problem (Chapter 3). While the incidence of violent youth crime has decreased in recent years, it remains much higher than it was a decade ago (Chapter 2).

Education and Literacy Affect Health

- ◆ Canadians with low literacy skills are more likely to be unemployed and poor, to suffer poorer health and to die earlier than Canadians with high levels of literacy (Chapters 1, 2).
- ◆ In 1994–1995, about 17% of Canadians scored in the lowest prose literacy category. Another 26% achieved the second level, which means that they can read, but not well (Chapter 2).
- ◆ In 1995, Canada had twice the proportion of citizens who lacked adequate literacy skills as Sweden, the number-one ranked country on this index (Chapter 1).
- ◆ People with higher levels of education have better access to healthy physical environments (Chapter 4) and are better able to prepare their children for school than people with low levels of education (Chapter 3). They also tend to smoke less, to be more physically active and to have access to healthier foods (Chapter 5).
- ◆ In 1996, more young Canadians (especially women) were gaining advanced degrees than ever before. However, there are a core of young people who leave high school early. Most often, they are young men who are having difficulty in school and have limited emotional and financial support for staying in school. Young women who leave school early tend to do so because of pregnancy or other family problems (Chapters 2, 3).

The Physical Environment Affects Health

- ◆ The prevalence of childhood asthma has increased sharply over the last two decades, especially from birth to age 6. Children (especially poor children) are more vulnerable to airborne contaminants and other environmental toxins than adults. In 1995, at least 1.4 million children were exposed to environmental tobacco smoke in their homes (Chapter 4).

- ◆ In 1996, many Canadians faced a housing affordability crisis. Some 58% of lone-parent families and 59% of older Canadians living in one-person households were spending more than 30% of their income on housing. As many as 200,000 Canadians were estimated to be homeless, including increasing numbers of women and children, Aboriginal people, adolescents and persons with mental illnesses (Chapter 4).
- ◆ Climate change and environmental hazards in the food supply may have a particularly negative effect on Aboriginal people (Chapter 4).

Personal Health Practices Affect Health

- ◆ Tobacco use accounts for at least one-quarter of all deaths of adults between the ages of 35 and 84 (Chapter 1). Smoking rates have increased substantially among young people, particularly among young women in the last 10 years. Smoking rates among Aboriginal people are double the overall rate for Canada as a whole and the age of onset for tobacco use is substantially younger among Aboriginal children in some communities (Chapters 1, 5).
- ◆ Multiple risk-taking and unsafe sex practices remain high among young people, particularly among young men (Chapter 5). Multiple drug use (e.g. combination of alcohol, tobacco and cannabis) has increased among high school students in regions where this has been surveyed.
- ◆ The proportion of new AIDS cases attributed to men who have sex with men declined steadily from nearly 80% in the 1980s to just over 50% in 1997. By contrast, 20% of adult AIDS cases in 1997 were attributed to injection drug use, compared to 2% prior to 1990, and 5% in 1993.

Health Services Affect Health

- ◆ Disease and injury prevention activities in areas such as immunization (Chapter 3) and the use of mammography (Chapter 6) are showing positive results. These activities must continue if progress is to be maintained.
- ◆ Advances in the treatment of HIV/AIDS and other diseases have helped to increase the length of life and quality of life of people living with life-threatening illnesses (Chapter 1).
- ◆ The annual growth rate of Canada's insured health-care expenditures fell from 11.1% (between 1975 and 1991) to 2.5% between 1991 and 1996 (Chapter 6). Despite this slowdown, Canadians did not report a significant increase in unmet health-care needs (Chapter 6), and most measures of population health continued to improve (Chapter 1).
- ◆ There has been a substantial decline in the average length of stay in hospital. Shifting care into the community and the home raises concerns about the increased financial, physical and emotional burdens placed on families, especially women (Chapters 2 and 6). The demand for home care has increased in several jurisdictions, and there is a concern about equitable access to these services (Chapter 6).

- ◆ Little information on the quality of care or the impact of restructuring was available. However, the public's assessment of the overall quality of the health-care system, although still largely favourable, has deteriorated since the beginning of this decade. In February 1998, 29% of Canadians rated Canada's health-care system as "excellent" or "very good," down from 61% in 1991 (Chapter 6).
- ◆ Access to universally insured care remains largely unrelated to income; however, many low- and moderate-income Canadians have limited or no access to health services such as eye care, dentistry, mental health counselling and prescription drugs (Chapter 6).
- ◆ Expenditures for medications and the use of prescription drugs have increased dramatically since 1975. In 1996–97, 30% of Canadians aged 12 and over and 46% of Canadians aged 75 and older used three or more medications (Chapter 6).

