



The Daily

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MAJOR RELEASES

- **Canada's international transactions in securities, November 2001** 3
Foreign investors added a further \$6.8 billion to their holdings of Canadian securities in November, primarily through their continued purchases of new Canadian bonds. For their part, Canadian investors again reduced their holdings of foreign bonds in November, but resumed purchases of foreign stocks.
- **Unmet health care needs, 1998/99** 6
About 1.5 million people, or 6.6% of Canadian adults, reported instances of unmet health care needs in 1998/99, according to the National Population Health Survey. That is, they felt they needed, but did not receive, some form of health care in the previous 12 months.

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Canadian economic observer January 2002

The January issue of Statistics Canada's flagship publication for economic statistics, *Canadian economic observer*, analyses current economic conditions, summarizes the major economic events that occurred in December and presents a feature article on what happens after a layoff. A separate statistical summary contains a wide range of tables and graphs on the principal economic indicators for Canada, the provinces and the major industrial nations.

The January 2002 issue of *Canadian economic observer*, Volume 15, number 1 (11-010-XPB, \$23/\$227) is now available. Visit the *Canadian economic observer's* page on Statistics Canada's Web site (www.statcan.ca). From the *Canadian statistics* page, choose *Economic conditions*, and on that page click on the banner ad for the *Canadian economic observer*. For more information, contact Francine Roy (613-951-3627; ceo@statcan.ca), Current Economic Analysis Group.



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NEW PRODUCTS

MAJOR RELEASES

Canada's international transactions in securities

November 2001

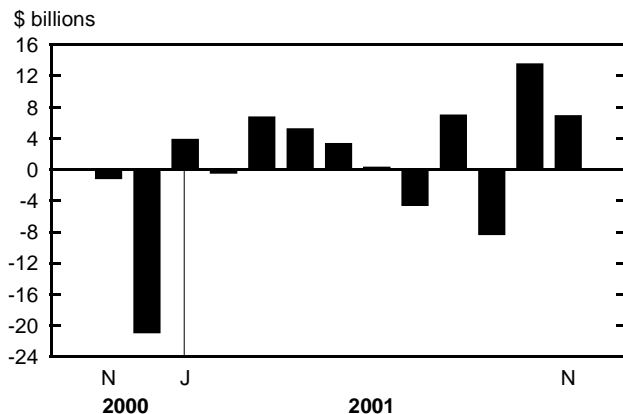
Foreign investors added a further \$6.8 billion to their holdings of Canadian securities in November, primarily through their continued purchases of new Canadian bonds, mainly corporate issues floated in international markets.

For their part, Canadian investors again reduced their holdings of foreign bonds in November, but resumed purchases of foreign stocks.

Canadian companies continue to issue new bonds in foreign markets

Foreign investors increased their holdings of Canadian bonds by a further \$7.5 billion in November, following the massive \$14.2-billion investment in October. Corporations continued to lead the way by raising funds in the US market. They raised \$8.1 billion worth of new funds in foreign markets in November, after raising a record \$12.7 billion in October; in both months this made up more than 80% of the total new Canadian bonds floated in foreign markets.

Foreign investment in Canadian securities¹



¹Includes bonds, stocks and money market paper

Foreign investors made their second significant investment in the secondary bond market in as many months, purchasing \$1.2 billion worth in November after buying \$1.9 billion worth in October. Europeans were the major investors in this market in both months,

Related market information

Interest rates

In November, a 27-basis-point-drop in Canadian short-term rates matched a similar decline in comparable US rates. As a result, the differential rose marginally to 23 basis points in November, continuing to favour investment in Canada.

Conversely, a 47-basis-point rise in US long-term rates overshadowed a smaller 28-basis-point rise in Canada. This pushed down the differential to 23 basis points, the smallest gap favouring investment in Canada since May.

Stock prices

Canadian stock prices (measured by the TSE 300 Composite Index) staged a modest recovery in November, rising 7.8% to regain about one-third of the 22.9% lost in the first 10 months of 2001. Similarly, American stocks (measured by the Standard & Poor's Index) gained 7.5% in November, erasing some of the 19.7% decline seen from January to October.

Canadian dollar

The Canadian dollar recovered almost two-thirds of a cent from its record low close against the US dollar in October. Closing November at 63.58 US cents, this gain was a bit of a respite after losing more than 3 US cents against the American dollar from June to October.

investing in a combination of federal, corporate and provincial issues.

