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Advancing Health Outcomes to Improve Economic Prosperity

From our research series:
The Future of Health Care in Atlantic Canada



Atlantic
Economic
Council



Advancing Health Outcomes to Improve Economic Prosperity

Highlights

- > Atlantic Canadians are living longer but their physical health is worse off than elsewhere in the country. Fewer than half of Atlantic Canadians rated their health positively in 2023, compared to 52% nationally. Chronic health conditions affect over 50% of adults across all four provinces and become more prevalent with age.
- > Mental health outcomes in Atlantic Canada are among the worst in the country. The COVID-19 pandemic nearly doubled the pre-existing gap in perceived mental health rates with the national average. Declining life satisfaction, especially among younger adults, has left many feeling socially disconnected, adding to broader concerns about well-being in the region.
- > Poor health outcomes impose a significant economic burden on the region. The total economic cost of chronic diseases amounts to over \$18 billion annually. Mental health issues add another \$4 billion annually. These health costs represent nearly 12% and 3% of regional GDP, respectively.
- > Modifiable lifestyle behaviours are major drivers of poor health. Smoking is the most prevalent health risk in Atlantic Canada. Heavy drinking, unhealthy diets, and physical inactivity are also more prevalent in the region. These behaviours increase the risk of preventable chronic diseases and premature death, along with their associated costs.
- > Socioeconomic factors also play a critical role in determining health outcomes. Income inequality, lower rates of higher education attainment and employment, and rising housing costs drive disparities in health outcomes. Poverty alone is estimated to cost the Atlantic region \$4.6 billion annually in lost productivity and increased health and social service spending.

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Introduction

Health care represents a major area of public expenditure in Canada, with most spending occurring at the provincial and territorial level. Total health care spending reached \$331 billion in 2022, or \$8,100 per capita, with nearly 72% publicly funded. This represented 11% of national Gross Domestic Product (GDP), placing Canada 9th among the top ten health care spenders within OECD countries that year. The trend is expected to continue, with health care spending growing by 4.5% in 2023 and 5.7% in 2024.

Canadians enjoy a longer life than people in most OECD countries, with an average life expectancy of 82 years in 2021. This was slightly above the OECD average of 80 years. However, the quality of life of those extra years remains a concern. Healthy life expectancy in Canada, which measures years lived in good health, was 69.8 years in 2021. This 12-year gap between total and healthy life expectancy suggests that many Canadians live over a decade of their life in poor health.

Chronic diseases and mental health issues are a health concern in Canada. In 2023, nearly half of Canadian adults reported suffering from at least one chronic disease and almost 29% of all adults were diagnosed with a mental health condition by a physician. Health outcomes are notably worse in regions like Atlantic Canada, characterized by an older and more rural population.

Poor health increases the demand for health care and social services, adding pressure to already strained public budgets. It also reduces productivity, lowers labour force participation and increases absenteeism and presenteeism in the workplace. Investing in prevention and early intervention could ease these costs while supporting a more productive and resilient workforce.

This report is the second in *The Future of Health Care in Atlantic Canada* research series. It provides a comprehensive assessment of health outcomes in Atlantic Canada and compares them with national trends. It also identifies key risk factors driving the region's comparatively poorer health outcomes, as well as the costs associated with both these risks and the resulting burden of poor health.



What is the current state of health in Atlantic Canada?

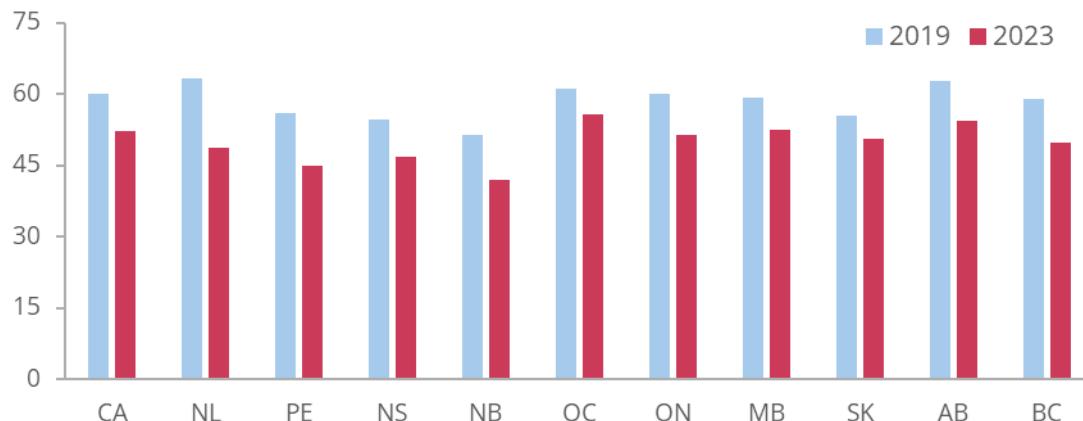
Overall health of Atlantic Canadians

People in Atlantic Canada are living longer, but their life expectancy remains consistently lower than the country's average. Atlantic Canadians live nearly two years less than the national average, and the gap is widening. The life expectancy difference grew from 1.2 years in 2003 to 1.7 years in 2023. Newfoundland and Labrador consistently had the lowest life expectancy in Canada since 2003. It was tied in 2023 with Manitoba and Saskatchewan at 79 years.

Atlantic Canadians report poorer overall health than the Canadian average. The proportion of people in the region rating their health as very good or excellent in 2023 was 46% compared to 52% nationally. The four Atlantic provinces had the lowest self-reported health in Canada that year.

Newfoundland and Labrador saw the largest drop in self-rated health in the country between 2019 and 2023

Self-reported overall health as very good or excellent, among adults aged 18 years and older, (%)



Note: Self-reported health is a widely used and reliable indicator of an individual's overall perception of their own health status.

Source: [Statistics Canada](#)

Self reported overall health has been worsening nationwide. The COVID-19 pandemic caused lasting impacts on health perceptions in the region with self-rated health declining continuously from 56% in 2019 to 46% in 2023. The sharpest declines occurred among adults aged 18 to 49, while seniors reported more subtle decreases, despite being most at risk.

