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Thank you to all Canadians who provide Statistics Canada with data. We appreciate your time, and the trust you place in us to protect your information, so that we can deliver high-quality statistics that matter to all Canadians.

Chief Statistician's Message

Statistics Canada plays a leading role in collecting, analyzing and reporting on health statistics. The Health Statistics Branch within Statistics Canada is the country's primary source of national population health data and insights. It builds upon its well-established foundation as a critical source of health information by providing more data and actionable insights for all levels of government, researchers, clinicians and the public to support the health, economic, social and environmental well-being of Canadians.

To this end, the Health of Canadians report brings together important health data, both for the population overall and for specific groups, to provide a comprehensive portrait of population health and to shed light on health disparities. It includes key statistics on population health, such as health outcomes (e.g., chronic conditions), health behaviours (e.g., exercise, nutrition), access to health care (e.g., unmet health care needs) and determinants of health (e.g., age, income). This report represents one aspect of our commitment to improving access to health data, including disaggregated data, to achieve better health outcomes for all Canadians.

Anil Arora
Chief Statistician of Canada

Introduction

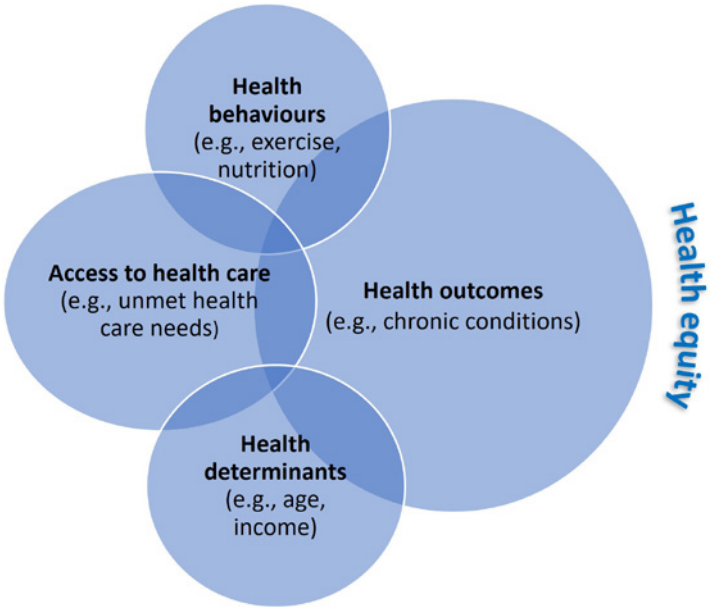
Understanding the health of the population and the broader factors or determinants that affect the health of Canadians is critical to informing health-promoting policies, evaluating health care performance and ensuring all Canadians have a good quality of life.

Statistics Canada is a leader in collecting data on Canada's health, economy, society and environment and, as such, is uniquely positioned to integrate data to better understand the impacts of a broad range of determinants on health outcomes. **Population health** (defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group)[1] is assessed by:

- measuring and monitoring determinants of health (e.g., education, employment and income), health behaviours (e.g., smoking and physical activity) and health outcomes (e.g., chronic conditions), including how they are distributed and interrelated;
- assessing **health inequalities** (defined as the differences in the health status of individuals and groups).[2]

This report provides an overview of the state of population health in Canada using the most recent data for health indicators in several domains, as outlined in the Health Statistics Branch's Population Health Data Framework (below). The determinants of health are used to describe how health outcomes and behaviours are distributed within the Canadian population. This information is also used to highlight inequalities that may exist. Throughout the report, differences across time, geography and the social determinants of health (such as age, sex and income) are emphasized when possible.

Figure 1
Health Statistics Branch Population Health Data Framework



Source: Statistics Canada, Health Statistics Branch. (2023, February). Strategic Plan 2023-2025 - Figure 2: Population Health Data Framework.

Health outcomes

1.0 General and mental health status

Key findings

- Most parents reported the general (90.9%) and mental (87.8%) health of their children (aged 1 to 11) as very good or excellent in 2019.[3]
- More than half of Canadians aged 12 and older rated their general (59.7%) and mental (59.0%) health as very good or excellent in 2021.
- Declines in self-reported mental health from 2015 to 2021 were observed across all ages but were especially prominent among young adults aged 18 to 34. In 2021, fewer females (55.1%) than males (63.0%) reported very good or excellent mental health, and sex differences were largest among youth aged 12 to 17.
- In 2020, life expectancy at birth was 81.7 years overall, with males' and females' life expectancy at 79.5 and 84.0 years, respectively.
- Canadians are expected to spend about 71.3 years of their life in good health.

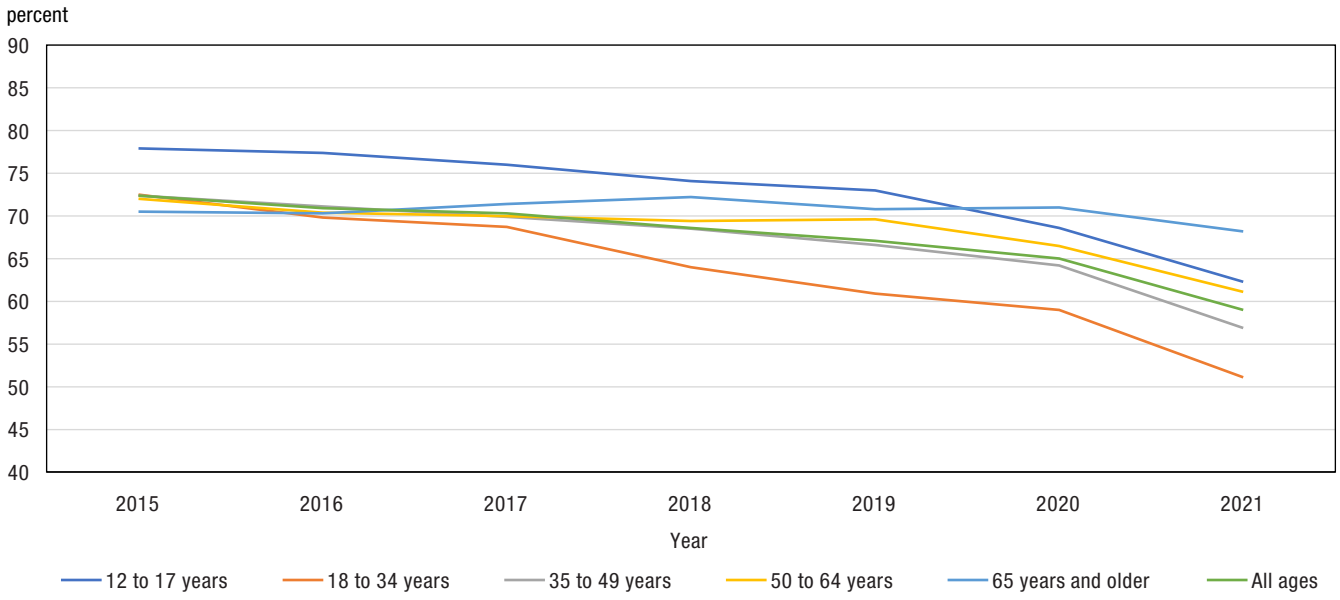
Self-rated health is how people rate their own health and is an accurate indicator of overall health. Lower rates of self-rated health are associated with functional decline, morbidity, and mortality.[4]

General and mental health

In 2019, 90.9% of parents or guardians perceived that their children aged 1 to 11 had very good or excellent general health and that 87.8% had very good or excellent mental health.[3] More than half of Canadians aged 12 and older rated their general health (59.7%) and mental health (59.0%) as very good or excellent in 2021.

While general health has remained relatively stable since 2015, the percentage of Canadians reporting very good or excellent mental health has been declining (Chart 1.0). Decreases were observed from 2015 to 2021 across all ages but were especially prominent among young adults aged 18 to 34 (-21 percentage points, Chart 1.0).

Chart 1.0
Canadians aged 12 and older reporting very good or excellent mental health, by age group, 2015 to 2021

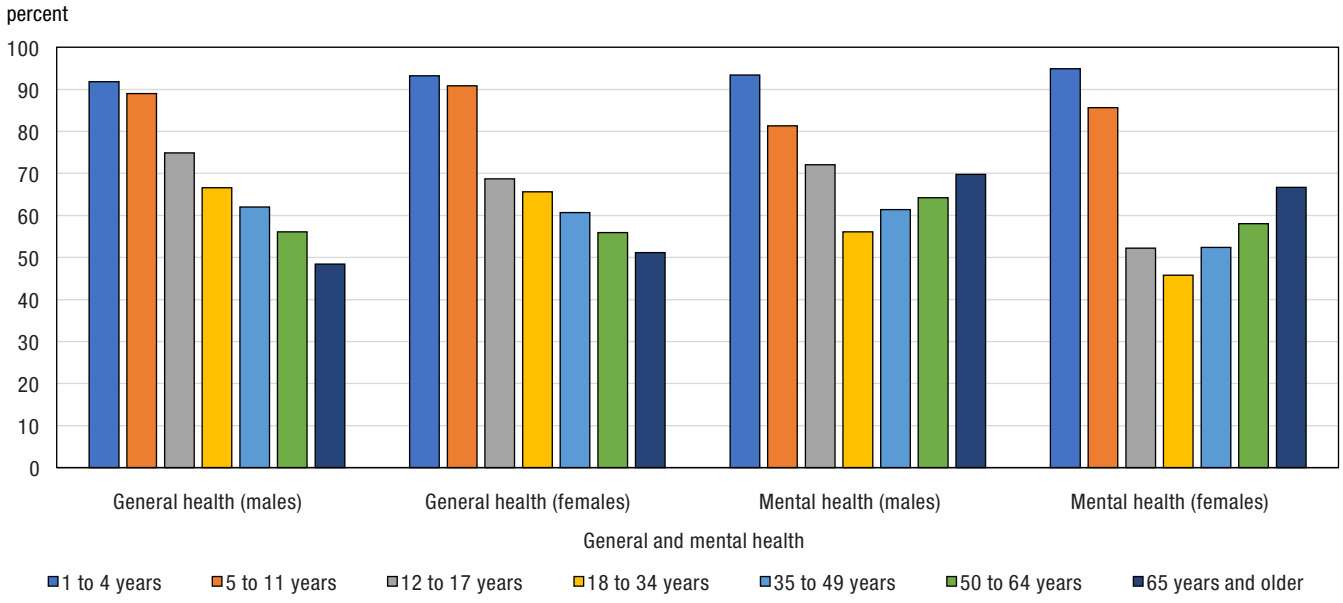


Note: Estimates exclude those living in the territories.
Sources: Statistics Canada, Canadian Community Health Survey, 2015 to 2021, Table 13-10-0096-01 Health characteristics, annual estimates.

In 2021, a lower proportion of Canadians aged 65 and older reported very good or excellent general health, compared with other age groups (Chart 1.1). Positive mental health was highest among children and youth, was lowest among those aged 18 to 34 and then increased with age (Chart 1.1).

A lower proportion of females than males reported very good or excellent general and mental health, and sex differences were largest among youth aged 12 to 17 (Chart 1.1).

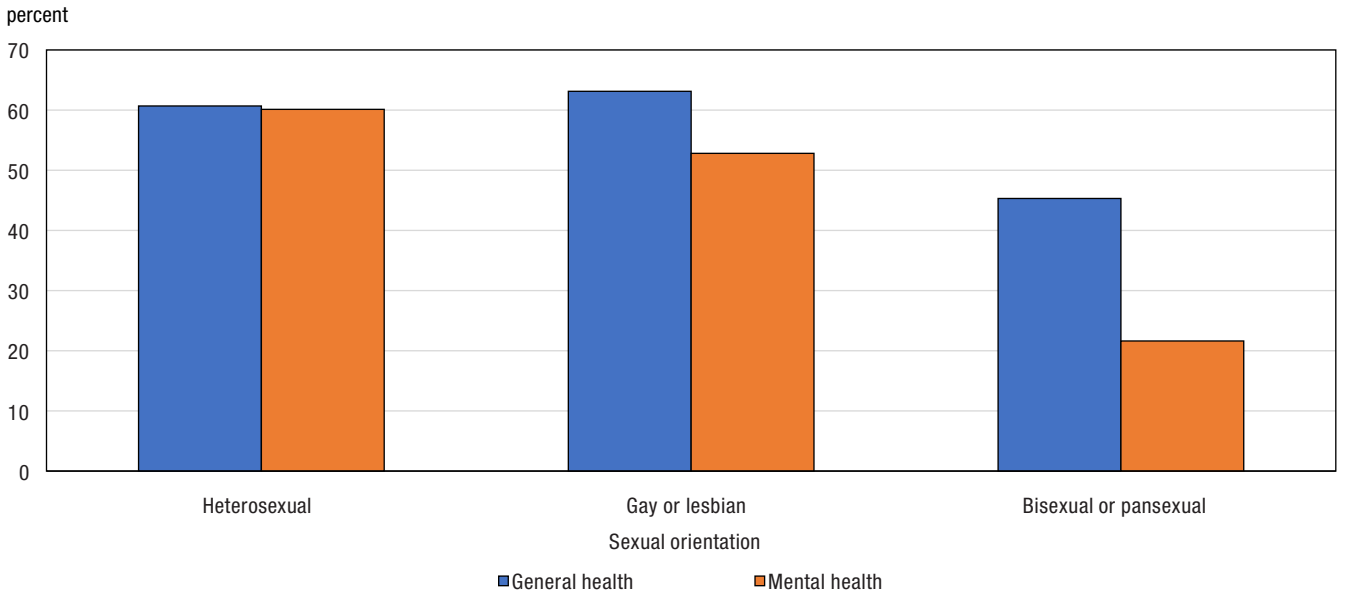
Chart 1.1
Canadians reporting very good or excellent general and mental health, by age group and sex



Notes: Estimates exclude those living in the territories. General and mental health was reported by the person most knowledgeable for ages 1 to 11 and self-reported for ages 12 and older.
Sources: Statistics Canada, Canadian Health Survey on Children and Youth, 2019; and Canadian Community Health Survey, 2021, Table 13-10-0096-01 Health characteristics, annual estimates.

A higher proportion of heterosexual Canadians (60.7%) than bisexual or pansexual Canadians (45.3%) reported positive general health. A higher proportion of heterosexual Canadians (60.1%) also reported positive mental health, compared with gay or lesbian (52.8%) and bisexual or pansexual (21.6%) Canadians (Chart 1.2).

Chart 1.2
Canadians aged 15 and older reporting very good or excellent general and mental health, by sexual orientation, 2021



Notes: Estimates exclude those living in the territories. Sexual orientation not elsewhere classified was excluded because of wide confidence intervals.
Sources: Statistics Canada, Canadian Community Health Survey, 2021.

Did you know?

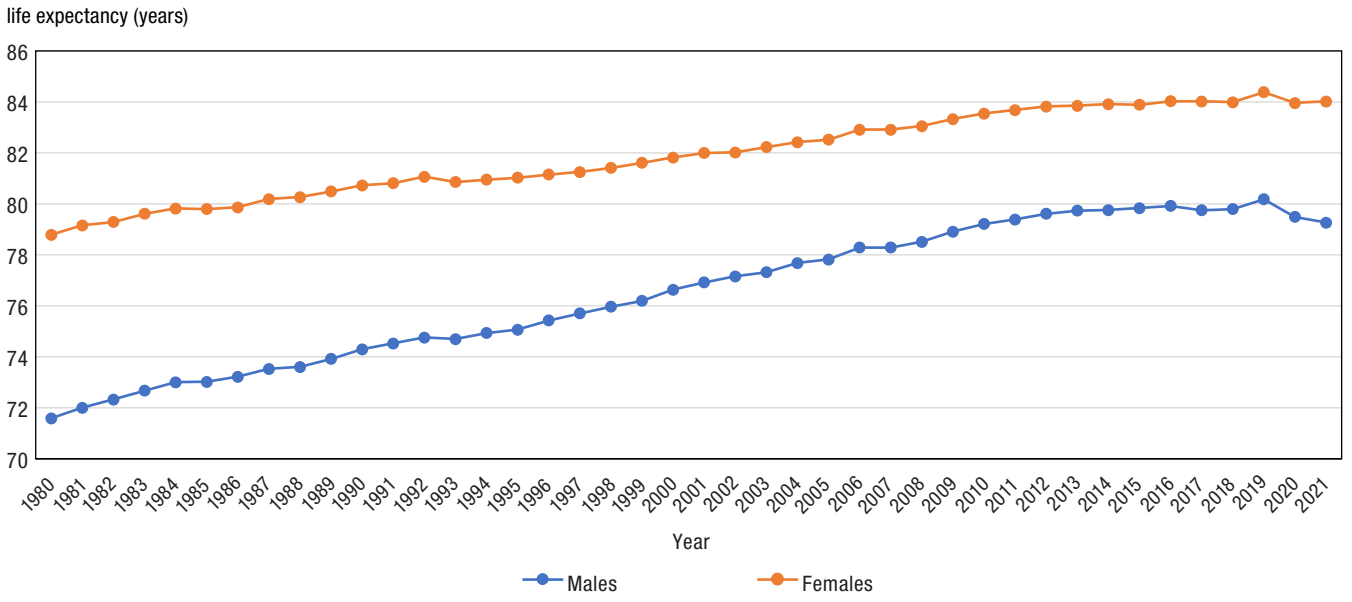
Bullying has a negative impact on mental health. In 2019, 7 in 10 youth aged 15 to 17 had experienced at least one form of bullying in the past year.[5] The most common forms of bullying were being made fun of, called names, or insulted by others (58.7%); having rumours spread by others (35.2%); and being excluded from activities (32.4%).[5] Sexually and gender diverse youth were nearly twice as likely to report weekly or daily bullying and multiple forms of bullying.[5]

A greater proportion of people living in households in the highest income quintile reported excellent or very good general (68.9%) and mental (62.5%) health compared with people in the lowest household income quintile (49.5% and 54.2%, respectively). Nunavut had the lowest proportion of people reporting positive general health (41.3%) and mental health (47.4%) compared with the rest of Canada.

Life expectancy at birth and health-adjusted life expectancy

While life expectancy had been rising over the last four decades in many countries, including Canada, it declined in 2020 and continued to decrease in 2021 because of COVID-19 and increases in deaths associated with substance-related harms[6] (Chart 1.3). In 2021, life expectancy at birth was 81.6 years overall, with males living an average of 79.3 years and females an average of 84.0 years (Chart 1.3). While life expectancy decreased for both males and females from 2019 to 2020, the decrease in 2021 was entirely attributable to males (-0.2 years) as a slight increase was noted for females (+0.1 years).

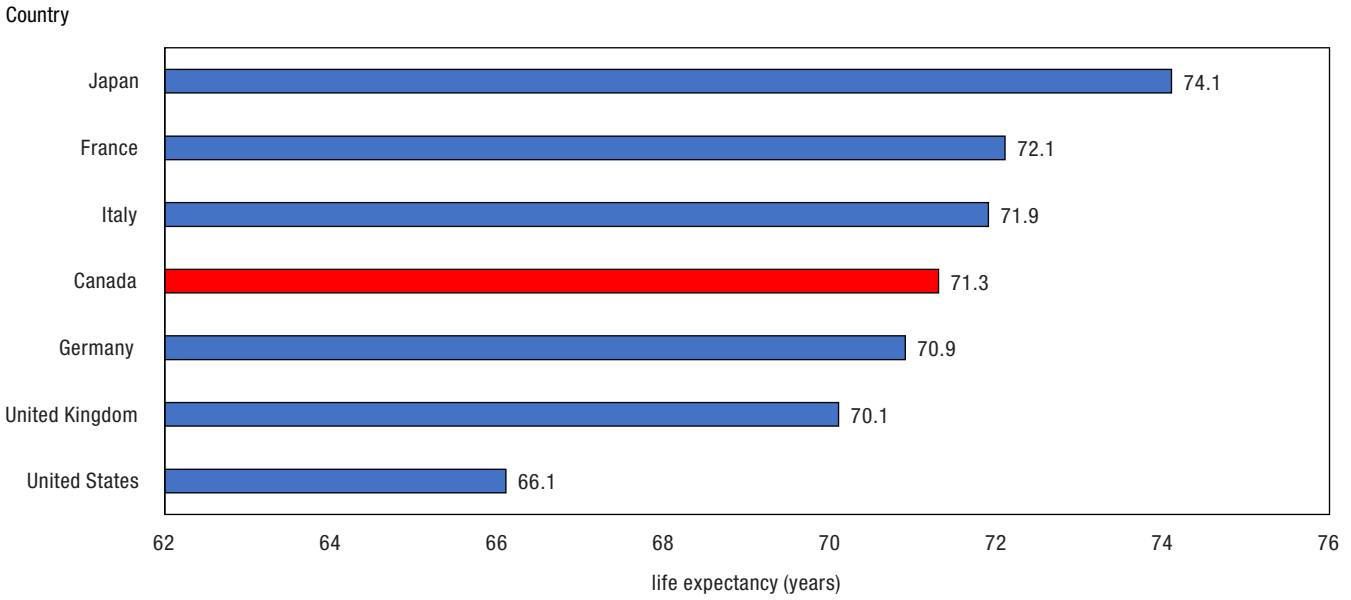
Chart 1.3
Life expectancy at birth, by sex, 1980 to 2021



Notes: Average number of years remaining to be lived by people surviving to age x if those people experienced, during their lifetime, the mortality observed over the reference period. Data on deaths that occurred in Yukon and deaths of residents of Yukon that occurred in other provinces or territories are not available for 2017, 2018, 2019, 2020 and 2021. For this reason, data for Yukon were not included in the calculation of life tables for Canada (as well as in the imputation process used when the population or death numbers were insufficient for a combination of sex, age and province [or territory] for these periods).
Source: Statistics Canada, Table 13-10-0837-01 Life expectancy and other elements of the complete life table, single-year estimates, Canada, all provinces except Prince Edward Island.

