

How does Canada compare?

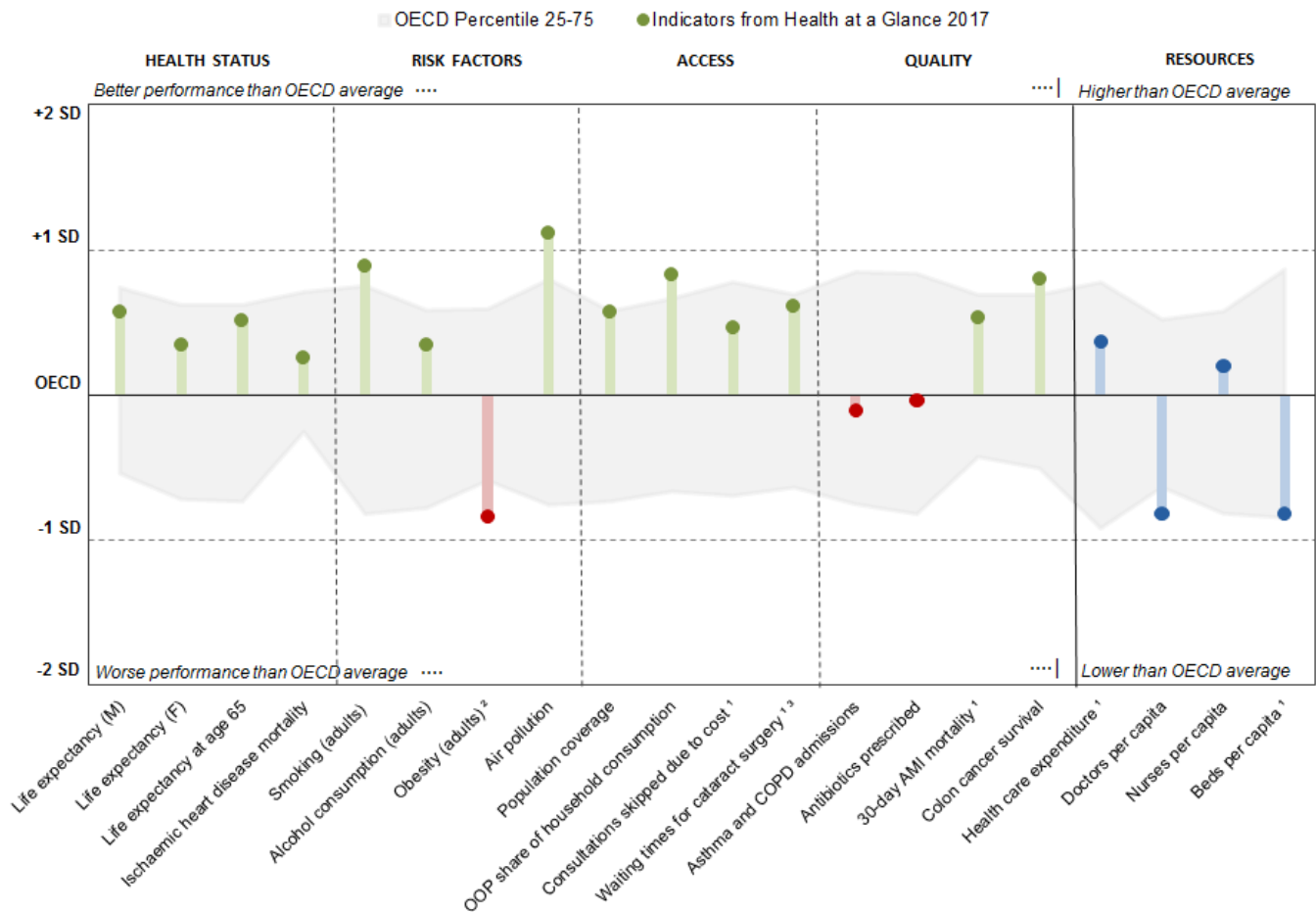


Health at a Glance provides the latest comparable data and trends on the performance of health systems in OECD countries. It provides striking evidence of large variations across countries in health status and health risks, as well as in the inputs and outputs of health systems. This edition contains a range of new indicators, particularly on risk factors for health. It also places greater emphasis on time trend analysis. Alongside indicator-by-indicator analysis, this edition offers snapshots and dashboard indicators that summarise the comparative performance of countries, and a special chapter on the main factors driving life expectancy gains.

Overview of health system performance in Canada

Canada's population is slightly healthier than the OECD average, considering life expectancy and other general measures of health status. Smoking and alcohol consumption are also a little lower than the OECD average, but obesity rates are high. Indicators for access and quality of care are generally good, achieved with a level of health spending not much higher than the OECD average. The figure below shows how Canada compares across these and other core indicators from Health at a Glance.

