

Overview

Governments spent \$99.0 billion on health services in 2006, up from \$44.8 billion in 1991. Most public spending on health services pays for hospitals, drugs and physicians.

The health of Canadians has improved substantially in the last 100 years. Death rates have declined, life expectancy has climbed, many infectious diseases have been virtually eradicated and medical techniques have advanced. In recent surveys, 60% of Canadians said they were in very good or excellent health.

Proportionally more Canadians than in the past have adopted healthy lifestyles, such as exercising and not smoking. Canadians generally also enjoy better socio-economic conditions—such as higher incomes and higher levels of education—that promote better overall health.

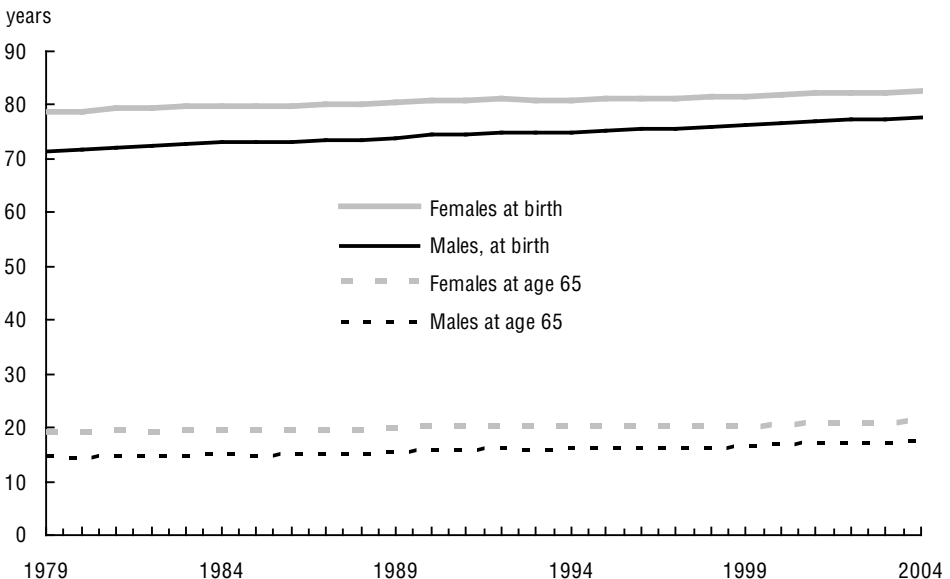
Health status

Life expectancy at birth in Canada was 80.2 years in 2004, compared with 77.8 years in 1991. A girl born in 2004 can expect to live 82.6 years; a boy can expect to live 77.8 years. From 1979 to 2004, life expectancy rose 6.4 years for men and 3.8 years for women.

Most Canadians consider themselves to be in good health. In 2005, people aged 20 to 34 had the most positive opinion: 70% rated their health as excellent or very good. The higher their age, the less positive Canadians are about their health. Only 40% of people aged 65 and older regarded their health as good or excellent in 2005.

In the last quarter-century, the leading causes of death in Canada have been diseases of the circulatory system and cancer. Both are more

Chart 17.1
Life expectancy



Note: Life expectancy is the estimated remaining years of life.
Source: Statistics Canada, CANSIM tables 102-0025 and 102-0511.

prevalent in an aging population. In 2003, these causes combined were responsible for 6 of every 10 deaths.

Many Canadians today live with chronic health problems, such as high blood pressure and cardiovascular disease. Asthma, diabetes and obesity are among the leading chronic conditions that threaten the health and well-being of a growing number of Canadians. Moreover, as the population ages, other chronic diseases are affecting more people, especially the elderly.

Healthy behaviours, better health

Behaviours such as regular exercise, good eating habits and not smoking are associated with better health. From 2001 to 2005, the proportion of Canadians aged 12 and older who were active or moderately active during their free time increased. In 2005, 51% of Canadians were active or moderately active during their free time, compared with 43% in 2000/2001. People aged 12 to 19 are the most active.

At the same time, the proportion of people who smoke daily declined. In 2005, 22% of

Table 17.a
Health indicators, 2004

	Males	Females
Life expectancy at birth (years)	77.8	82.6
Infant mortality rate, (deaths per 1,000 live births)	5.5	5.0
Babies with low birth weight (%)	5.5	6.3
Total fertility rate, (number of live births per woman)	...	1.5
Daily smokers (%) ¹	18.2	14.9

1. Data for 2005.

Source: Statistics Canada, CANSIM tables 102-0506, 102-0511, 102-4505, 102-4511 and 105-0427.

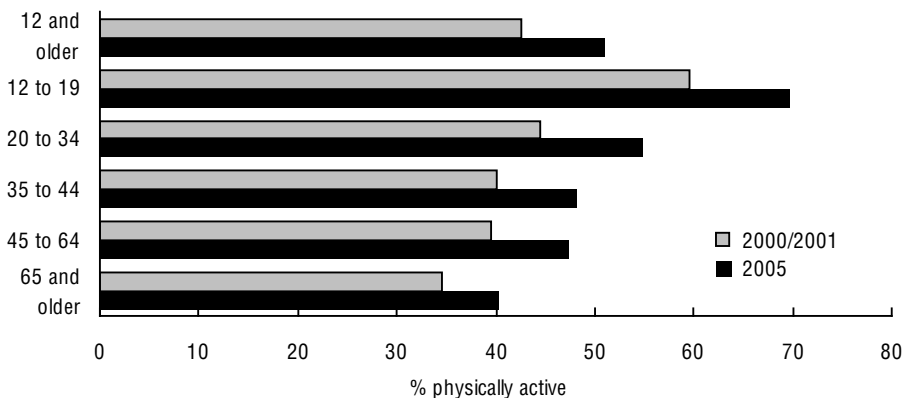
Canadians aged 12 and older smoked, down from 26% in 2000/2001. The sharpest drop in smoking rates is among those aged 12 to 17.

