



# The Daily

Statistics Canada

**Tuesday, June 15, 2004**

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## MAJOR RELEASES

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- **Monthly Survey of Manufacturing, April 2004**

Canadian manufacturing continued to pick up steam in April. Shipments rose another 0.5% to \$48.5 billion, extending the string of consecutive gains to five months, the longest since the late 1990s.

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  - **Canadian Community Health Survey, 2003**

More than 1.2 million Canadians were unable to find a regular medical doctor in 2003, and an additional 2.4 million didn't have one because they hadn't looked for one, according to new results from the Canadian Community Health Survey.

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## NEW PRODUCTS

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## MAJOR RELEASES

### Monthly Survey of Manufacturing

April 2004

Canadian manufacturing continued to pick up steam in April. Shipments rose 0.5% to \$48.5 billion, extending the string of consecutive gains to five months, the longest since the late 1990s. In addition, robust demand from abroad boosted manufacturers' backlog of unfilled orders. Unfilled orders for April are up a solid 6.6% since the close of 2003.

Despite concerns that Canada's strengthened dollar and the recent boom in petroleum prices would undermine the manufacturing sector, manufacturers have put in a stellar performance during the first four months of 2004. Year-to-date shipments were up 3.1% compared with the same period in 2003, with much of the strength coming from the big-ticket, durable goods sector.

#### Manufacturers of durable goods setting the pace in 2004

Shipments of durable goods increased 1.1% to \$27.8 billion in April, the third consecutive rise. Recent gains in aerospace and computer manufacturing, coupled with strong demand and soaring prices for wood products and primary metals, contributed to a healthy 4.7% jump in year-to-date shipments of durable goods industries. April shipments of non-durable goods slipped 0.2% to \$20.6 billion, following five consecutive monthly gains.

#### Manufacturing shipments, provinces and territories

	March 2004 <sup>r</sup>	April 2004 <sup>p</sup>	March to April 2004
seasonally adjusted			
	\$ millions		% change
<b>Canada</b>	<b>48,213</b>	<b>48,471</b>	<b>0.5</b>
Newfoundland and Labrador	242	247	1.8
Prince Edward Island	129	123	-4.7
Nova Scotia	761	778	2.2
New Brunswick	1,165	1,179	1.1
Quebec	11,398	11,562	1.4
Ontario	24,994	25,154	0.6
Manitoba	1,041	982	-5.7
Saskatchewan	799	737	-7.8
Alberta	4,256	4,312	1.3
British Columbia	3,420	3,389	-0.9
Yukon	1	1	-2.8
Northwest Territories including Nunavut	5	8	47.3

<sup>r</sup> Revised data.

<sup>p</sup> Preliminary data.

#### Note to readers

**Non-durable goods industries** include food, beverage and tobacco products, textile mills, textile product mills, clothing, leather and allied products, paper, printing and related support activities, petroleum and coal products, chemicals and plastic and rubber products.

**Durable goods industries** include wood products, non-metallic mineral products, primary metals, fabricated metal products, machinery, computer and electronic products, electrical equipment, appliances and components, transportation equipment, furniture and related products and miscellaneous manufacturing.

**Unfilled orders** are a stock of orders that will contribute to future shipments assuming that the orders are not cancelled.

**New orders** are those received whether shipped in the current month or not. They are measured as the sum of shipments for the current month plus the change in unfilled orders. Some people interpret new orders as orders that will lead to future demand. This is inappropriate since the new orders variable includes orders that have already been shipped. The month-to-month change in new orders may be volatile, particularly if the previous month's change in unfilled orders is closely related to the current month's change.

Not all orders will be translated into Canadian factory shipments because portions of large contracts can be subcontracted out to manufacturers in other countries.

Two-thirds of the 21 manufacturing industries, representing 82% of total shipments, posted increases in April. Quebec led the six provinces and territories reporting higher shipments. Quebec's shipments rose 1.4% (+\$164 million) to \$11.6 billion, the fifth increase in a row. Resource-based industries were the main contributors, especially wood products and primary metals.

Ontario and Alberta also stepped up production in April. Led by transportation equipment and machinery manufacturing, shipments in Ontario grew \$160 million (+0.6%) to \$25.2 billion, following a huge gain in March (+3.8%). Alberta manufacturers posted their ninth consecutive rise in shipments, \$56 million (+1.3%) to \$4.3 billion. Machinery and petroleum shipments have been on a steady upswing in recent months.

On the jobs front, manufacturing employment edged up 12,000 in May, following a slight increase in April (+3,600), continuing a period of little change that began during the fall of 2003, according to the latest Labour Force Survey.

#### Shipments of wood products hit a record high

Continued strong demand in the construction sector and soaring prices were the forces behind record

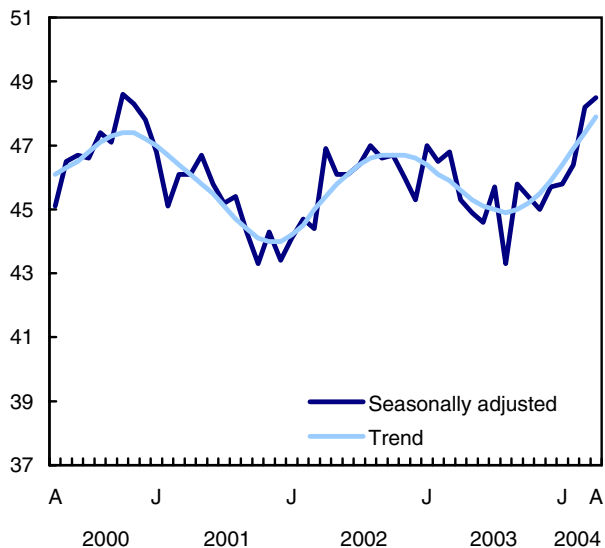
high shipments of wood products in April. Leading all industries, shipments of wood products hit \$3.1 billion, up 4.3%. Lumber prices increased 2.3% for the month, and have jumped 14% in the first four months of the year. The number of building permits issued in Canada and the United States continued to rise in April, promising another busy summer of construction.