While Canadians were living longer in 2020 than their counterparts in the United States and the United Kingdom, life expectancy in Canada was below that in other countries, including Japan, France and Italy.[7] In 2019, Canadians could expect to spend about 71.3 years of life in good health compared with 66.1 years for people in the United States, 70.1 years in the United Kingdom and 74.1 years in Japan (Chart 1.4).[8]

Chart 1.4
Health-Adjusted Life Expectancy at birth, Canada and selected Organisation for Economic Co-operation and Development countries, 2019



Source: World Health Organization, Health-Adjusted Life Expectancy (HALE) at birth (years), 2019.

Did you know?

While Canadians enjoy long life expectancy on average, there are differences and inequities among key population groups. Statistics Canada integrates census and mortality data to monitor longevity by population group. In 2011, life expectancy at age 1 was about 10 years shorter for First Nations people, 5 years shorter for Métis and about 11 years shorter for Inuit compared with non-Indigenous people.[9]

2.0 Reproductive health

Key findings

- The overall crude birth rate has been declining in Canada and varies across the provinces and territories.
- The total fertility rate in Canada has been declining and, as of 2021, was 1.4, which places the total Canadian fertility rate below the population replacement level of 2.1. Additionally, women are delaying pregnancy and having children later in life.
- Stillbirth rates have been rising, while infant mortality rates have been declining.
- Infant mortality in Canada remains higher than in most Organisation for Economic Co-operation and Development (OECD) countries.
- Maternal mortality is increasing, but total numbers are relatively low compared with other causes of death.

Crude birth rate

In 2021, there were 367,684 live births in Canada—an increase of 1.9% from 2020 (360,552).[10] The **crude birth rate**, defined as the number of live births per 1,000 population, has declined from 11.1 in 1999 to 9.6 in 2021.[11]

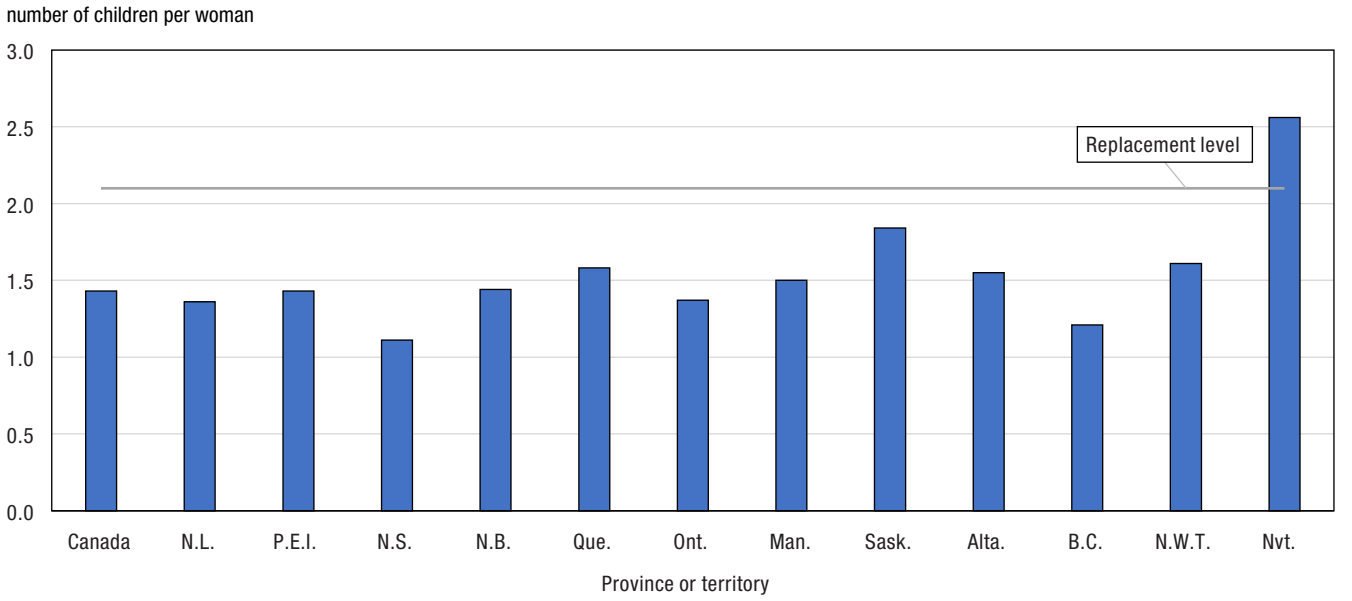
Despite a brief increase in some provinces in the mid-2000s, the crude birth rate has declined across all provinces and territories.[11] In 2021, Saskatchewan (12.1 per 1,000), Alberta (11.3 per 1,000), Manitoba (10.3 per 1,000), Nunavut (19.9 per 1,000) and the Northwest Territories (12.0 per 1,000) all had crude birth rates that were higher than that of Canada.[11]

Fertility rate

In 2021, the **total fertility rate** (an estimate of the average number of live births a woman can be expected to have in her lifetime, based on the age-specific fertility rates of a given year) was 1.4 children per woman aged 15 to 49 (Chart 2.0). This is lower than in 2000, when the total fertility rate was 1.5.[11] Currently, the total fertility rate is below the population replacement level of 2.1 children per woman, meaning that the population will mainly rely on international migration for continued growth.[12]

At the provincial and territorial level, Nunavut (2.6 children per woman) had the highest total fertility rate in 2021, making it the only jurisdiction with a fertility rate above the population replacement rate (Chart 2.0).

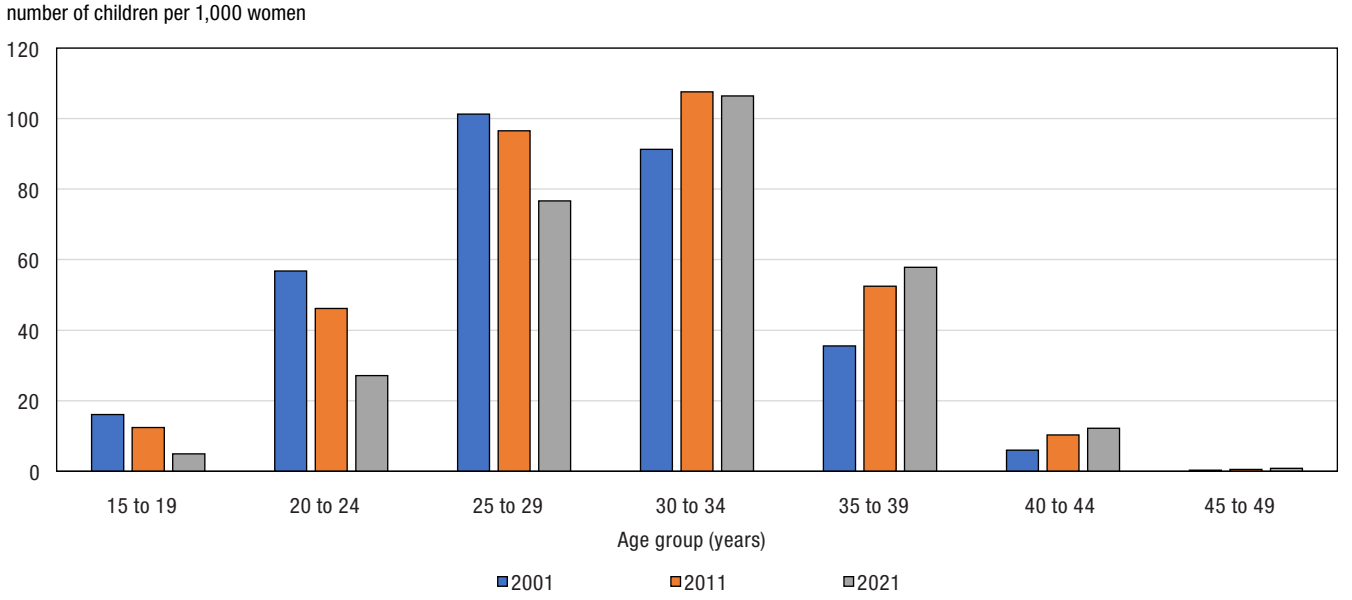
Chart 2.0
Total fertility rate per woman aged 15 to 49, 2021



Notes: The total fertility rate is an estimate of the average number of live births a woman can be expected to have in her lifetime, based on the age-specific fertility rates of a given year. The total fertility rate is the sum of a single year of age-specific fertility rates divided by 1,000. The horizontal line at 2.1 represents the replacement level (i.e., the fertility level required to replace the population in the absence of migration and taking into account mortality conditions between 0 and 15 years old, usually when the fertility period starts). Data for Yukon are not available for the specific reference period.
Source: Statistics Canada, Table 13-10-0418-01 Crude birth rate, age-specific fertility rates and total fertility rate (live births).

From 2001 to 2021, age-specific fertility rates declined among women aged 15 to 29 and increased among those aged 30 and older (Chart 2.1). Pregnancy among mothers older than 40 is associated with multiple births because of increased use of reproductive technology, greater risk of gestational diabetes, high blood pressure, and likelihood of a caesarean section.[13] For infants, higher maternal age is associated with increases in preterm delivery, low birth weight, perinatal death, and neonatal intensive care unit admission.[14]

Chart 2.1
Age-specific fertility rates per 1,000 women, five-year age groups, 2001, 2011 and 2021



Notes: The age-specific fertility rate is the number of children per 1,000 women in a specific age group. The calculation consists of dividing the number of births by the population of women, for each unique age, and then multiplying by 1,000. Five-year age groups were used in these tabulations (ranging from 15 to 19 years to 45 to 49 years).
Source: Statistics Canada, Table 13-10-0418-01 Crude birth rate, age-specific fertility rates and total fertility rate (live births).

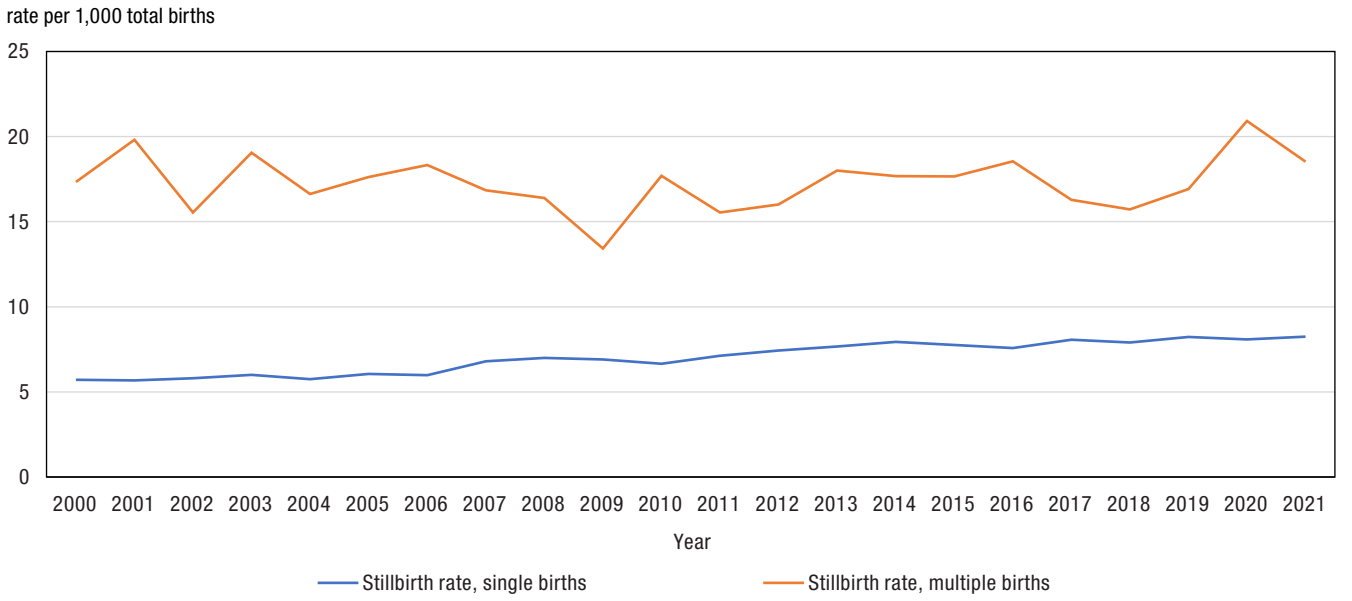
Stillbirths

A **stillbirth** is the death of a fetus at or after 20 weeks of pregnancy or weighing 500 grams or more.[15] Although stillbirths are rare, they have increased over the last two decades from around 6.1 per 1,000 total births in 2000 to 8.6 per 1,000 total births in 2021, corresponding to 3,174 stillbirths in 2021.

The rate of stillbirths in multiple deliveries is significantly higher than that in single deliveries (Chart 2.2). While it fluctuated from 2000 to 2021, this is expected given the small number of occurrences. The rate of stillbirths in single deliveries increased from 5.7 per 1,000 births in 2000 to 8.2 per 1,000 in 2021 (Chart 2.2), a rise that can be explained at least in part by definitional changes in some provinces.

In 2021, the rate of stillbirths ranged from 7.0 per 1,000 total births in Newfoundland and Labrador to 28.3 per 1,000 in Nunavut.[16] Risk factors associated with stillbirths include maternal weight, smoking, and age.[17]

Chart 2.2
Rate of stillbirths in single and multiple deliveries, Canada, 2000 to 2021



Source: Statistics Canada, Table 13-10-0428-01 Live births and fetal deaths (stillbirths), by type of birth (single or multiple).

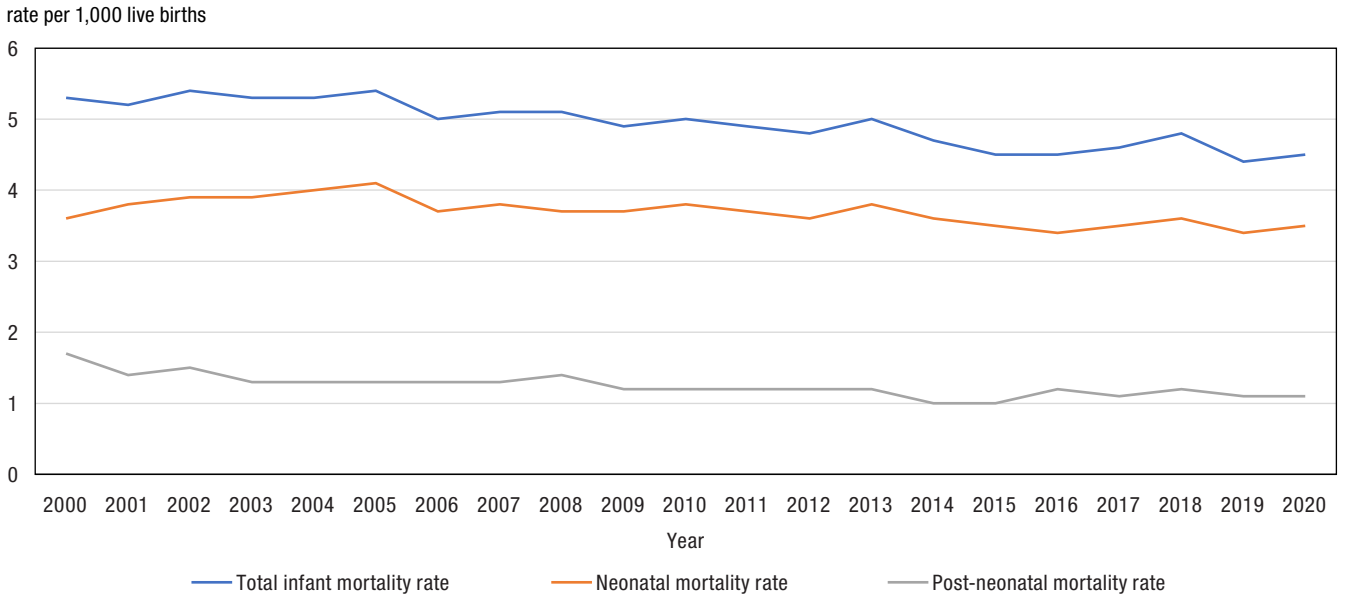
Infant mortality

Infant mortality includes deaths before the age of 1 and consists of **neonatal mortality** (deaths in the first 27 days of life) and **post-neonatal mortality** (deaths up to age 1). In 2020, neonatal mortality accounted for 77% of all infant deaths in Canada.

The top 5 causes of neonatal mortality are congenital malformations; disorders related to short gestation and low birth weight; complications of pregnancy; complications of the placenta, cord and membrane; and complications of labour and delivery.[18] The causes of post-neonatal mortality can be structural or functional birth defects, infections, lack of oxygen, immaturity (not fully grown), or sudden infant death syndrome.[19] Risk factors of both neonatal and post-neonatal mortality include low maternal education, inadequate housing, lack of access to health care, food insecurity, poverty, and unemployment.[19]

Infant mortality rates have been declining for almost a century.[20] While the infant mortality rate in Canada declined from 5.3 per 1,000 live births in 2000 to 4.5 per 1,000 in 2020 (Chart 2.3), it remains higher than in other OECD countries.[21]

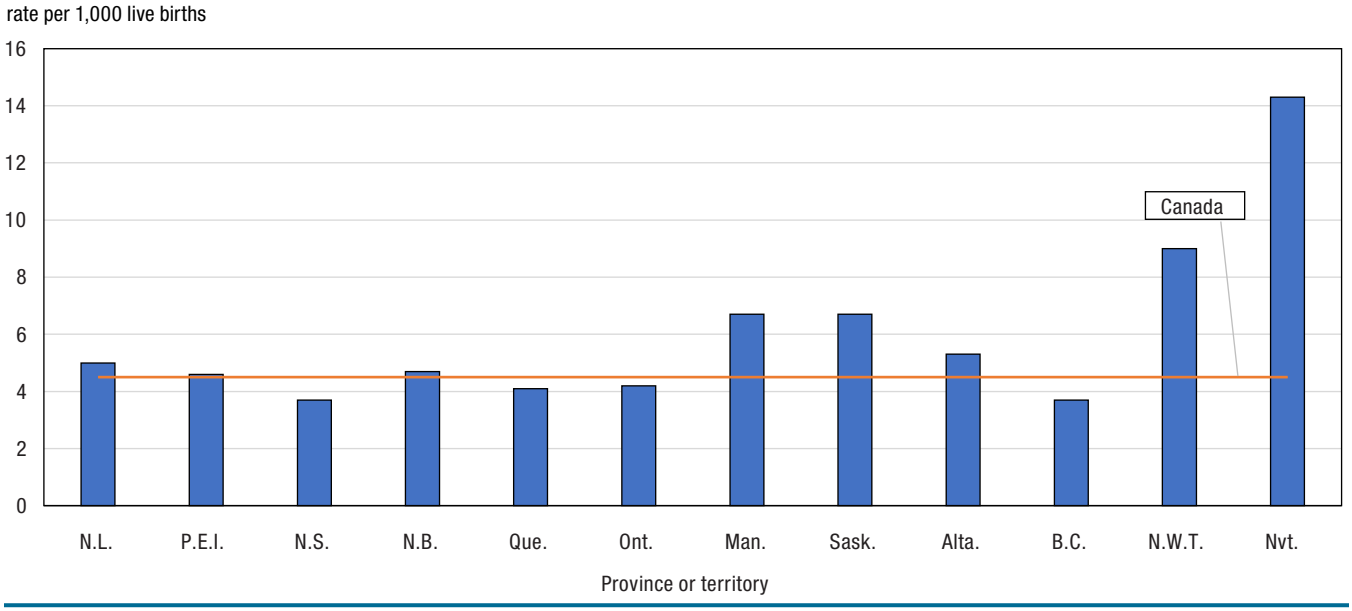
Chart 2.3
Infant, neonatal and post-neonatal mortality rate per 1,000 live births, Canada, 2000 to 2020



Note: Neonatal mortality is defined as deaths in the first 27 days of life, while post-neonatal mortality includes deaths up to age 1.
Source: Statistics Canada, Canadian Vital Statistics - Birth database and Death database, Table 13-10-0713-01 Infant deaths and mortality rates, by age group.