Chronic diseases

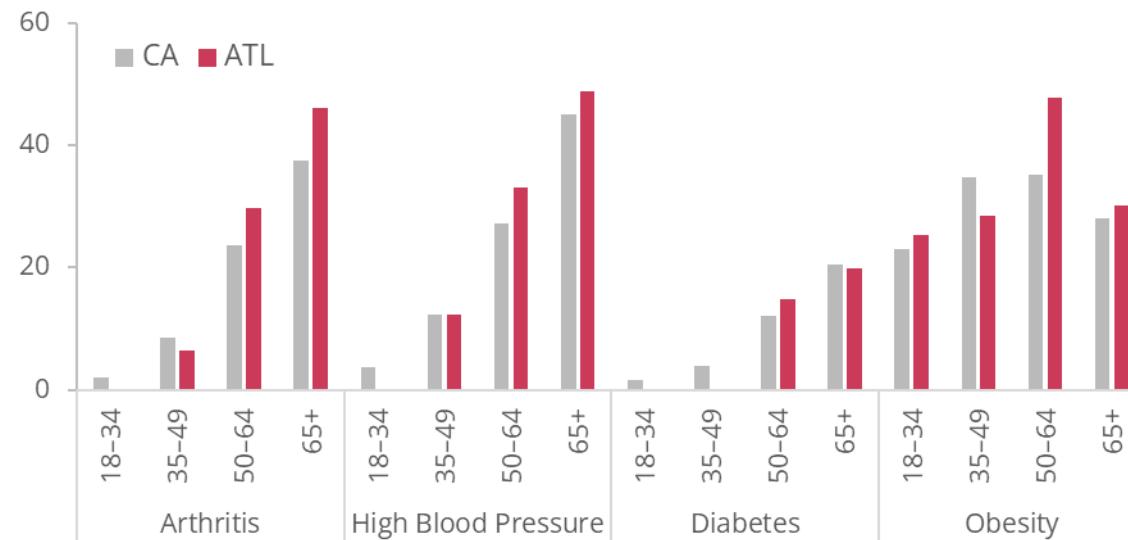
Chronic diseases, such as heart disease, cancer, arthritis, diabetes, and high blood pressure, are more common in Atlantic Canada than in most other provinces. The prevalence of having at least one chronic condition was 56% in Atlantic Canada compared to 46% in all of Canada. Newfoundland and Labrador had the highest share at 59% and Nova Scotia the lowest at 54%. Trends over time show little improvement.

Obesity is more common in Atlantic Canada than elsewhere in the country. About 42% of Atlantic Canadians reported obesity in 2023, versus 30% nationally. Nova Scotia had the highest rate in Canada at 46%.

Chronic conditions are most prevalent among seniors, aged 65 and older. High blood pressure and arthritis are particularly elevated among this group. Newfoundland and Labrador had the highest high blood pressure rates among seniors nationally in 2023, while Nova Scotia led the country in arthritis prevalence that year.

Arthritis, high blood pressure and obesity are more prevalent in Atlantic Canada than nationally

Self-reported chronic diseases by age group, 2023 (%)



Note: missing data were suppressed to meet the confidentiality requirements of the Statistics Act or were too unreliable to be published.

Source: [Statistics Canada](#)

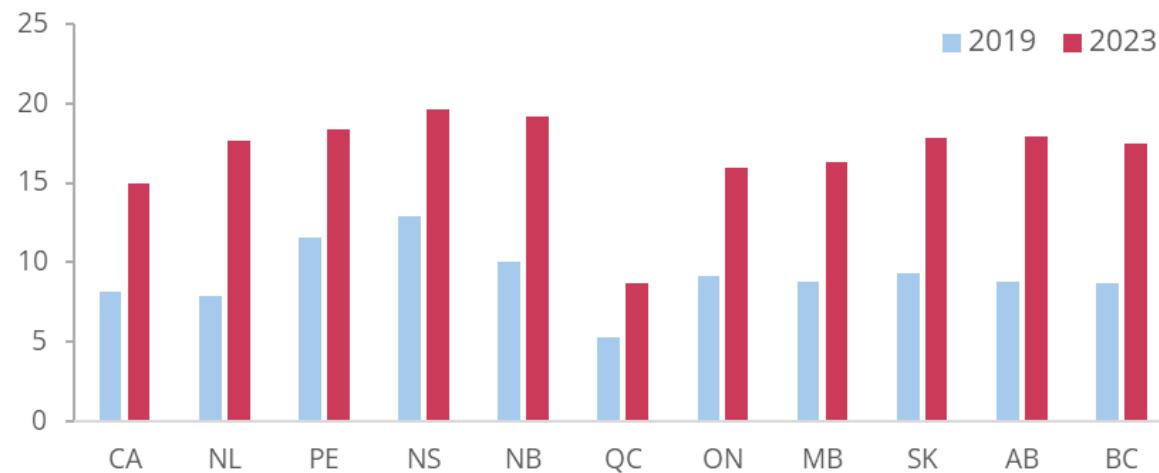
Chronic conditions raise the risk of hospitalization, illness and death. Cancer and heart diseases were the leading causes of death across Canada in 2023.

Mental health of Atlantic Canadians

Mental health outcomes in Atlantic Canada are among the worst in the country. Nearly 19% of Atlantic Canadians reported poor or fair mental health in 2023. The Canadian average was 15%.

Nova Scotia and New Brunswick had the highest rates of poor mental health in the country in 2023

Self-reported mental health, fair or poor among adults aged 18 years and older, 2023 (%)



Note: Official figures may underestimate mental illness in Atlantic Canada, as many people remain undiagnosed due to unmet mental health care needs and limited access to services.