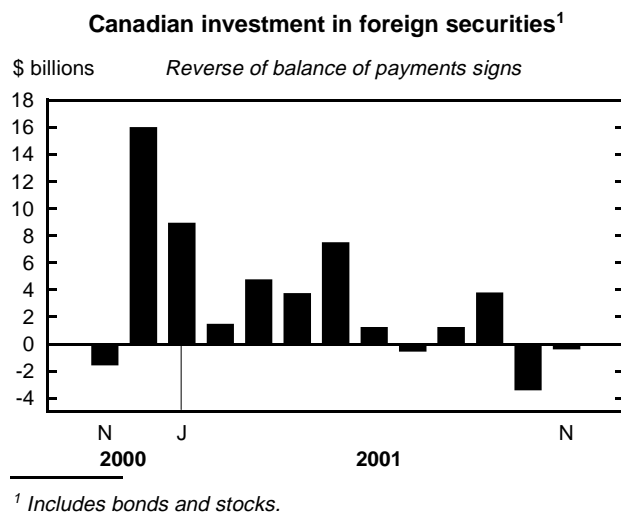
Foreign investment in Canadian stocks rose \$1.0 billion in November, solely on the basis of new shares issued in the US market. Foreign investors sold \$0.4 billion worth of existing shares in the secondary market during the month, reversing a similarly small purchase in October. The total investment of \$2.7 billion in Canadian stocks by foreign investors in the first 11 months of 2001 represents a small fraction of the \$54.1 billion invested in the same 11-month period of 2000. Canadian stock prices (measured by the TSE 300 Composite Index) staged a modest recovery in November, rising 7.8% to regain about one-third of the 22.9% lost in the first 10 months of 2001.

After increasing their holdings of Canadian money market paper in October for only the third time in 2001, foreign investors resumed their divestment with a \$1.7-billion reduction in November. Reducing their holdings in 8 of the first 11 months of 2001, foreign investors divested a total of \$9.7 billion in securities. Federal treasury bills made up \$5.8 billion of this cumulative reduction; the balance was split between the paper of other levels of government

and corporations. As of the end of November, American investors accounted for \$5.8 billion of the divestment, European investors \$2.4 billion, and Asians \$1.5 billion. In November, a 27-basis-point drop in Canadian short-term rates matched a similar decline in comparable US rates. This resulted in the differential rising marginally to 23 basis points, continuing to favour investment in Canada.

Canadian investors sell foreign bonds but resume buying stock

Canadian investors reduced their holdings of foreign bonds by a further \$1.3 billion in November following a record \$3.2-billion reduction in October. November's divestment, like October's, was made up solely of US treasuries. Canadian investors, led by pension funds, returned to international equities markets after their small divestment in October with a \$1.0-billion investment in November, mainly in overseas shares.



Available on CANSIM: tables 376-0018 to 376-0029 and 376-0042.

The November 2001 issue of *Canada's international transactions in securities* (67-002-XIB, \$14/\$132; 67-002-XPB, \$18/\$176) will be available in February. See *How to order products*.

For more information, or to enquire about the concepts, methods or data quality of this release, contact Donald Granger (613-951-1864), Balance of Payments Division. □

Canada's international transactions in securities

	August 2001	September 2001	October 2001	November 2001	January to November 2000	January to November 2001
\$ millions						
Foreign investment in Canadian securities	6,906	-8,224	13,444	6,797	40,471	33,097
Bonds (net)	7,785	-6,479	14,203	7,549	-13,278	40,116
Outstanding	3,190	-742	1,887	1,201	1,874	10,546
New issues	5,930	1,604	15,283	9,841	20,055	71,721
Retirements	-1,885	-7,278	-3,776	-4,022	-36,292	-44,390
Change in interest payable ¹	550	-63	808	529	1,085	2,239
Money market paper (net)	-1,088	-1,357	1,236	-1,731	-339	-9,670
Government of Canada	-1,112	-1,037	599	-521	-1,964	-5,778
Other	24	-320	637	-1,210	1,625	-3,892
Stocks (net)	209	-389	-1,995	978	54,088	2,651
Outstanding	70	-177	495	-414	22,159	1,619
Other transactions	139	-212	-2,491	1,392	31,929	1,032
Canadian investment in foreign securities	-1,162	-3,703	3,324	305	-46,770	-27,971
Bonds (net)	138	-1,929	3,150	1,310	-4,096	2,276
Stocks (net)	-1,300	-1,774	174	-1,004	-42,674	-30,247

¹ Interest accrued less interest paid.

Note: A minus sign (-) indicates an outflow of money from Canada — i.e., a withdrawal of foreign investment from Canada or an increase in Canadian investment abroad.



