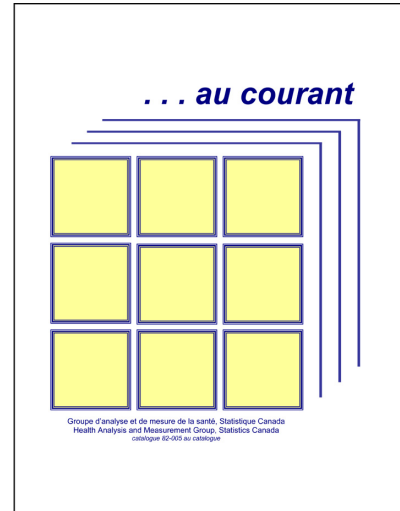




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Statistics Canada

. . . au courant

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Something new for 2005

The new year brings some changes to ...*au courant* that will allow us to provide summary information about more of our projects. Instead of one feature article, we will provide several short summaries of articles published by our analysts and external collaborators.

In this issue, the *Recent releases* section highlights these findings:

- in Montréal, neighbourhood had an impact on health over and above the impact of individual risk factors;
- in British Columbia, infant mortality rates were higher for First Nations than non-First Nations infants, mostly due to post-neonatal mortality;
- in Ontario, primary caregivers of children with cerebral palsy had more health problems and were less likely to work for pay than caregivers of children in general; and
- in Quebec, mothers living in common-law unions were more likely to have had adverse pregnancy outcomes than those in traditional marriages.

You may have seen some of these findings, which had considerable media coverage over the past few months.

We will continue to provide highlights of our *Work in progress*, *Announcements*, and *Seminars and presentations*.

Work in progress...

Baseline indicators of mortality for monitoring health disparities

We are now working on a major initiative that examines disparities in health, especially among targeted population groups such as families with low income or low education and Aboriginals. This study's objectives are guided by the latest First Ministers' Accord on Health Care Renewal which calls for governments at all levels to continue their efforts to reduce disparities in health and to report on progress toward achieving this goal.

The first phase of the project, a probabilistic linkage of a 15% sample of the 1991 Census with death records up to and including 2001, is well underway. This linkage will allow the production of baseline mortality and life expectancy indicators for selected populations. Two important research questions will also be addressed: does where a person lives affect longevity? Do work conditions, especially those with high demands and low control, affect heart disease mortality?

Preliminary results are expected in early 2006. More information about the record linkage phase is available at <http://www.statcan.ca/english/recrdlink/2003.htm#0312>

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



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Collaboration with external researchers

Most HAMG projects involve collaboration with researchers at universities or other government agencies. This work often explores new methods for examining the health of Canadian subpopulations using Statistics Canada and other databases.

The summaries below highlight several papers by HAMG and external collaborators that have appeared in peer-reviewed journals over the past few months. One of these analyses used national health survey data; two used linked birth and infant death files; and one used two national health surveys and a survey by university researchers.

Abstracts of these papers are available through PubMed at <http://www.ncbi.nlm.nih.gov/entrez>.

Neighbourhood influences on health in Montréal

a collaboration of Statistics Canada and researchers at the Department of Geography at McGill University

This study of the Montréal health region showed that neighbourhood had an impact on health over and above the impact of individual risk factors. These risk factors include smoking, obesity, high stress, and low sense of belonging to the community, all of which have significant negative effects on health. Household income is also associated with health—the lower the income group, the worse their health.

Such studies are important because of increasing evidence that social structures within neighbourhoods can affect educational attainment, employment success, or social connectedness, which in turn can influence individual health.

These results are consistent with other Canadian work showing that the effect of neighbourhood is relatively small.

This study is one of the few to examine the effects of neighbourhoods on health in Canada. Other studies have shown that neighbourhoods affect health in the United States and the United Kingdom. But the few Canadian studies conducted to date suggest that neighbourhood effects in Canada are much smaller, possibly as a result of policies and programs that aim to reduce economic and health disparities.

This study used 2000/01 Canadian Community Health Survey data for the Montréal health region.

This study is unique in using "natural" neighbourhoods defined by local government and real estate boards as the unit of analysis.

Ross NA, Tremblay S, Graham K. *Neighbourhood influences on health in Montréal, Canada*. Soc Sci Med 2004; 59(7): 1485-94.