Source: [Statistics Canada](#)

Perceived mental health has worsened steadily across Canada since 2015, with the sharpest decline occurring after the outbreak of COVID-19. The pandemic increased the gap between Atlantic Canada and the rest of the country. The region's poor mental health rate was 2.4 percentage points above the Canadian average in 2019. The gap has increased by nearly half since then. The Atlantic Bubble initially reduced the spread of the virus, yet prolonged isolation and service disruptions potentially contributing to worsening mental health in the region.

Stress levels have risen across the region since the pandemic. Nova Scotia experienced the most significant increase, with 23% of adults reporting high stress in 2023 compared to 19% in 2019. The rise was most notable among younger and working-age adults. The share of Atlantic Canadians aged 18-34 who perceived high daily stress rose from 18% to 27% in this period. The age group trends observed in Atlantic Canada align with those seen nationally.

Workplace health in Atlantic Canada

Workplace health and safety is a shared responsibility between employers and employees to create a safe and healthy work environment. It involves identifying and preventing hazards that can cause injuries, mental and physical illness, and fatalities at work. Effective health and safety practices can lead to important benefits such as increased productivity, better recruitment and retention, and fewer work disruptions. Employee absences due to illness or injury negatively impact businesses through sick leave costs and reduced hours worked.

Workplace injury rates have improved across Atlantic Canada, yet at a slower pace than the national average. The number of registered time-loss injury claims in the region decreased to nearly 13,370 in 2023 from close to 14,250 the prior year. These injuries cost the region workers' compensation boards over \$760 million in 2023. Newfoundland and Labrador and New Brunswick reported historic lows in time-loss injury rates in 2023. Nationally, time-loss injury claims decreased, to approximately 274,000 in 2023 from nearly 349,000 in 2022. Appendix A contains detailed statistics on physical and psychological injuries for the Atlantic provinces.

Work-related musculoskeletal injuries are the leading occupational health issue in Atlantic Canada, particularly in physically demanding jobs such as manufacturing and construction. These injuries accounted for over 40% of all injury claims in the region in 2023. Health and social workers also make up a large share of these injury claims. They can have lasting health impacts, often leading to chronic pain, long-term disability and reduced productivity.

Psychological injuries are a growing concern in workplaces. The number of related claims rose in Atlantic Canada in 2023 compared to the previous year. Health care and social assistance workers were most impacted out of all professions with 27% reporting high stress nationally in 2023. In response, several provinces have updated legislation to better support workers' mental health. Nova Scotia became the first Atlantic province to enact legislative changes to cover psychological injuries under the Workers' Compensation Act (WCA) in 2023. In 2025, Nova Scotia will further expand the definition of "health and safety" under the WCA to explicitly include psychological well-being. This move aligns with national trends and Prince Edward Island's existing legislation. Appendix B provides practical steps for employers to ensure mental wellness in the workplace.

Return-to-work outcomes are not improving in the region. The percentage of Nova Scotian workers returning to work after a workplace injury within 180 days dropped slightly, from 81% in 2022 to 79.7% in 2023. Similarly, New Brunswick saw its return-to-work rate decline from 83% in 2022 to 80% in 2023. This highlights the ongoing need for stronger reintegration support across the region.

Wellbeing of Atlantic Canadians

Life satisfaction is declining countrywide. The percentage of Atlantic Canadians feeling satisfied or very satisfied with their lives declined from 92% in 2019 to 84% in 2023. In Canada, the share dropped from 93% to 85%. Nova Scotia saw the steepest decline from 92% in 2019 to 81% in 2023.

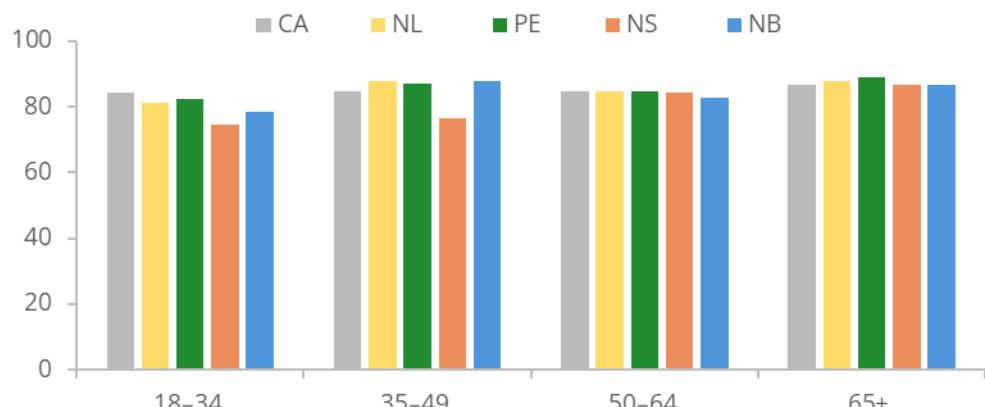
Generational differences in wellbeing are becoming significant in Atlantic Canada. Younger people, particularly those aged 18 to 34, report feeling less satisfied with their lives and less connected to their communities compared to all other age groups. These patterns were evident before the pandemic and have become more pronounced over time. About 79% of Atlantic Canadians in this age group felt satisfied with their lives in 2023, down from 93% in 2019. Nationally, life satisfaction for this group dropped from 93% to 85% in the same period.

This decline may reflect a broader cultural shift away from communitarian values toward increased individualism, according to a study from the Macdonald-Laurier Institute. This trend may be further amplified by social media use, which has been linked to weaker connections with family and community.

Although Atlantic Canadians face challenges in some areas of social health, the region does not perform poorly across all measures. People in this region have historically reported higher levels of sense of community belonging than Canadians on average. In 2023, 64% of Atlantic Canadians felt a strong connection to their community, compared to 61% nationally. Newfoundland and Labrador led the region at 71% in 2023, behind the country leaders, Alberta at 84% and Saskatchewan at 72%.