Unmet health care needs

1998/99

About 1.5 million people, or 6.6% of those 18 or older, reported having had health care needs in the previous 12 months that were not met, according to the 1998/99 National Population Health Survey. That is, they felt they needed, but did not receive, some form of health care. This was a small but significant increase from 4.4% in 1994/95 and 5.4% in 1996/97.

Problems relating broadly to perceived "availability," which included waiting too long for care, accounted for 36% of cases of unmet need; "accessibility" problems — specifically, cost or lack of transportation — accounted for about 10%.

In 49% of the reported cases of unmet need, the individuals chose to do without health care, either because of competing demands on their time or because of their attitude toward illness, health care providers or the health care system. These situations, referred to as "acceptability" problems, included being too busy, deciding not to bother, believing care would be inadequate, or disliking or fearing doctors.

Most people's unmet health care needs fell in only one group of reasons. In just 5% of cases, the reported problems spanned more than one category of unmet need.

Small proportion report "availability" problems

Of the 1.5 million people who reported having had unmet health care needs, about 588,000, or 2.6% of the population 18 and older, attributed them to unavailability of services.

Unmet needs of this kind reflect perceived deficiencies in health care delivery. While there may have been concerns that recent limits on health care budgets placed an unequal burden on less advantaged groups, the results of this analysis showed that the likelihood of reporting unmet needs due to a lack of services did not vary significantly by factors such as household income, education, employment, Aboriginal status or immigrant status.

However, service "availability" problems were associated with an individual's health. For example, about 7% of people in poor or fair health cited unmet needs stemming from "availability" problems. By contrast, just over 2% of people who rated their health as good, very good or excellent reported such problems. Similarly, people with chronic conditions or chronic pain were more likely than those not so afflicted to report unmet needs arising from problems with "availability".

People who had consulted their family doctor or a specialist in the year before the survey were more likely

Note to readers

This report features an analytical article entitled "Unmet needs for health care," available today in Health reports, Vol. 13, no. 2. The study examines the prevalence of unmet health care needs and the extent to which they can be attributed to perceived problems with "availability," "accessibility" or "acceptability" of service.

The data are from the 1998/99 household component of the National Population Health Survey (NPHS) and pertain to 14,143 respondents aged 18 or older. The NPHS has collected information about the health of the population every two years since 1994/95.

The data used for this study were self-reported and do not include people on Indian reserves and in some remote areas of Quebec and Ontario, so the prevalence of unmet health care needs may be underestimated. Furthermore, since the survey was conducted in English or French, unmet needs due to difficulties with these languages or lack of information about the health care delivery system may also be underestimated.

This analysis examines perceived unmet health care needs and the reasons for them as perceived by the NPHS respondents. There is no way of knowing if those perceptions reflect reality or if people are truly going without necessary care.

than those who had not to report unmet needs related to "availability." It could be that because individuals with medical problems are the most likely to require health care services, they are also more likely than those in better health to recognize deficiencies in the delivery of those services — particularly if their medical problem persists.

Income a major factor in "accessibility" problems

In 1998/99, an estimated 192,000 people, or about 1% of the adult population, reported that a health care need went unmet because of problems related to "accessibility" — that is, cost or transportation.

Household income was a major factor in the prevalence of unmet needs related to "accessibility". About 3% of people in low-income households reported such unmet needs, compared with less than one-half of one percent of residents of upper-middle or high-income households.

Relatively high percentages of people reporting chronic conditions, chronic pain or distress recalled having unmet health care needs stemming from cost or transportation concerns.

Most unmet health care needs, however, were attributed to the individual's own circumstances. An estimated 794,000 adults, or 3.5%, reported that in the year before the survey they had an unmet health care need because of problems with "acceptability". That is, they did not receive care because of personal circumstances or their attitudes toward health care professionals or the health care system.

The more respondents trusted doctors' authority, the lower the prevalence of unmet health care needs related to "acceptability". On the other hand, the more they relied on self-care, the higher the prevalence of "acceptability"-related unmet needs.

Provincial patterns vary

The prevalence of unmet health care needs of all types was close to the national figure in most provinces.

Problems with service "availability" significantly exceeded the national level only in Nova Scotia, (4.6% compared with the national average of 2.6%). In New Brunswick and Ontario, the prevalence of unmet health care needs related to "availability" was significantly lower.

"Accessibility"-related unmet needs were significantly higher only in British Columbia (1.5% compared with the national average of 0.9%), and lower only in Ontario (0.6%).

