

Figure 1. Self-Reported Health, Manitoba and Canada, 2003.

Source: Statistics Canada, Canadian Community Health Survey, 2003.

Notes:

1. There was a statistically significant difference between the Manitoba percentage for 'Good' and the Canada percentage for 'Good'.
2. There was a statistically significant difference between the Manitoba percentage for 'Very good or excellent' and the Canada percentage for 'Very good or excellent.'
3. Percentages are age-standardized.

## How healthy are we?

Three measures commonly used to assess the overall health of a population are:

- life expectancy,
- infant mortality, and
- low birth weight babies as a proportion of total births.

Life expectancy represents the average age at which a group of people born at the same time are likely to die.

Life expectancy reflects how long people might expect to live. Life expectancy is generally high in industrialized nations. Infant mortality (the number of babies that die during the first year of life) and low birth weight are both associated with poor maternal health, lifestyle and economic circumstances.

### LIFE EXPECTANCY

Life expectancy represents the average age at which a group of people born at the same time are likely to die. Life expectancy can be expressed in a variety of ways, at different ages (life expectancy will change depending on the age at which it is calculated, reflecting the effects of the many different factors that influence mortality rates) and by gender. Such measures capture the “quantity” of life, but not its quality.

Life expectancy can also be presented under different conditions, such as health adjusted or disability-free life expectancy. The latter approaches attempt to capture information about the quality of life.

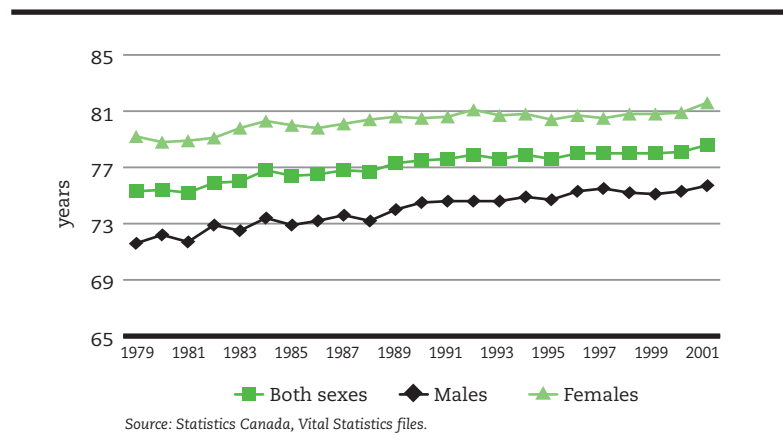
### Life expectancy at birth

Life expectancy at birth is technically defined as an estimate of the number of years someone would expect to live if the age-specific mortality rates experienced in the year of their birth were to remain constant.

Historically, Canadian mortality rates have been falling, resulting in increased life expectancy. Since 1979, life expectancy at birth – both for Manitoba and Canada – has risen by between three and four years. Women, both provincially and nationally, have a longer life expectancy than men, a pattern characteristic of all developed countries.

Figure 2a shows the longer life expectancy of Manitoba women and how, although life expectancy overall continues to increase, men are beginning to “narrow the gap.” For babies born in 1979, the life expectancy for females was, on average, seven and one-half years longer than for males. In 2001, the difference in life expectancy between the genders was only about six years. A female child born in Manitoba in 2001 can expect to live an average of 81.6 years and a male child, an average of 75.7 years. These values are lower than the corresponding national values of 82.1 years for women and 77.0 years for men.

Figure 2a.  
Life Expectancy at Birth, by Sex, Manitoba, 1979-2001.



Women... have a longer life expectancy than men, a pattern characteristic of all developed countries.

Although life expectancy overall continues to increase, men are beginning to "narrow the gap."

### Health adjusted life expectancy at birth

One measure that attempts to convey information about the anticipated quality of life, as well as its length, is health adjusted life expectancy (HALE). HALE is an indicator of overall population health that combines life expectancy with health status to estimate the average number of years that a person can expect to live in full health. HALE is calculated using age- and gender-specific morbidity (sickness) and mortality rates. As with life expectancy, HALE can be calculated in a number of different ways.

HALE is a relatively new indicator. It embodies a number of assumptions that are important for its interpretation. See the glossary for a definition of HALE.