In 2021, Nunavut (14.3 per 1,000 live births), the Northwest Territories (9.0 per 1,000), Manitoba (6.4 per 1,000), and Saskatchewan (5.3 per 1,000) had infant mortality rates that were higher than in Canada overall (4.5 per 1,000) (Chart 2.4).

Chart 2.4
Infant mortality rate per 1,000 live births, Canada, 2020



Notes: Data for Yukon are not available for the specific reference period. The horizontal line at 4.5 represents Canada.
Source: Statistics Canada, Canadian Vital Statistics - Birth database and Death database, Table 13-10-0713-01 Infant deaths and mortality rates, by age group.

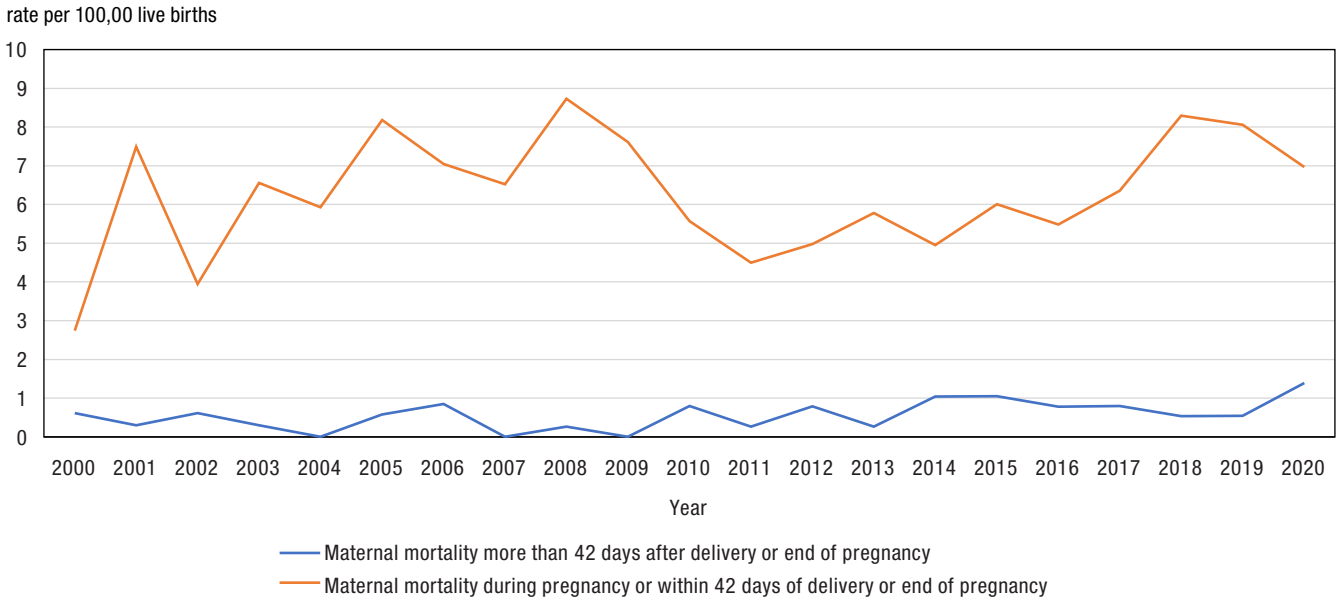
Maternal mortality

Maternal mortality includes deaths from obstetric causes that occurred within one year of delivery or the end of a pregnancy. It is typically divided into mortality during two periods: 1) during pregnancy or within 42 days of delivery or the end of the pregnancy, or 2) from 42 days to 1 year after delivery or the end of the pregnancy. Risk factors for maternal mortality include nutritional status, history of illness, occupational status, method of delivery, postpartum complications, nulliparity, low birth weight, and the age of the mother.[14,22,23]

The maternal mortality rate within one year of delivery or the end of a pregnancy increased from 3.1 per 100,000 live births in 2000 to 8.1 per 100,000 in 2020.[24]

Maternal mortality during pregnancy or within 42 days of delivery or the end of the pregnancy also increased over time, more than doubling from 0.6 per 100,000 live births in 2000 to 1.4 per 100,000 in 2020 (Chart 2.5).

Chart 2.5
Maternal mortality, Canada, 2000 to 2020



Note: Yukon data are available only for years 2000 to 2016.
Source: Statistics Canada, Canadian Vital Statistics - Birth database and Death database, Table 13-10-0756-01 Number of maternal deaths and maternal mortality rates for selected causes.

3.0 Chronic conditions

Key findings

- Almost half (45.1%) of Canadians lived with at least one major chronic disease in 2021. The prevalence and number of chronic conditions increased with age and were higher for females compared with males across all age groups.
- Some of the most common chronic conditions in Canada in 2021 were overweight (35.5%), obesity (29.2%), arthritis (19.5%) and high blood pressure (17.7%).
- In 2021, Canadians with the lowest household incomes had greater multimorbidity and prevalence of chronic disease compared with those with the highest household incomes.
- While the prevalence of most chronic diseases is highest among people aged 65 and older, asthma is most prevalent among people aged 12 to 17.
- A higher proportion of South Asian people (44.2%) are overweight compared with non-racialized people (31.9%).
- The prevalence of heart disease and obesity is rising.
- In 2021, over 3.3 million Canadians aged 12 and older (10.4%) reported having been diagnosed with an anxiety disorder, and over 3.1 million (9.6%) reported having a mood disorder.
- The prevalence of anxiety and mood disorders increased from 2015 to 2021 and was higher among females (vs. males), First Nations people living off reserve and Métis (vs. non-Indigenous people), and those in the lowest quintile (vs. the highest income quintile).

Chronic diseases and conditions can affect activities of daily living, reduce quality of life, and increase the risk of mortality. A variety of factors affect chronic disease incidence and prevalence, including age and behavioural risk factors such as tobacco use, unhealthy diet, and physical inactivity.

Prevalence of common chronic conditions

In 2021, over 14.6 million Canadians (45.1%) reported having one or more of the following chronic conditions or risk factors: arthritis, high blood pressure, diabetes, cancer (ever diagnosed), heart disease (ever diagnosed), stroke, mood disorders and anxiety.

The most common chronic conditions in Canada in 2021 were overweight, obesity, arthritis, and high blood pressure (Table 3.0). A greater proportion of people aged 65 and older reported having each chronic condition other than obesity and asthma compared with other age groups (Chart 3.0).

Cardiovascular disease

Cardiovascular disease is a general term describing conditions that affect blood vessels or the heart. Cardiovascular disease risk can be reduced with healthy eating, adequate physical activity, and controlled substance use.[25] Two of the most common cardiovascular diseases are heart disease and stroke, with high blood pressure being a risk factor for both.

High blood pressure

Untreated or uncontrolled high blood pressure can cause heart attacks, stroke, heart failure, dementia, renal failure, and blindness.[26] Risk factors for high blood pressure include sedentary behaviours, obesity, and high sodium consumption.[27]

In 2021, 17.7% of Canadians aged 12 and older reported having been diagnosed with high blood pressure (Table 3.0), and this had increased from 2015 to 2021. High blood pressure prevalence was highest in those aged 65 and older (44.0%) compared with all other age groups (Chart 3.0). A higher proportion of people in households in the lowest income quintile reported high blood pressure compared with those in the highest income quintile

(Chart 3.1). A lower proportion of First Nations people living off reserve reported high blood pressure compared with non-Indigenous people (Chart 3.2).

A higher percentage of the population in Newfoundland and Labrador, Nova Scotia, New Brunswick, and Saskatchewan had high blood pressure compared with the rest of Canada (Table 3.0). A higher proportion of Filipino (19.9%) and Japanese (20.4%) Canadians reported having high blood pressure compared with the total population.

Did you know?

Results from the Canadian Health Measures Survey (2012 to 2015) indicate that males aged 20 to 39 are more likely than females and older males to have untreated and uncontrolled hypertension.[28]

Heart disease

In 2020, heart disease was the second leading cause of death in Canada after cancer, accounting for 17.5% of all deaths. In 2021, 6.5% of Canadians aged 12 and older reported ever having been diagnosed with heart disease (Table 3.0). Higher proportions of the population in Newfoundland and Labrador, Prince Edward Island, Nova Scotia, New Brunswick, and Quebec reported having heart disease compared with the rest of Canada (Table 3.0). The prevalence of heart disease was highest among those aged 65 and older (Chart 3.0). A higher proportion of people in the lowest income quintile reported having heart disease compared with the highest quintile (Chart 3.1).

Stroke

Stroke, also called cerebrovascular disease, is a sudden loss of brain function that occurs when a blockage prevents blood from flowing to the brain.[25] In 2020, stroke was the fifth leading cause of death in Canada, responsible for 4.5% of deaths. In 2021, 1.1% of the Canadian population aged 12 and older reported suffering from the effects of stroke (Table 3.0), and this share has been stable since 2015. Like heart disease and high blood pressure, more people in the lowest income quintile reported suffering from the effects of stroke compared with those in the highest quintile (Chart 3.1).

Chronic respiratory diseases

Chronic respiratory diseases such as asthma and chronic obstructive pulmonary disease (COPD) accounted for 3.8% of all deaths in Canada in 2020.[29]

Asthma

Asthma is a chronic condition characterized by cough, shortness of breath, chest tightness, and wheezing. Asthma symptoms and attacks usually occur after exercise, exposure to allergens or irritants, or viral respiratory infections.[30]

In 2019, 5.9% of children aged 1 to 11 had asthma. This was higher among boys (7.2%) than girls (4.6%). Asthma may increase the risk of severe allergic reactions.[31] Among children aged 1 to 11 who had a diagnosed allergy, one in five (21.1%) were also reported to have asthma. By comparison, 4.3% of children who did not have an allergy had asthma.

In 2020, 8.7% of Canadians aged 12 and older reported having been diagnosed with asthma (Table 3.0), a proportion consistent with 2015.

Chronic obstructive pulmonary disease

COPD is a chronic and progressive condition characterized by gradual airway obstruction, shortness of breath, cough, and sputum production.[32] In 80% to 90% of COPD cases, cigarette smoking is the principal underlying cause.[32] Other risk factors include exposure to second-hand smoke, occupational exposure to dusts and fumes, outdoor air pollution, and repeated childhood respiratory tract infections.[32] Declining smoking rates have contributed to decreasing mortality from COPD.[33]

In 2020, 3.9% of the Canadian population aged 35 and older reported having been diagnosed with chronic bronchitis, emphysema, or COPD (Table 3.0). This prevalence is consistent with that in 2015.

The prevalence of COPD increases with age (Chart 3.0). In 2020, a higher proportion of people in the lowest income quintile reported having COPD compared with the highest quintile (Chart 3.1).

Did you know?

Results from lung function tests suggest that the prevalence of COPD may be closer to 12.0% in adults aged 35 to 79. Nearly 9 in 10 adults with impaired lung function reported not having been previously diagnosed with COPD, according to results from the Canadian Health Measures Survey.[34]

Endocrine and metabolic disorders

Diabetes

Diabetes is a chronic condition that occurs when the body is unable to produce enough insulin or properly use it.[35] Diabetes can lead to many complications, including cardiovascular disease, vision loss or blindness, kidney failure, nerve damage, problems with pregnancy, oral disease, and depression.[35]

In 2021, 7.3% of Canadians aged 12 and older reported having type 1, type 2 or gestational (for females aged 15 and older) diabetes (Table 3.0).

Did you know?

Results from the Canadian Health Measures Survey suggest that nearly 2% of adults in Canada may be living with undiagnosed diabetes.[36]

The self-reported prevalence of diabetes in Canada has fluctuated since 2015. In 2021, it was higher in provinces with older populations, such as Newfoundland and Labrador, New Brunswick, and Nova Scotia, compared with the rest of Canada (Table 3.0). More people in the lowest income quintile reported having diabetes compared with those in the highest quintile (Chart 3.1).

Did you know?

In 2020, diabetes was the leading cause of death in Newfoundland and Labrador, accounting for 5.1% of deaths compared with an average of 2.5% in the rest of Canada.[29]

Overweight and obesity

Overweight and obesity are risk factors for several chronic diseases, such as diabetes, high blood pressure, heart disease, stroke, arthritis, and cancer. Obesity is also a chronic health condition. In 2021, 27.2% of youth aged 12 to 17 were classified as overweight or obese (Table 3.0), up from 24.5% in 2015. Among adults aged 18 and older, 35.5% were classified as overweight and 29.2% as obese (Table 3.0). The proportion of overweight adults has remained stable across Canada since 2015, but obesity has trended upwards (26.1% in 2015).

The prevalence of obesity among adults in Newfoundland and Labrador, New Brunswick, and the Northwest Territories was higher than in the rest of Canada (Table 3.0). More youth in the Northwest Territories (44.8%), Newfoundland and Labrador (39.7%), and Saskatchewan (39.8%) were obese, compared with youth in the rest of Canada (27.2%) (Table 3.0). A higher proportion of South Asian people (44.2%) were classified as overweight, compared with non-racialized people (35.6%).

Did you know?

Results from the Canadian Health Measures Survey suggest that children aged 6 to 10 with an obese parent are at increased risk of being overweight or obese themselves.[37]

Musculoskeletal disorders

Arthritis

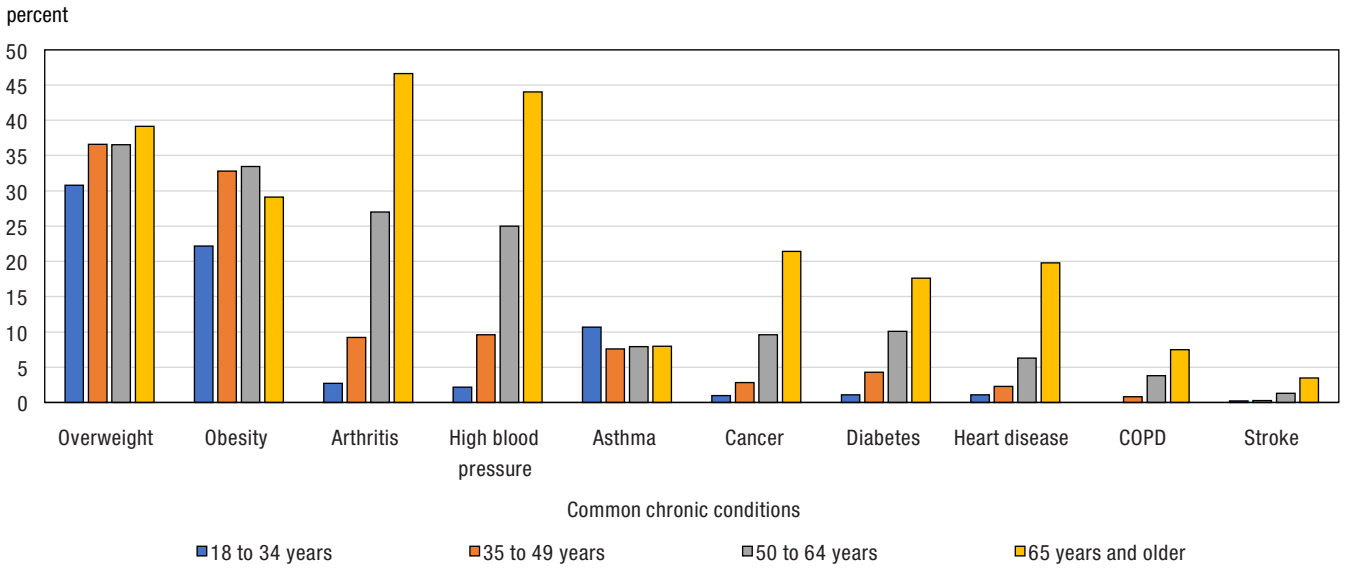
Arthritis is associated with mobility limitations and dependency in activities of daily living.[38] In 2021, 19.5% of Canadians aged 15 and older had arthritis (Table 3.0). The prevalence of arthritis varied across Canada, being higher in Newfoundland and Labrador, Nova Scotia, and New Brunswick (Table 3.0). Arthritis prevalence increased with age; it was almost 16 times higher in those aged 65 and older (46.6%) compared with those aged 18 to 34 (2.7%) (Chart 3.0). Like other chronic conditions, a higher proportion of people in the lowest income quintile reported having arthritis compared with those in the highest quintile (Chart 3.1). As the population ages and obesity increases, the prevalence of arthritis and the use of associated medications are expected to rise.[38]

Table 3.0
Prevalence of common chronic conditions among Canadians, by province (2021) or territory (2017 and 2018)

	Overweight (adults)	Obesity (adults)	Overweight or obesity (youth)	Arthritis	High blood pressure	Asthma	Cancer	Diabetes	Heart disease	COPD	Stroke
						percent					
Canada	**35.5**	**29.2**	**27.2**	**19.5**	**17.7**	**8.7**	**7.6**	**7.3**	**6.5**	**3.9**	**1.1[E]**
N.L.	35.7	42.2	39.7[E]	31.4	24.4	9.1[E]	7.3	9.6	7.6	5.5	1.0[E]
P.E.I.	37.5	35.9	26.1[E]	21.4	17.8	7.0[E]	7.2	8.7	8.1	6.4[E]	1.3[E]
N.S.	34.4	37.0	27.6[E]	26.7	22.4	12.1	8.9	8.7	8.1	7.6	1.4[E]
N.B.	33.5	39.2	15.0[E]	24.5	24.4	8.3	8.0	9.9	8.9	5.6[E]	1.4[E]
Que.	37.1	27.6	19.6	19.2	16.9	8.7	8.1	7.6	7.3	4.2	1.2
Ont.	35.5	29.3	29.7	18.7	18.0	8.5	7.7	7.6	6.1	3.8	1.1
Man.	34.1	33.9	32.8	18.6	17.9	7.9	6.2	7.6	4.6	3.6	1.3[E]
Sask.	35.3	34.6	39.8	18.7	19.8	7.4	6.8	8.4	6.2	4.6[E]	1.1[E]
Alta.	35.0	29.7	33.4	19.9	16.2	9.1	6.5	5.9	5.3	2.8	1.1[E]
B.C.	34.5	24.6	20.1	18.7	16.8	9.0	7.5	5.9	6.8	3.0	1.0
Y.T.	33.4	34.8	22.1[E]	19.1	13.4	8.9	6.0	7.3	5.3[E]	4.7	F
N.W.T.	30.0	39.8	28.6[E]	14.8	13.7	8.0	4.6[E]	5.9[E]	3.3[E]	2.5[E]	1.2[E]
Nvt.	29.9	34.5	44.8[E]	13.4	12.1	4.5[E]	3.1[E]	2.7[E]	3.7[E]	2.7[E]	F

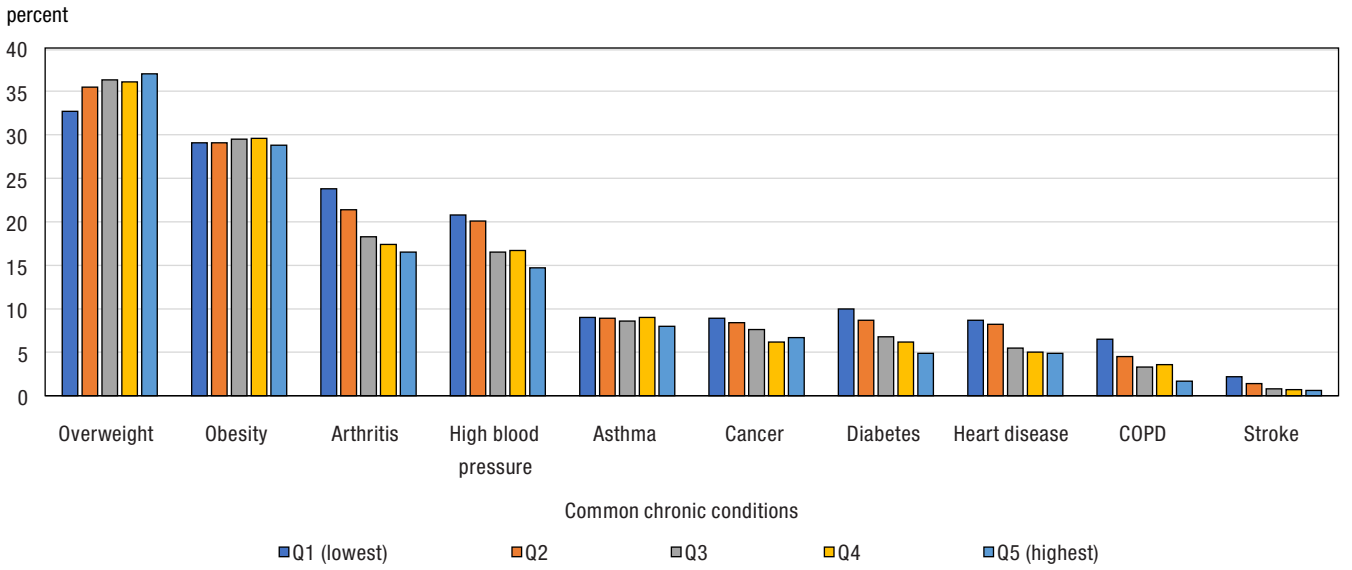
... not applicable
[E] use with caution
F too unreliable to be published
Notes: Stroke, diabetes, high blood pressure, heart disease (ever diagnosed) and cancer (ever diagnosed) are reported for Canadians aged 12 and older; arthritis and asthma are reported for Canadians aged 15 and older; chronic obstructive pulmonary disease (COPD) is reported for Canadians aged 35 and older; overweight and obesity (youth) are reported for Canadians aged 12 to 17; and overweight (adults) and obesity (adults) are reported for Canadians aged 18 and older. For asthma and COPD, 2020 data are used. Estimates for Canada exclude the territories. Provincial data are from the 2021 Canadian Community Health Survey (CCHS), and provinces are compared with the 2021 estimate for the rest of Canada, which excludes the province being compared and the territories (shown). Territorial data are from the 2017 and 2018 CCHS, and territories are compared with the 2017 and 2018 estimate for the rest of Canada, which excludes the territory being compared (not shown).
Sources: Statistics Canada, Canadian Community Health Survey (CCHS), 2021, Table 13-10-0096-01 Health characteristics, annual estimates; and CCHS, 2017 and 2018, Table 13-10-0113-01 Health characteristics, two-year period estimates.