Many Canadians do not have a balanced diet, according to the Canadian Community Health Survey. In 2004, 7 out of 10 children aged 4 to 8 were not eating the minimum number of fruit and vegetable servings recommended in *Canada's Food Guide*.

For one out of four Canadians aged 31 to 50, fat accounted for more than 35% of their total calories.

On the bright side, average daily calories eaten have increased little in the last three

Chart 17.2
Leisure-time physical activity, by age group



Note: Household population who were physically active or moderately active in leisure time.

Source: Statistics Canada, CANSIM tables 105-0033 and 105-0433.

decades, and total fat consumed has declined from 40% of Canadians' daily calories to 31%.

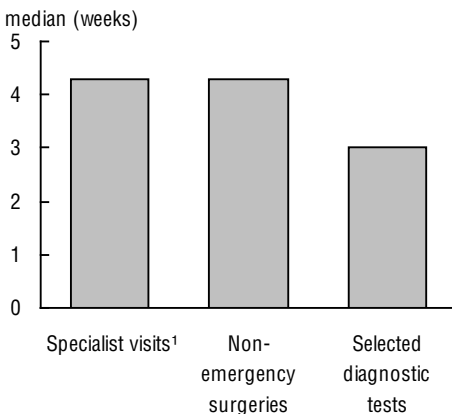
Access to health services

Although access to health care is guaranteed under the *Canada Health Act*, some Canadians have difficulty finding a physician—13.6% of the adult population, or 3.5 million Canadians, did not have a regular family doctor in 2005, down slightly from 13.7% in 2003.

A total of 2.8 million people aged 15 and older saw a specialist in 2005, and 19% who needed a specialist's services had trouble getting access. Long wait times remained the main obstacle. Median wait times for all specialist services varied from three to four weeks depending on the type; the figures were similar in 2003. In 2005, the proportion of Canadians who waited more than three months ranged from 10% for diagnostic tests to 19% for non-emergency surgery.

Progress on wait times has varied by province for certain specialist services. For example,

Chart 17.3
Waiting times for specialized medical services, 2005



1. For a new illness or condition.

Source: Statistics Canada, CANSIM table 105-3001.

median wait times for non-emergency surgery have been halved in Quebec, dropping from nearly nine weeks in 2003 to four weeks in 2005. In Newfoundland and Labrador, however, median wait times for diagnostic tests have doubled, from two weeks to four weeks; in British Columbia, they increased from two weeks to three weeks.

Patients' perceptions of wait times were essentially unchanged from 2003 to 2005. Although 70% to 80% of patients consider wait times acceptable, some feel their wait times are unacceptable and have a negative effect on their lives.

The main negative effects that people report are anxiety, stress and worry for themselves, their friends and relatives. Some report they suffer pain and have trouble performing daily activities while they wait.

Selected sources

Statistics Canada

- *Access to Health Care Services in Canada*. Irregular. 82-575-XIE
- *Deaths*. Annual. 84F0211XWE
- *Health Indicators*. Semi-annual. 82-221-XIE
- *Health Reports*. Quarterly. 82-003-XIE
- *Health Reports – Supplement*. Annual. 82-003-SIE
- *Healthy Today, Healthy Tomorrow? Findings from the National Population Health Survey*. Occasional. 82-618-MWE
- *Mortality, Summary List of Causes*. Annual. 84F0209XWE
- *Nutrition: Findings from the Canadian Community Health Survey*. Occasional. 82-620-MWE
- *Your Community, Your Health: Findings from the Canadian Community Health Survey (CCHS)*. Occasional. 82-621-XWE2006002

Less exposure to second-hand smoke

Widespread smoking bans in public places appear to have reduced the proportion of smokers in Canada. An estimated 22% of Canadians smoked in 2005, down from 26% in 2000/2001. The sharpest decline is among youth aged 12 to 17 years—a growing proportion of young Canadians have never smoked.

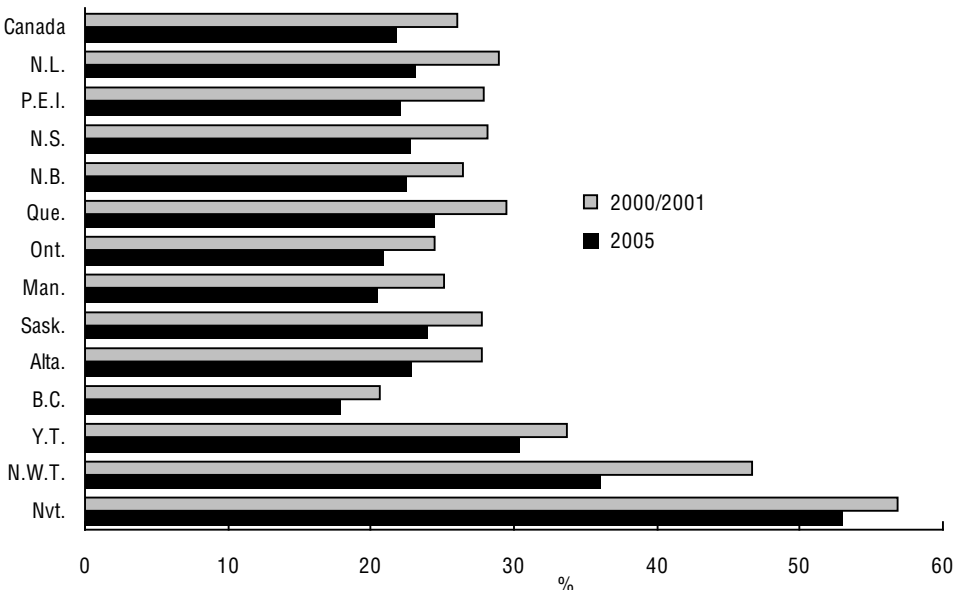
As smoking bans in public places have become more common, exposure to second-hand smoke among non-smokers has also declined. The restrictions may have helped to change the behaviour of smokers in other places, such as homes and cars.