Canada – Relative performance compared to the OECD average



¹ Standardisation of interquartile range excludes outliers (at least ± 3 standard deviations from the average) that cause biased statistical distributions. ² Includes measured and self-reported obesity rates. ³ Values for Australia and Canada are reported in median (rather than mean) number of days. AMI = acute myocardial infarction (heart attack), COPD = chronic obstructive pulmonary (lung) disease, OOP = out-of-pocket payments.



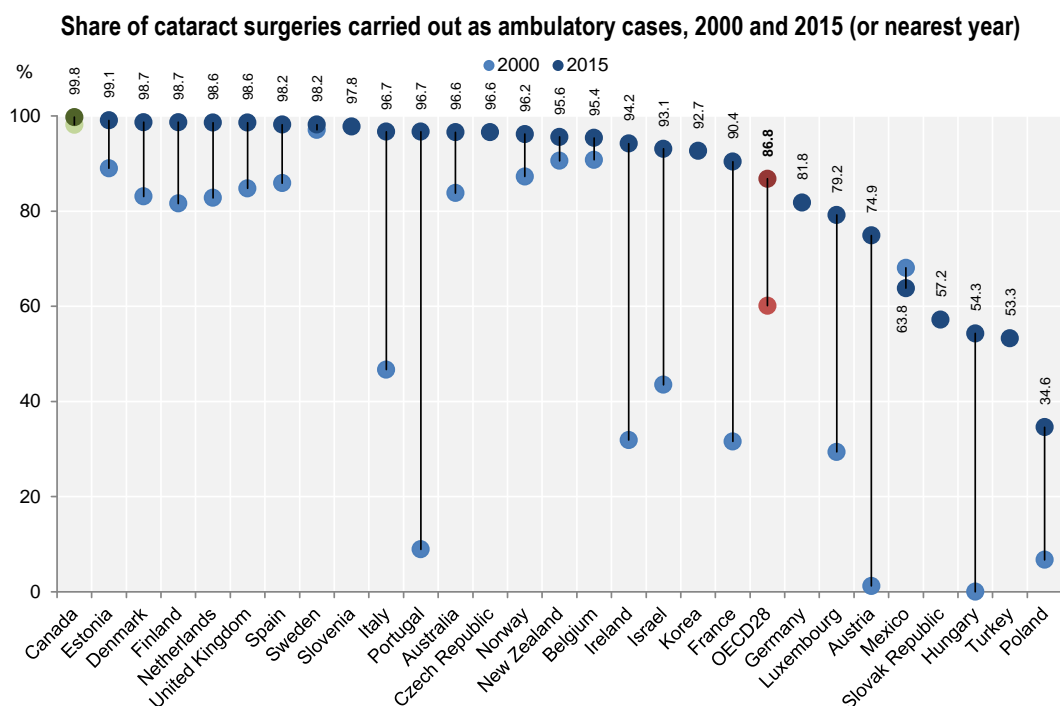
How does Canada compare?

- **Health status:** life expectancy at birth was 81.7 years in 2013, an increase of almost 9 years since 1971. It is slightly higher than the OECD average, but below countries with the highest life expectancy (in Japan, Spain and Switzerland, life expectancy at birth is over 83 years).
- **Risk factors:** 14% of adults smoke daily, the seventh lowest rate across the OECD. On average, an adult consumed 8 litres per year. But obesity rates are high, with 26% of adults obese (compared to an OECD average of 19%). Air quality is good, with Canada the fourth best performer in terms of population exposure to fine particulates.
- **Access:** the health system offers universal coverage with low rates of cost-sharing. Relatively few Canadians skipped consultations due to cost (6.6%); waiting times are shorter than most other OECD countries with comparable data.
- **Quality:** for most quality of care indicators, Canada performs close to or slightly better than the OECD average. The exception is for obstetric trauma, where Canada reports the highest rates among 21 countries with data. However, this figure largely reflects better reporting of obstetric trauma cases.
- **Resources:** health spending averages \$4 753 per person (adjusted for local costs), slightly above the OECD average of \$4 003. The number of doctors (2.7) and hospital beds (2.6) per 1 000 people are considerably below the OECD average, with nurses (9.9) slightly above average. This reflects in part a strong focus on primary care in Canada.