Chart 3.0
Prevalence of common chronic conditions among Canadians, by age group, 2020 and 2021



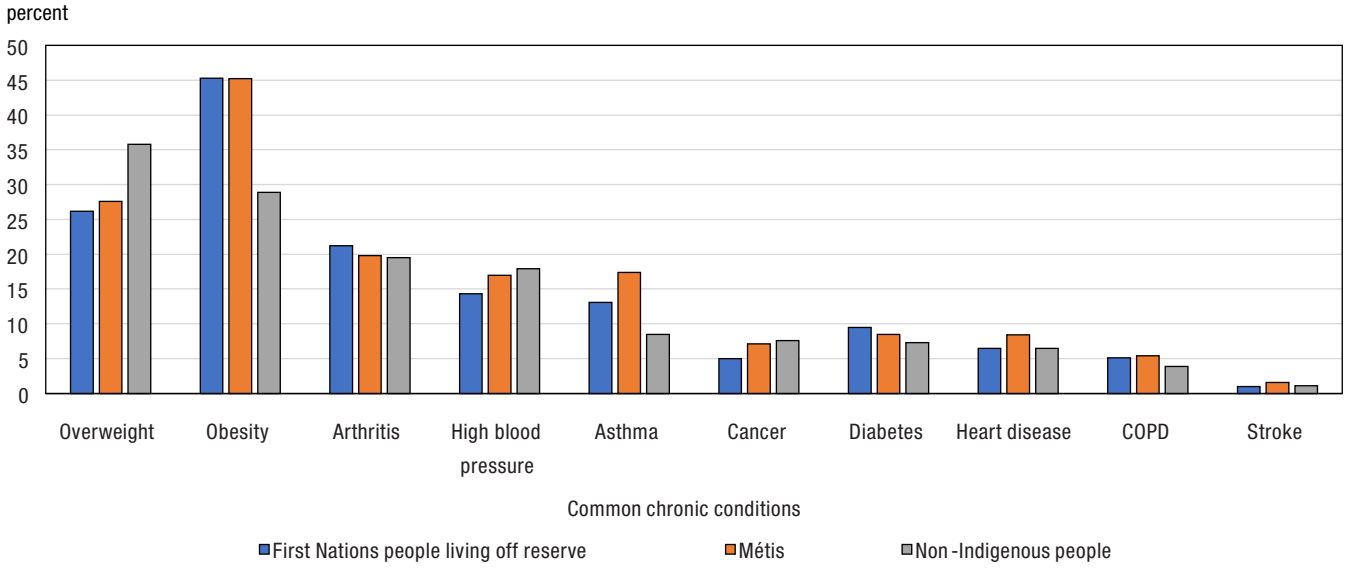
Notes: Stroke, diabetes, high blood pressure, asthma, heart disease (ever diagnosed) and cancer (ever diagnosed) are reported for Canadians aged 12 and older; arthritis is reported for Canadians aged 15 and older; chronic obstructive pulmonary disease (COPD) is reported for Canadians aged 35 and older; and overweight and obesity are reported for Canadians aged 18 and older. For asthma and COPD, 2020 data are used. Estimates for Canada exclude the territories. Stroke, heart disease, cancer and diabetes percentages for 18- to 34-year-olds should be interpreted with caution. Stroke and COPD percentages for 35- to 49-year-olds should be interpreted with caution.
Sources: Statistics Canada, Canadian Community Health Survey, 2020 and 2021.

Chart 3.1
Prevalence of common chronic conditions among Canadians, by household income quintile, 2020 and 2021



Notes: Stroke, diabetes, high blood pressure, asthma, heart disease (ever diagnosed) and cancer (ever diagnosed) are reported for Canadians aged 12 and older; arthritis is reported for Canadians aged 15 and older; chronic obstructive pulmonary disease (COPD) is reported for Canadians aged 35 and older. For asthma and COPD, 2020 data are used. Estimates for Canada exclude the territories. Stroke percentages for the fourth and fifth quintiles (Q4 and Q5) should be interpreted with caution.
Sources: Statistics Canada, Canadian Community Health Survey, 2020 and 2021.

Chart 3.2
Prevalence of common chronic conditions among Canadians, by Indigenous group, 2020 and 2021



Notes: Stroke, diabetes, high blood pressure, asthma, heart disease (ever diagnosed) and cancer (ever diagnosed) are reported for Canadians aged 12 and older; arthritis is reported for Canadians aged 15 and older; COPD is reported for Canadians aged 35 and older; and overweight and obesity are reported for Canadians aged 18 and older. For asthma and COPD, 2020 data are used. Estimates for Canada exclude the territories. Percentages for stroke, COPD and cancer for First Nations people living off reserve and Métis should be interpreted with caution. Percentages for heart disease and diabetes for Métis should be interpreted with caution. Data are too unreliable to be published for Inuit; because the Canadian Community Health Survey

Cancer

Did you know?

About two in five Canadians (43%) are expected to be diagnosed with cancer in their lifetime.[39]

Despite major advancements in cancer treatment and survival over the past few decades, cancer has remained the leading cause of death in Canada since 2006, responsible for just over one-quarter of all deaths in 2020 (26.6%). Overall cancer incidence rates have declined, but the number of cases and deaths continues to increase, mainly because of population growth and aging.[40]

In 2021, 7.6% of Canadians aged 12 and older reported ever having been diagnosed with cancer (Table 3.0), and the reported prevalence of ever having been diagnosed with cancer was highest among those aged 65 and older (Chart 3.0).

Cancer incidence

Cancer incidence over time

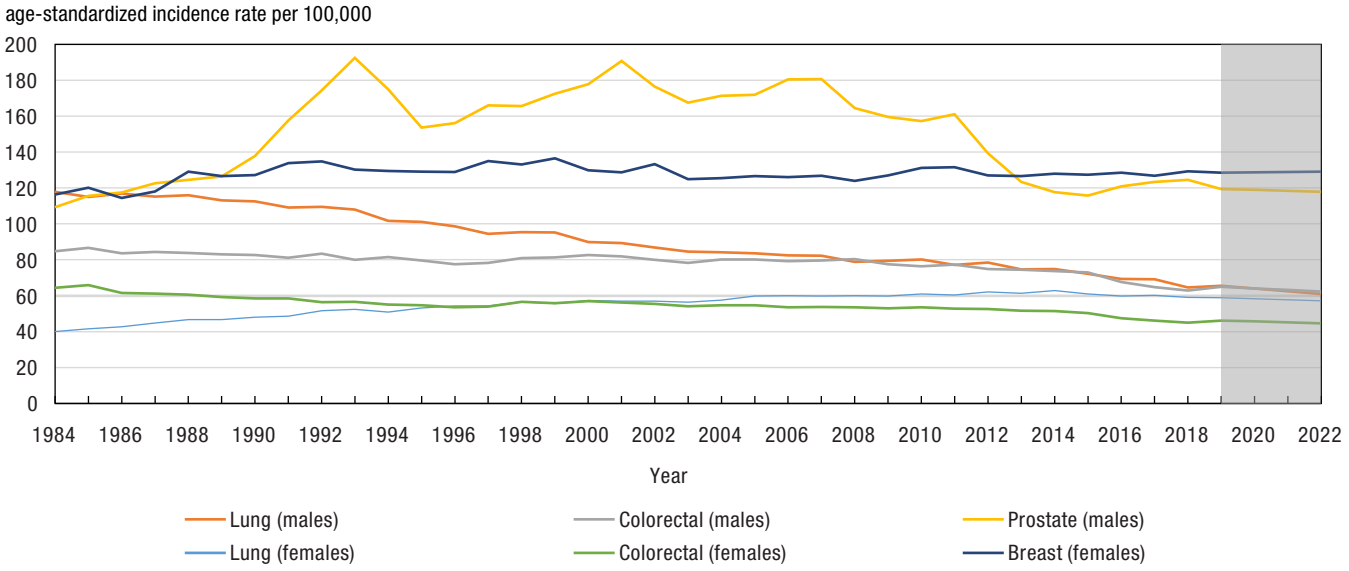
Overall cancer incidence, or the number of new cases of cancer, has been declining in Canada.[39] Age-standardized incidence rates (ASIRs) for all cancers combined and both sexes declined on average by 2.7% annually from 2016 to 2020.[41]

Chart 3.3 shows ASIRs from 1984 to 2022 for the most common cancer types: lung, colorectal, prostate, and breast. Combined, these four types of cancer represent almost half (46%) of all cancers that were projected in Canada in 2022.[40]

The lung cancer incidence rate among males has declined significantly, but for females, the projected ASIR for 2022 was 43% higher than the rate in 1984 (Chart 3.3). The incidence rate of breast cancer among females increased into the mid-1990s and has fluctuated throughout the last 20 years (Chart 3.3). The prostate cancer

incidence rate increased among males in the early 1990s but has remained relatively stable since 2014 (Chart 3.3). Colorectal cancer incidence rates among males and females have declined since the early 2000s (Chart 3.3).

Chart 3.3
Age-standardized cancer incidence rates, by sex, Canada (excluding Quebec), 1984 to 2022



Notes: Rates were age standardized to the 2011 Canadian standard population. Shading indicates projected data from 2019 to 2022.
Source: Darren R. Brenner, Abbey Poirier, Ryan R. Woods, Larry F. Ellison, Jean-Michel Billette, Alain A. Demers, Shary Xinyu Zhang, Chunhe Yao, Christian Finley, Natalie Fitzgerald, Nathalie Saint-Jacques, Lorraine Shack, Donna Turner, Elizabeth Holmes. (2022). Projected estimates of cancer in Canada in 2022. *Canadian Medical Association Journal*, 194(17), E601-E607. https://doi.org/10.1503/cmaj.212097.

Incidence of the most common cancer types

In 2022, lung cancer was projected to be the most frequently diagnosed cancer in Canada, followed by breast, prostate, and colorectal cancers (Table 3.1). The ASIR for all cancers combined in 2022 was projected to be 15% higher among males than females (Table 3.1). ASIRs for all cancers were projected to be lowest in Western Canada and higher in Eastern Canada.[40]

Cancer mortality

An estimated 85,100 Canadians died of cancer in 2022. Lung cancer was projected to be the leading cause of cancer deaths, accounting for 24.3% of all cancer deaths, followed by colorectal (11.0%), pancreatic (6.7%), and breast (6.5%) cancers. Colorectal and lung cancer mortality has decreased by 3.4 and 3.8 percentage points, respectively, since the mid-2010s.[42]

The **age-standardized mortality rate** (ASMR) is defined as the number of deaths per 100,000 population and removes the effects of differences in the age structure of populations among areas and over time.[43] The ASMR for all cancers combined in 2022 was projected to be 34% higher among males than females (Table 3.1). Aside from breast cancer, males are expected to have higher mortality rates for all other non-female-specific types of cancer (Table 3.1). Like incidence, ASMRs are lower in Western and Central Canada and generally higher in the East.[42]

Table 3.1
Projected estimates of age-standardized incidence rates and age-standardized mortality rates for selected cancers, by sex, Canada (excluding Quebec), 2022[1]

	Age-standardized incidence rate per 100,000[2]			Age-standardized mortality rate per 100,000[2]		
Type of cancer	Both sexes	Males	Females	Both sexes	Males	Females
All cancers[3]	**514.0**	**555.4**	**483.3**	**181.6**	**212.3**	**158.5**
Lung and bronchus	58.7	61.0	57.2	43.4	48.6	39.5
Breast	67.6	1.2	129.0	12.2	0.2	22.6
Prostate	…	117.8	…	…	22.6	…
Colorectal	52.9	62.3	44.6	20.2	24.9	16.2

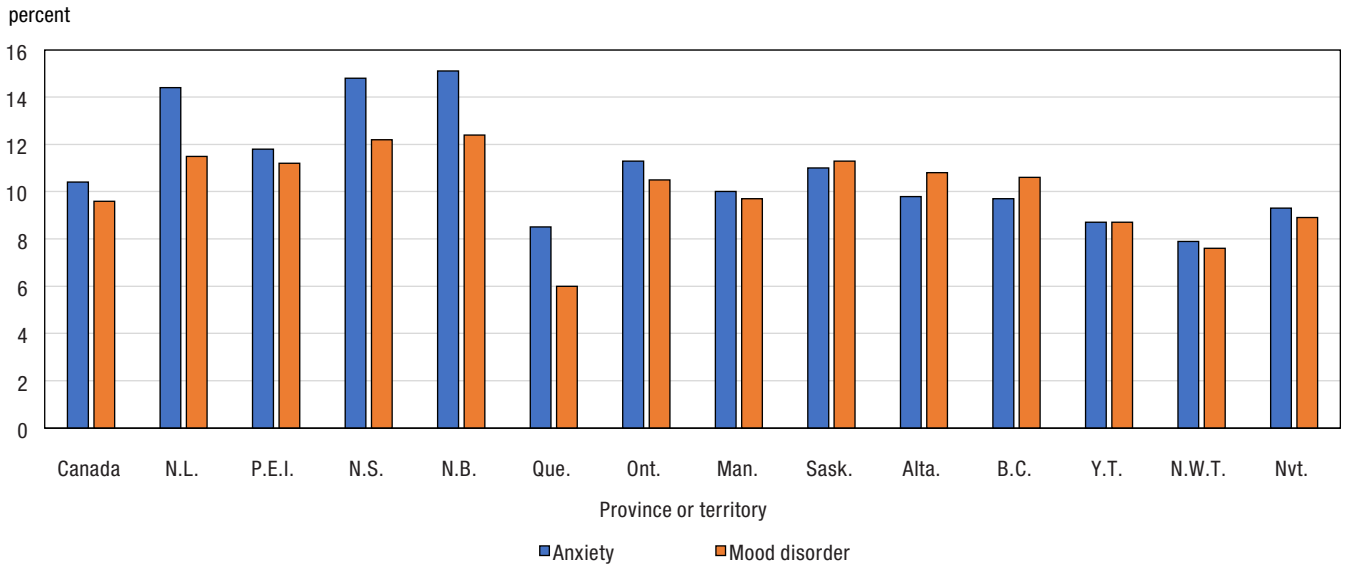
… not applicable
1. Rates are age standardized to the 2011 Canadian standard population. The complete definition of the specific cancers included here can be found in Appendix 1, Supplementary Table 1, available at www.cmaj.ca/lookup/doi/10.1503/cmaj.212097/tab-related-content.
2. Quebec is included in the cases because of its importance in determining the national total projected number. Quebec is excluded from the rates because a different projection method was used for this province than for other regions.
3. "All cancers" includes in situ bladder cancer and excludes nonmelanoma skin cancer (neoplasms, not otherwise specified; epithelial neoplasms, not otherwise specified; and basal and squamous).
Sources: Darren R. Brenner, Abbey Poirier, Ryan R. Woods, Larry F. Ellison, Jean-Michel Billette, Alain A. Demers, Shary Xinyu Zhang, Chunhe Yao, Christian Finley, Natalie Fitzgerald, Nathalie Saint-Jacques, Lorraine Shack, Donna Turner, Elizabeth Holmes. Projected estimates of cancer in Canada in 2022. CMAJ May 2022, 194 (17) E601-E607; DOI: 10.1503/cmaj.212097

Mental health disorders

Mental illness is characterized by changes in an individual's thinking, mood or behaviour and is usually associated with significant distress or impaired functioning in social, occupational, and other activities.[44] There are several types of mental illness: mood disorders, anxiety disorders, schizophrenia and related disorders, personality disorders, substance-related disorders (e.g., alcohol abuse or dependence), eating disorders, and dementia. This report focuses on generalized **anxiety disorder**, such as phobia, obsessive-compulsive disorder, or a panic disorder, and **mood disorders**, including major depression, bipolar disorder, mania, or dysthymia (chronic form of depression).

In 2021, over 3.4 million Canadians aged 12 and older (10.4%) reported having been diagnosed with an anxiety disorder, and over 3.1 million (9.6%) reported having a mood disorder (Chart 3.4). The prevalence of anxiety and mood disorders has increased by 2.6 and 1.7 percentage points, respectively, since 2015 and was higher in Ontario, Saskatchewan and the Atlantic provinces (except Prince Edward Island), compared with the rest of Canada (Chart 3.4). Females of all age groups reported more anxiety and mood disorders than males of all ages in 2021.

Chart 3.4
Canadians aged 12 and older reporting anxiety and mood disorders, by province (2021) or territory (2017 and 2018)



Notes: Provincial data are from the 2021 Canadian Community Health Survey (CCHS), and provinces are compared with the 2021 estimate for the rest of Canada, which excludes the province being compared and the territories (shown). Territorial data are from the 2017 and 2018 CCHS, and territories are compared with the 2017 and 2018 estimate for the rest of Canada, which excludes the territory being compared (not shown). Data for the Northwest Territories and Nunavut should be interpreted with caution.
Sources: Statistics Canada, Canadian Community Health Survey (CCHS), 2021, Table 13-10-0096-01 Health characteristics, annual estimates; and CCHS, 2017 and 2018, Table 13-10-0113-01 Health characteristics, two-year period estimates.

In 2021, a higher proportion of First Nations people living off reserve (20.4%) and Métis (19.7%) reported having anxiety compared with non-Indigenous people (10.1%). Similarly, a higher proportion of First Nations people living off reserve (19.0%) and Métis (19.6%) reported having mood disorders compared with non-Indigenous people (9.6%). A larger proportion of people in the lowest income quintile reported having anxiety (13.9%) and mood disorders (14.4%), compared with those in the highest income quintile (9.7% and 8.5%, respectively).

Did you know?

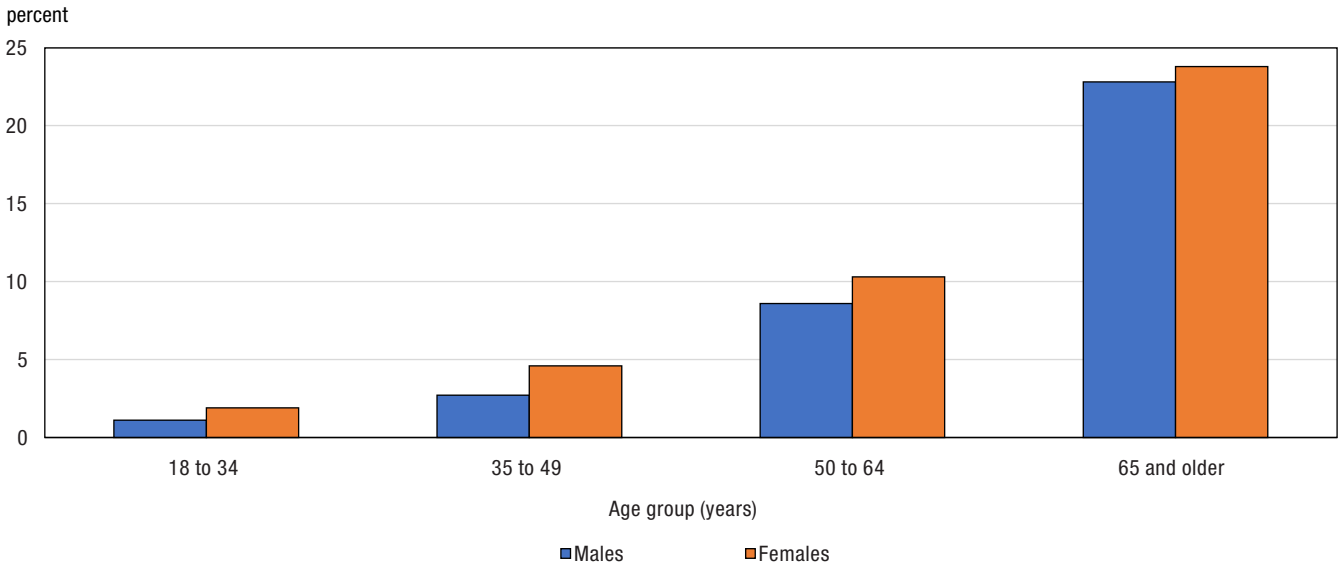
According to the Canadian Survey on Disability, in 2017, over 2 million Canadians aged 15 and older (7%) had a mental health-related disability, meaning they experienced limitations in daily activities because of an emotional, psychological, or mental health condition. Among youth, women (11%) were twice as likely as men (5%) to have a mental health-related disability.[45]

Multimorbidity

One in 12 Canadians (8.3%) had **multimorbidity**, defined as having three or more chronic conditions (arthritis, high blood pressure, diabetes, cancer [ever diagnosed], heart disease [ever diagnosed], stroke, mood disorders, and anxiety).