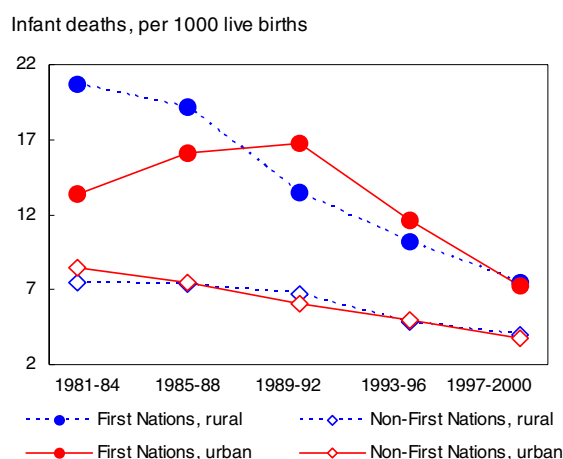
Infant mortality among First Nations and non-First Nations people in British Columbia

a collaboration of Statistics Canada, McGill University, the University of British Columbia, and the British Columbia Vital Statistics Agency

First Nations infants were more likely to be born pre-term, but have heavier birth weights, than non-First Nations infants. This was the case in both rural and urban areas of the province.

In addition, infant mortality rates were more than twice as high among First Nations as non-First Nations people. Post-neonatal mortality rates were 3.6 times as high (Figure 1).

Figure 1
Infant mortality rates higher among First Nations



However, from 1981 to 2000, infant mortality rates declined 64% for First Nations people living in rural areas, and declined 47% for those in urban areas.

Relative risks of infant mortality for First Nations compared with non-First Nations people were similar for both poor and rich neighbourhoods. This suggests that these disadvantages may be independent of neighbourhood socio-economic status.

Most of the excess infant mortality among First Nations people was due to higher post-neonatal mortality, in particular, deaths due to preventable causes, such as sudden infant death syndrome, infection and external causes. This suggests the need for improved socio-economic and living conditions.

The differences in neonatal mortality were largely attributable to higher rates of pre-term birth among First Nations people, rather than to differences in gestational age-specific neonatal mortality, which were not observed.

Luo ZC, Kierans WJ, Wilkins R, Liston RM, Uh SH, and Kramer MS. *Infant mortality among First Nations versus non-First Nations in British Columbia: temporal trends in rural versus urban areas, 1981-2000*. Int J Epidemiol 2004; 33(6): 1252-9.

Health of primary caregivers of children with cerebral palsy

a collaboration of Statistics Canada, the Ottawa Health Research Institute, the University of Ottawa, and the CanChild Centre for Childhood Disability Research at McMaster University

Caregivers of children with cerebral palsy reported more psychological and physical health problems than caregivers of children in general, despite few differences in social support. For example, they were more likely to report emotional problems and multiple chronic health conditions such as back problems, migraines, asthma, ulcers and heart disease.

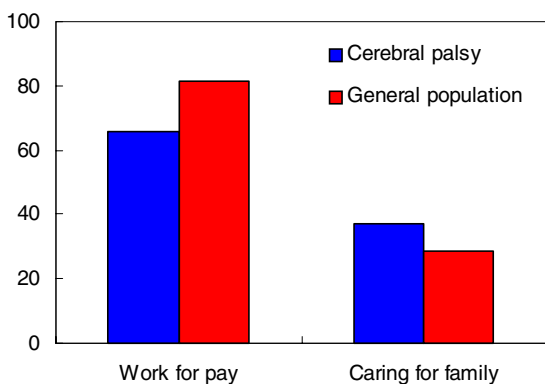
The study was based on data from two Statistics Canada surveys (the National Population Health Survey and the National Longitudinal Survey of Children and Youth), and CanChild's study "Caring about caregivers", which covered caregivers of children with cerebral palsy in Ontario.

Caregivers of children with cerebral palsy were also more likely to have lower incomes than other caregivers in general, even though levels of education were similar in the two groups of caregivers. Only 66% of caregivers of children with cerebral palsy worked for pay, compared with 81% of those in the general population. They were also less likely to engage in full-time work, and more likely to report caring for family as their main activity (Figure 2).

Figure 2

Caregivers of children with cerebral palsy less likely to work for pay, more likely to care for family as main activity

Percent



This study of caregivers of children with disabilities is unique because it examined both the physical and psychological health of caregivers. It is also the first to use a large nationally representative sample of caregivers for comparison.

