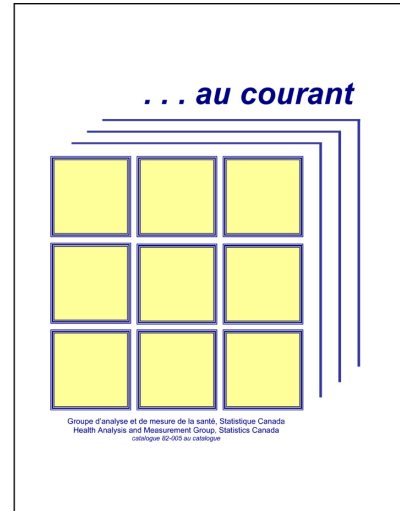




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... au courant





Statistics Canada

. . . au courant

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Newsletter of the Health Analysis and Measurement Group, Statistics Canada

October 2004

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As we enter our fourth year of publishing ...*au courant*, your comments continue to show that you appreciate this synopsis of our current work. Current and past issues are available in both pdf and html on the Statistics Canada website. We urge you to forward ...*au courant* to your colleagues and let us know about individuals or groups to add to our mailing list.

Another good way to keep up with HAMG activities is *The Daily* by subject. *The Daily* (at <http://www.statcan.ca/english/dai-quo/>) announces all new releases of data and analysis from Statistics Canada. These releases provide an overview in plain language of results and links to the data or articles. *The Daily* now announces results of both collaborations with external partners and Statistics Canada products. To receive free notification of releases related to health in html or plain text, subscribe at <http://www.statcan.ca/english/dai-quo/subs.htm>.

In this issue, we provide some results from the Joint Canada/US Survey of Health released in June of this year, and introduce a new study about caregivers of children with cerebral palsy. We also announce our Fall 2004 Seminar Series. See you there!

Jean-Marie Berthelot, Manager

Coming soon...

Health of primary caregivers of children with cerebral palsy

Caregivers of children with cerebral palsy were more likely to report emotional problems and multiple chronic health conditions than parents in the general population. Caregivers of children with cerebral palsy were also more likely to have lower incomes and less likely to work for pay or work full time.

These findings are from an analysis of data from the National Population Health Survey, the National Longitudinal Survey of Children and Youth, and CanChild's "Caring about Caregivers" study of caregivers of children with cerebral palsy in Ontario. The analysis compares the physical and psychological health of 468 primary caregivers of children with cerebral palsy in Ontario with parents in the general population.

This collaborative study by Statistics Canada, the Ottawa Health Research Institute, the University of Ottawa, and the CanChild Centre for Childhood Disability Research at McMaster University is unique because it examines both the physical and psychological health of caregivers. It is also the first to use a large nationally representative sample of Canadian caregivers for comparison.

See the article: Brehaut JC, Kohen DE, Raina P, et al. The health of primary caregivers of children with cerebral palsy: how does it compare to other Canadian caregivers? *Pediatrics* 2004; 114(2): e182-91.

<http://pediatrics.aappublications.org/cgi/content/full/114/2/e182>

Dafna Kohen

HAMG conducts policy-relevant research and quantitative analysis of health and social issues.



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Canada

Joint Canada/United States Survey of Health, 2002–03

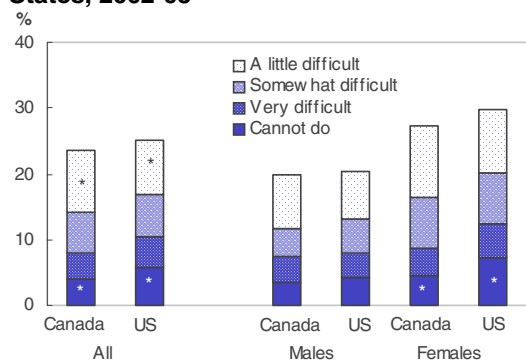
The Joint Canada/United States Survey of Health (JCUSH) is a unique and timely population health survey conducted jointly by Statistics Canada and the National Center for Health Statistics of the US Centers for Disease Control and Prevention. Between November 2002 and June 2003, 3,505 Canadians and 5,183 Americans aged 18 or older and living in private dwellings were interviewed by telephone. The JCUSH collected comprehensive information regarding health status and access to health care services using a single survey and a standard approach across the two countries.

More Canadians than Americans report being in good, very good or excellent health

Overall, a slightly higher proportion of Canadians (88%) than Americans (85%) reported that they were in good, very good or excellent health in 2003. The health status of Canadians, however, was less polarized. Canadians were slightly less likely to report "excellent" health than Americans. This was mainly the result of the 8% of Canadians aged 65 and older who reported excellent health, about half the proportion of Americans in the same age group.

