

Why we are Worried: The Facts

Non-communicable and chronic diseases

Non-communicable diseases cause 89 per cent of deaths in Canada (World Health Organization, 2011), and chronic illnesses are the major source of health-care costs and lost productivity (Community Health Nurses of Canada, 2012, p2).

The incidence of many chronic conditions increases with age (Canadian Institute for Health Information [CIHI], 2011, p. 1). Research has determined that it is the number of chronic conditions, not age alone, that dictates the amount of health-care services seniors use (CIHI, 2011, p. 1). “In each of the age groups (65 to 74, 75 to 84, and 85 and older), seniors with three or more reported chronic conditions had nearly three times the number of health care visits than seniors with no reported chronic conditions” (CIHI, 2011, p. 1). In addition, many individuals now live with multiple chronic conditions (such as HIV, renal failure and even some cancers) that were once considered life-threatening but have now been reclassified as chronic diseases (Nasmith et al., 2010, p. 12).

Unhealthy lifestyle plays a significant role in putting people at risk for developing chronic diseases (Bloom et al., 2011, p. 5). The Public Health Agency of Canada (2011) notes that four diseases — cancer, diabetes, cardiovascular disease and chronic respiratory disease — share the four risk factors of “physical inactivity, unhealthy eating, smoking and the harmful use of alcohol.” All of these risk factors are potentially amenable to policy and program intervention to support healthy personal choices and reduce unhealthy ones. Healthy lifestyle choices can also mitigate the risk of developing other diseases. For example, research suggests that a healthy diet, regular exercise, maintaining an active social life and engaging in intellectually stimulating activities can reduce the chances of developing Alzheimer’s disease or related dementia, and can slow its advancement once it has begun (Alzheimer Society of Canada, 2010, pp. 12-13).

Addressing broad social and economic determinants of health chronic disease is also key to preventing and managing chronic diseases. Fang et al. (cited in Nasmith et al., 2010, p. 14) note that the lower people are in the socio-economic hierarchy, the higher their chance of developing a chronic disease and the shorter their life expectancy. For example, First Nations, Inuit and Métis people, who are over-represented among those living in poverty, have disproportionately higher rates of some chronic illnesses than non-Aboriginal Canadians (Reading, n.d., p. 79). Research has found that because First Nations, Inuit and Métis people are more likely to have high blood pressure and type 2 diabetes, they are at an even greater risk of heart disease and stroke than the general population (Heart and Stroke Foundation of Ontario, 2011).

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It is also important to note the impact of chronic disease on caregivers. Those caring for individuals with chronic diseases are more likely to experience insufficient time for sleep, self-care and exercise and to face social isolation (Connell et al., cited in Nasmith et al., 2010, p. 18). Caregivers have also been found to have high levels of stress, clinical depression, a greater use of prescription drugs and alcohol, and a higher mortality rate (Nasmith et al., 2010, p. 18).

Did you know...

- More than 40 per cent of Canadian adults report having “at least one of seven common chronic conditions — arthritis, cancer, emphysema or chronic obstructive pulmonary disease, diabetes, heart disease, high blood pressure, and mood disorders, not including depression” (Nasmith et al., 2010, p. 13).

Fiscal implications:

- The impact of chronic diseases on society is enormous. Chronic disease has resulted in significant productivity losses, including premature death, disability and work absences, as well as reduced workplace effectiveness and work quality (PHAC, 2011).
- PHAC cites evidence that productivity losses are projected to increase as more working age Canadians (age 34 to 64) are living with chronic disease (PHAC, 2011). “Chronic diseases cost Canadians at least \$190 billion annually” (PHAC, 2011). On a global level, a study by Bloom (2011) commissioned by the World Economic Forum estimated that cancer, diabetes, mental illness, heart disease and chronic respiratory illnesses alone could cost the global economy US\$47 trillion over the next 20 years.

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