

Health Reports: Life expectancy differs by education and income levels

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The number of years lived and the number of those lived in good health have increased throughout much of the world, including Canada. However, these gains have not been shared equally, and disparities exist by education and income level. Understanding the extent of these disparities and how they have changed over time is increasingly relevant for developing and planning policies to improve health equity and well-being in Canada.

A new study released today in *Health Reports* uses the 1996 and 2011 Canadian Census Health and Environment Cohorts to examine life expectancy and health expectancy of the Canadian population aged 25 or older. Results show that in both cohorts, people with higher levels of education or higher income live longer and are expected to spend a greater portion of those years in good health, compared with those with less education or a lower income.

In 2011, men aged 25 years with a university degree could expect to live 7.8 years longer than men of the same age with less than a secondary graduation. Men with a university degree could also expect to spend 89% of their remaining years in good health, compared with 81% for those with less than a secondary graduation. For women aged 25 years, the education advantage of a university degree was 6.7 years more in life expectancy. Women with a university degree could expect to spend 87% of remaining years in good health, compared with 79% for those with less than a secondary graduation. From 1996 to 2011, the gap in life expectancy by education level widened for both men and women, and the gap in health expectancy by education level widened for men.

A second study, also released today, examines trends in thyroid cancer incidence in Canada over time. From 2012 to 2016, results show that thyroid cancer incidence rates declined among females and stabilized among males following years of rapid increases in Canada. Revisions to thyroid cancer management guidelines for healthcare providers, which were based on concerns surrounding overdiagnosis and overtreatment of low-risk thyroid cancer, may have played a role in the recent shift.

Note to readers

The Canadian Census Health and Environment Cohorts (CanCHECs) are representative of the non-institutional household population at the time of census collection. Users should keep in mind changes in question wording and mode of collection when interpreting results.

Life expectancy was estimated using a five-year mortality follow-up period for each CanCHEC. For example, estimates for 2011 are based on deaths that occurred between 2011 and 2016. Health status was measured by the Health Utilities Index Mark 3 instrument in the National Population Health Survey and the Canadian Community Health Survey and was used to adjust life expectancy to estimate health expectancy. Life expectancy and health expectancy were estimated at age 25 and age 65.



Definitions, data sources and methods: survey numbers 3207 and 3233.

The articles "Socioeconomic disparities in life and health expectancy among the household population in Canada" and "Changing trends in thyroid cancer incidence in Canada: A histologic examination, 1992 to 2016" are now available in the January 2020 online issue of *Health Reports*, Vol. 31, no. 1 (**82-003-X**).

The infographic "Inequalities in life expectancy in Canada, 2011 to 2016," part of *Statistics Canada — Infographics* (**11-627-M**), is also available.

To enquire about "Socioeconomic disparities in life and health expectancy among the household population in Canada," contact Tracey Bushnik (tracey.bushnik@canada.ca), Health Analysis Division.

To enquire about "Changing trends in thyroid cancer incidence in Canada: A histologic examination, 1992 to 2016," contact Larry Ellison (larry.ellison@canada.ca), Centre for Population Health Data.

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