In 2005, 23% of non-smokers reported regular exposure to second-hand smoke in at least one of the following types of locations: public places, homes and private vehicles. This proportion is down from 29% two years earlier.

Even so, the most common location for exposure to second-hand smoke is public places. In 2005, 15% of non-smokers reported that public places are the location where they are most often exposed to second-hand smoke. The proportion of non-smokers exposed to second-hand smoke at home is 9%, and in private vehicles, 8%.

The risk of exposure to second-hand smoke in at least one type of location is highest among young people. In 2005, about 40% of non-smokers aged 12 to 17 reported regular exposure to second-hand smoke in at least one type of location. By comparison, the rate is 31% for those aged 18 to 34, 19% for those aged 35 to 64, and 11% for those 65 and older.

Chart 17.4
Current smokers, by province and territory



Note: Current smokers include daily and occasional smokers.

Source: Statistics Canada, Catalogue no. 82-621-XWE.

Health and well-being of nurses

Many nurses regularly work overtime and some have more than one job. This might suggest that they are more likely than the employed population as a whole to experience health problems.

However, the 2005 National Survey of the Work and Health of Nurses showed little correlation between poor health and factors such as shift work and long hours of work.

In general, nurses' health problems are more strongly associated with psychosocial factors, including stress at work, low autonomy and lack of respect. In addition, among the employed population nurses are more likely than other workers to experience a high level of job strain.

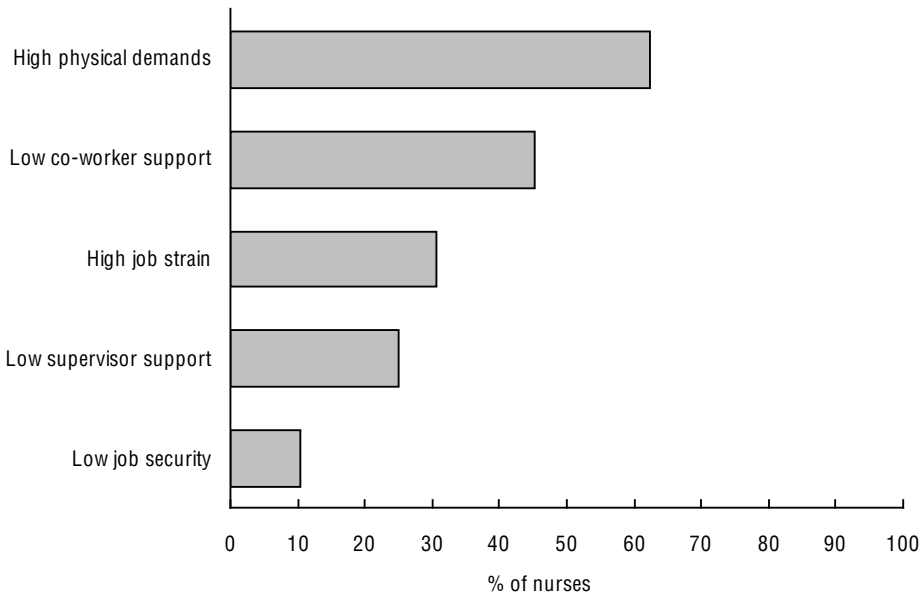
Job strain is strongly related to fair or poor physical and mental health and to lengthy or frequent absences from work for health-

related reasons. For example, 17% of nurses who experienced high job strain reported 20 or more sick days in the year prior to the 2005 survey, compared with 12% of nurses who perceived less job strain.

Fifty-seven percent of nurses felt there had been no change in the quality of care in their workplace, but more nurses reported a deterioration in care than reported an improvement. Changes in staffing levels are a major factor in the quality of care question—27% of nurses who reported deterioration in patient care in 2005 mentioned a shortage of staff.

Of the 314,900 Canadians employed in 2005 as regulated nurses, 95% were women. The regulated nurses surveyed included registered nurses, licensed practical nurses and registered psychiatric nurses.

Chart 17.5
Nurses' work stress, by selected workplace characteristics, 2005



Source: Statistics Canada, Catalogue no. 83-003-XIE.

Depression and performance at work

While many people may feel depressed once in a while, they are still able to do their jobs. For some, however, depression can affect various aspects of their lives and have a serious impact on their performance at work.

About half a million Canadian workers aged 25 to 64 (4% of all such workers) experienced an episode of depression in the year preceding the 2002 Canadian Community Health Survey. Most of them felt that their symptoms had interfered with their ability to work.

Those at greatest risk of depression are white-collar workers and sales and service workers. As in the total population, depression is nearly twice as frequent among working women as among working men.

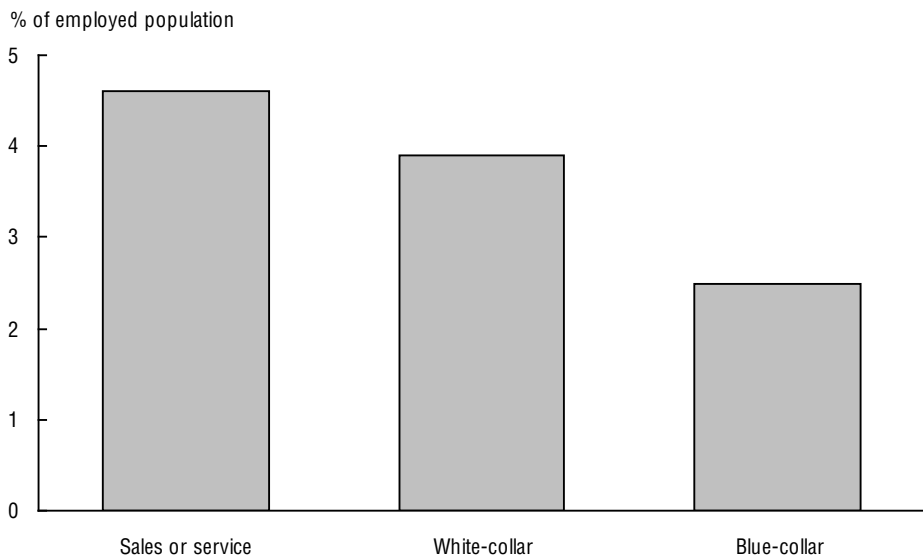
About four out of five workers who experienced depression during the year prior to the survey reported that their symptoms

affected their ability to work, at least to some extent. One out of five described their symptoms as very severe.