Nova Scotia's young working adults are the least life-satisfied

Self-reported life satisfaction (satisfied or very satisfied) by age group, 2023 (%)



Source: [Statistics Canada](#)

Health inequities in Atlantic Canada

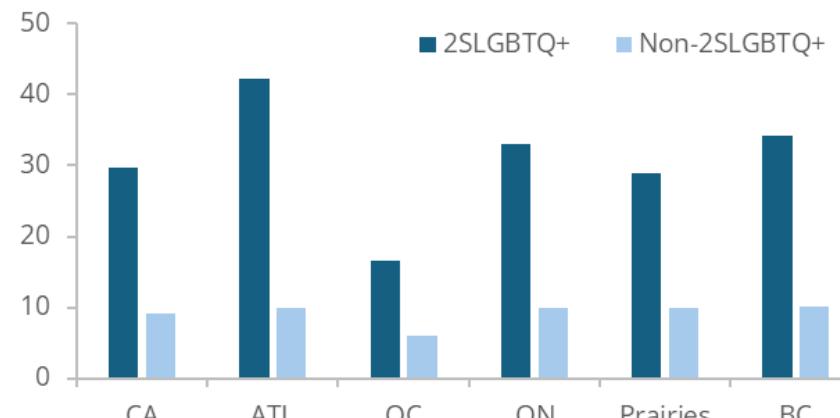
Health inequities exist across Canada. Minority groups typically experience less favourable health outcomes than non-minorities.

In Atlantic Canada, gender-based health patterns differ from national trends. Women generally self-report better overall health than men, except in Newfoundland and Labrador, where the national pattern of better male health persists. Mental health patterns also diverge from the national trends. Unlike in the rest of Canada where young women report the highest rates of poor mental health, most Atlantic provinces show minimal gender differences, and in Prince Edward Island men report worse mental health than women.

2SLGBTQ+ individuals report worse physical and mental health outcomes than non-2SLGBTQ+, with these gaps being even more pronounced in Atlantic Canada. The gap in overall self-rated good health between 2SLGBTQ+ and non-2SLGBTQ+ individuals was 7.5 percentage points both nationally and in Atlantic Canada in 2021. However, overall health outcomes are worse in Atlantic Canada for both groups compared to the national average.

For Indigenous populations, available data focuses on mental health outcomes. Nationally, they are twice as likely to report poor mental health compared to non-Indigenous peoples. In Atlantic Canada, comparable data between Indigenous and non-Indigenous populations is non-existent.

Atlantic Canada has the largest mental health gap between 2SLGBTQ+ and non-2SLGBTQ+ individuals
Self-reported mental health as fair or poor, 2021 (%)



Source: [Statistics Canada](#)

Limited availability of sociodemographic data at the provincial and territorial level undermines the ability to identify and monitor health inequities. Most information is often restricted to basic factors such as age and sex, while information on race, gender identity, sexual orientation, and Indigenous identity remains scarce or unavailable. Without standardized and comprehensive data, health systems miss opportunities to tailor services, allocate resources equitably, and implement targeted interventions that address the needs of marginalized communities.

The economic burden of poor health outcomes

Chronic diseases and mental health issues impose substantial costs on the Canadian economy through direct health care expenditures and indirectly, through reduced labour productivity and income. Chronic diseases cost Canada an estimated \$230 billion annually, based on our update of 2017 [Chronic Disease Prevention Alliance of Canada \(CDPAC\)](#) estimates. Mental health issues add \$61 billion in costs, based on our update of 2011 [Mental Health Commission of Canada \(MHCC\)](#) estimates. Roughly [500,000 employed](#) Canadians miss work due to mental health challenges each week.

In Atlantic Canada, the economic burden of poor health is also high. The cost of chronic diseases is \$18 billion annually, with over 65% driven by productivity losses, based on our adjusted CDPAC estimates. The cost of mental health issues adds over \$4 billion annually, based on our calculation of the MHCC estimates. The total costs of chronic disease and mental health issues represent nearly 12% and 3% of regional GDP, respectively. The costs associated with health care needs, workforce absenteeism and lost productivity will rise if rates of chronic illness and mental health challenges continue to increase.

Atlantic Canada's chronic diseases and mental health economic burden represents almost 8% of the national total cost

Estimated cost of chronic diseases and mental health issues 2022 (\$ billion)

	CA	ATL
Total cost of chronic diseases	230	18
Direct: health care expenses	150	6.2
Indirect: Lost income and productivity cost	77	12
Total cost of mental health issues	61	4.1
Direct: health care expenses	52	3.5
Indirect: Lost productivity cost	8.3	0.6

Notes: Health care expenses include private and public combined. The 2017 and 2011 values are converted to 2022 values because that is the latest year CIHI provides historical data on health care expenditures (as of November 2025). Direct and indirect costs may not add to the total due to rounding. These calculations have been updated in December 2025, based on revised methodology. See Appendix C for calculation details.

Sources: [Chronic Disease Prevention Alliance of Canada](#), [Mental Health Commission of Canada](#), [Canadian Institute for Health Information](#), [Statistics Canada](#), Atlantic Economic Council.

Investing in prevention and early intervention for chronic diseases and mental health issues can reduce these economic burdens. [Evidence from the UK](#) shows that investing in prevention can be three to four times more cost-effective than treatment. Early action can help slow disease progression, decreasing the need for costly medical interventions and long-term care. Healthier populations reduce the need for welfare payments and improve workforce productivity by minimizing absenteeism and presenteeism.

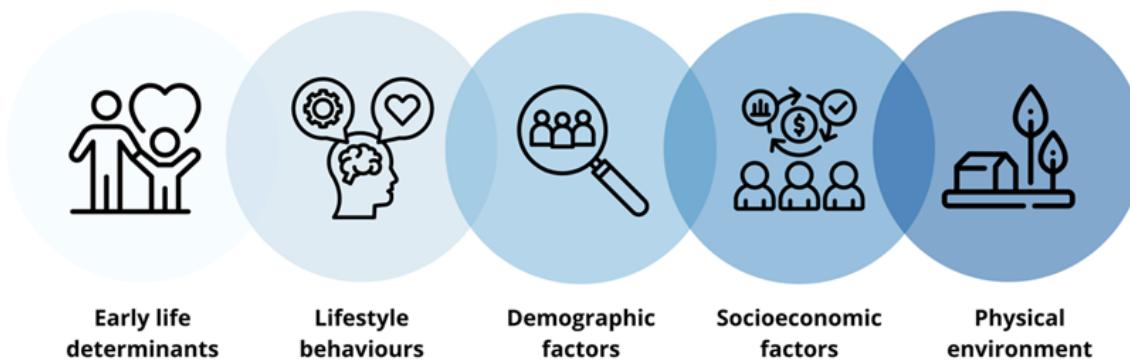
What factors are driving health risks in Atlantic Canada?