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

Pregnancy outcomes based on marital and cohabitation status in Quebec

a collaboration of Statistics Canada, McGill University, and the Fetal and Infant Health Study Group of the Canadian Perinatal Surveillance System

Mothers living in common-law unions were more likely to have had adverse pregnancy outcomes than those in traditional marriage relationships, according to this study of pregnancy outcomes in Quebec.

Modest disparities in adverse pregnancy outcomes between common-law and traditional marriage relationships persisted during the 1990s, despite a striking increase in common-law unions.

The adverse risks associated with common-law unions were diminished for mothers with higher educational attainment compared with those with less education. But the risks were intensified for Aboriginal mothers compared with other ethnic groups.

Some of the differences in adverse pregnancy outcomes may be related to maternal smoking, which is more common among women in common-law unions compared with those who are legally married. Mothers in common-law unions may also experience greater stress during pregnancy owing to less stable relationships than those in traditional marriage.

Unmarried women are known to have greater risks of adverse pregnancy outcomes than married women. However, most previous studies have not made a distinction between mothers living in common-law unions, legally married mothers and mothers living alone.

Lone mothers had even worse pregnancy outcomes than mothers living in common-law unions. However, the risks among common-law mothers are of greater public health concern because of the high and increasing proportion of births to mothers in common-law unions.

In 1997, 44% of births in Quebec were to common-law mothers, more than double the proportion in 1990.

Adverse pregnancy outcomes include pre-term birth, low birth weight, small-for-gestational-age, stillbirth, and neonatal and post-neonatal mortality.

Luo ZC, Wilkins R, Kramer MS; Fetal and Infant Health Study Group of the Canadian Perinatal Surveillance System. Disparities in pregnancy outcomes according to marital and cohabitation status. *Obstetrics and Gynecology* 2004; 103(6): 1300-7.

Other recent releases

Luo ZC, Kierans WB, Wilkins R, Liston RM, Mohamed J, Kramer MS; the British Columbia Vital Statistics Agency. Disparities in birth outcomes by neighborhood income: temporal trends in rural and urban areas, British Columbia. *Epidemiology* 2004; 15(6): 679-86. Summary at <http://www.statcan.ca/Daily/English/041116/d041116a.htm>

Ross NA, Houle C, Dunn JR, Aye M. Dimensions and dynamics of residential segregation by income in urban Canada, 1991 to 1996. *Canadian Geographer* 2004; 48(4): 433-45. Full text at <http://www.blackwell-synergy.com>

Ng E, Wilkins R, Gendron F, Berthelot J-M. *Dynamics of immigrants' health in Canada: evidence from the National Population Health Survey*. Catalogue no. 82-618-MWE2005002. Healthy today, healthy tomorrow? Findings from the National Population Health Survey. Ottawa: Statistics Canada; 2005. <http://www.statcan.ca:8096/bsolc/english/bsolc?catno=82-618-MWE2005002>

Joseph KS, Wilkins R, Dodds L, Allen VM, Ohlsson A, Marcoux S et al. Customized birth weight for gestational age standards: Perinatal mortality patterns are consistent with separate standards for males and females but not for blacks and whites. *BMC Pregnancy and Childbirth* 2005; 5(3). <http://www.biomedcentral.com/1471-2393/5/3>

Presentations

McGill University Social Statistics Seminar series, Montréal, March 2, 2005

Edward Ng Dynamics of immigrants' health in Canada: evidence from the National Population Health Survey

2005 Annual conference of the Société québécoise pour la recherche en psychologie, Québec, March 18 to 20, 2005

Dafna Kohen Policy and use of childcare services in Quebec and Canada (presentation in French)

2005 Population Association of America, March 31 to April 2, 2005, joint Population Association of America–Canadian Population Society (CPS) session called "Population health and SES disparities in the US and Canada," organized by Edward Ng

Russell Wilkins Trends in area-level socioeconomic inequality in total and cause-specific mortality in Canada

François Gendron Joint Canada/United States Survey of Health: an overview and first results

HAMG Seminar Series

HAMG seminars are held in the Jean Talon lobby conference room, Statistics Canada.

February 2	Mark Zamorski, National Defence Medical Centre	The prevalence of mental health problems in the Canadian Armed Forces: comparison with the general population
February 17	Russell Wilkins, HAMG	PCCF+: Exploiting postal codes and census geography in population-based research
March 2	Chantelle Richmond, McGill University	The dimensions of Inuit and Métis health: Results of principal components analyses using the 2001 Aboriginal Peoples Survey
March 16	Raymond Baillargeon, HAMG	How severely disabled are children in the Canadian population?

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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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