Workers who experienced depression said they were completely unable to work or perform their normal activities for an average of 32 days during the year prior to the 2002 survey. They were also more likely than workers with no history of depression to report a number of specific problems at work—including reduced activity at work because of a long-term health condition, at least one mental-health disability day in the previous two weeks, and absence from work in the previous week.

The survey found a correlation between worker depression and the presence of chronic health conditions, drug or alcohol dependency or anxiety disorders. But it did not find a correlation between excess weight and worker depression.

Chart 17.6
Employees with recent depression, by occupational category, 2002



Note: Employed population aged 25 to 64 having experienced depression in the past 12 months.

Source: Statistics Canada, Catalogue no. 82-003-XWE.

Obesity less prevalent in large cities

Adults who live in large Canadian cities are far less likely to be obese than their counterparts living outside urban centres. Twenty percent of people aged 18 or older living in a census metropolitan area (CMA) in 2004 were obese, compared with 29% of those who lived outside a CMA. The national average is 23%.

The likelihood of being obese is smaller in cities with large populations. In CMAs with a population of at least two million—Toronto, Montréal and Vancouver—only 17% of adults were obese in 2004. By contrast, in CMAs with a population of 100,000 to 2 million, 24% of adults were obese. And in urban centres with populations of 10,000 to 100,000, 30% of adults were obese.

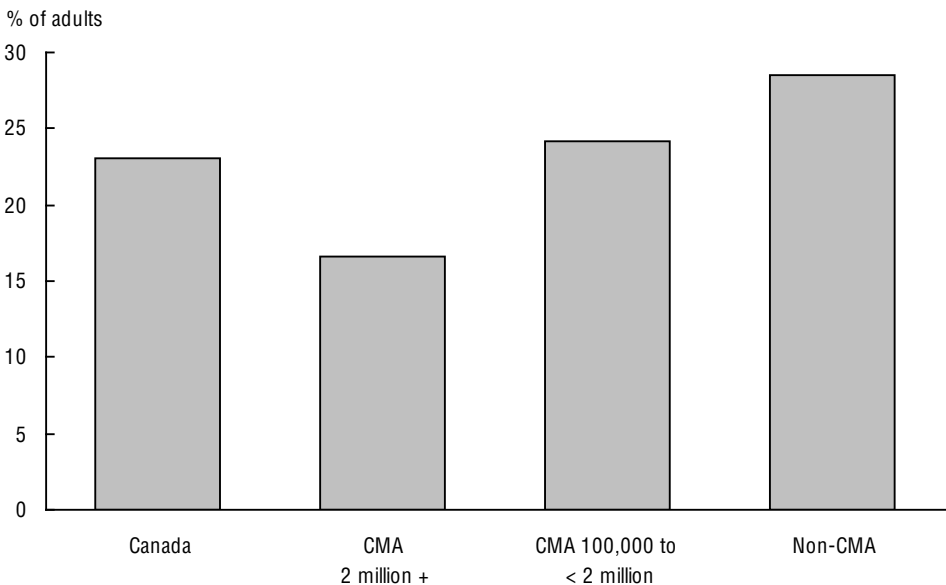
At the national level, this relationship between excess weight and urban/rural residence is not evident among children—

except in Alberta. In 2004, Albertans aged 2 to 17 who lived in CMAs were less likely to be overweight or obese than those who lived outside CMAs.

Among adults who do not live in urban centres, those who commute to a large city or even to a smaller urban centre are less likely to be obese. In municipalities where few residents commute to work in an urban centre, the obesity rate is almost twice the national average.

The growing prevalence of obesity among Canadians in recent years is a matter of some concern because obesity increases the higher risk of such health conditions as Type 2 diabetes, cardiovascular disease and high blood pressure. Functional limitations and disabilities are also associated with excess weight.

Chart 17.7
Adult obesity, by metropolitan zone, 2004



Notes: Household population aged 18 and older with a measured body mass index of 30 or higher. Excludes the territories.

Source: Statistics Canada, Catalogue no. 82-003-XIE.