Modifiable lifestyle behaviours are major drivers of poor health. Risky behaviors such as smoking, excessive alcohol use, poor diet, and physical inactivity contribute to chronic diseases and premature death. About 56% of all Canadian deaths in 2021 were deemed preventable through changes to these practices.

However, not all health conditions are manageable. Some health risks stem from non-modifiable or early-life factors. Genetics, maternal health and birth weight can predispose individuals to chronic illness.

Socioeconomic status also plays a critical role in determining health outcomes. Structural differences in income, education, employment opportunities, housing quality, and physical environments create barriers to health care and drive disparities in health outcomes.

The presence of these risk factors in Atlantic Canada, combined with an aging and largely rural population, contribute to health outcomes that are worse than the national average. Appendix D outlines initiatives with evidence-based impacts on health outcomes in Atlantic Canada.



Early-life health determinants

Health trajectories are established even before conception. Genetics set the foundation for an individual's health, although parental health and birth weight also play crucial roles in shaping long-term health outcomes. Infants born too early, with low or high birth weights or to parents with poor health face a higher risk of developing chronic conditions such as diabetes, hypertension, and cardiovascular diseases later in life.

Maternal obesity is a major risk factor for macrosomia, or high birth weight at birth. Atlantic Canada had higher rates of high birth weight infants than the Canadian average in 2023, with Nova Scotia having the highest rate in the region. Early health complications can result in significant hospital expenses. Childhood overweight and obesity increase medical expenses by an average of \$237 per captain annually, based on a meta-analysis of U.S. studies. High birth weight is also linked to a greater risk of lifelong overweight, contributing to long-term health and economic burdens.

Paternal health and behavior also influence child development. Emerging evidence suggests fathers' poor health and exposure to unhealthy behaviors, such as heavy drinking and smoking, can adversely affect offspring cognitive development and long-term health, even before conception. In contrast, positive father involvement is linked to numerous benefits for children, including improved cognitive, emotional, social, and physical outcomes.



Lifestyle behaviors

Smoking is more prevalent in Atlantic Canada than elsewhere in the country. The region had the highest rate of daily smokers in Canada in 2023. Yet, rates show a declining trend since 2015. New Brunswick and Newfoundland and Labrador lead the country in highest rates of daily smoking in 2023. Smoking is a major risk factor for cardiovascular diseases, chronic respiratory conditions and many types of cancer, according to the Canadian Cancer Society.

Heavy alcohol use has declined since 2018, but it remains a concern in the region. In 2023, 21% of Atlantic Canadian adults engaged in heavy drinking, two percentage points above the national average. Newfoundland and Labrador and Quebec topped the country at 22%. Heavy drinking increases the risk of conditions such as cancer, cardiovascular disease, and type 2 diabetes.

Drug use also poses a growing public health concern in Atlantic Canada. Opioid-related deaths are rising, with the region's opioids death rate per capita increasing from 5.5 in 2021 to 7.4 in 2023. However, this is still well below the national rate of 22.

Daily cannabis use peaked in 2022, with 9% of Atlantic Canadians reporting daily use in the last twelve months. In 2023, the rate dropped to 8%. The Atlantic rate has exceeded the national average by two percentage points since 2020.

Substance use imposes a heavy financial burden on the economy. The annual cost of substance use in Canada was close to \$50 billion in 2020. These costs include health care expenditures, criminal justice expenses and lost productivity. The latter alone cost the country \$22 billion in 2020, representing 46% of total costs. Alcohol and tobacco were the costliest substances, followed by opioids and cannabis.



Unhealthy behaviours are more prevalent in Atlantic Canada compared to the Canadian average

Self-reported risk indicators for adults aged 18 years and older, (%)

	CA	NL	PE	NS	NB	QC	ON	MB	SK	AB	BC
Daily smoker	9	12	9	11	13	9	8	9	9	8	7
Daily cannabis use	6	6	7.5	10	9	3.5	6	7	5	6	7
Heavy drinking	19	22	21	21	19	22	17	20	20	19	19
Opioids death rate (per 100,000 people)	22	7	4	7	12	6	17	26	27	40	47
Physical activity (150 min/week)	54	50	51	55	51	52	51.5	53	52	58	62
Fruit and vegetable consumption	22	16	16	17	13	15	19	16	17	27	19

Note: colored cells indicate worst rates (in red) and best rates (in green) in Canada. The data for physical activity and fruit and vegetable consumption is from 2021 and that of daily smokers, daily cannabis use, heavy drinking and opioids deaths is from 2023.

Source: [Statistics Canada \(2023\)](#), [Statistics Canada \(2021\)](#)

Poor diet and low physical activity also contribute to the region's chronic disease burden. Atlantic Canadians are [less likely to meet national guidelines](#) for physical activity or daily consumption of fruits and vegetables than the rest of Canadians. Physical inactivity and inadequate diet are well-known risk factors for [chronic](#) and [cardiovascular diseases](#).

Unhealthy lifestyles carry a significant economic cost. Poor diets cost Canada [an estimated \\$13.8 billion annually](#), including \$5.1 billion in direct government health care spending, and \$8.7 billion in indirect costs from lost productivity due to illness and premature death.

Obesity is both a chronic health condition and a risk factor for other serious conditions. The cost of inaction of treating obesity in Canada reached close to \$28 billion in 2024, encompassing health care costs, lost productivity, and tax revenue losses, according to a [report by Obesity Canada](#). Obesity-related conditions are driving more than 10,000 seniors into long-term care at a cost of \$639 million annually, as outlined by this same report.