Multimorbidity was highest among females aged 65 and older (23.8%) compared with other age and sex groups (Chart 3.5).

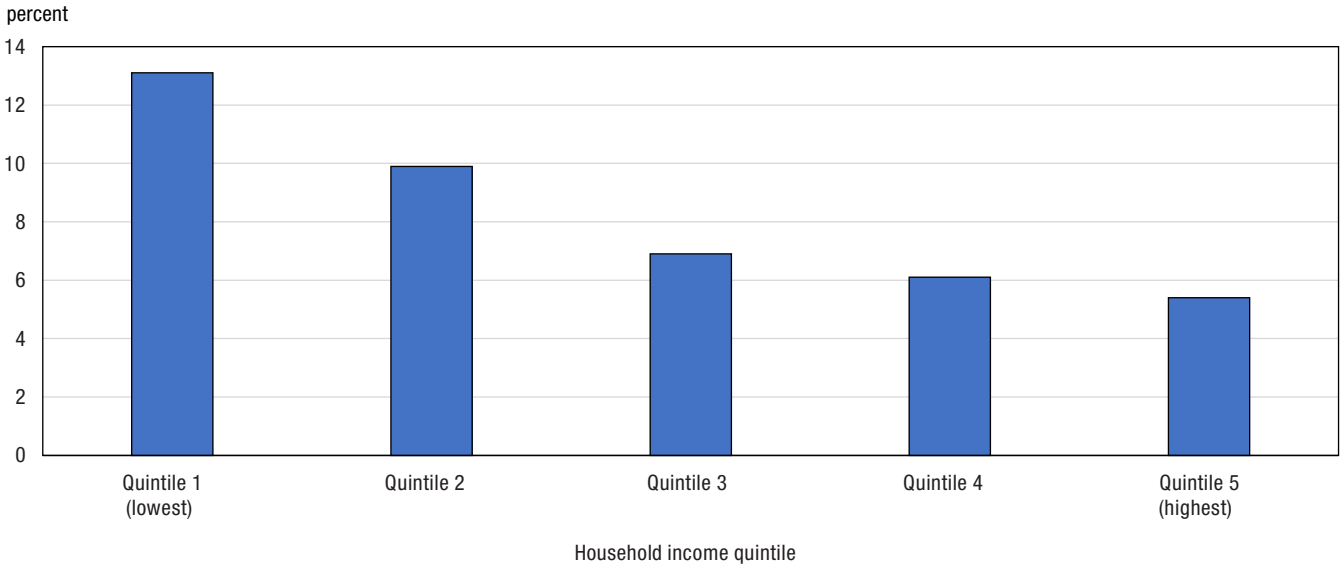
Chart 3.5
Multimorbidity (three or more chronic conditions), by age group and sex, Canada, 2021



Notes: Multimorbidity is defined as having three or more of the selected chronic conditions: arthritis, high blood pressure, diabetes, cancer (ever diagnosed), heart disease (ever diagnosed), stroke, mood disorders and anxiety. Estimates for the 18- to 34-year-old group should be interpreted with caution.
Source: Statistics Canada, Canadian Community Health Survey, 2021.

Canadians in the lowest income quintile had a higher prevalence of multimorbidity (Chart 3.6), and the onset of multimorbidity is likely to be significantly earlier for this group.[46]

Chart 3.6
Multimorbidity (three or more chronic conditions), by household income quintile, Canada, 2021



Note: Multimorbidity is defined as having three or more of the selected chronic conditions: arthritis, high blood pressure, diabetes, cancer (ever diagnosed), heart disease (ever diagnosed), stroke, mood disorders and anxiety.
Source: Statistics Canada, Canadian Community Health Survey, 2021.

Attention deficit hyperactivity disorder and autism

In 2019, 5.3% of children and youth aged 1 to 17 were reported as having attention deficit hyperactivity disorder (ADHD), and 2.0% were reported as having autism.[3] A higher proportion of males were reported as having ADHD, compared with females (7.4% and 3.0%, respectively).[3] Similarly, three times as many males as females were reported as having autism (3.1% and 0.8%, respectively).[3]

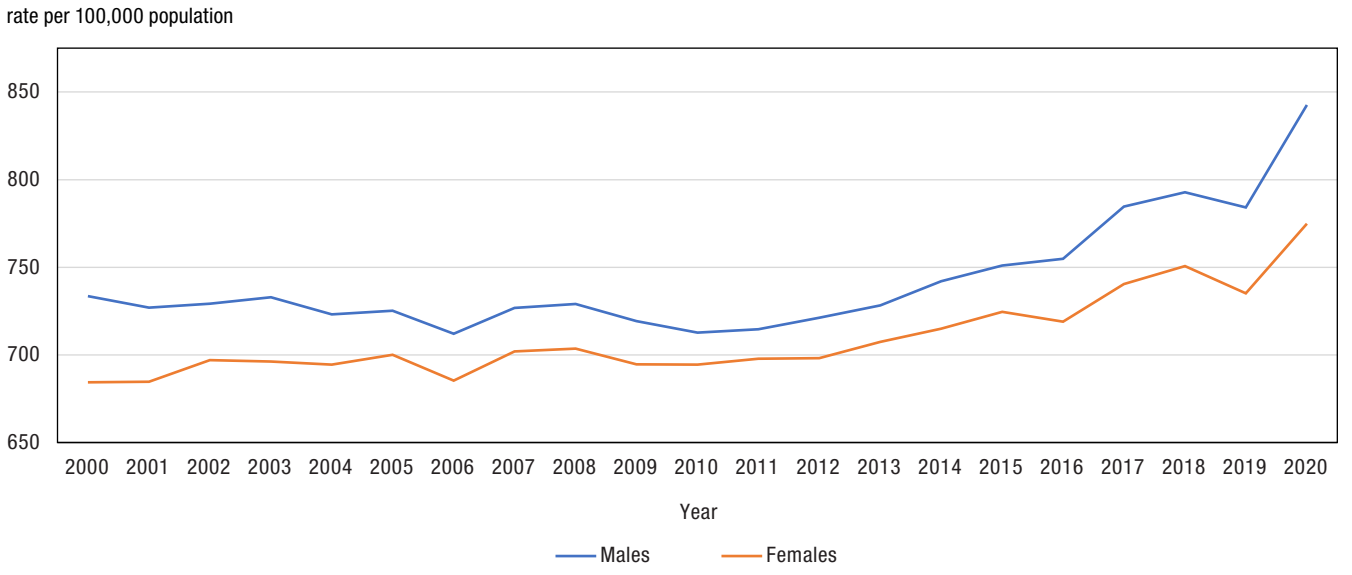
4.0 Mortality

Key findings

- The age-standardized mortality rate increased from 708.7 per 100,000 population in 2000 to 808.5 per 100,000 in 2020.
- The top 4 leading causes of death in Canada in 2020 were cancer, heart disease, COVID-19 and accidental deaths.

Within the last 20 years, the **age-standardized mortality rate** (a weighted average of the age-specific mortality rates per 100,000 people) increased from 708.7 per 100,000 population in 2000 to 808.5 per 100,000 population in 2020 (Chart 4.0). In 2020, the year in which the COVID-19 pandemic reached Canada, there was a 7.7% increase in deaths from 2019 (Chart 4.0). Mortality rates across all years are higher among males than females (Chart 4.0).

Chart 4.0
Age-standardized mortality rate per 100,000 population, by sex, 2000 to 2020



Source: Statistics Canada, Table 13-10-0392-01 Deaths and age-specific mortality rates, by selected grouped causes.

Leading causes of death

In 2020, there were 307,205 deaths in Canada.[29] The four leading causes of death were cancer, heart disease, COVID-19 and accidental deaths (Table 4.0), with males accounting for a higher proportion of the mortality rate in all categories.[29]

Table 4.0
Top 10 leading causes of death, Canada, 2020

Rank of leading cause of death[1]	Leading causes of death	Age-standardized mortality rate per 100,000 population
1	Malignant neoplasms (cancer)	182.6
2	Diseases of heart	118.3
3	COVID-19	35.2
4	Accidents (unintentional injuries)	37.3
5	Cerebrovascular diseases	30.2
6	Chronic lower respiratory diseases	25.8
7	Diabetes mellitus	17.1
8	Influenza and pneumonia	12.9
9	Alzheimer's disease	12.3
10	Chronic liver disease and cirrhosis	10.1

1. The ranking of the leading causes of death is based on the number of deaths. 2020 data for Yukon are not available.
Source: Statistics Canada, Table 13-10-0801-01 Leading causes of death, total population (age standardization using 2011 population).

Did you know?

Mortality patterns of Black adults are different than those of White adults.[47] Integrated census and mortality data enabled the first-ever study to estimate differences in the mortality of Black adults on a national scale for a variety of causes of death.[47] Compared with White adults, Black adults had an increased risk of dying for some causes of death, such as HIV/AIDS and specific cancers, after accounting for many social determinants of health, including region of birth, income and educational attainment.[47]

Health behaviours and substance use

Key findings

- The proportion of Canadians aged 12 and older who met the physical activity guidelines and the proportion of those who consumed five or more servings of fruits and vegetables per day declined from 2015 to 2021.
- More than three-quarters (78.3%) of children and youth met the sleep guidelines for their age in 2019.
- Heavy drinking and current cigarette smoking declined from 2015 to 2021.
- The percentage of daily or almost daily cannabis use and current smoking was higher among people with lower incomes, unlike heavy drinking, which was greater among people with higher incomes.
- Yukon had higher rates of exclusive breastfeeding (67.9%) than other provinces and territories (40.7%).

5.0 Health behaviours

Physical activity, nutrition, and sleep

Maintaining a certain level of physical activity, achieving sufficient and good-quality sleep, and maintaining a diet rich in fruit and vegetables contribute to a lower risk of mortality, cardiovascular disease, hypertension, type 2 diabetes, several cancers, anxiety, depression, dementia, and weight gain. They also contribute to improvements in bone health, cognition, quality of life, and physical function.[48] The recommended amount of physical activity and sleep varies by age group (Table 5.0).[48]

Table 5.0
Recommended amount of physical activity and sleep for Canadians, by age group

Life stage	Age group (years)	Minutes of moderate-to-vigorous aerobic physical activity	Number of hours of sleep per night
Children	3 to 4	180 mins/day (of a variety of intensities)	10 to 13
	5 to 11	60 mins/day	9 to 11
Youth	12 to 17	60 mins/day	8 to 10
Adults	18 to 64	150 mins/week	7 to 9
Older adults	65 and older	150 mins/week	7 to 8

Source: Canadian 24-hour Movement Guidelines.

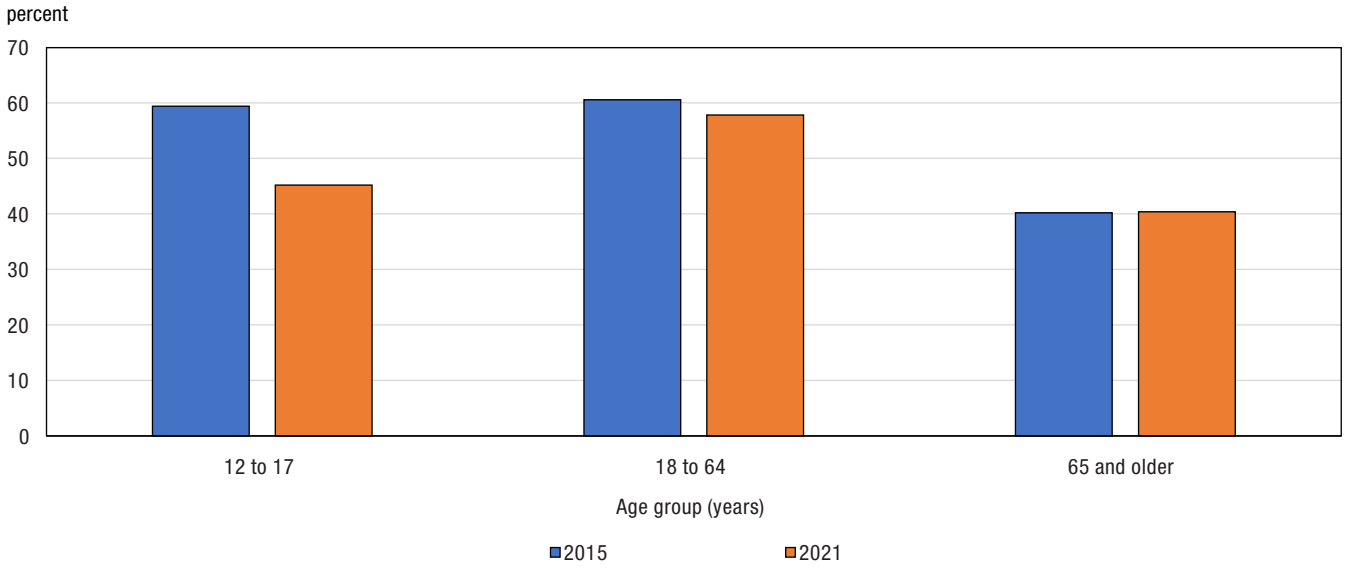
Physical activity

In 2019, while four in five children aged 5 to 11 (81.8%) were reported to have participated in some moderate-to-vigorous physical activity in the previous seven days, only one-third (34.9%) met the recommendation of at least 60 minutes of such activity per day, on average. Adults aged 18 to 64 were more likely than all other age groups to meet the physical activity guidelines in 2021 (Chart 5.1). In 2021, the proportion of Canadians aged 18 and older who met the physical activity recommendations was 3% lower than in 2015, but the decline was most pronounced among youth aged 12 to 17 (-14 percentage points). Across all ages, more males reported being physically active compared with females.

Did you know?

Parents' physical activity is associated with that of their children. Results from the Canadian Health Measures Survey show that for every 20-minute increase in a parent's moderate-to-vigorous physical activity, their child's moderate-to-vigorous physical activity increased by 5 to 10 minutes.[37]

Chart 5.1
Canadians aged 12 and older meeting physical activity guidelines, by age group, 2015 and 2021



Notes: Estimates exclude the territories. Youth (12 to 17 years) meeting the physical activity guidelines have an average of at least 60 minutes per day of moderate-to-vigorous activity; adults (18 to 64 years) and older adults (65 years and older) meeting the physical activity guidelines have at least 150 minutes per week of moderate-to-vigorous activity.
Sources: Statistics Canada, Canadian Community Health Survey, 2015 to 2021, Table 13-10-0096-01 Health characteristics, annual estimates.

Sleep

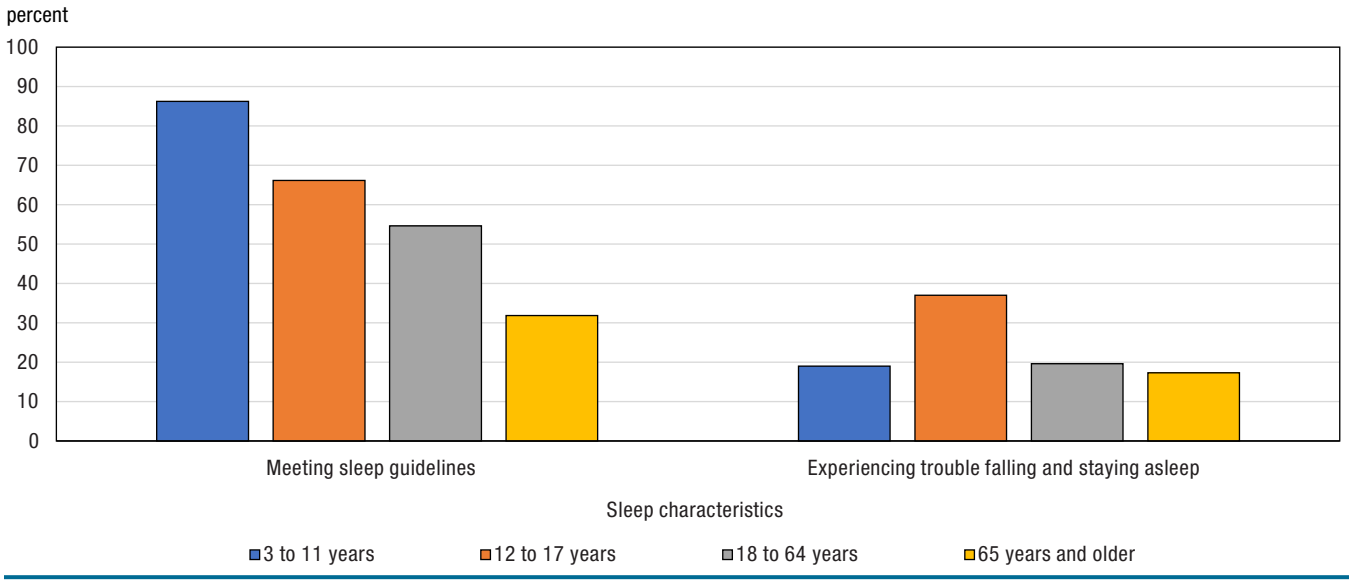
Did you know?

In 2026, Statistics Canada will release the first-ever results of directly measured sleep in Canada. Sleep and physical activity data are being collected using devices called accelerometers in Cycle 7 of the Canadian Health Measures Survey.[49]

Getting adequate and high-quality sleep supports healthy brain function and maintains physical health.[48] Sleep plays an integral role in the health and development of children and youth.[50] While more than three-quarters (78.3%) of Canadian children and youth met the sleep guidelines for their age in 2019, this decreased with age (Chart 5.2).

A higher proportion of children aged 3 to 11 had the recommended hours of sleep, compared with all other age groups, and this declined by age (Chart 5.2). A higher percentage of youth aged 12 to 17 (37%) reported having difficulty falling and staying asleep compared with all other age groups (Chart 5.2).

Chart 5.2
Canadians aged 3 and older meeting sleep guidelines and experiencing trouble falling and staying asleep, by age group, 2021



Sources: Statistics Canada, Canadian Community Health Survey, 2021; and Canadian Health Survey on Children and Youth, 2019.

Did you know?

In 2021, 3.1% of older adults who had difficulty sleeping reported having poor mental health compared with 0.8% of older adults who had no trouble sleeping.[51]

Did you know?

Feeling tired, fatigued, or sleepy during daytime can be a sign of sleep apnea. In 2016/2017, 6% of Canadians reported having sleep apnea and another 30% were at moderate or high risk of developing sleep apnea based on risk factors such as age, body mass index, and neck circumference.[52,53]

Nutrition

In 2021, 21.8% of Canadians aged 12 and older reported eating fruits and vegetables five or more times per day, down 10 percentage points from 2015 (31.5%). A higher proportion of females (25.5%) met this requirement compared with males (18.0%).

Did you know?

Breastfeeding is an important source of nutrition for infants. Exclusive breastfeeding is recommended for the first six months and up to two years or more, along with age-appropriate complementary feeding.[54] In 2021, while most females aged 15 to 55 who had a baby in the last five years initiated breastfeeding (93.8%), only 40.7% breastfed exclusively for at least six months.[55] Breastfeeding exclusivity rates were similar by province or territory, except in Yukon, which had the highest rate (67.9%).[55, 56]

6.0 Substance use

Alcohol, tobacco, and cannabis are commonly used substances that could lead to increased risk of chronic disease, including chronic liver disease, chronic respiratory disorders, certain cancers, cardiovascular diseases, and premature death.

Alcohol

Did you know?

New guidance on alcohol consumption was released in 2023 recommending that adults aged 19 and older should consume no more than two standard alcoholic drinks per week to minimize the risk associated with drinking alcohol.[57] This is a dramatic reduction from previous guidelines.

Heavy drinking is defined as having five or more drinks for males aged 12 and older, or four or more drinks for their female counterparts, on one occasion, at least once a month in the past year.

