



Health at a Glance 2015

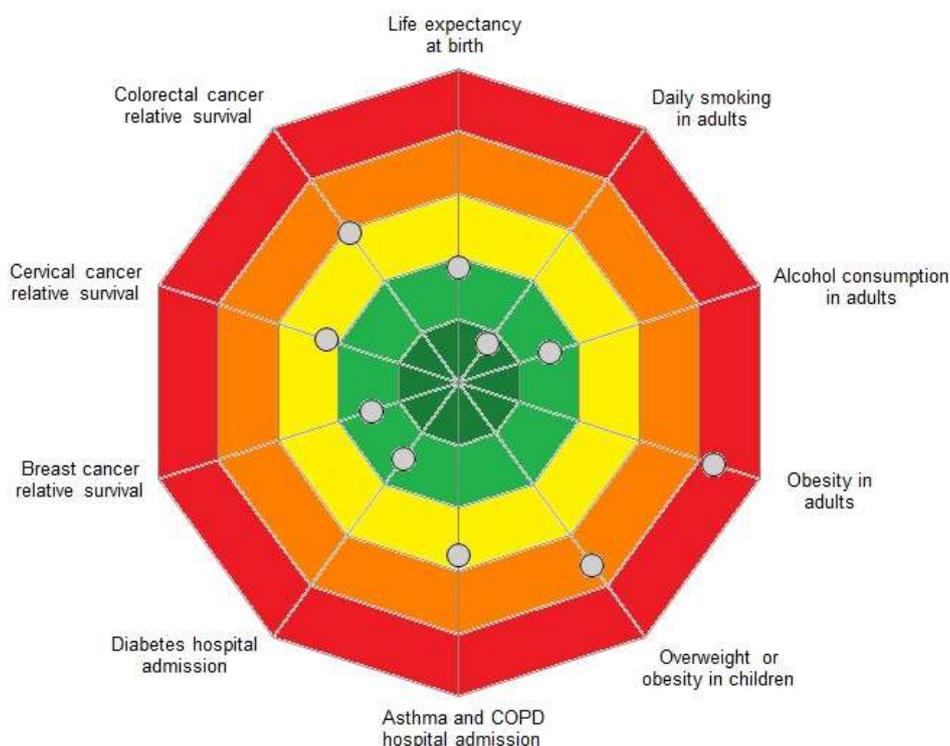
How does Canada compare?

KEY FINDINGS

- Life expectancy in Canada is one year higher than the OECD average and about three years higher than in the United States, but remains significantly lower than in leading OECD countries (Japan, Spain and Switzerland).
- Tobacco smoking in Canada is among the lowest among OECD countries, but the harmful use of alcohol is rising and obesity rate among children and adults is higher than in most other OECD countries.
- The quality of cancer care in Canada (as measured by the survival of patients following diagnosis) is generally good but not the best, and the quality of primary care (as measured by avoidable hospital admissions) can also be improved.

Life expectancy at birth in Canada (81.5 years in 2011, latest year available) is one year higher than the average across OECD countries and about three years higher than in the United States, but is still lagging behind other OECD countries that have much longer life expectancy (Japan, Spain and Switzerland, which all have a life expectancy of 83 years or more). Life expectancy is driven by a range of factors outside health care systems, such as modifiable risk factors to health (smoking, alcohol consumption, nutrition habits and physical activity), but access to high-quality primary care and treatments also plays an important role.

How Canada compares with other OECD countries on selected indicators of health status, risk factors to health and quality of care (2013 or nearest year)



Note: The closest the dot is to the center “target”, the better the country performs. The countries in the inner circle are in the top quintile among the best performing OECD countries, while those in the outer circle are in the bottom quintile.

Source: OECD Health at a Glance 2015 (chart design: Laboratorio MeS).

Selected risk factors to health in Canada: Low smoking rate, rising alcohol consumption, and high obesity rate among children and adults

Canada has achieved a lot of progress in recent decades in reducing smoking rates among adults, and the proportion of Canadians who smoke every day has come down from 33% in 1980 to 15% in 2013 (it is now one of the lowest among OECD countries after Sweden, Iceland, Australia and the United States). Alcohol consumption in Canada is also below the OECD average but, by contrast with many other OECD countries, it has increased since 2000. As is the case in many other countries, alcohol consumption in Canada tends to be concentrated among a certain segment of the population: the heaviest-drinking 20% of the population drink almost 70% of all alcohol in Canada. Governments can use a range of policies to tackle harmful alcohol use, some targeting heavy drinkers, others more broadly based, including: stepping up enforcement of drink-and-driving laws, raising taxes, and increasing the regulation of the marketing of alcohol drinks.

The obesity rate among children and adults in Canada is higher than in most other OECD countries. More than one-fourth of Canadian adults (26%) were obese in 2013. Obesity in Canada, as in other OECD countries, tends to be higher in low educated groups, especially among women. Obesity is a known risk factor for many health problems, and threatens the progress that has been achieved in recent decades in reducing mortality rates from cardiovascular diseases. OECD work has shown that a wide range of measures would be cost-effective in reducing obesity rates in Canada, including strengthening food labelling regulations, promoting greater counselling by doctors and dietitians, and raising prices of unhealthy food or beverages through taxation.

The quality of cancer care in Canada is good, but further progress could be achieved to prevent avoidable hospital admissions for people with chronic conditions

Canada has relatively good cancer outcomes, with the survival of patients following a diagnosis for breast cancer, cervical cancer or colorectal cancer being at least slightly higher than the OECD average. Still, it is important to continue to support steady progress in reducing cancer incidence and in promoting early diagnosis and better treatments through the Canadian Partnership Against Cancer.

As in many other countries, Canada could do better in filling gaps in the provision of care outside hospital for people with chronic conditions in order to avoid unnecessary hospital emergency department visits and admissions. While hospital admissions for people with diabetes have been reduced greatly in Canada in recent years, admission rates for people with other chronic conditions such as asthma and chronic obstructive pulmonary disease remains relatively high. Greater efforts are needed to improve the continuity of care for the growing number of people living with one or more chronic diseases to reduce unnecessary hospital use.

Health at a Glance 2015 provides international comparisons of health status, risk factors to health, health expenditure, access to care and quality of care. For the first time in 2015, the publication also includes a set of dashboard indicators summarising the comparative performance of OECD countries on these different dimensions of population health status and health system performance.

More information on **Health at a Glance 2015** is available at <http://www.oecd.org/health/health-at-a-glance.htm>.

For more information on OECD's work on **Canada**, please visit <http://www.oecd.org/canada>.