Demographic and socioeconomic determinants

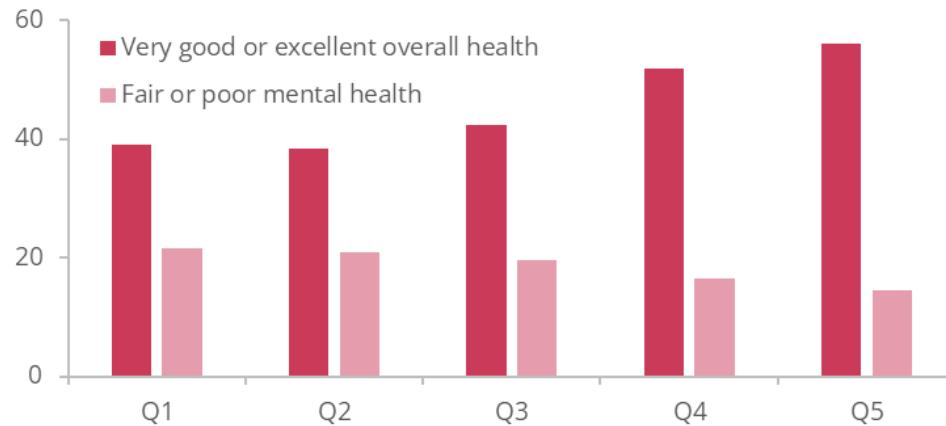
Socioeconomic conditions also influence health outcomes significantly. The table below serves three objectives. It identifies key conditions impacting health outcomes in Atlantic Canada, explains how they contribute to poor health outcomes, and outlines their direct and indirect economic cost.

Demographic & geographic factors 	Aging population	<ul style="list-style-type: none">> The region was home to <u>four of the five provinces with the oldest populations</u> in Canada in 2024.> Older adults face <u>higher rates of chronic diseases</u> and require more care.> The direct annual cost to <u>care for someone 85+</u> in Atlantic Canada is \$35,000, compared to <u>46% of Atlantic residents</u> lived in rural areas vs 18% nationally, in 2021.> More likely to report unmet health needs due to <u>delayed or inaccessible care</u>.> <u>Increased health care costs</u> due to longer travel distances, longer wait times, and limited local resources.
Labour market conditions 	Precarious & seasonal jobs	<ul style="list-style-type: none">> <u>Higher unemployment</u> and <u>more seasonal jobs</u> than nationally. Especially true in rural areas that are more dependent on fisheries, seafood processing, and tourism.> These jobs are physically demanding and may <u>lack extended health benefits</u>.> Income instability increases demand for <u>public health care</u>, social assistance, and employment insurance.> <u>One in five Canadian workers</u> reported high or very high levels of work-related stress.> <u>Increased anxiety, depression</u>, and other mental health disorders.> The cost associated with absenteeism is <u>\$51 billion annually</u> in Canada.
	Work & financial stress	

Economic stability 	Lower incomes	<ul style="list-style-type: none"> > Median total income was 91% of national average, in 2022. > Linked to <u>higher rates of chronic illness and mental health challenges</u>. > <u>Income-related health inequalities</u> cost Canada \$6.2 billion annually in direct health care costs, with the lowest income quintile <u>carrying the highest costs</u>, accounting for \$3.7 billion or 60% of the total.
	Higher poverty & food insecurity rates	<ul style="list-style-type: none"> > <u>Poverty rates</u> were higher in the region than in Canada in 2022. > Linked to <u>higher rates of chronic illness and mental health challenges</u>. > <u>Poverty costs the region</u> \$4.6 billion annually, due to underused labour, higher health and social spending, and reduced future productivity. > Food <u>insecurity</u> affected 27% of Atlantic Canadians in 2022, above the national rate of 23%. > Higher risk of <u>chronic and infectious disease</u> and <u>mental disorders</u>. > Food-insecure adults <u>incur \$400-\$565</u> more in annual acute care costs than their food-secure counterparts.

Health outcomes improve with income in the region

Self-reported overall health and mental health in Atlantic Canada, 2023 (%)



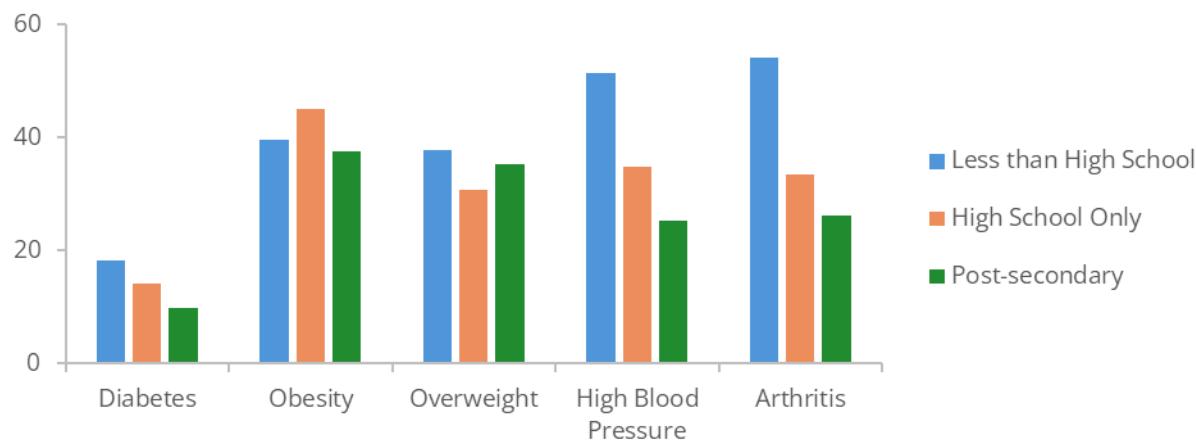
Note: Q1 represents the lowest 20% of a distribution, while Q5 represents the highest 20%, with values ranked from lowest to highest.