Table 17.1 Mortality rates, by selected causes and by sex, 2000 and 2004

	2000			2004		
	Both sexes	Males	Females	Both sexes	Males	Females
	rate per 100,000 population					
All causes of death	615.5	778.3	493.2	571.9	710.0	465.6
Septicaemia	3.8	4.6	3.3	4.0	4.6	3.6
Viral hepatitis	0.4	0.6	0.2	1.0	1.4	0.7
Human immunodeficiency virus	1.6	2.6	0.5	1.2	1.9	0.4
Malignant neoplasms	180.4	225.3	149.4	173.7	212.1	147.0
Colon, rectum and anus	19.0	24.0	15.1	18.7	23.5	15.0
Pancreas	8.9	10.1	7.8	9.3	10.4	8.2
Trachea, bronchus and lung	47.1	64.3	34.4	46.6	60.6	36.2
Breast	13.9	0.3	25.0	12.8	0.2	23.1
Prostate ¹	...	26.7	...	...	23.4	...
Diabetes mellitus	18.9	22.9	15.7	19.6	24.8	15.8
Alzheimer's disease	13.2	11.7	13.8	12.7	10.5	13.7
Heart diseases	152.0	202.9	113.4	126.8	168.1	94.6
Ischaemic heart diseases	117.5	163.1	82.9	96.2	133.3	67.6
Other heart diseases	31.6	37.3	27.3	27.7	32.0	24.1
Cerebrovascular diseases	42.2	46.4	38.8	34.9	37.9	32.4
Influenza and pneumonia	13.2	17.0	11.0	13.4	17.0	11.3
Influenza	1.5	1.6	1.4	0.7	0.8	0.6
Pneumonia	11.7	15.4	9.6	12.7	16.2	10.6
Chronic lower respiratory diseases	27.2	39.8	19.8	24.8	33.8	19.4
Chronic liver disease and cirrhosis	6.5	9.4	3.9	6.0	8.4	3.9
Alcoholic liver disease	3.3	5.2	1.5	3.0	4.5	1.6
Other chronic liver disease and cirrhosis	3.2	4.2	2.4	3.0	3.9	2.3
Renal failure	8.4	11.3	6.7	8.3	11.6	6.5
Certain conditions originating in the perinatal period	3.9	4.3	3.5	4.3	4.5	4.2
Congenital malformations, deformations and chromosomal abnormalities	3.4	3.7	3.1	3.1	3.1	3.1
Accidents (unintentional injuries)	25.8	35.8	16.6	24.7	33.8	16.0
Motor vehicle accidents	8.6	12.4	5.0	8.7	12.7	4.9
Falls	4.3	5.9	3.1	5.4	6.8	4.3
Accidental poisoning and exposure to noxious substances	3.0	4.3	1.7	2.8	4.1	1.6
Suicide	11.4	18.0	5.0	10.8	16.6	5.1
Homicide	1.6	2.3	0.8	1.7	2.4	0.9

Note: Rates are age standardized to the 1991 Census of Population.

1. A combined rate is not calculated for gender-specific causes of death.

Source: Statistics Canada, CANSIM table 102-0552.

Table 17.2 Life expectancy at birth, by sex and by province and territory, 2004

	Males	Females
	age in years	
Canada	77.8	82.6
Newfoundland and Labrador	75.8	81.3
Prince Edward Island	76.8	81.6
Nova Scotia	76.5	81.6
New Brunswick	77.0	82.2
Quebec	77.5	82.6
Ontario	78.3	82.7
Manitoba	76.4	81.4
Saskatchewan	76.6	82.1
Alberta	77.8	82.6
British Columbia	78.7	83.1
Yukon	74.5	78.6
Northwest Territories	78.4	81.7
Nunavut	66.8	74.2

Source: Statistics Canada, CANSIM table 102-0511.

Table 17.3 Residents of care facilities for the aged, by sex and by province and territory, 1999/2000 and 2004/2005

	1999/2000			2004/2005		
	Both sexes	Males	Females	Both sexes	Males	Females
number						
Canada¹	168,911	38,469	97,605	189,325	44,748	106,146
Newfoundland and Labrador	3,785	1,272	2,513	4,225	1,379	2,846
Prince Edward Island	1,502	443	1,059	1,623	494	1,129
Nova Scotia	6,613	1,737	4,876	6,550	1,772	4,778
New Brunswick	5,814	1,741	4,073	6,206	1,898	4,308
Quebec ¹	32,837	..	..	38,431	..	..
Ontario	68,827	18,656	50,171	80,674	23,001	57,673
Manitoba	8,883	2,515	6,368	9,563	2,856	6,707
Saskatchewan	8,495	2,632	5,863	8,126	2,568	5,558
Alberta	13,382	4,180	9,202	14,185	4,684	9,501
British Columbia	18,582	5,226	13,356	19,528	6,017	13,511
Territories ²	191	67	124	214	79	135

Notes: Data are as of March 31.

Care facilities in which the predominant group of residents are elderly; residents of these facilities are not exclusively the aged.

1. Data for Quebec are derived from administrative sources of the *Ministère de la santé et des services sociaux*; these sources do not provide the age and sex distribution of residents, therefore, the Canada totals for males and females exclude Quebec.

2. Includes data for Yukon, Northwest Territories and Nunavut.

Source: Statistics Canada, CANSIM table 107-5504.