Canadians were also less likely to report fair or poor health. This may be due in part to differences in rates of mobility limitations. Overall, Canadians had somewhat lower rates of the most severe mobility limitation category: 4% reported that they "could not" walk, stand or climb compared with 6% of Americans. Among women, these rates were 4% and 7% respectively (Figure 1).

Figure 1
Mobility limitation by gender, Canada and United States, 2002-03

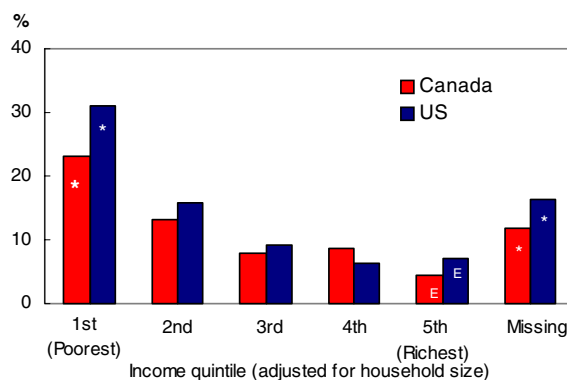


*Statistically significant difference between Canada and US ($p < 0.05$).

Lower income individuals more likely to be in poor health, but the gap is smaller in Canada

Low-income Canadians were less likely to be in fair or poor health, or to have severe mobility limitations, than low-income Americans. Less than one in four (23%) low-income Canadians reported that their health was fair or poor, compared with 31% of low-income Americans (Figure 2). On the other hand, there were no differences in fair or poor health among higher income groups between the two countries. The gap between the lowest and highest income groups in the proportion of those with fair or poor health was 19 percentage points in Canada and 24 percentage points in the US.

Figure 2
Fair or poor general health by household income quintile, Canada and United States, 2002-03



*Statistically significant difference between Canada and US ($p < 0.05$).
E Interpret with caution (high sampling variability).

Canadians have lower obesity rates

About 15% of Canadians were classified as obese, compared with 21% of Americans. The gap was primarily because of differences among women: one in eight Canadian women compared with about one in five American women were considered obese.

For three of the five income groups, the obesity rate was lower among Canadians than Americans. Differences were most notable in the lowest income group where 18% of Canadians were considered obese, compared with 27% of Americans.

Canadians less likely to report unmet health care needs; insurance status matters in US

Canadians have universal access to publicly funded health care services, including physician and hospital services. In the United States, the majority of citizens require private insurance to cover the cost of these services. Public insurance is provided for the poor (Medicaid), and for those aged 65 and over (Medicare). The data collected in this survey estimated that about 11% of Americans did not have health insurance.

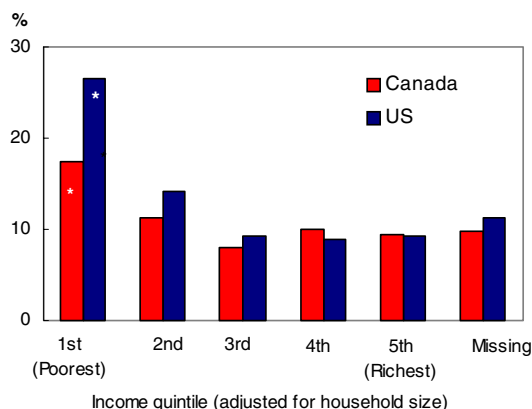
Overall 11% of Canadians and 13% of Americans reported an unmet health care need, when asked whether there was a time in the 12 months prior to the survey that

they did not get health care services when they needed them. This difference was due to the higher rate of unmet needs among uninsured Americans (40%).

Unmet needs were related to income in both countries, but a significantly lower proportion of poor Canadians reported an unmet health care compared with their American counterparts (17% versus 27%). There was no difference between countries, however, for the highest income groups (Figure 3).

Long waits for care were cited as the primary reason for unmet needs in Canada; cost was the primary reason in the United States regardless of insurance status.

Figure 3
Individuals reporting an unmet health care need, by household income quintile, Canada and United States, 2002-03



*Statistically significant difference between Canada and US ($p < 0.05$).

Next steps

This report provides a first look at the results from the JCUSH. While it highlights a range of similarities and differences between the two countries, additional in-depth analyses are required to better understand these results, particularly in those areas where Canadians and Americans differ.

Researchers from both Statistics Canada and the National Center for Health Statistics will be using the JCUSH data to conduct further analyses in key areas over the coming months. Current work is comparing mobility limitations between the countries, and examining determinants of access to health care, including the role of health insurance. Discussions are underway to repeat the survey with a possibility of including other countries.