If we look at HALE for Manitobans born in 2001, on average, females are expected to live 70.4 of their anticipated 81.6 years in full health; males, 66.7 of their anticipated 75.7 years. HALE for Manitoba women did not differ from the national value (70.8 years), but HALE for Manitoba men was lower than the corresponding value of 68.3 years for Canadian men.

### Life expectancy at birth by income

Another way of looking at life expectancy is by income. Individuals from higher income groups tend to live longer than those from lower income groups.

Figure 2b shows life expectancy at birth based on income, for Manitoba. Income groups are inferred from the average household income of the area where the family (into which the baby was born) lived. When we look at life expectancy in this way we see that, for men, there is an increase in life expectancy across the three income groups. This same trend is seen for Canadian women, but not for Manitoba women, where the highest HALE is for the middle income group (82.3 years vs. 81.3 for the highest income group). Within the income groups, we still see that women live longer than men (Figure 2b). With the noted exception, the same patterns observed for Manitoba are seen nationally. However, the Canadian values for HALE are higher than those for Manitoba.

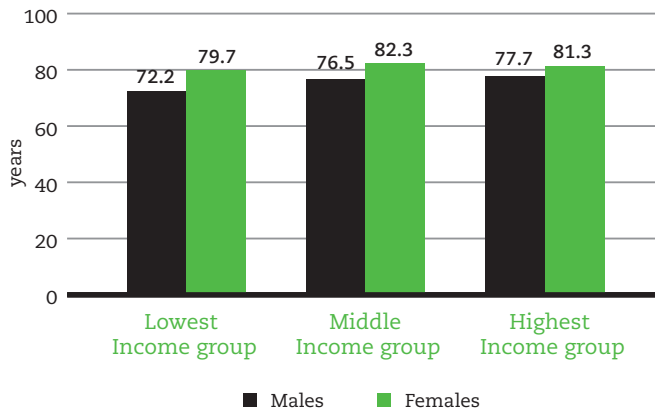


Figure 2b.  
Life Expectancy at Birth by Income Group and Sex, Manitoba, 2001.

Source: Statistics Canada, Vital Statistics files.

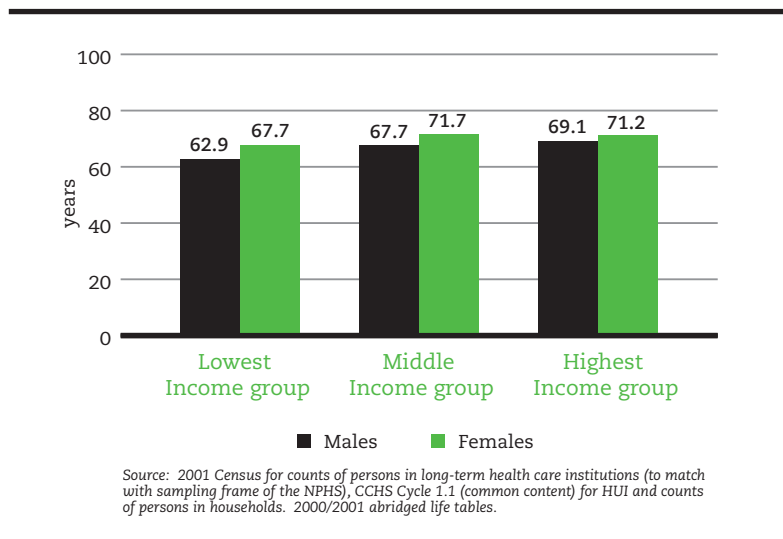
### Health adjusted life expectancy at birth by income

If we look at HALE by income group (Figure 2c), we see that not only do Manitobans in the highest income group tend to live longer, but that they also anticipate more years of full health.

For Manitobans born in 2001, females in the lowest income group are expected to live 67.7 of their anticipated 79.7 years in full health, while females in the highest income group are expected to live 71.2 of their anticipated 81.3 years in full health.

Manitoba men in the lowest income group are expected to live 62.9 of their anticipated 72.2 years in full health; those in the highest income group, 69.1 of their anticipated 77.7 years.

Figure 2c.  
Health Adjusted Life Expectancy At Birth by Income Group and Sex, Manitoba, 2001.