Source: [Statistics Canada](#)

Education 	Lower educational attainment	<ul style="list-style-type: none"> > <u>Post-secondary educational attainment</u> in the region was below the national average in 2024, except in Prince Edward Island. > <u>Lower educational attainment</u> is associated with poorer self-reported health, shorter life expectancies and higher risk of infant mortality. > <u>Economic outcomes</u> include reduced income, decreased opportunity for social mobility and lower labour market participation.
Housing 	Unaffordable housing	<ul style="list-style-type: none"> > <u>High cost of housing</u> is the leading reason for Canadians to live in housing below standards. > Precarious living conditions pose serious health risks, such as <u>chronic stress and respiratory problems</u>. > Housing unaffordability leads to <u>productivity loss and high healthcare costs</u>.
	Homelessness	<ul style="list-style-type: none"> > Rates of homelessness more than tripled in <u>Moncton</u>, between 2016 and 2023 and increased five times in <u>Halifax</u> between <u>2018</u> and <u>2024</u>. > Substance abuse and mental health issues are <u>more prevalent</u> among those experiencing homelessness. > Homelessness costs Canada about <u>\$10 billion annually</u>, with healthcare costs <u>six times higher</u> for unhoused individuals compared with those with housing.

Educational attainments are correlated with the prevalence of chronic diseases in the region

Chronic diseases by educational attainment in Atlantic Canada, 2023 (%)



Source: [Statistics Canada](#)

Moving forward...

Atlantic Canada stands at a critical crossroads where health and economic prosperity are deeply interconnected. The region faces higher rates of chronic conditions and mental health issues than the national average, largely driven by lifestyle and socioeconomic factors. These issues strain the healthcare system, lower workforce participation, and deepen social inequities.

Moving forward, the actions below are needed to help advance health outcomes:

- > **Scaling up mental health care** must be prioritized nationally. Atlantic youth and underrepresented groups, including minority and low-income populations are most at risk of poor mental health, and their needs are often underserved. Investing in preventive care is key to addressing mental health. Early intervention through schools, families, and culturally tailored community programs can foster awareness, reduce stigma, and teach coping strategies.
- > **Improving rural health access** is critical. With a larger rural population, Atlantic Canada requires increased resources in the expansion of mobile clinics, telehealth, and local outreach programs to enable timely care. Partnering with the private sector can further accelerate this progress, as leveraging private tools and expertise can help scale up health delivery, particularly in underserved communities.
- > **Preventing poor lifestyle behaviours** must also be prioritized in Atlantic Canada. This includes a stronger focus in early childhood and community-based programs, public awareness campaigns, and policies that promote healthy choices and discourage harmful habits. Improved data collection and evaluation are needed to measure the impact of these efforts and guide future investments.
- > **Data systems must also evolve** to support equitable and effective health planning. More timely and inclusive data is needed to capture the realities of all population groups and track emerging health trends.

The region's challenges also present unique opportunities. Atlantic Canada is well-positioned to serve as a testing ground for innovative approaches to health system improvements. Several initiatives implemented across the region, such as those outlined in Appendix D, have already demonstrated measurable success in improving health outcomes. These community-driven solutions not only address local health challenges effectively but also offer scalable models that can inform health system innovation countrywide.

A healthier population is the foundation for a stronger economy. Investing in better health will not only improve quality of life, but will reduce system costs, support workforce participation, and build a more resilient and inclusive economy for Atlantic Canada.

The Future of Health Care in Atlantic Canada

PREVIOUS REPORTS IN THIS SERIES

- > [The importance of health care to our economy](#)
- > [Additional Health Care data](#)

UPCOMING REPORTS

- > Overview of health care performance in Atlantic Canada
- > The key factors affecting the future of health care

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info@atlanticeconomiccouncil.ca
atlanticeconomiccouncil.ca

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Appendix A - Workplace injuries by province

The table below summarizes workplace injury data from each province's Workers' Compensation Board (WCB) annual report. Each year in the table links to the corresponding report.

	NL			PE			NS			NB		
	2019	2022	2023	2019*	2022	2023	2019	2022	2023	2019	2022	2023
Number of registered time-loss injury claims	3,720	3,540	3,193	1,046	1,065	1,095	5,663	5,420	5,217	4,532	4,229	3,864
Injury Rates (time-loss injury per 100 workers)	1.6	1.5	1.3	1.4	1.3	1.2	1.7	1.5	1.4	1.3	1.7	1.3
Musculoskeletal Injuries (% of all injuries)	68	67	72	58	47	56	65	59	63	40	X	X
Fatalities (number)	26	30	15	0	2	1	22	24	18	14	10	14
Psychological Injuries (number)	32	32	44	18	14	25	163	135	159	81	179	227

Note: Missing data were inexistant or unable to verify with primary source. Readers should interpret cross-provincial comparisons with caution, as differences in definitions, coverage, and reporting practices may affect comparability. While efforts were made to align indicators, some variation may remain.

*Prince Edward Island's number of registered time-lost injury claims were not available for 2018 and 2019, so the total number of adjudicated claims was used instead.

** Musculoskeletal injuries include sprains, strains, tears or soft-tissue injuries. Newfoundland and Labrador's musculoskeletal injuries represent the percentage of lost time of all time injuries.

Appendix B – Practical Steps for Employers to Ensure Mental Wellness in the Workplace

With mental health-related injuries and illness on the rise Workers' Compensation Boards (WCBs) across Atlantic Canada have developed targeted initiatives to align with the [National Standard of Canada for Psychological Health and Safety in the Workplace](#). The following outlines key practices recommended by the region's WCBs for employers to implement.