In each province except Nova Scotia, unmet health care needs stemming from "acceptability" problems were the most common. No province had numbers significantly higher than the national average, and only Newfoundland and Labrador came in significantly low; 2.2% of adults there reported "acceptability"-related unmet needs, compared with 3.5% of all Canadians.

For more information, or to enquire about the concepts, methods or data quality of the article "Unmet needs for health care," contact Jiajian Chen (613-951-5059; chenjia@statcan.ca), Health Statistics Division, or Feng Hou (613-951-4337; fenghou@statcan.ca), Business and Labour Market Analysis Division.

Heart attack survival

This issue of *Health reports* also contains two other articles. "Revascularization and heart attack outcomes" uses hospital and mortality records from

Nova Scotia, Saskatchewan, Alberta and British Columbia to determine the treatments provided and one-year survival outcomes for heart attack patients admitted between April 1, 1995 and March 31, 1996. The treatments, angioplasty or coronary bypass surgery, were associated with a lower risk of death for men, but not for women. Moreover, rates of revascularization and death varied importantly among health regions in the four provinces in ways that could not be explained by factors such as age, sex and having other illnesses.

For more information, or to enquire about the concepts, methods or data quality of this article, contact Helen Johansen (613-722-5570; johahel@statcan.ca), Health Statistics Division.

Suicide deaths and hospitalizations

"Suicide deaths and suicide attempts" analyzes suicides among Canadians aged 10 or older from 1979 to 1998, and examines hospital records for 1998/99 to provide some insight into suicide attempts. The suicide death rate remained fairly stable from 1979 to 1998. In 1998, the suicide rate for males was about four times that for females.

By contrast, according to hospital records for 1998/99, females were hospitalized for attempted suicide at one and a half times the rate of males. About 9% of people who were hospitalized for a suicide attempt had been discharged more than once for a suicide attempt in that same year.

For more information, or to enquire about the concepts, methods or data quality of this article, contact Stéphanie Langlois (613-951-6862; stephanie.langlois@statcan.ca), Small Business and Special Surveys Division.

The full reports appear in *Health reports*, Vol. 13, no. 2 (82-003-XIE, \$15/\$44; 82-003-XPE, \$20/\$58), which is now available. See *How to order products*. ■

OTHER RELEASES

Employment Insurance

November 2001 (preliminary)

The estimated number (adjusted for seasonality) of Canadians who received regular Employment Insurance benefits in November was 557,070, up 3.6% from October. This continues the general upward trend seen since November 2000. Most provinces and territories reported higher numbers of regular beneficiaries — the largest percentage gains occurred in Alberta (+7.3%), Ontario (+5.8%) and British Columbia (+4.5%). At the national level, the number of regular beneficiaries has increased 17.5% since November 2000.

Number of beneficiaries receiving regular benefits
November 2001

	Nov. 2001 ^P	Oct. to Nov. 2001	Nov. 2000 to Nov. 2001
Seasonally adjusted			
		% change	
Canada	557,070	3.6	17.5
Newfoundland and Labrador	36,420	3.9	2.4
Prince Edward Island	8,050	4.4	-2.2
Nova Scotia	29,230	3.6	-1.5
New Brunswick	35,480	-0.5	7.8
Quebec	188,460	3.6	14.4
Ontario	142,820	5.8	47.2
Manitoba	13,530	-0.9	8.2
Saskatchewan	11,150	0.4	-3.2
Alberta	27,330	7.3	6.8
British Columbia	65,000	4.5	21.0
Yukon	750	-1.3	-18.5
Northwest Territories and Nunavut	970	-2.0	-12.6
Not seasonally adjusted			
Northwest Territories	660	11.9	-10.8
Nunavut	270	0.0	-15.6

^P Preliminary figures.

Regular benefit payments were \$749.5 million, up 4.2% from October and up 24.6% from November 2000. The number of initial and renewal claims received fell 8.3% to an estimated 248,750 in November, 12.5% higher than in November 2000.