Table 17.4 Self-rated health, by age group and sex, 2000/2001 and 2005

	2000/2001			2005		
	Very good or excellent	Good	Fair or poor	Very good or excellent	Good	Fair or poor
	%					
Both sexes	61.4	26.6	12.0	60.1	28.7	11.2
12 to 19	70.8	24.3	4.9	67.4	27.9	4.6
12 to 14	72.7	23.4	3.9	68.3	27.6	3.9
15 to 19	69.7	24.8	5.5	66.9	28.1	5.0
20 to 34	73.0	21.9	5.1	70.0	25.0	5.0
20 to 24	72.4	22.4	5.1	69.0	25.9	5.1
25 to 34	73.3	21.6	5.1	70.5	24.6	5.0
35 to 44	66.7	25.3	8.0	65.2	27.2	7.4
45 to 64	55.8	29.1	15.1	56.0	30.2	13.7
45 to 54	59.2	28.0	12.8	58.7	30.0	11.3
55 to 64	50.5	30.7	18.7	52.4	30.5	17.0
65 and older	36.4	33.8	29.7	39.5	34.0	26.2
Males	63.0	25.8	11.2	60.6	28.7	10.7
12 to 19	73.4	22.3	4.2	69.7	26.2	4.1
12 to 14	72.7	23.6	3.6	67.8	27.9	4.3
15 to 19	73.7	21.6	4.6	70.8	25.2	3.9
20 to 34	75.0	20.3	4.7	69.6	25.5	4.9
20 to 24	76.1	18.9	4.8	69.7	24.9	5.3
25 to 34	74.3	21.0	4.6	69.5	25.8	4.6
35 to 44	66.8	25.7	7.5	64.8	27.8	7.4
45 to 64	56.2	29.1	14.6	55.8	30.7	13.4
45 to 54	59.3	28.8	11.9	58.6	30.5	10.8
55 to 64	51.5	29.5	18.9	52.2	31.0	16.8
65 and older	36.7	33.0	30.2	39.9	33.6	26.2
Females	59.9	27.4	12.7	59.6	28.7	11.7
12 to 19	68.0	26.3	5.6	65.0	29.7	5.2
12 to 14	72.7	23.1	4.1	68.9	27.2	3.6
15 to 19	65.6	28.1	6.4	62.8	31.0	6.1
20 to 34	70.9	23.6	5.6	70.3	24.5	5.2
20 to 24	68.5	26.0	5.4	68.2	27.0	4.9
25 to 34	72.1	22.3	5.6	71.4	23.3	5.3
35 to 44	66.6	24.8	8.6	65.8	26.7	7.5
45 to 64	55.3	29.0	15.6	56.2	29.7	14.0
45 to 54	59.1	27.2	13.7	58.8	29.5	11.7
55 to 64	49.5	31.9	18.6	52.6	30.1	17.3
65 and older	36.2	34.4	29.3	39.1	34.3	26.3

Notes: Household population aged 12 and older who rate their own health status as being either excellent, very good, good, fair or poor.

Excludes the "Not stated" category.

Source: Statistics Canada, CANSIM tables 105-0022, 105-0222 and 105-0422.

Table 17.5 Fruit and vegetable consumption, by age group and sex, 2005

	Less than 5 times per day	5 to 10 times per day	More than 10 times per day	Not stated
	%			
Both sexes	53.3	36.9	4.3	5.5
12 to 19	47.7	38.8	7.1	6.5
12 to 14	43.0	40.7	8.3	8.0
15 to 19	50.7	37.5	6.3	5.6
20 to 34	55.3	35.9	5.3	3.5
20 to 24	56.1	34.1	5.9	3.9 ^E
25 to 34	54.9	36.9	5.0	3.2
35 to 44	58.4	34.8	3.1	3.7
45 to 64	54.9	36.4	3.8	4.9
45 to 54	56.8	35.3	4.0	3.9
55 to 64	52.3	38.0	3.6	6.2
65 and older	44.7	40.6	3.2	11.6
Males	60.0	30.4	3.6	6.0
12 to 19	50.6	35.5	7.0	6.9
12 to 14	46.4	36.0	8.1 ^E	9.5
15 to 19	53.5	35.1	6.3	5.1 ^E
20 to 34	62.2	29.3	4.5	4.0
20 to 24	62.9	26.9	5.6 ^E	4.6 ^E
25 to 34	61.8	30.6	3.9	3.6
35 to 44	65.6	27.9	2.4	4.1
45 to 64	62.4	29.2	2.8	5.6
45 to 54	63.9	28.4	3.1 ^E	4.6
55 to 64	60.5	30.3	2.3 ^E	6.9
65 and older	51.2	33.7	2.2 ^E	13.0
Females	46.7	43.2	5.1	5.0
12 to 19	44.5	42.2	7.2	6.1
12 to 14	39.3	45.8	8.5 ^E	6.4 ^E
15 to 19	47.8	39.9	6.3 ^E	6.0
20 to 34	48.5	42.4	6.1	3.0
20 to 24	48.8	41.7	6.2 ^E	3.2 ^E
25 to 34	48.3	42.8	6.1	2.9 ^E
35 to 44	50.9	41.9	3.8	3.4
45 to 64	47.5	43.5	4.8	4.2
45 to 54	50.1	41.8	4.8	3.3 ^E
55 to 64	44.0	45.7	4.8	5.5
65 and older	39.4	46.1	4.0	10.5

Note: Household population aged 12 and older who reported the average number of times per day that they consume fruits and vegetables.

Source: Statistics Canada, CANSIM table 105-0449.

Table 17.6 Daily or occasional smokers, by sex and age group and by province and territory, 2005

	Canada	Newfoundland and Labrador	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Yukon	Northwest Territories	Nunavut
	%													
Both sexes	21.7	23.1	22.2	22.6	22.5	24.4	20.7	20.4	23.8	22.7	17.8	30.4	36.0	52.8
12 to 19	12.1	17.6	11.2 ^E	9.5	9.8	16.6	10.6	9.9	13.1	10.9	10.0	15.2 ^E	17.6	43.0
20 to 34	28.6	32.3	29.3	30.8	32.2	31.1	27.3	28.4	31.9	28.4	25.1	40.1	42.9	62.5
35 to 44	26.8	29.2	21.8	32.9	29.2	28.6	26.3	26.2	28.5	29.7	20.4	26.5 ^E	46.6	57.5
45 to 64	22.3	20.6	27.6	21.6	22.8	25.3	21.4	21.4	27.0	22.8	17.8	35.0	31.8	45.6
65 and older	10.5	11.7	10.9 ^E	12.2	9.6	12.6	9.3	8.6	11.4	12.0	9.3	18.7 ^E	31.8 ^E	F
Males	23.6	23.4	25.4	23.7	24.8	25.3	23.3	21.7	24.8	25.5	19.6	32.6	33.7	52.8
12 to 19	11.9	18.0 ^E	10.6 ^E	10.7 ^E	11.4 ^E	15.1	10.9	10.5 ^E	12.7	10.6	9.9	12.6 ^E	19.8 ^E	35.3
20 to 34	32.1	33.2	36.3	31.7	35.6	31.1	33.4	32.0	32.6	33.6	27.2	43.4 ^E	42.6	65.1
35 to 44	29.6	28.7	25.0 ^E	36.8	31.9	31.2	28.8	25.9	30.2	33.8	25.0	33.0 ^E	39.3	64.0
45 to 64	23.4	19.1	29.1	22.0	24.5	26.3	22.9	21.1	27.5	24.2	19.2	37.2	27.7 ^E	40.4
65 and older	11.1	15.9	16.4 ^E	11.2	10.2	13.5	9.7	10.8	12.6	12.4	9.1	F	34.1 ^E	F
Females	19.8	22.8	19.1	21.6	20.3	23.4	18.2	19.1	22.8	20.0	16.0	28.1	38.6	52.9
12 to 19	12.3	17.1 ^E	11.7 ^E	8.4 ^E	8.2 ^E	18.3	10.3	9.3 ^E	13.4	11.1	10.0	18.1 ^E	15.3 ^E	50.9
20 to 34	25.0	31.4	23.1	29.9	28.7	31.0	21.5	24.9	31.2	23.1	23.0	37.3 ^E	43.3	59.8
35 to 44	23.9	29.7	18.6 ^E	29.3	26.6	26.0	23.6	26.5	26.9	25.4	15.8	19.9 ^E	54.4	51.2 ^E
45 to 64	21.2	22.0	26.2	21.2	21.2	24.4	20.0	21.7	26.4	21.3	16.3	32.5	36.6 ^E	50.9 ^E
65 and older	10.1	8.3	6.6 ^E	12.9	9.2 ^E	11.9	9.0	7.0	10.3	11.7	9.5	F	F	F