1. **Treat psychological injuries like physical ones.** Early reporting and structured care pathways could improve outcomes. The WCB of PEI has launched a [Psychological Care Process](#) that mirrors the treatment of physical injuries, offering structured, timely access to mental health professionals. This process supports early diagnosis and treatment of work-related psychological injuries and is supported by new decision-making protocols for assessing claims, including those related to workplace harassment.
2. **Provide trauma-informed, individualized support.** Ensure that support is delivered with sensitivity to each worker's unique experience and needs. WorkplaceNL offers the [Traumatic Psychological Injury Program](#) which provides trauma-informed, specialized care tailored to the individual needs of workers affected by psychological injuries from workplace incidents.
3. **Foster a psychologically safe workplace culture.** The WCB of Nova Scotia offers a [Psychological Health and Safety Resources Centre](#) with tools and best practices to help employers foster psychologically safe workplaces.
4. **Act before a claim is filed.** Provide support and early intervention to address mental health concerns before they lead to formal claims. WorksafeNB's [SUCCEED](#) program enables workers to access psychological care even before a claim is adjudicated, potentially reducing severity and support recovery.

Employers seeking additional tools and resources should consult their provincial WCBs, which offer tailored programs and guidance.

Appendix C – Calculation details for the economic burden of poor health outcomes

The estimates of the economic burden of chronic disease in Canada and Atlantic Canada are based on 2017 national cost figures published by the [Chronic Disease Prevention Alliance of Canada](#). Total cost figures are broken down by direct health care expenses and indirect expenses for income and productivity losses.

To produce updated national estimates for 2022, the 2017 values for income and productivity losses are inflated using [national GDP deflators](#). The 2017 direct health care figures are inflated using [Canadian Institute for Health Information's \(CIHI\)](#) total health care implicit price index.

Regional estimates for Atlantic Canada are derived by applying two adjustments to the 2017 national figures. First, Atlantic Canada's share of the national population in 2017 is used to scale the national values. Second, the estimates are adjusted to reflect the region's higher prevalence of chronic disease, using the average share of adults with at least one chronic condition in the [2017/2018 Canadian Community Health Survey](#). We assume that adult prevalence applies to the entire population. We also treat the 2017/2018 data as representative of 2017, given the absence of single-year provincial estimates for this indicator.

Once the 2017 Atlantic estimates are produced, they are converted to 2022 dollars. Income and productivity losses are inflated using constructed Atlantic GDP deflators. Direct health care expenses are inflated using a constructed Atlantic ratio of CIHI current-to-constant health expenditures.

These 2022 national and regional estimates do not account for population growth or changes in chronic disease prevalence since 2017. As a result, they understate the true burden of chronic disease in 2022.

The mental health economic burden for Atlantic Canada is calculated using a similar approach to the one described above. National cost figures are taken from the 2011 report by the [Mental Health Commission of Canada \(MHCC\)](#).

The 2011 Atlantic estimates are derived by applying Atlantic Canada's share of the national population to the national costs. We assume that the national prevalence of mental health conditions included in the MHCC study is the same regionally. This assumption is necessary because provincial prevalence data are unavailable.

Note: These calculations were originally completed in July 2025 for the initial report release and were updated in December 2025 based on revised methodology.

Appendix D - Regional initiatives shown to improve health outcomes

Several initiatives have demonstrated measurable success in addressing key health challenges across Canada. These programs target priority areas such as chronic illness, mental health, and health risk factors, and have shown clear improvements in patient outcomes. The examples below highlight programs with evidence-based impact on health outcomes in Atlantic Canada. These initiatives demonstrate how community-driven solutions from Atlantic Canada can be scaled nationally, positioning the region as a living lab for health system innovation.



CHANGE Program: UPEI's Health and Wellness Centre, in partnership with Recreation PEI, is leading a community-based intervention program aimed at preventing and managing metabolic syndrome through lifestyle intervention. Launched in 2022, the initiative promotes the adoption of a Mediterranean diet and safe, home-based physical activity, prioritizing overall health rather than weight loss. Participants are monitored over a 12-month period, through blood tests, fitness evaluations, and other health assessments. Patients sampled have shown significant improvements in mental and physical health indicators, with the average participant no longer met the high blood pressure threshold of 130/85 mmHg by the end of the program.



The Text4Support program: A Nova Scotian mental health initiative that delivers daily, automated text messages based on cognitive-behavioral therapy principles. Launched in 2022, it aims to provide accessible support for individuals experiencing mental health challenges, particularly those awaiting or receiving mental health services. Engagement is high, with 84% of users reading and acting on messages regularly, and 60% rating the program highly. Outcomes have also been positive as participants experienced a 30% reduction in depression, 29% reduction in anxiety, and 17% reduction in PTSD symptoms, over six weeks from the start of the program. Overall well-being improved by 25%, and suicidal ideation decreased by 60%.

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The Nursing Home Without Walls (NHWW) program: Launched in New Brunswick in 2019 as part of the Healthy Seniors Pilot Project, the NHWW program assists nursing and long-term care (LTC) homes support older adults to age where in their home with access to essential services and support. Focused on seniors in rural communities, the program helps individuals remain in their homes longer, promoting their independence and reducing the need for early transitions to long-term care facilities. Additionally, it alleviates pressure on emergency departments. The program started with four pilot sites and has expanded to 27 locations due to how well it was received. 96% of older adults participating in the program felt it helped them balance aging at home with building connections within their community. NHWW also has guidelines available for other jurisdictions looking to emulate the program.



Smoking Cessation Program (SCP): Newfoundland and Labrador Health Services has implemented the Ottawa Model for Smoking Cessation (OMSC), a proven best practice approach to embed tobacco cessation into routine clinical care. Launched in 2019 at St. Clare's Mercy Hospital (SCMH), the SCP has expanded to ten sites in NLHS. Patients who use tobacco receive a cessation consultation, access to pharmacotherapy where available, and eight follow-up calls over six months offering tailored counseling and support to reduce tobacco use and live smoke-free. To date, over 2,000 patients have participated. Six-month quit rates range from 22.9% to 37.3% for the current fiscal year 2024-2025, well above the 4-7% unaided quit rate reported in literature. The program also prevented an estimated 12.5 readmissions and saved 189 bed days at SCMH, resulting in \$95,000-\$240,000 in savings for the fiscal year 2021-2022.