Biology and Genetics Affect Health

- ◆ Studies in neurobiology have confirmed that when optimal conditions for a child's development are provided in the investment phase (between conception and age 5), the brain develops in a way that has positive outcomes for a lifetime (Chapters 3, 7).
- ◆ Aging is not synonymous with poor health. Active living and the provision of opportunities for lifelong learning may be particularly important for maintaining health and cognitive capacity in old age (Chapter 7).

Key Population Groups

This report describes decreased opportunities for optimal well-being among three key population groups: children, youth and Aboriginal people.

Early Childhood

With nurturing and consistent support in later years, many children can overcome early disadvantages. However, the preferred strategy is to prevent problems by providing all children with the kinds of social, economic and physical environments they need in order to thrive.

Efforts to maximize healthy child development in the early years will require direct action by the health sector as well as collaboration with the other sectors (e.g. education, social services, housing and taxation) and the many people and institutions that affect child development (e.g. families, schools, communities, workplaces, governments and the media).

- ◆ A loving, secure attachment between parents/caregivers and babies in the first 18 months of life helps children to develop trust, self-esteem, emotional control and the ability to have positive relationships with others in later life (Chapters 3, 7). Support to families and parents through a broad range of strategies is the best way to help children get this important head start in healthy development.
- ◆ Experiences from conception to age six have the most important influence of any time in the life cycle on the connecting and sculpting of the brain's neurons. Positive stimulation early in life improves learning, behaviour and health right into adulthood.

- ◆ Infants and children who are neglected or abused are at higher risk for injuries, a number of behavioural, social and cognitive problems later in life, and death (Chapters 2, 3, 7). In 1996, almost 70% of children under age 3 who were victims of assault were assaulted by family members (Chapter 2).
- ◆ Readiness for school is an important indicator of developmental maturity and future success in school. In 1996–97, approximately 15% of preschoolers arrived at school with low cognitive scores; 14% had high scores in behavioural problems. Safe, cohesive neighbourhoods, high-quality childcare and growing up with a mother who has a higher level of education are all factors that positively affect school readiness (Chapters 3, 7).
- ◆ A healthy childhood begins before conception and continues through the prenatal period. Good prenatal nutrition and support to pregnant women can help reduce low birthweight and other problems associated with birth. In 1996, 5.8% of all live births in Canada resulted in low birthweight babies (a total of 21,025 babies) (Chapters 1, 2, 3, 7).
- ◆ Despite a parliamentary resolution to eliminate child poverty by the year 2000, the proportion of young children who lived in low-income families increased from one in five in 1990 to one in four in 1995. These proportions are higher in Aboriginal and recently arrived immigrant communities, and in families headed by very young parents and female lone parents (Chapter 2).
- ◆ Children in low-income families and neighbourhoods are at higher risk for infant death and low birthweight. They are more likely to experience developmental delays, to be exposed to environmental contaminants that have a negative effect on health, and to experience higher rates of both unintentional and intentional injuries than children who grow up in families with higher incomes (Chapters 2, 3).
- ◆ At the same time, there is no economic cut-off point above which all children do well. The greatest proportion of children who experience difficulties are found in the bottom 20% of the socioeconomic scale. However, due to the large size of the middle class in Canada, the greatest number of children not doing as well as they might is in the middle socioeconomic group.

Young People

Just as it is important to invest in early childhood, this report points to the immediate need to invest in Canada's youth. Young people deserve love and respect for who they are. They are also central to Canada's investment in its future as a caring and productive nation. Young people themselves must be involved in identifying both problems and solutions, and in providing input to policy and program decisions related to their well-being.

- ◆ A number of things are going well with young people. For example, youth voluntarism has increased dramatically and the number of young women completing post-secondary levels of education is at its highest point ever (Chapter 2).

- ◆ At the same time, distressing trends in the psychosocial well-being of Canada's youth are reported in virtually every chapter of this report.
- ◆ Negative health predictors among young women include high levels of reported stress and depression and low levels of psychological well-being (Chapter 1). Many young women report that they smoke to manage stress (Chapters 1, 5).
- ◆ Among young men, high rates of suicide (especially in Aboriginal communities) and unintentional injuries contribute to early deaths (Chapter 1). Early school leaving and multiple risk-taking behaviours (including drinking and driving and drinking and unsafe sex) are symptoms of despair that do not bode well for the current or future health of Canada's young men (Chapters 2, 5).
- ◆ Despite some recent improvements, unemployment and underemployment remain pervasive problems for young people. This is related to increases in the number of young people who live in low-income situations and the number of young low-income families in Canada (Chapter 2).