Note: Household population aged 12 and older who reported currently being a daily or occasional smoker.

Source: Statistics Canada, CANSIM table 105-0427.

Table 17.7 Exposure of non-smokers to second-hand smoke at home, by age group and by province and territory, 2005

	Canada	Newfoundland and Labrador	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Yukon	Northwest Territories	Nunavut
	%													
12 and older	8.7	11.9	13.6	10.6	12.1	13.0	7.3	8.6	7.8	8.1	4.8	8.2^E	19.0	17.0^E
12 to 14	22.1	35.2	28.7 ^E	19.9	31.0	31.3	17.4	20.6	22.8	22.9	16.0	35.3 ^E	43.4 ^E	57.4
15 to 19	20.8	22.8	30.4 ^E	23.7	25.8	31.0	18.1	19.6	17.9	18.9	13.6	20.9 ^E	37.4 ^E	F
20 to 24	13.9	16.4 ^E	21.9 ^E	17.7 ^E	20.8 ^E	20.8	11.5	14.4 ^E	7.8 ^E	13.1	9.2	F	F	F
25 to 34	6.0	5.4 ^E	7.5 ^E	6.8 ^E	9.2 ^E	10.2	5.1	4.3 ^E	3.7 ^E	4.7	2.7 ^E	F	F	F
35 to 44	5.4	10.6	11.0 ^E	6.1 ^E	8.5 ^E	8.7	4.2	5.3 ^E	6.9 ^E	4.4 ^E	2.4 ^E	F	F	F
45 to 54	6.9	12.9	F	11.4 ^E	9.0 ^E	10.7	5.3	7.0 ^E	6.4 ^E	5.9 ^E	4.0 ^E	F	F	F
55 to 64	6.9	9.5 ^E	13.0 ^E	7.9 ^E	10.2	10.6	5.6	7.9 ^E	6.4 ^E	5.8 ^E	2.6 ^E	F	F	F
65 to 74	5.8	3.5 ^E	10.7 ^E	7.9 ^E	8.7 ^E	7.9	5.7	5.8 ^E	3.7 ^E	4.8 ^E	2.6 ^E	F	F	F
75 and older	4.4	8.0 ^E	F	5.1 ^E	4.4 ^E	6.3	4.4	4.2 ^E	3.3 ^E	4.6 ^E	1.6 ^E	F	F	F

Note: Non-smoking household population aged 12 and older who reported that at least one person smokes inside their home every day or almost every day.

Source: Statistics Canada, CANSIM table 105-0456.

Table 17.8 Health expenditures, 2002 to 2006

	2002	2003	2004	2005 ^P	2006 ^P
	\$ millions				
Health expenditures	114,912.4	123,382.0	131,380.2	139,836.3	148,014.1
Hospitals	34,887.5	37,162.1	39,863.8	42,098.8	44,131.3
Other institutions	10,751.1	11,501.9	12,326.1	13,204.3	13,962.2
Physicians	15,048.9	16,124.6	17,167.9	18,127.8	19,413.2
Other professionals	13,096.8	13,190.3	14,197.9	14,904.6	15,616.4
Dental services	8,264.8	8,447.1	8,983.1	9,486.1	9,943.3
Vision care services	2,792.1	2,675.0	3,054.2	3,117.5	3,247.7
Other	2,040.0	2,068.2	2,160.6	2,301.0	2,425.5
Drugs	18,441.3	20,139.3	21,829.0	23,721.6	25,155.4
Prescribed drugs	14,839.9	16,482.7	18,009.8	19,735.8	21,090.3
Non-prescribed drugs	3,601.4	3,656.6	3,819.1	3,985.8	4,065.1
Other expenditures	22,686.6	25,263.8	25,995.5	27,779.1	29,735.4
	% of gross domestic product				
Health expenditures	10.0	10.1	10.2	10.2	10.3

Note: Health expenditures include spending by federal, provincial, territorial and local governments, Workers' Compensation boards and the private sector.

Source: Canadian Institute for Health Information.

Table 17.9 Average weekly earnings of workers in the health care and social assistance sector, selected groups, 1996, 2001 and 2006

	1996	2001	2006
	\$		
All health care and social assistance	536.84	580.66	678.91
Ambulatory health care services	493.18	532.95	683.14
Offices of physicians	458.21	491.54	671.59
Offices of dentists	493.93	535.85	701.57
Hospitals	641.68	688.10	770.46
Nursing and residential care facilities	452.13	519.67	613.00
Social assistance	395.67	459.75	537.24
Child daycare services	345.58	409.10	472.99

Note: Data include overtime.

