


Country Demographics

Status of CVD and risk factors

World Bank Classification
High income



Life expectancy at birth (in years):


MALE 80 **FEMALE 84**

19% of population living in rural areas

81% of population living in urban areas

General government health expenditure as percentage of GDP:


11%



CANADA


Percentage of adults who are overweight (body mass index (BMI) of 25 kg/m2 or higher):

male: 40.7%
female: 30.8%



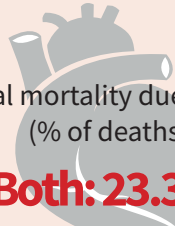
Prevalence of adult obesity (body mass index (BMI) of 30 kg/m2 or higher):

Both: 27.7%
male: 28.4%
female: 26.9%




Total mortality due to CVD (% of deaths):

Both: 23.3%
male: 23.5%
female: 23.1%




Percentage of adult population with raised total cholesterol (≥5.0 mmol/L)

Both: 15.4%
male: 22.1%
female: 8.8%




Percentage of adults who are insufficiently active (less than 150 minutes of moderate intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week):

Both: 45.4%
male: 40.9%
female: 49.8%





Prevalence of diabetes in adults (age-standardized):

Both: 9.1%
male: 10.2%
female: 8.1%




Percentage of adolescents (ages 12-17) who are insufficiently active (less than 60 minutes of moderate- to vigorous intensity physical activity daily):

Both: 44.5%
male: 39.6%
female: 49.9%

Prevalence of tobacco use age ≥15


MALE 16.7% **FEMALE 13.5%**



Global data: 36.1% (male) 6.8% (female)

Prevalence of youth (ages 12-17) tobacco use:


MALE 2.5% **FEMALE 2.5%**



Global data: 36.1% (male) 6.8% (female)

Percentage of adult population (age-standardized) with raised blood pressure (SBP ≥140 or DBP ≥90)


MALE 7.0% **FEMALE 10.8%**



Global data: 24.1% (male) 20.1% (female)

Percentage of adults with fasting glucose ≥126 mg/dl (7.0 mmol/l) or on medication for raised blood glucose (age standardized):

male: 10.4% **female: 6.2%**



Heart Failure in Canada



More than **650,000** people are living with heart failure.

Heart failure claimed the lives of nearly **6,300** people in 2019.

Heart failure is a leading cause of hospitalization. In 2018, there were more than **70,000** hospitalizations for heart failure.

Heart failure is expected to cost **\$2.8 billion per year** by 2030.

There are more than **98,000** new cases of heart failure each year.

In 2019, **21%** more women than men died from heart failure.



Nearly **70%** of people hospitalized for heart failure have at least one other health condition.

KEY:

No data



Not in place




In process/ partially implemented





In place




Clinical Practice and Guidelines


Essential medicines generally available in primary care facilities in the public health sector: 


Locally-relevant (national or subnational level) clinical tool to assess CVD risk: 


Locally-relevant (national or subnational level) clinical guidelines for CVD prevention (within the last 5 years): 


Cardiovascular Disease Governance


National strategy or plan that addresses CVDs and their risk factors specifically: 


National strategy or plan that addresses non-communicable diseases (NCDs) and their risk factors: 


Policies that ensure screening of individuals at high risk of CVDs: 

Legislation that mandates essential CVD medicines at affordable prices: 


Legislation banning the marketing of unhealthy foods to minors: 


Legislation mandating clear and visible warnings on foods that are high in calories/sugar/saturated fats: 


Policy interventions that promote a diet that reduces cardiovascular disease risk: 

Policy interventions that facilitate physical activity: 

Stakeholder action

NGO advocacy for CVD policies and programmes: 

Active involvement of patients' organizations in advocacy for cardiovascular disease prevention and management: 

Involvement of civil society in the national multisectoral coordination mechanism for NCDs/CVDs: 



For more information, please email info@worldheart.org