In summary

The Joint Canada/US Survey of Health (JCUSH) is the first to collect comprehensive information regarding health status and access to health care services using a single survey and a standard approach across countries.

Comparable statistics are required to assess and compare the performance of national health care systems and to provide a more in-depth understanding of the determinants of health and access to health care services.

Overall, most Canadians and Americans reported good, very good or excellent health. Canadians in the poorest income group were less likely to report fair or poor health, to be classified as obese, to have severe mobility impairment, or to report unmet health care needs than their American counterparts. There were no systematic differences in these indicators among the highest income group.

Claudia Sanmartin and Kathy White

See our report

Sanmartin C, Ng E, Blackwell D, Gentleman J, Martinez M, Simile C. *Joint Canada/United States Survey of Health, 2002-03*. Statistics Canada Catalogue 82M0022XIE. Ottawa: Statistics Canada; 2004.
<http://www.statcan.ca:8096/bsolc/english/bsolc?catno=82M0022X>

The public-use microdata file is available at
<http://www.statcan.ca/english/freepub/82M0022XIE/2003001/pumf.htm>

Joint Canada/United States Survey of Health: Methods

The JCUSH was conducted as a one-time telephone survey in both Canada and the United States. The survey content, drawn from the Canadian Community Health Survey (CCHS) and the National Health Interview Survey (NHIS) in the US, includes self-reported health status information; life-style risk factors; access to health care services; insurance status; and socio-demographic information.

Households were selected through a random digit dialling (RDD) process. All interviews were conducted by telephone from Statistics Canada's regional offices. The sample was taken from individuals aged 18 and older living in private residences in Canadian provinces and American states. Weighted distributions and percentages were produced. Missing data were excluded from the analysis except for analyses by income. This work was funded by Statistics Canada, the Canadian Institutes of Health Research, the US National Center for Health Statistics, and the Robert Johnson Wood Foundation.

Recent articles

Brehaut JC, Kohen DE, Raina P, et al. The health of primary caregivers of children with cerebral palsy: how does it compare to other Canadian caregivers? *Pediatrics* 2004; 114(2):e182-e191.

Ross NA, Tremblay S, Graham K. Neighbourhood influences on health in Montréal, Canada. *Soc Sci Med* 2004; 59(7): 1485-1494.

Seminars and presentations

2004 Joint statistical meetings, American Statistical Association, Toronto, August 3-12, 2004

Edward Ng A comparative analysis of four disability/functional limitation modules in the 2003 Joint Canada/United States Survey of Health

Canadian Institute for Health Information Data Users' Conference, Ottawa, September 26-28, 2004

Edward Ng Cervical cancer mortality by neighbourhood income in urban Canada from 1971 to 1996: Success story for screening

Claudia Sanmartin Access to care in Canada - Results of the 2003 Health Services Access Survey

Jean-Marie Berthelot Evidence on the role of health insurance in access to health care services: A Canada-US comparison

Christel Le Petit A tool for the development of evidence-based policies: An example using AMI in Canada

2004 Meeting of the European Society for Social Pediatrics, Montréal, September 22-24, 2004

Dafna Kohen The impact of asthma on children's school functioning

International Meeting on Early Childhood Prevention, European Society for Social Pediatrics, Montréal, September, 2004

Dafna Kohen Parenting matters: Results from the longitudinal evaluation of Uganda Nutrition and Early Child Development Program

Conference of the American Academy of Cerebral Palsy and Developmental Medicine, Los Angeles, September, 2004

Dafna Kohen The health of primary caregivers of children with cerebral palsy: How does it compare to other Canadian caregivers?

HAMG Seminar Series

The HAMG seminar series began on Wednesday, October 27 at 10:00 a.m. in the Jean Talon lobby conference room, Statistics Canada. (No need to sign in.)

October 27	Philippe Finès	A model for estimating life expectancy in small Canadian cities
November 12	Tari Bhatia	Health care utilization and services in official language minority communities
December 10	Dafna Kohen	The impact of asthma on children's school functioning

Announcements

HAMG recently welcomed two new analysts. **Rochelle Martin**, a PhD student in the Health and Research Methodology program at McMaster University, is a Statistics Canada Research Stipend recipient. Using the National Longitudinal Survey of Children and Youth (NLSCY), she is investigating gender differences in adolescent drug use trajectories and consequences of drug use. **Raymond Baillargeon** is doing a postdoctoral project on the development of a severity indicator for the different types of disability considered in the 2001 Participation and Activity Limitation Survey (PALS).

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Note of appreciation

Canada owes the success of its statistical system to a long-standing partnership between Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued cooperation and goodwill.

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We welcome your comments!
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