Source: Statistics Canada, CANSIM table 281-0027.

Table 17.10 Capital and repair expenditures by the health care and social assistance sector, by province and territory, 1995, 2000 and 2005^a

	1995	2000	2005 ^a
	\$ millions		
Canada	2,814.4	4,658.8	8,035.2
Newfoundland and Labrador	27.0	130.3	80.2
Prince Edward Island	6.9	16.0	17.0
Nova Scotia	87.6	75.7	123.0
New Brunswick	118.2	56.9	194.3
Quebec	x	982.9	1,709.8
Ontario	1,204.5	1,835.4	3,185.9
Manitoba	70.9	227.1	295.7
Saskatchewan	93.4	156.3	190.4
Alberta	123.8	557.2	1,011.2
British Columbia	370.6	602.3	1,189.8
Yukon	11.2	5.8	5.5
Northwest Territories (including Nunavut)	14.4	..	..
Northwest Territories	..	6.9	14.6
Nunavut	..	6.0	17.7

Source: Statistics Canada, CANSIM table 029-0005.

Table 17.11 Access to specialized health services, by type of service and difficulties experienced, 2003 and 2005

	2003	2005
	millions	
Individuals who accessed care		
Specialist visits	2.9	2.8
Non-emergency surgeries	1.6	1.6
Diagnostic tests	1.9	2.2
	%	
Individuals who accessed care		
Specialist visits	11.6	10.9
Non-emergency surgeries	6.2	6.0
Diagnostic tests	7.5	8.5
Individuals who experienced difficulties accessing care¹		
Specialist visits	20.9	18.7
Non-emergency surgeries	12.9	12.5
Diagnostic tests	15.9	13.4

Notes: Household population aged 15 and older.

"Specialized services" includes specialist visits for a new illness or condition, non-emergency surgery other than dental surgery, and selected diagnostic tests (non-emergency MRIs, CT scans and angiographies).

1. Based on population accessing specialized service in past 12 months.

Source: Statistics Canada, Catalogue no. 82-575-XIE.

Table 17.12 Barriers to accessing specialized health services, by type of services, 2003 and 2005

	2003	2005
	%	
Specialist visits		
Waited too long for an appointment	67.8	67.8
Difficulty getting an appointment	24.5	32.2
Non-emergency surgeries		
Waited too long for an appointment	61.7	65.6
Difficulty getting an appointment	23.6 ^E	22.9
Diagnostic tests		
Waited too long for an appointment	55.0	58.8
Waited too long for test	33.5	36.2
Difficulty getting an appointment	21.8 ^E	17.8 ^E

Notes: "Specialized services" includes specialist visits for a new illness or condition, non-emergency surgery other than dental surgery, and selected diagnostic tests (non-emergency MRIs, CT scans, and angiographies).

Household population aged 15 and older.

Because multiple responses were allowed, totals may exceed 100%.

Based on population accessing specialized service in past 12 months. Analysis excludes non-response ("I don't know," "not stated" and "refusal").

Source: Statistics Canada, Catalogue no. 82-575-XIE.

Table 17.13 Waiting times for specialized health services, by type of health service, 2003 and 2005

	2003	2005
	%	
Specialist visits		
Less than 1 month	47.9	46.0
1 to 3 months	40.7	41.1
Longer than 3 months	11.4	12.9
Non-emergency surgeries		
Less than 1 month	40.5	40.3
1 to 3 months	42.1	40.7
Longer than 3 months	17.4	19.1
Diagnostic tests		
Less than 1 month	57.5	56.4
1 to 3 months	31.1	33.3
Longer than 3 months	11.5	10.2

Notes: "Specialized services" includes specialist visits for a new illness or condition, non-emergency surgery other than dental surgery, and selected diagnostic tests (non-emergency MRIs, CT scans and angiographies).

Household population aged 15 and older.

Based on population reporting waiting times for specialized services accessed in the last 12 months. Analysis excludes non-response ("I don't know," "not stated" and "refusal").

Source: Statistics Canada, CANSIM tables 105-3002, 105-3003 and 105-3004.

Abbreviations and symbols



Provinces and territories

Newfoundland and Labrador	N.L.
Prince Edward Island	P.E.I.
Nova Scotia	N.S.
New Brunswick	N.B.
Quebec	Que.
Ontario	Ont.
Manitoba	Man.
Saskatchewan	Sask.
Alberta	Alta.
British Columbia	B.C.
Yukon	Y.T.
Northwest Territories	N.W.T.
Nunavut	Nvt.

Measurements

centimetre	cm
metre	m
kilometre	km
gram	g
kilogram	kg
litre	L
millilitre	mL
hour	h
watt	W
kilowatt	kW
degrees Celsius	°C

The symbols described in this document apply to all data published by Statistics Canada from all origins, including surveys, censuses and administrative sources, as well as straight tabulations and all estimations.

.	not available for any reference period
..	not available for a specific reference period
...	not applicable
0	true zero or a value rounded to zero
0 ^s	value rounded to zero where there is a meaningful distinction between true zero and the value that was rounded
P	preliminary
r	revised
X	suppressed to meet the confidentiality requirements of the <i>Statistics Act</i>
E	use with caution
F	too unreliable to be published

Note: In some tables, figures may not add to totals because of rounding.

When the figure is not accompanied by a data quality symbol, it means that the quality of the data was assessed to be 'acceptable or better' according to the policies and standards of Statistics Canada.

The statistics in this edition are the most up-to-date available at the time of its preparation. For more recent data, visit Canadian Statistics at www.statcan.ca