In 2021,15.6% of Canadians aged 12 and older engaged in heavy drinking, down from 19.2% in 2015 (Chart 6.0). A higher proportion of males (18.7%) reported heavy drinking than females (12.5%), and the prevalence of heavy drinking was highest among men aged 18 to 64 (22.5%). Heavy drinking was higher in the Atlantic provinces, Yukon, and the Northwest Territories than the rest of Canada (Chart 6.1).

Across household income levels, more Canadians in the highest income quintile than in lower income quintiles were heavy drinkers (Chart 6.2).

Tobacco use and vaping

In 2021, 11.8% of Canadians aged 12 and older reported currently smoking cigarettes daily or occasionally, and this has declined since 2015 (Chart 6.0). Males and females aged 35 to 64 had higher rates of smoking than all other age groups. The Northwest Territories and Nunavut had a higher proportion of current smokers compared with the rest of Canada (Chart 6.1). Current smoking was highest in the lowest household income quintile (Chart 6.2).

Did you know?

Tobacco alternatives, such as e-cigarettes, have increased in popularity, particularly among youth aged 12 to 17. In 2021, 15.0% reported vaping daily.[51] Most vaping products contain nicotine and, like tobacco, can lead to nicotine addiction. Vaping may also increase the risk of exposure to other harmful chemicals.[58]

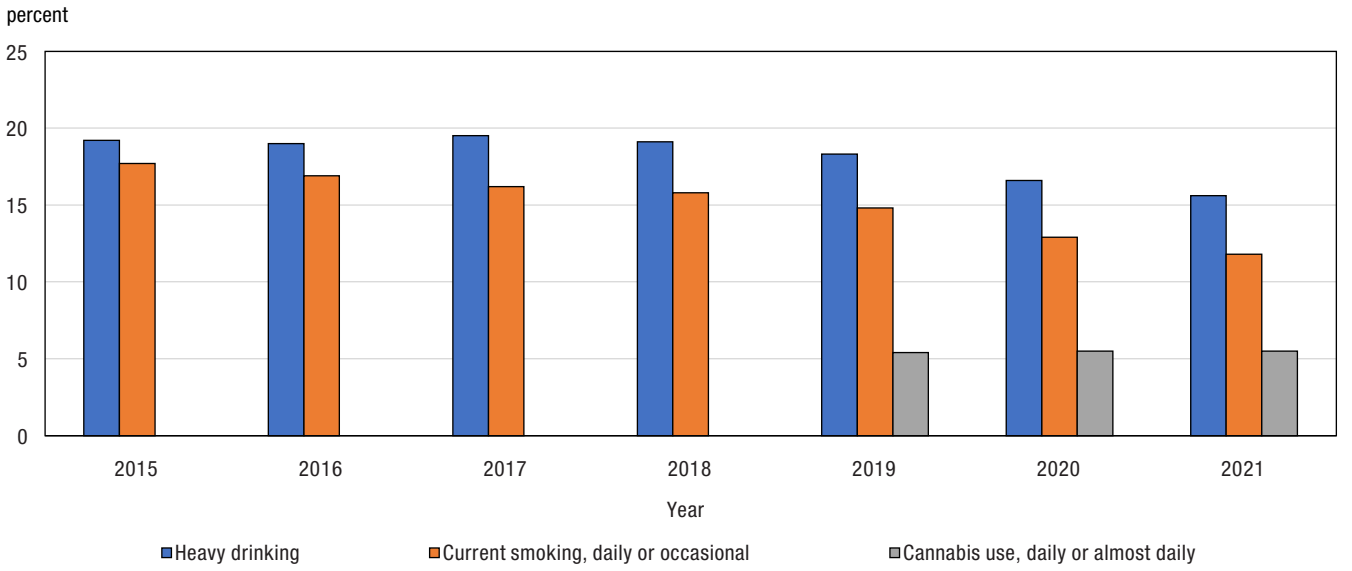
Cannabis

In 2018, the *Cannabis Act* came into force, legalizing and regulating access to cannabis in Canada.[59] The Canadian Community Health Survey started collecting data on cannabis use in 2019, to monitor and evaluate the impact of the act. In 2021, 5.5% of Canadians aged 12 and older reported using cannabis daily or almost daily (five or more days per week), a share that has remained stable since 2019.

Daily or almost daily cannabis use was reported more often by men and women aged 18 to 34. It was also reported more often by bisexual or pansexual Canadians (15.7%), compared with heterosexual Canadians (5.3%). Cannabis use was higher than the national average in some Atlantic provinces (Prince Edward Island, Nova Scotia, and New Brunswick) and Alberta (Chart 6.1). Like current smoking, the percentage of daily or almost daily cannabis use was higher among people with lower incomes (Chart 6.2).

Daily or almost daily use of cannabis is strongly associated with adverse health outcomes, particularly related to mental health.[60,61]

Chart 6.0
Heavy drinking, current smoking and cannabis use among Canadians aged 12 and older, 2015 to 2021

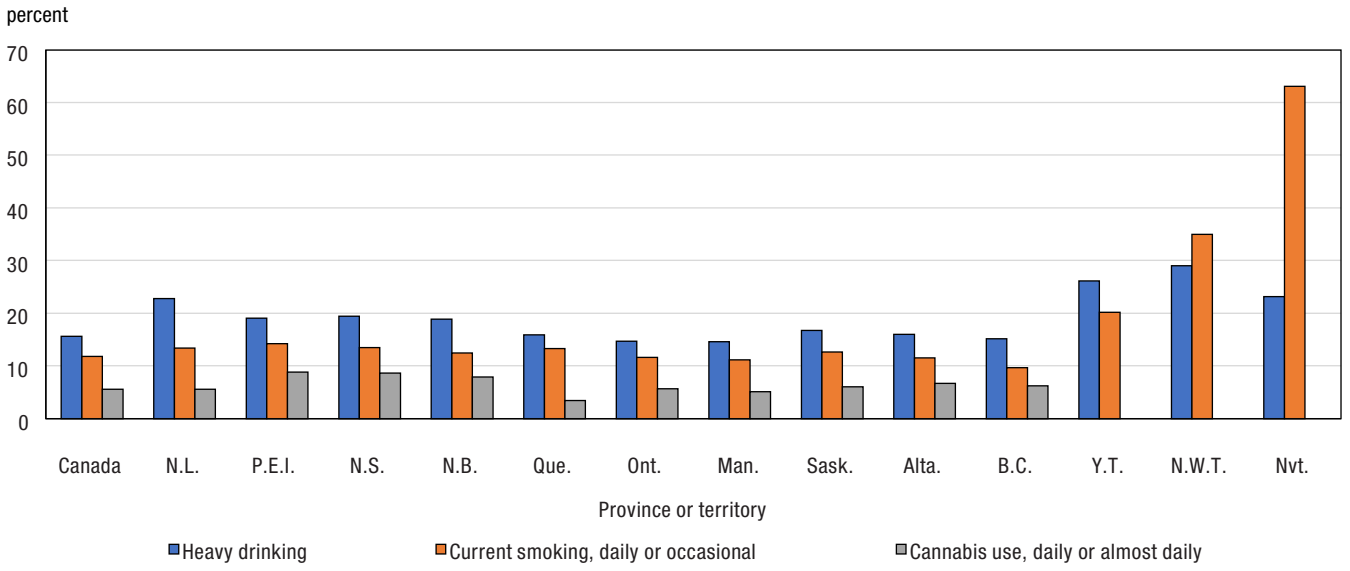


Notes: Daily smokers are those who reported smoking cigarettes every day (excluding alternative smoking products), while occasional smokers are those who reported smoking cigarettes occasionally. This includes former daily smokers who now smoke occasionally. Questions on cannabis use were added to the Canadian Community Health Survey beginning in 2019. Territorial data are not included in annual estimates.
Sources: Statistics Canada, Canadian Community Health Survey, 2015 to 2021, Table 13-10-0096-01 Health characteristics, annual estimates.

Did you know?

In Canada, 4.7% of past-year cannabis consumers had impaired control over their use of cannabis.[62] Several characteristics independently increased the likelihood of having impaired cannabis control, including being male, being aged 18 to 24, being from a lower-income household, being single or never married, having been diagnosed with anxiety or a mood disorder, or having first tried cannabis at age 15 or younger.[62] Monitoring the number of Canadians at risk of developing a cannabis addiction is important, as addiction can harm health and negatively affect school performance, work, and financial well-being.[62]

Chart 6.1
Heavy drinking, current smoking and cannabis use among Canadians aged 12 and older, by province (2021) or territory (2017 and 2018)

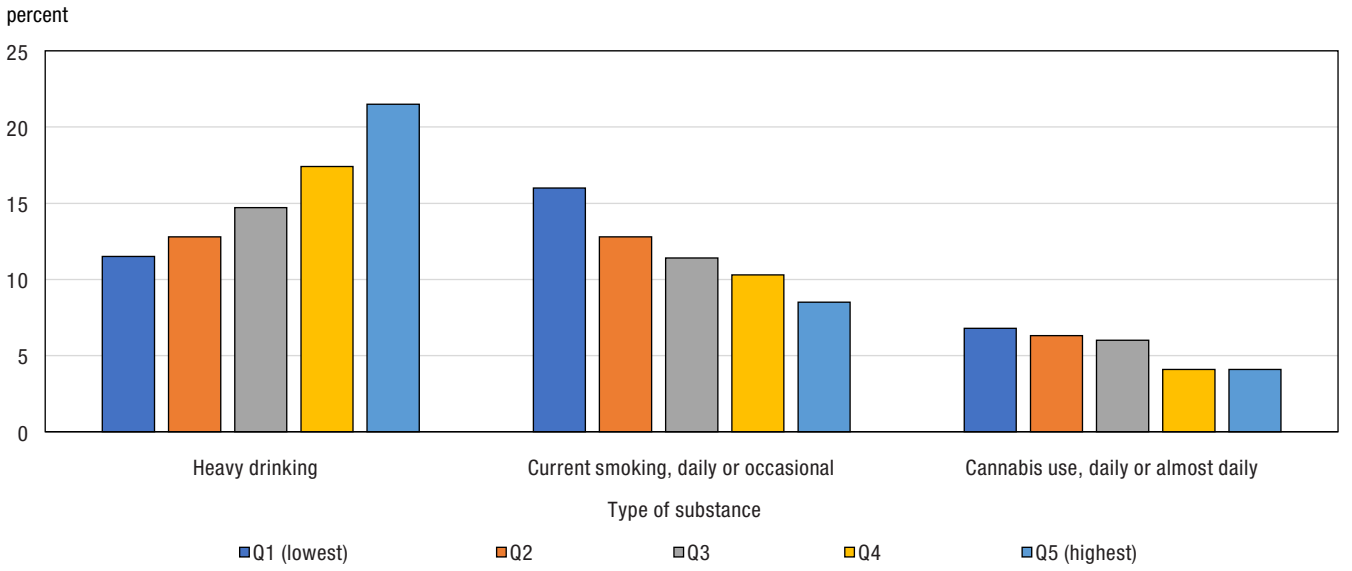


Notes: Provincial data are from the 2021 Canadian Community Health Survey (CCHS), and provinces are compared with the 2021 estimate for the rest of Canada, which excludes the province being compared and the territories (shown). Territorial data are from the 2017 and 2018 CCHS, and territories are compared with the 2017 and 2018 estimate for the rest of Canada, which excludes the territory being compared (not shown). Territorial data for cannabis are not available for the given year. Daily smokers are those who reported smoking cigarettes every day (excluding alternative smoking products), while occasional smokers are those who reported smoking cigarettes occasionally. This includes former daily smokers who now smoke occasionally. Questions on cannabis use were added to the CCHS beginning in 2019.
Sources: Statistics Canada, Canadian Community Health Survey (CCHS), 2021, Table 13-10-0096-01 Health characteristics, annual estimates; and CCHS, 2017 and 2018, Table 13-10-0113-01 Health characteristics, two-year period estimates.

Did you know?

While there is a lot of evidence linking health behaviours, such as smoking and physical activity, to health outcomes, fewer studies take a comprehensive look at the combined impact of these factors on outcomes while controlling for other determinants of health. Integrating population health data from the Canadian Community Health Survey with mortality data demonstrated that the largest health behaviour mortality hazards were associated with female heavy smokers in Canada (hazard ratio: 3.36; 95% confidence interval: 2.86, 3.95).[63]

Chart 6.2
Heavy drinking, current smoking and cannabis use among Canadians aged 12 and older, by household income quintile, 2021



Notes: Territorial data for cannabis are not available for the given year. Territorial data are not included in annual estimates. Daily smokers are those who reported smoking cigarettes every day (excluding alternative smoking products), while occasional smokers are those who reported smoking cigarettes occasionally. This includes former daily smokers who now smoke occasionally. Questions on cannabis use were added to the Canadian Community Health Survey beginning in 2019.
Source: Statistics Canada, Canadian Community Health Survey, 2021.

Opioids, stimulants and illicit drugs

In 2019, 3% of Canadians reported using at least one of six illegal drugs (cocaine or crack, speed or methamphetamine, ecstasy, hallucinogens, heroin, or salvia) and 1% reported problematic use of opioid pain relievers.[64] The Canadian Wastewater Survey showed that of the 14 drugs measured across five major cities, the levels of fentanyl and methamphetamine significantly increased early in the COVID-19 pandemic.[65] In both 2019 and 2020, loads of fentanyl per capita were more than four times higher in Vancouver than in any other city, while methamphetamine loads were highest in Edmonton.[65]

Did you know?

Canada saw a significant jump in opioid-related deaths at the onset of the COVID-19 pandemic, exacerbating the opioid crisis. Emergency department visits because of opioid poisoning have increased in Alberta and Ontario.[66]

Statistics Canada researchers used machine learning to identify six profiles of individuals who may be at higher risk of opioid overdose. For example, one profile was working-age males who used opioid prescription medications, had high incomes, and were employed primarily in construction.[67, 68] Such information can be used by public health authorities to better target and tailor programs and identify points of intervention to support treatment and lessen harms.[67, 68]

Access to health care

Key findings

- In 2021, while most Canadians (85.5%) had a regular health care provider, 4.7 million Canadians (14.4%) did not have one.
- Among those with a health care provider, 58.3% waited three days or less for an appointment.
- Almost 2.5 million Canadians (7.9%) reported unmet health care needs in 2021. The proportion of Canadians reporting unmet needs was higher in the Atlantic provinces compared with the rest of Canada.
- Approximately 946,000 Canadians used home care services in 2021, corresponding to 3.2% of the Canadian population. Newfoundland and Labrador, Nova Scotia, New Brunswick, and Quebec had higher proportions of home care use.
- Approximately 475,000 Canadians (1.6%) reported unmet home care needs in 2021.

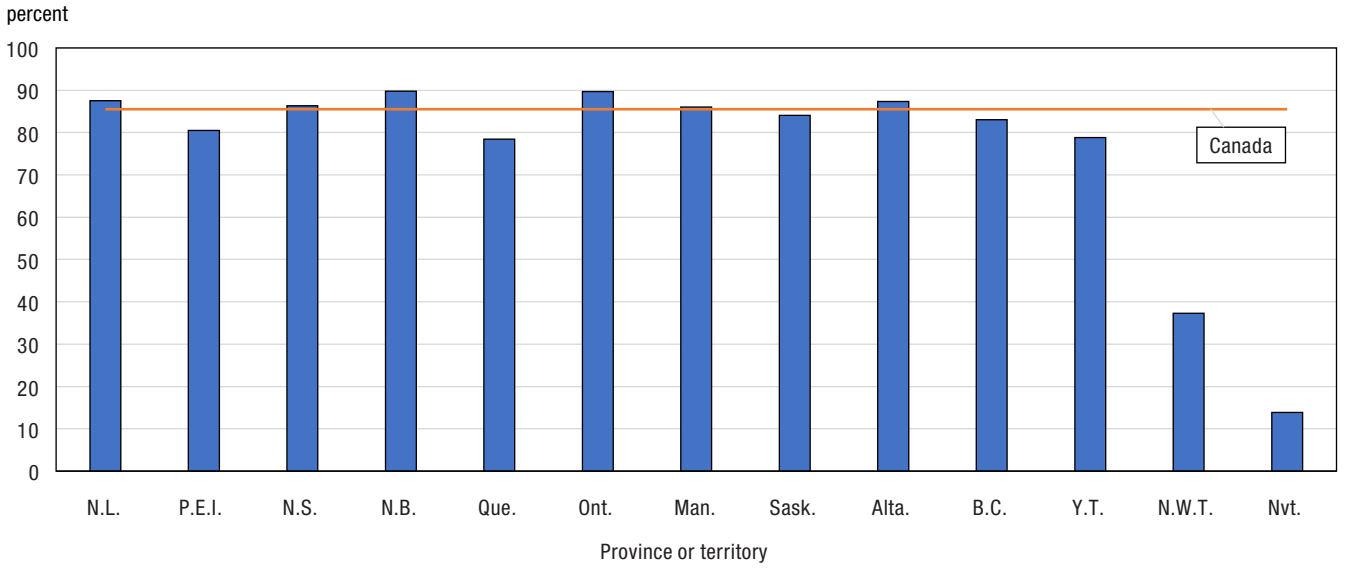
The publicly funded health care system is part of Canada's national identity. This section looks at primary health care—the first point of contact with the health care system for most people.

7.0 Access to a regular health care provider

A **regular health care provider** is a health professional that a person sees or talks to when they need care or advice about their health. This can include a family doctor or general practitioner, medical specialist, or nurse practitioner. In 2021, while most Canadians (85.5%) had a regular health care provider, 4.7 million Canadians (14.4%) did not have one.

The percentage of those with access to a regular health care provider was significantly lower in Nunavut and the Northwest Territories compared with the rest of Canada (Chart 7.0). This corresponds to a significantly lower number of physicians per capita in these two jurisdictions.[69]

Chart 7.0
Canadians aged 12 and older reporting having a regular health care provider, by province (2021) or territory (2017 and 2018)

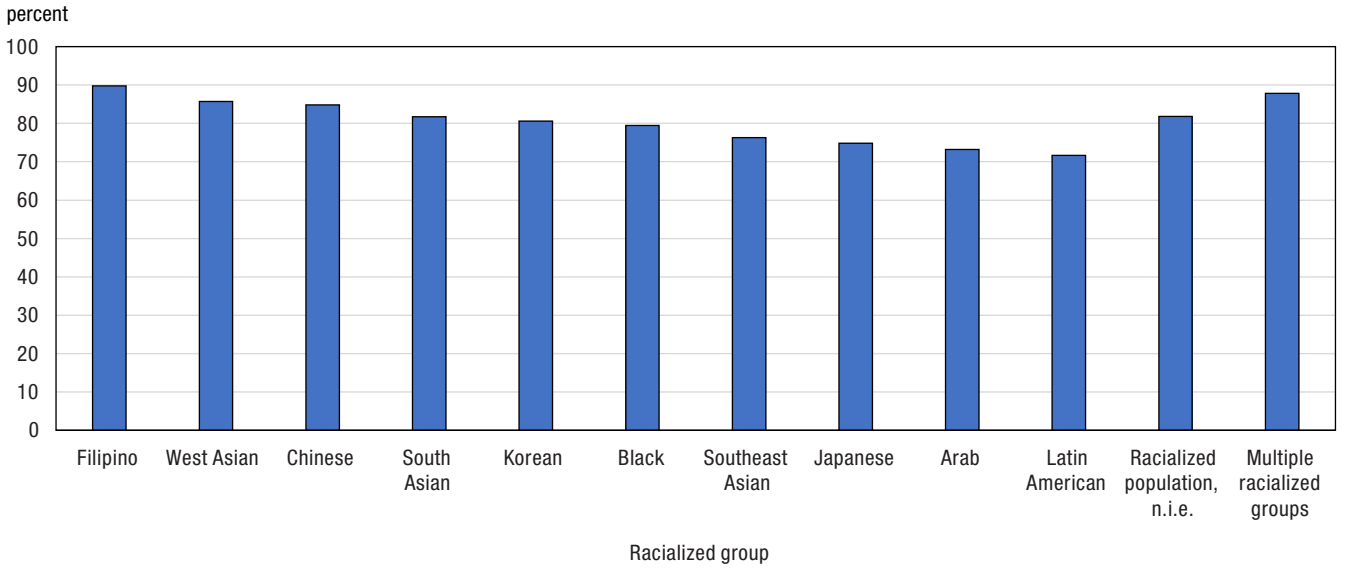


Notes: Provincial data are from the 2021 Canadian Community Health Survey (CCHS), and provinces are compared with the 2021 estimate for the rest of Canada, which excludes the province being compared and the territories (shown). Territorial data are from the 2017 and 2018 CCHS, and territories are compared with the 2017 and 2018 estimate for the rest of Canada, which excludes the territory being compared (not shown). Data for the Northwest Territories and Nunavut should be interpreted with caution. The horizontal line at 85.5% represents Canada.
Sources: Statistics Canada, Canadian Community Health Survey (CCHS), 2021, Table 13-10-0096-01 Health characteristics, annual estimates; and CCHS, 2017 and 2018, Table 13-10-0113-01 Health characteristics, two-year period estimates.