Canada's Aboriginal People

Aboriginal communities have the main role in enabling their people to take control of and improve their health. However, meeting this goal will require the support of all Canadians. Policy makers and practitioners who are non-Aboriginal need to work with Canada's Aboriginal people to find culturally appropriate ways to improve their health and well-being.

- ◆ Despite reductions in infant mortality rates, improvements in education levels, and reductions in substance use in many Aboriginal communities, First Nations and Inuit people remain at higher risk than the Canadian population as a whole for illness and early death (Chapters 1, 3).
- ◆ Aboriginal people suffer from chronic diseases such as diabetes and heart disease more so than the general population and there is evidence that these conditions are increasing among Aboriginal groups (Chapter 1).
- ◆ Despite major improvements since the 1970s, infant mortality rates are still twice as high in First Nations communities than in Canada as a whole (Chapters 1, 3).
- ◆ It has been estimated that the suicide rate among the Aboriginal population averages two to seven times that of the population of Canada as a whole. Young Aboriginal men (especially Inuit males) are most likely to commit suicide (Chapters 1, 3).
- ◆ Aboriginal young people are at higher risk for unintentional injuries and early deaths from drowning and other causes (Chapters 1, 5).
- ◆ A greater proportion of Aboriginal families face problems with housing and food affordability than Canadians as a whole.

Addressing Current and Future Challenges to Health in Canada

This report suggests the need for a comprehensive and collaborative approach to improving the health of Canadians that addresses the root causes of illness and early death. This kind of strategy has been named a “population health approach” by the federal, provincial and territorial health departments in Canada.

A Population Health Approach

A population health approach focuses on the interrelated conditions that underlie health and then uses what is learned to suggest actions that will improve the well-being of all Canadians. A population health approach uses both short- and long-term strategies to:

- improve the underlying and interrelated conditions in the environment that enable all Canadians to be healthy, and
- reduce inequities in the underlying conditions that put some Canadians at a disadvantage for attaining and maintaining optimal health.

Priorities for Action

While there are many challenges to improving health, the ACPH recognized the importance of highlighting three broad priority areas for action. The selection of these priorities was based on the evidence contained in this report, as well as the collective experience and expertise of the committee members and their partners. See Chapter 8 for an expanded discussion of key strategies for action.

1. *Renewing and reorienting the health sector* requires collaborative efforts to:
 - take action to meet emerging challenges in health promotion, disease and injury prevention and health protection, as well as in treatment services,
 - increase the accountability of health services through improved reporting on the quality of health services and increasing access to needed services,
 - increase our understanding of how the basic determinants of health influence collective and personal well-being,
 - evaluate and identify policy and program strategies that work, and
 - influence sectors outside of health which can significantly affect health status.
2. *Investing in the health and well-being of key population groups* addresses recent trends that indicate decreased opportunities for optimal well-being among three groups: children, youth and Aboriginal people.
3. *Improving health by reducing inequities in literacy, education and the distribution of incomes in Canada* speaks to the findings in this report showing direct links between poor health and early death, and low levels of income, education and literacy.

The Need for Dialogue and Collaboration

Obviously, the health sector has a key direct role in improving health. But, since many of the determinants of health are outside the traditional health system, building alliances with other sectors is a primary strategy for improving the health of the population. Other health-determining sectors that need to be involved include finance, justice, housing, education, the physical environment, employment, recreation, transportation and social services.

The ideal outcome of these collaborations will be healthy public policies in a variety of health-determining sectors, as well as in the health sector itself. The health sector cannot do it all, nor can it impose its agenda on other sectors. It can, however, initiate dialogue and partnerships with other sectors, and act as a collaborator for change.

All sectors stand to benefit from improvements in health and the conditions that affect health. Healthy, well-educated, productive citizens who nurture their young people and live in a civic, egalitarian, sustainable society feel in control of their destiny. They are better prepared to address the local, provincial or territorial, national and global challenges of the new millennium.

Collaboration in the pursuit of the public's health needs to occur at all levels — families, neighbourhoods, communities, provinces and territories, regions and national. Partners need to include voluntary, professional, business, consumer and labour organizations, private industry, governments and representatives of communities of faith, various cultures, population groups and disadvantaged groups.

Moving Ahead

This report points to some important trends and challenges that need to be addressed. Trends, however, are not destiny. It is possible to achieve positive health outcomes through the implementation of a broad population health strategy that has a role for all: public, private and not-for-profit.

As we enter a new century, there is an expectation that our past achievements and collective commitment to improving the well-being of all Canadians will provide us with some exciting opportunities to address the challenges presented in this report. We can give no greater gift to the next generation than a healthy future.