### Infant mortality

The infant mortality rate is one of the most widely used indicators for international comparison of a population's health status. It is an indicator of the health of newborns and pregnant women alike. Infant mortality rates reflect both medical and social factors, such as income, demographic make-up, availability and access to health services, maternal education and smoking.

Figure 3a shows the infant mortality rate for Manitoba and Canada, and separately by sex, for 2001<sup>1</sup>. The infant mortality rate is higher for Manitoba infants compared to the Canadian average. Both nationally and provincially, the mortality rate is higher for male than for female infants. This is consistent with trends reported in industrialized countries worldwide.

<sup>1</sup> Babies born with very low birth weights are usually extremely premature and tend to have high mortality rates, so they are generally excluded from infant mortality rates.

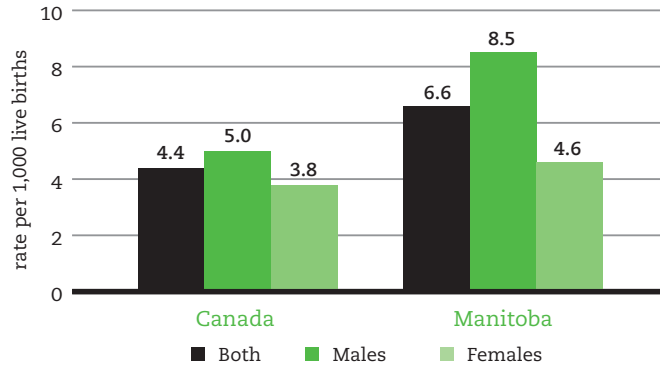


Figure 3a. Infant Mortality, by Sex, Manitoba and Canada, 2001.

Source: Statistics Canada, Vital Statistics.  
 Notes:  
 1. Excludes infants born weighing less than 500g.

Figure 3b offers a historical look at infant mortality in Manitoba and Canada. The Canadian numbers show a steady decline over time, from 10.5 deaths per 1,000 live births in 1979 to 4.4 in 2001. The Manitoba rate declined until the 1990s (from 11.7 deaths per 1,000 live births in 1979), but has levelled off at around six deaths per 1,000 live births.

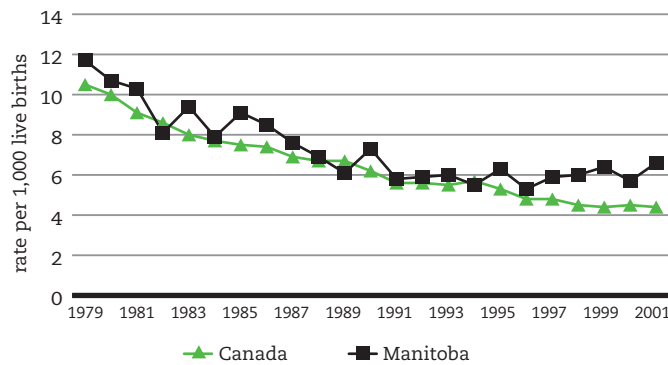


Figure 3b. Infant Mortality, Manitoba and Canada, 1979 - 2001.

Source: Source: Statistics Canada, Vital Statistics.  
 Notes:  
 1. Excludes infants born weighing less than 500g.

## Low birth weight

Low birth weight is an important indicator of the general health of newborns and is a key predictor of infant survival, health and development. Low birth weight babies are at an increased risk of dying during the first year of life and also have a greater risk of health problems, disabilities such as cerebral palsy and learning problems. Low birth weight is associated with prematurity, multiple births, and poor maternal health and economic circumstances.

Low birth weight is represented as the proportion of live births with a birth weight less than 2,500 grams but weighing at least 500 grams. Figure 4a shows the low birth weight rates for Manitoba. In Manitoba in 2001, 5.4 per cent of all live births had a low birth weight, 5.2 per cent of male live births and 5.6 per cent of female live births.

Figure 4a.  
Low Birth Weight by Sex, Manitoba, 2001.



Figure 4b shows the proportion of low birth weight babies over time. The number of low birth weight babies seems to be stable over time, both nationally and provincially, at around five to six per cent of live births.

Figure 4b.  
Low Birth Weight, Manitoba and Canada, 1979 – 2001.