In 2019, more than three-quarters (76.7%) of children aged 1 to 11 had required or received the services of a family doctor, general practitioner, or pediatrician in the previous 12 months. A lower proportion of men aged 18 to 34 reported having a regular health care provider compared with women in the same age group and with all other age groups.

In 2021, a lower proportion of First Nations people living off reserve (81.2%) reported having a regular health care provider compared with non-Indigenous people (85.7%). A lower proportion of people who identified as bisexual or pansexual (77.4%) reported the same compared with heterosexual Canadians (85.6%). Meanwhile, a higher proportion of Canadians in the highest income quintile (88.0%) reported having a regular health care provider compared with those in the lowest income quintile (81.5%). The proportion of Canadians who reported having a regular health care provider also varied across racialized groups, from 71.7% among Latin American people to 89.8% among Filipino people (Chart 7.1).

Chart 7.1
Canadians aged 12 and older reporting having a regular health care provider, by racialized group, 2021

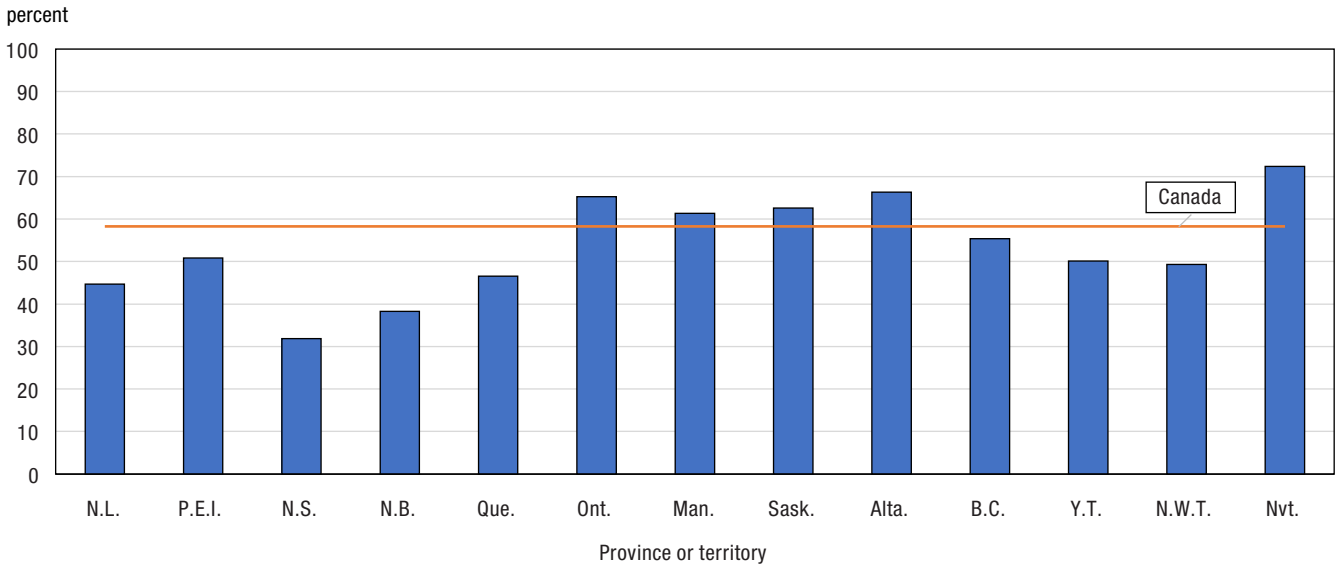


Note: Racialized population, n.i.e. = not included elsewhere.
Source: Statistics Canada, Canadian Community Health Survey, 2021.

8.0 Wait time for a minor health problem

Among Canadians who had a regular health care provider, 58.3% reported waiting three days or less to see them or another provider from the same office for a minor problem in 2021 (Chart 8.0). This proportion varied across the country, with fewer Canadians in Nova Scotia (31.9%) and New Brunswick (38.3%) than the rest of Canada reporting waiting three days or less to see their regular health care provider (Chart 8.0).

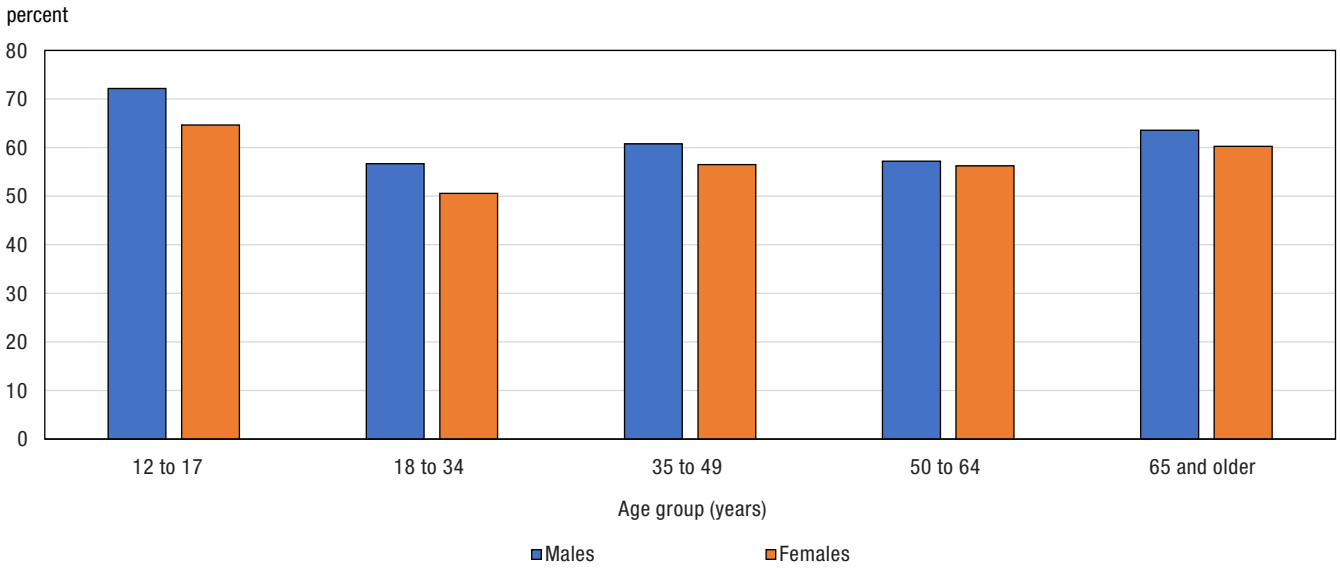
Chart 8.0
Canadians aged 12 and older reporting waiting three days or less to see their regular health care provider for a minor problem, by province (2021) or territory (2017 and 2018)



Notes: Provincial data are from the 2021 Canadian Community Health Survey (CCHS), and provinces are compared with the 2021 estimate for the rest of Canada, which excludes the province being compared and the territories (shown). Territorial data are from the 2017 and 2018 CCHS, and territories are compared with the 2017 and 2018 estimate for the rest of Canada, which excludes the territory being compared (not shown). The horizontal line at 58.3% represents Canada.
Sources: Statistics Canada, Canadian Community Health Survey (CCHS), 2017/18 and 2021.

A higher proportion of people aged 12 to 17 reported waiting three days or less to see their regular health care provider for a minor problem compared with all other age categories (Chart 8.1). Additionally, a higher proportion of males (60.4%) than females (56.5%) reported waiting three days or less to see their regular health care provider, and this was consistent across all age categories except ages 50 to 64 (Chart 8.1).

Chart 8.1
Canadians aged 12 and older reporting waiting three days or less to see their regular health care provider for a minor problem, by age group and sex, 2021



Source: Statistics Canada, Canadian Community Health Survey, 2021.

Lower proportions of Canadians aged 15 and older who identified as gay or lesbian (48.1%) and bisexual or pansexual (45.6%) reported wait times of three days or less to see their regular health care provider compared with heterosexual Canadians (58.4%).

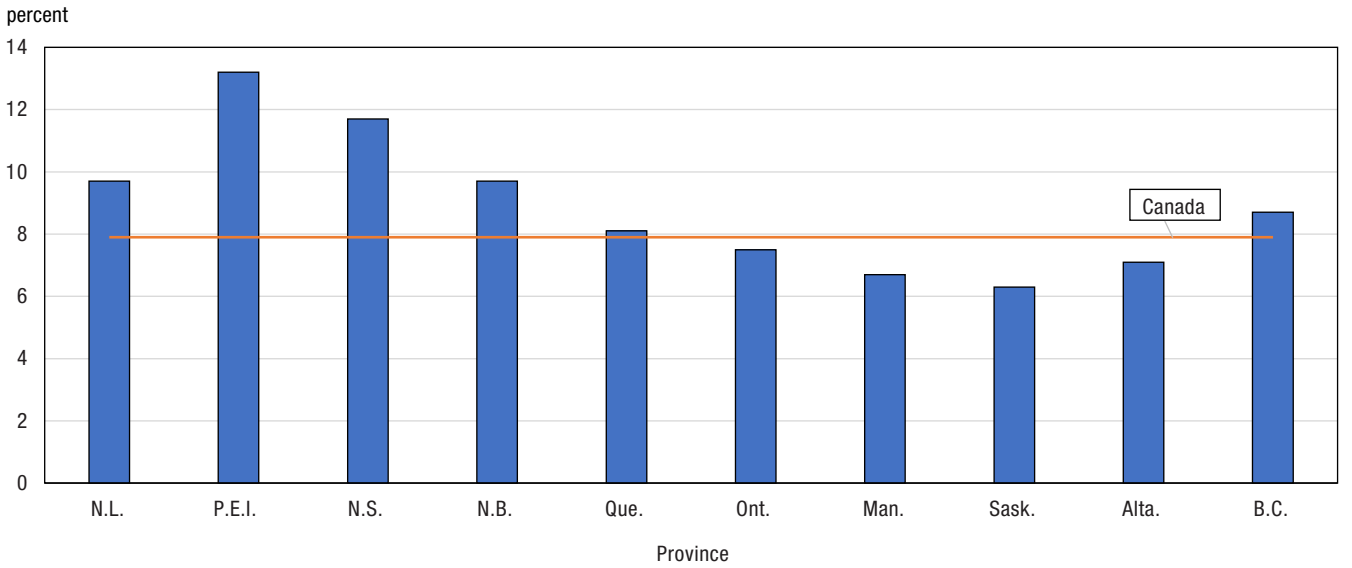
Did you know?

According to the Canadian Health Survey on Children and Youth, among children aged 1 to 11 who received or required the care of a family doctor, general practitioner, or pediatrician, 9.3% reported difficulty accessing health care services.

9.0 Unmet health care needs

While 85.5% of Canadians reported having a regular health care provider in 2021, almost 2.5 million people (7.9% of Canadians) reported unmet health care needs. This proportion varied across provinces, with a higher share of respondents in the Atlantic provinces (10.7%) having unmet needs compared with the rest of Canada (Chart 9.0). Females (8.9%) were more likely than males (6.9%) to report unmet health care needs.

Chart 9.0
Canadians aged 16 and older reporting unmet health care needs, by province, 2021



Notes: Estimates for Canada do not include the territories. The horizontal line at 7.9% represents Canada.
Source: Statistics Canada, Canadian Income Survey, 2021, Table 13-10-0836-01 Unmet health care needs by sex and age group.

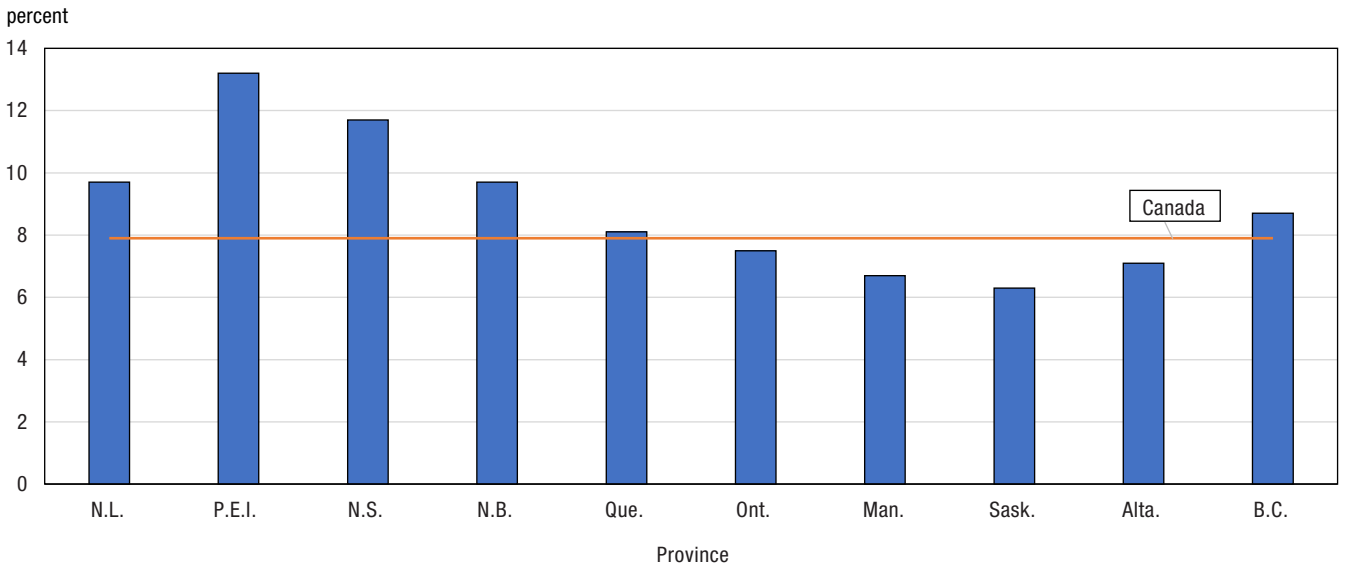
10.0 Use of home care services

Home care services enable people of all ages, but particularly older adults, to receive care in their homes rather than in a facility such as a hospital or long-term care facility.[70] **Home care services** are defined as services (e.g., nursing or health care, medical equipment or supplies, and help with personal care or other services such as transportation) received in the home because of a health condition or limitation in daily activities. They do not include help from family, friends, or neighbours. These types of services reduce pressure on the health care system and allow limited hospital resources to be directed to other uses.

Home care services may also reduce pressure on those who provide informal care to their family members—one in four Canadians reported providing care and support to someone with a long-term health condition, disability, or problems related to aging.[70]

In 2021, approximately 946,000 Canadians in the provinces used home care services, corresponding to 3.2% of the population (Chart 10.0). Newfoundland and Labrador, Nova Scotia, New Brunswick, and Quebec had higher rates of home care service use than the rest of the provinces (Chart 10.0).

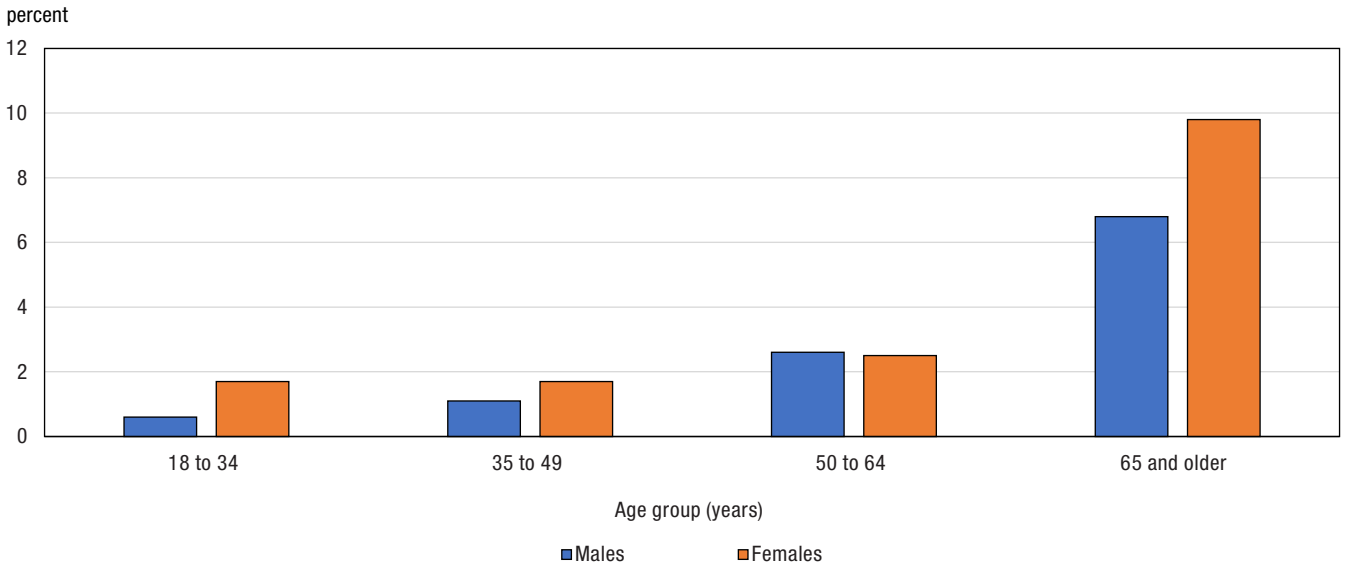
Chart 10.0
Population aged 18 and older using home care services, by province, 2021



Notes: The percentage for Prince Edward Island should be interpreted with caution. Recent data for the territories are not available. The horizontal line at 3.2% represents Canada.
Source: Statistics Canada, Canadian Community Health Survey, 2021.

The proportion of Canadians aged 65 and older reporting home care service use (8.4%) was almost eight times higher than that of Canadians aged 18 to 34 (1.1%; use with caution) (Chart 10.1). Females were more likely than males to use home care services across all age groups except ages 50 to 64 (Chart 10.1).

Chart 10.1
Canadians aged 18 and older reporting using home care services, by age group and sex, 2021



Note: Percentages for males aged 18 to 34, 35 to 49 and 50 to 64 and for females aged 18 to 34 and 35 to 49 should be interpreted with caution.
Source: Statistics Canada, Canadian Community Health Survey, 2021.

The proportion of people who used home care services was highest among Canadians in the lowest household income quintile (6.2%) compared with those in the highest household income quintile (2.2%). The relationship between income and home care service use holds not only at the individual level, but also at the community level. A higher proportion of Canadians living in suburban neighbourhoods of low socioeconomic status reported using home care services compared with other neighbourhood types.[71]

11.0 Unmet home care needs

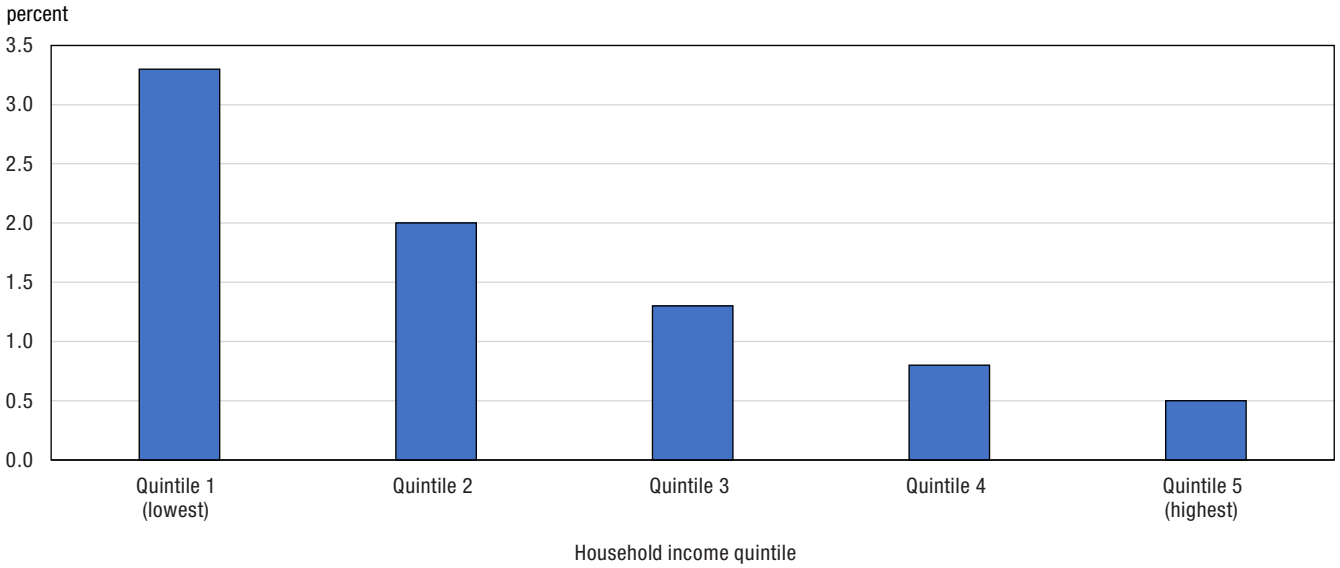
While almost 1 million Canadians reported using home care services in 2021, not all Canadians who needed these services could access them or received all the services they needed.