Selected policy issues

Canada places a strong emphasis on value for money and eliminating ineffective care, but further gains could be made

Health spending has grown at a relatively moderate rate in recent years, though it remains above the OECD average both in terms of spending per person (\$4 753 versus \$4 003) and as a share of GDP (10.6% v 9.0%). In many ways, Canada already performs well in terms of ensuring these resources are spent effectively. For example, it uses expensive hospital resources wisely, with the highest rate of same-day ambulatory surgery for cataracts (99.8% of cases) and second highest for tonsillectomy (73.6% of cases). It also has relatively few hospital beds per capita. It also has a relatively high ratio of nurses to doctors (3.9, as compared to an OECD average of 2.8).



At the same time, further improvements could be made. The 'Choosing Wisely Canada' campaign has shown that over one million tests and treatments may be unnecessarily performed each year, including diagnostic imaging, screening and a range of drugs. Indeed, the number of CT scans performed in Canada is slightly above the OECD average (153 versus 143 scans per 1 000 population), as is the prescriptions of antipsychotic drugs amongst those aged 65 and over (56 versus 48 per 1 000 people).

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Cancer survival rates have improved steadily over time, thanks in part to strong screening programmes

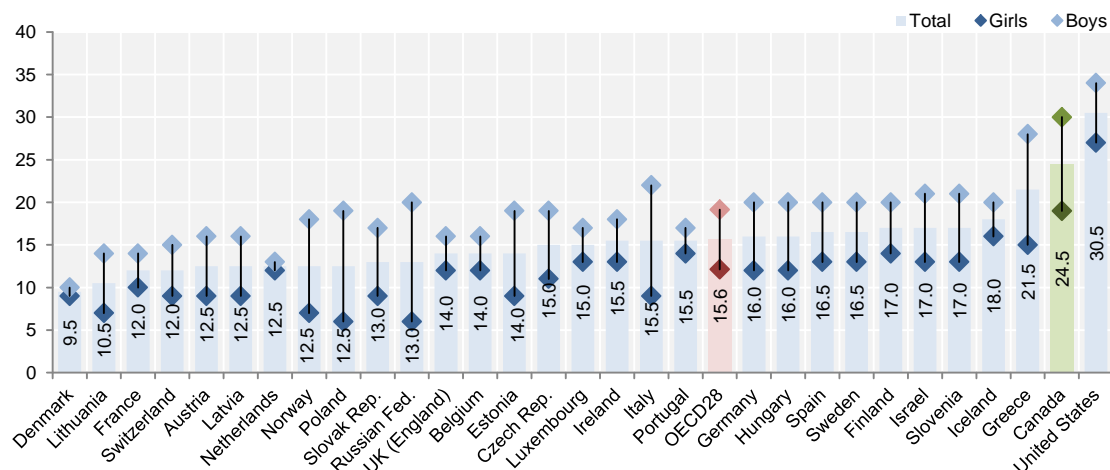
Canada has been performing close to, or slightly better than, the OECD average on most quality of care indicators since the early 2000s. One area in which Canada has shown consistent improvements over time is cancer care. Colon and rectal cancer five-year net survivals have increased from 62% in 2000-04 to 67% in 2010-14; for breast cancer the survival rate has increased from 86% to 88%. For all three cancers, survival rates are considerably higher than the OECD average today. This can be largely explained by the success of well-established early detection efforts. All provinces have a breast screening programme for women aged 50-69; most provinces have recently implemented colorectal cancer screening programmes. The one quality indicator where Canada is markedly different to the OECD average is for obstetric trauma, where Canada reports the highest rates among 21 countries with data. However, this figure largely reflects better reporting of obstetric trauma cases.

Obesity is an increasingly important policy concern

Just over a quarter of Canadian adults are obese, with three out of five adults overweight or obese (based on measured data) – markedly above the OECD average. Concern about overweight and obesity extends to children, with 30% of boys and 19% of girls aged 15 self-reporting as overweight or obese. Moreover, overweight and obesity rates have increased noticeably over time for both adults and adolescents.

As part of its 'Healthy Eating Strategy', Canada recently launched public consultations on compulsory food label packaging and on more restricted marketing of unhealthy foods and beverages to children. But more could be done. In particular, Canada could consider fiscal measures to discourage the use of unhealthy food and sugar-sweetened beverages (such as those policies implemented in Belgium, Chile, Finland, France, Hungary and Mexico).

Self-reported overweight (including obesity) among 15-year-olds, 2013-14



Further reading

OECD (2017), *Tackling Wasteful Spending on Health*, OECD Publishing, Paris. <http://dx.doi.org/10.1787/9789264266414-en>.

OECD (2017), "Obesity Update", OECD Publishing, Paris. <http://www.oecd.org/els/health-systems/Obesity-Update-2017.pdf>.

Health at a Glance 2017 website: <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>.

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