Employment Insurance statistics

	Nov. 2000	Oct. 2001	Nov. 2001	Oct. to Nov. 2001	Nov. 2000 to Nov. 2001
Seasonally adjusted					
				% change	
Regular beneficiaries	473,980	537,920 ^P	557,070 ^P	3.6	17.5
Regular benefits paid (\$ millions)	601.4	719.2	749.5	4.2	24.6
Claims received ('000)	221.1	271.4	248.8	-8.3	12.5
Not seasonally adjusted					
				% change	
All beneficiaries ('000)	601.9	654.6 ^P	766.1 ^P	17.0	27.3
Regular beneficiaries ('000)	422.0	412.6 ^P	494.7 ^P	19.9	17.2
Claims received ('000)	287.2	310.3	316.3	1.9	10.1
Payments (\$ millions)	872.4	997.4	1,064.1	6.7	22.0
Year-to-date (January to November)					
	2000	2001	2000 to 2001	% change	
Claims received ('000)		2,308.6	2,624.1	13.7	
Payments (\$ millions)		10,262.5	11,671.9	13.7	

^P Preliminary figures.

Note: All beneficiaries includes all claimants receiving regular benefits (e.g., due to layoff) or special benefits (e.g., due to illness).

Note: Employment Insurance Statistics Program data are produced from an administrative data source and may from time to time be affected by changes to the *Employment Insurance Act*. For example, in May 2001 the act was amended to eliminate the intensity rule, to adjust the benefit repayment provision and the re-entrant rules for parents returning to the workforce, and to align the EI fishing regulations with the enhanced maternity and parental benefits. Please note that, due to adjustments provided by Human Resources Development Canada, a revision to job creation, training and self-employment benefit payments occurred for April 2001 to October 2001. Disqualifications and disentitlements data for the Yukon for May and June 2001 were also amended.

The number of beneficiaries is a measure of all persons who were in receipt of EI benefits for the week containing the fifteenth day of the month. The regular benefit payments series measures the total of all monies individuals received for the entire month. These different reference periods must be taken into

consideration when comparisons are done between the series.

The act allows each province or administrative region of Human Resources Development Canada to have certain autonomy in applying administrative procedures regarding renewal claims. Data users must note that month-to-month changes in levels may be affected by different administrative procedures for renewal claims between one province or region and another.

Available on CANSIM: tables 276-0001 to 276-0006, 276-0009, 276-0012, 276-0015 and 276-0016.

To order data or for general information, contact the Client Services Unit (1-866-873-8788; 613-951-4090; labour@statcan.ca). To enquire about the concepts, methods or data quality of this release, contact Gilles Groleau (613-951-4091) or Dominique Pérusse (613-951-4064), Labour Statistics Division. ■

Steel primary forms

Week ending January 19, 2002 (preliminary)

Steel primary forms production for the week ending January 19 totalled 279 179 metric tonnes, down 2.6% from 286 569 tonnes a week earlier and up 1.0% from 276 543 tonnes in the same week of 2001. The year-to-date total at the end of the reference week was 821 315 tonnes, up 6.6% from 770 521 tonnes in the same period of 2001.

For general information or to order data, contact the dissemination officer (1-866-873-8789; 613-951-9497;

manufact@statcan.ca), Manufacturing, Construction and Energy Division. To enquire about the concepts, methods, or data quality of this release, contact Dragos Ifrim (613-951-3527; dragos.ifrim@statcan.ca), Manufacturing, Construction and Energy Division. ■

Aircraft movement statistics

June 2001

In June, 596,386 take-offs and landings were recorded at the 98 Canadian airports with Nav Canada air traffic control towers and flight service stations. This was an increase of 0.3% from the activity in June 2000, when there were 101 airports in the tower and flight service station categories. Churchill, Fort Simpson and Hay River are now included with the data for airports without air traffic control towers.

Statistics for airports without air traffic control towers participating in this survey are also available. These 110 airports reported 81,656 take-offs and landings in June.

The June 2001 monthly report (TP141, free) is available on Transport Canada's Web site at: (<http://www.tc.gc.ca/pol/en/Report/tp141e/tp141.htm>).

For more information concerning the Transport Canada Web site, contact Michel Villeneuve (613-990-3825; villenm@tc.gc.ca) or Sheila Rajani (613-993-9822; rajanis@tc.gc.ca).

For more information, or to enquire about the concepts, methods or data quality of this release, contact Kathie Davidson (613-951-0141; fax: 613-951-0010; aviationstatistics@statcan.ca), Transportation Division. ■

NEW PRODUCTS

Canadian economic observer, Vol. 15, no. 1,
January 2002
Catalogue number 11-010-XPB (\$23/\$227).

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no. 11, November 2001
Catalogue number 65-001-XIB (\$14/\$141).

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no. 11, November 2001
Catalogue number 65-001-XPB (\$19/\$188).

Health reports, Vol. 13, no. 2
Catalogue number 82-003-XIE (\$15/\$44).

Health reports, Vol. 13, no. 2
Catalogue number 82-003-XPE (\$20/\$58).

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