In 2021, among Canadians who accessed home care services, approximately 475,000 people (1.6% of the Canadian population) reported unmet home care needs, and this varied across provinces.

Unmet home care needs were highest among Canadians aged 65 and older, and they were higher among females across all age groups. Unmet needs were greatest for First Nations people living off reserve (3.1%; use with caution) compared with 1.7% (use with caution) for Métis and 1.4% for non-Indigenous people.

The percentage of people in the provinces reporting unmet needs for home care was higher for those in the lowest income quintile (3.3%) compared with the highest income quintile (0.5%; use with caution) (Chart 11.0).

Chart 11.0
Canadians aged 18 and older reporting unmet home care needs, by income quintile, 2021



Note: Percentages for household income quintiles 3, 4 and 5 should be interpreted with caution.
Source: Statistics Canada, Canadian Community Health Survey, 2021.

Did you know?

In 2023, the Government of Canada announced a $6 billion investment in home and community care, as well as an additional $1.7 billion over five years to support wage increases for personal support workers and related professions, with the goal of improving access to and the quality of home care services and long-term care.[72]

Determinants of health

Key findings

- Canada's population is growing and aging. From 2016 to 2021, the population of Canada increased by 5.2%, and by 2068, more than one in four people will be aged 65 and older.[73] A growing older population means increased health issues and demands on the health care system.
- Data on gender diversity were reported for the first time in the 2021 Census. Most people in Canada aged 15 and older were cisgender (99.7%), and 1 in 300 people was transgender or non-binary (0.3%). Stigma, prejudice, and discrimination experienced by transgender and non-binary people have been found to affect health status.
- One-quarter (23.0%) of the Canadian population were immigrants in 2021.[74] Immigrants tend be healthier than non-immigrants, but as they spend more time in Canada, their health deteriorates.
- Racialized groups made up just over one-quarter (26.6%) of the total population in 2021. Experiences of racial discrimination are connected to worse mental and physical health.
- Indigenous people make up approximately 5.0% of the Canadian population.[75] The various impacts of colonization, subsequent intergenerational trauma and systemic inequities related to social determinants, and discrimination have all played an important role in negatively affecting the health of Indigenous people.[76]

12.0 Influence of Canada's demographics on health

The size and age distribution of the Canadian population has an impact on the overall health of the population and the demand for health care services. From 2016 to 2021, Canada's population increased by 5.2%, reaching an estimated 36,991,981 people.[77] The mean age of the population was 41.9 years and varied across the provinces and territories, ranging from 28.3 years in Nunavut to 45.5 years in Newfoundland and Labrador.[78] The Canadian population is growing and aging and is expected to reach close to 57 million in 2068, with more than one in four people aged 65 and older. The number of people aged 85 and older is expected to triple to roughly 3.2 million.[73]

13.0 Social determinants of health

Education, employment, and income, among other factors, determine people's position in society and their ability to live a healthier and longer life. Additionally, experiences of discrimination, racism, and historical trauma are important determinants of health for certain groups, such as **LGBTQ2+** people (people who are lesbian, gay, bisexual, transgender, queer or Two-Spirit, or who use other terms related to gender or sexual diversity), those with disabilities, immigrants, Indigenous populations, and racialized groups.

Education, employment and income

Canada's population is highly educated, with 67.1% of Canadians aged 25 to 64 having a postsecondary certificate, diploma or degree, according to the 2021 Census, an increase from 60.7% in 2006.[79] Education is one of the main drivers of stable employment, financial security, and social success, which are associated with higher levels of self-reported health and lower levels of morbidity and mortality.[80]

Unemployment is strongly related to poorer quality of life and increased anxiety and depression.[81] Since 1976, the unemployment rate for Canadians older than 25 has fluctuated, reaching a high of 10.2% in 1993 and a record low of 4.5% in 2022.[82]

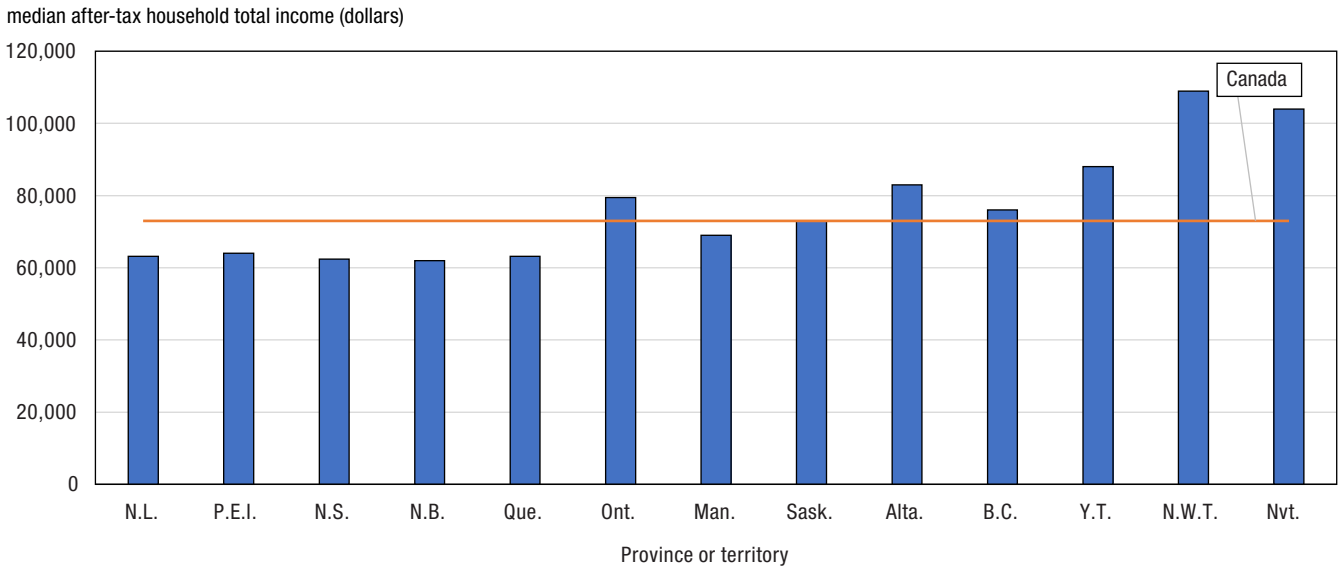
Did you know?

The unemployment rate for Canadians older than 25 increased from 4.8% in 2019 to 8.0% in 2020 mainly because of the COVID-19 pandemic.[82]

Considerable research has shown that health status improves with each step up the income and social hierarchy. **Median after-tax household income** provides an indication of net take-home income per household and is the middle point between the highest and lowest incomes.

Adjusted for inflation, median income expressed in 2020 constant dollars increased by 9.8% from $66,500 in 2015 to $73,000 in 2020.[83] In 2020, the Northwest Territories ($109,000) and Nunavut ($104,000) had the highest median household incomes in Canada (Chart 13.0).

Chart 13.0
Median after-tax household total income, by province or territory, 2020



Note: The horizontal line at 73,000 represents Canada.
Source: Statistics Canada, Table 98-10-0057-01 Household income statistics by household type: Canada, provinces and territories, census divisions and census subdivisions.

Did you know?

Lower-income households are more likely to be food insecure.[84] Over the last several years, the percentage of people living in food-insecure households has continued to rise. In 2021, approximately 16% of all households in Canada experienced some food insecurity. This represents almost 6 million Canadians, including 1.4 million (or one in five) children and youth younger than 18.[84]

Sex at birth, gender, and sexual orientation

Sex at birth and gender refer to two different, but interrelated, concepts, both of which are associated with health. **Sex at birth** refers to sex assigned at birth based on a person's reproductive system and other physical characteristics. **Gender** refers to an individual's personal and social identity as a man, woman, or non-binary person. In 2021, according to the census, most of the population aged 15 and older were **cisgender**, people whose gender corresponds to their sex at birth (99.7%). Additionally, 0.3% of Canadians aged 15 and older, or 1 in 300 people, were **transgender** (people whose gender does not correspond to their sex assigned at birth) or **non-binary** (people who are not exclusively a man or a woman).[85]

Sexual orientation refers to how a person describes their sexuality. In the 2021 Canadian Community Health Survey, most of the Canadian population reported their sexual orientation as heterosexual (95.2%), while 1.8% of the population reported being gay or lesbian and 2.7% reported being bisexual or pansexual.

Social stresses, including stigma, prejudice, and discrimination, experienced by those who do not identify as cisgender or heterosexual have been found to affect health status.[86]

Did you know?

The 2021 Census of Population collected data on gender for the first time, making Canada the first country to publish data on gender from a national census.[85]

Disability

Disability is tied to the social determinants of health, as poverty can lead to disability and disability can lead to poverty. Chronically poor people are often at risk of ill health and injuries, which may lead to disability.[87] People with disabilities tend to have lower participation in the workforce and subsequently lower personal income, compared with those without disabilities.[87] In 2017, the Canadian Survey on Disability reported that approximately one in five Canadians aged 15 and older (6.2 million people) had one or more disabilities that limited their daily activities.[45] Furthermore, approximately 4 in 10 Canadians with a reported disability (43%) had a severe or very severe disability.[45] Those aged 15 to 64 with more severe disabilities who reported living alone or being lone parents experienced the highest rates of poverty, which is a determinant of poor health.[45]

Immigrant status

In 2021, just under one in four Canadians (23.0%) was an **immigrant**, and 3.5% of immigrants were considered **recent immigrants** (they obtained landed immigrant or permanent resident status within the last five years).[74] From 2016 to 2021, just over 1.3 million new immigrants settled permanently in Canada.[74] The proportion of immigrants was 1.3 times higher in Ontario (29.6%) and 1.2 times higher in British Columbia (28.5%) compared with the rest of Canada.[88]

Did you know?

Immigrants tend to have better health than the Canadian-born population; this is called the healthy immigrant effect.[89] For example, compared with Canadian-born individuals or established immigrants of the same age, recent immigrants report better mental health and lower prevalence of multiple chronic conditions, even after controlling for factors like physical activity and diet.[89]

The healthy immigrant effect tends to be strongest in the first three years after arrival.[89, 90] This can be partly attributed to the way immigrants are selected (medical screening, favoured skills and economic class), but immigrant health has been shown to deteriorate over time, both mentally and physically.[89, 90] Time since migration is a risk factor for heart disease, cancer, diabetes, and even suicidal ideation.[91]

Indigenous populations

In 2021, 5.0% of the population in Canada were Indigenous people, up from 4.6% in 2016.[75] First Nations people accounted for over half (58.0%) of the Indigenous population, while just over one-third (34.5%) were Métis and 3.9% were Inuit.[75] Indigenous people made up a large share of the total population in the territories, accounting for over four-fifths (85.8%) of the population of Nunavut, almost half (49.6%) in the Northwest Territories and over one-fifth (22.3%) in Yukon.[75] Provincially, the population of Manitoba had the highest share of Indigenous people (18.1%), followed by Saskatchewan (17.0%), Newfoundland and Labrador (9.3%), and Alberta (6.8%).[75]

Indigenous populations continue to grow much faster than the national average, increasing by 9.4% from 2016 to 2021 (vs. 5.3% growth for the non-Indigenous population).[75] Large urban centres accounted for 12.5% of the increase in the Indigenous population (801,045 people) from 2016 to 2021.[75]

Did you know?

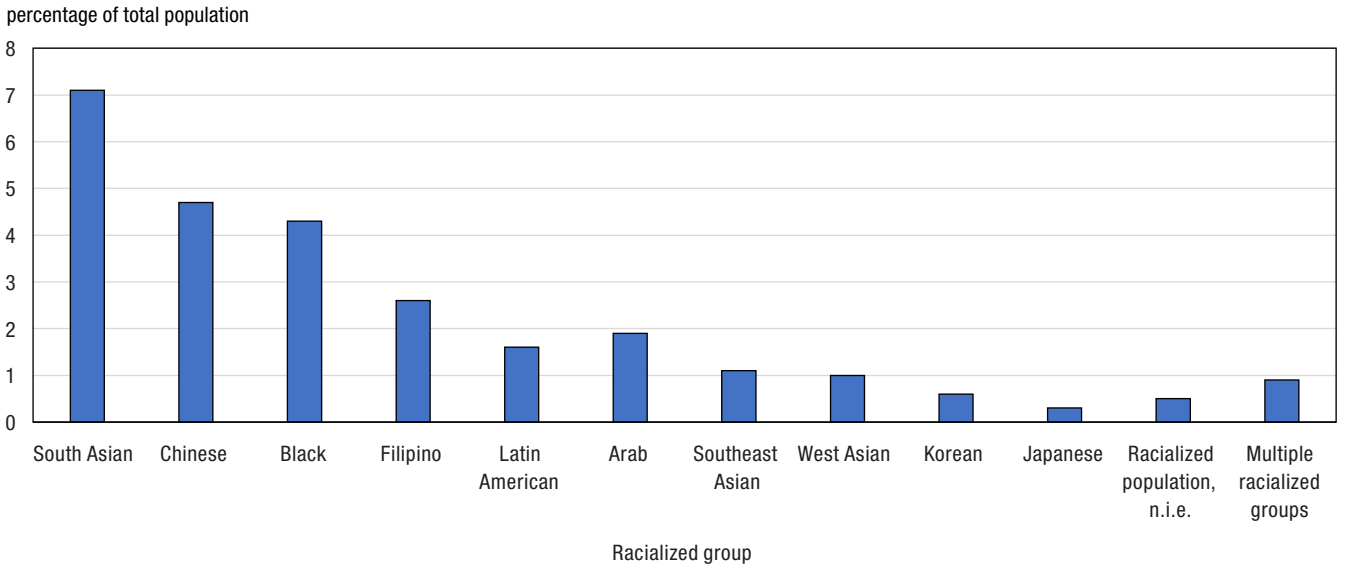
Nearly one in three First Nations people living off reserve and Métis reported deterioration in their overall health during the pandemic versus one in five among non-Indigenous people.[92]

Racialized populations

Racism is being increasingly recognized as an important driver of inequitable health outcomes for some racialized Canadians.[93] There is growing evidence of the negative effects of chronic stress and experiences of discrimination and trauma on mental and physical health. In this report, data on racialized groups are based on the "visible minority" variable. The *Employment Equity Act* defines **visible minorities** as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour." The **racialized population** includes the following groups: South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean and Japanese.

Immigration continues to be the main driver of population growth for each racialized group, and 69.3% of the immigrant population in 2021 were racialized (vs. 11.4% for non-immigrants). In 2021, the three largest racialized groups, representing 16.1% (up from 13.6% in 2016) of Canada's total population, were the South Asian (7.1%), Chinese (4.7%) and Black (4.3%) groups (Chart 13.1). The composition of racialized groups varies across the country: Ontario's largest racialized groups were the South Asian (10.8%), Chinese (5.8%) and Black (5.5%) groups, while the Black (5.1%) and Arab (3.4%) groups were the largest ones in Quebec.[94] The Atlantic provinces generally have smaller populations of racialized groups. However, from 2016 to 2021, more recent immigrants settled in the Atlantic provinces, increasing the size of their South Asian, Black and Filipino populations.[94]

Chart 13.1
Total population, by racialized group, 2021



Notes: "Racialized population, n.i.e." means "not included elsewhere." This category includes people who provided responses that are classified as racialized but that cannot be classified with a specific group listed above (for example, "Guyanese," "Pacific Islander," "Polynesian," "Tibetan" and "West Indian"). Indigenous respondents were removed from the "non-racialized" category.
Source: Statistics Canada. Table 98-10-0308-01 Visible minority by immigrant status and period of immigration: Canada, provinces and territories, census metropolitan areas and census agglomerations with parts.

Summary and future directions

This report highlights trends in general and mental health, reproductive health, chronic conditions, mortality, health behaviours, substance use, and access to health care in Canada. Canadians are living longer and spending more years in good health; however, Canada still ranks lower than other OECD countries according to both life expectancy and health-adjusted life expectancy.

Birth and total fertility rates are declining. The current fertility rate in Canada is 1.4, well below the population replacement rate of 2.1.[12] Rates of stillbirths and maternal mortality have been increasing, and, while infant mortality has been declining, it remains higher than in other OECD countries.[21]

Almost half of Canada's population, and more among those aged 65 and older, reported having a chronic disease. Canadians with the lowest household incomes had greater multimorbidity and prevalence of chronic disease compared with those with the highest household incomes. The incidence of some chronic diseases, such as lung cancer, is declining, while the prevalence of some conditions, such as heart disease and obesity, is increasing. Decreases in lung cancer incidence among males correspond to reductions in cigarette smoking over the past several decades. Increases in other chronic diseases, such as obesity and heart disease, coincide with changes in health behaviours, including declining physical activity rates and reduced fruit and vegetable consumption.

Self-reported positive mental health has been declining, and the prevalence of anxiety and mood disorders has increased. This has been particularly evident for certain population groups, particularly young adults and, specifically, young females. The prevalence of anxiety and mood disorders has increased for First Nations people living off reserve and Métis compared with non-Indigenous people. Canadians in the lowest-income households reported less positive mental health compared with those with the highest income.

While most Canadians had a regular health care provider, 4.7 million did not[51] and almost 2.5 million Canadians had unmet health care needs.[82] Population aging and the increasing prevalence of some chronic conditions mean that the need for home care services is growing. In 2021, 3.2% of Canadians used home care services, and 1.6% had unmet home care needs.[51] Canadians with the lowest incomes used home care services more and had higher unmet needs for home care than Canadians with higher incomes.

The structure of Canada's population is diverse and is continuing to change. Statistics Canada will continue to monitor and report on population health outcomes, health behaviours, access to health care, and the determinants of health through ongoing survey data collection (e.g., the Canadian Community Health Survey and the Canadian Health Measures Survey); administrative sources (e.g., Canadian Vital Statistics and the Canadian Cancer Registry); and innovative methods, such as data integration (e.g., the Canadian Census Health and Environment Cohorts) and the Statistics Canada Biobank, which stores biospecimens (e.g., DNA, whole blood and urine) from consenting Canadians to support health-related research projects and create health monitoring opportunities to benefit the health of Canadians.

In collaboration with partners, Statistics Canada is also developing several new health surveys that address health data gaps, including oral health care and access to health care.

Furthermore, results from the 2022 Mental Health and Access to Care Survey are set to be released in September 2023. They will include data on mental health conditions, chronic conditions, and access to mental health care services.

Data and methods

Health indicators presented in this report were selected based on several criteria, including whether they

1. are identified as key population health indicators by Statistics Canada subject-matter experts, environmental and media scans, and international and national health indicator frameworks
2. allow for systematic disaggregation of data across key population groups identified in Statistics Canada's Disaggregated Data Action Plan
3. are informative to the Canadian public and to Statistics Canada's partners and stakeholders interested in health.

Data included in this report come from the following Statistics Canada sources:

- Canadian Community Health Survey
- Canadian Health Survey on Children and Youth
- Canadian Health Measures Survey
- Canadian Vital Statistics - Birth database
- Vital Statistics - Stillbirth database
- Canadian Vital Statistics - Death database
- Canadian Cancer Registry
- Canadian Wastewater Survey
- Canadian Tobacco and Nicotine Survey
- Canadian Alcohol and Drug Survey
- Canadian Survey on Disability
- Canadian Income Survey
- Census of Population
- Labour Force Survey.

Most of the presented data are from the Canadian Community Health Survey, unless otherwise specified. In this report, all survey respondents (both citizens and non-citizens) are referred to as "Canadians" for simplicity and to improve readability.

Data availability in the territories differs across surveys. Data coverage for the 2020 and 2021 Canadian Community Health Survey in the territories was limited to Whitehorse, Yellowknife and Iqaluit during the last three collection periods, given that in-person interviews were not possible for most of the year because of the COVID-19 pandemic. Therefore, this report uses territorial data from the 2017 and 2018 two-year cycle.

Canadian Community Health Survey coverage excludes people living on reserves and other Indigenous settlements in the provinces, full-time members of the Canadian Forces, the institutionalized population, and people living in the Quebec health regions of Région du Nunavik and Région des Terres-Cries-de-la-Baie-James. Altogether, these exclusions represent less than 3% of the Canadian population aged 18 and older. Furthermore, most of the Inuit population is not captured in the Canadian Community Health Survey, since the survey covers only those living in the provinces, not in the territories. As a result, for some health outcomes, data for Inuit are too unreliable to be published.

Disaggregation of data was limited by data availability and sample sizes. Disaggregated data by year, age, sex, province or territory, household income, and Indigenous or racialized group were unadjusted for any factors that could account for the differences across these groups. As a result, the differences across time, geography and population groups may be explained by other factors once adjusted. The intention of this report is to identify statistically significant differences across time, geography and population groups that can be further investigated with appropriate analysis.

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