Aerospace manufacturers chalked up their fourth increase in production in the last five months, a positive sign for the beleaguered industry. Production of aerospace products and parts rose 7.6% to \$1.2 billion, the highest level since September 2001.

A recent run-up in petroleum prices and strengthened demand for automobiles in the United States contributed to higher shipments of petroleum and coal products (+1.8%) and motor vehicles (+1.0%), rounding out the top four industries that posted increases in April.

### Manufacturers continue to post strong shipments

\$ billions



### Big jump in raw material inventories

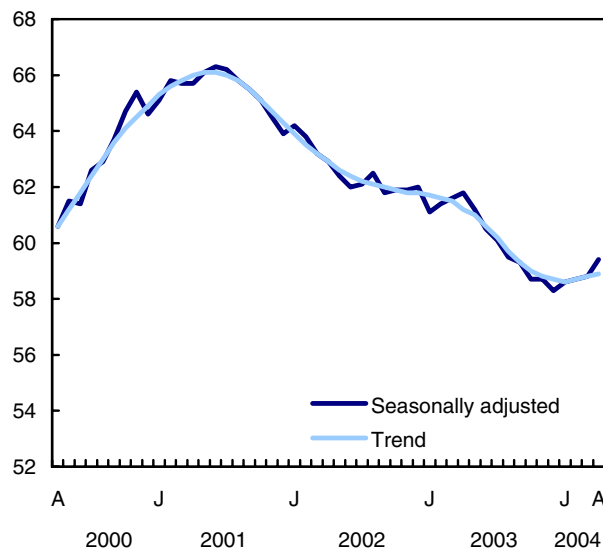
Manufacturers expressed further confidence in the economy, as many bolstered their inventories of raw materials in April. A steady stream of new orders in recent months contributed to a 1.4% rise in raw material inventories to \$25.8 billion, as many manufacturers readied their factories for future production. Raw material inventories stood at their highest level since last summer.

Goods-in-process and finished-product inventories also increased in April. Goods-in-process inventories totalled \$13.3 billion, up 0.9%. Finished products recouped from March's decline (-0.5%), rising 0.6% to \$20.3 billion. The trend for finished-product inventories has been improving in recent months, following an extended period of inventory reduction.

Led by increases in the fabricated metal products (+3.6%), motor vehicles (+8.5%) and petroleum and coal products (+3.3%) industries, total inventories expanded 1.0% to \$59.4 billion in April, the fourth straight rise.

### Big gain in raw materials boost total inventories

\$ billions



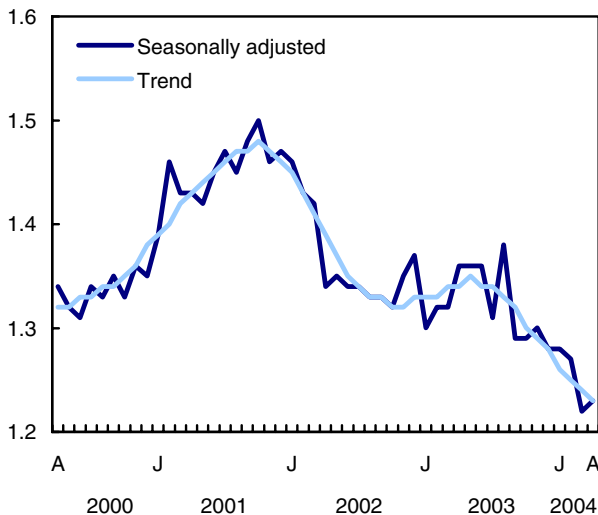
### Manufacturers keep the inventory-to-shipment ratio in check

In April, the inventory-to-shipment ratio rose marginally to 1.23 from March's 1.22. March's level was the lowest on record since the start of the current series in 1992. The recent gain in shipments coupled with a slower build-up of inventories has contributed to the improvement of the inventory-to-shipment ratio in 2004.

Shipments and finished-product inventories increased at about the same pace in April, contributing to a stable finished-product inventory-to-shipment ratio of 0.42. The ratio is a key measure of the time, in months, that would be required to exhaust inventories if shipments were to remain at their current level.

### Inventory-to-shipments ratio remains near record lows

Ratio



### New orders continue to flow

Several contract signings in April contributed to the fifth successive rise in new orders. Manufacturers continued to fill their books: New orders jumped 2.4% to \$49.4 billion, following March's 3.2% advance. Strong demand at home and from abroad have contributed to a positive trend for new orders since August 2003.

The aerospace and fabricated metal products industries reported sizable gains in April of 140.5% and 8.2%, respectively.

### Manufacturers' backlog of unfilled orders improves

A good sign of shipments to come, manufacturers reported a 2.6% increase in unfilled orders to \$37.3 billion. This is the fourth increase in a row and the longest string of consecutive increases since 1999.

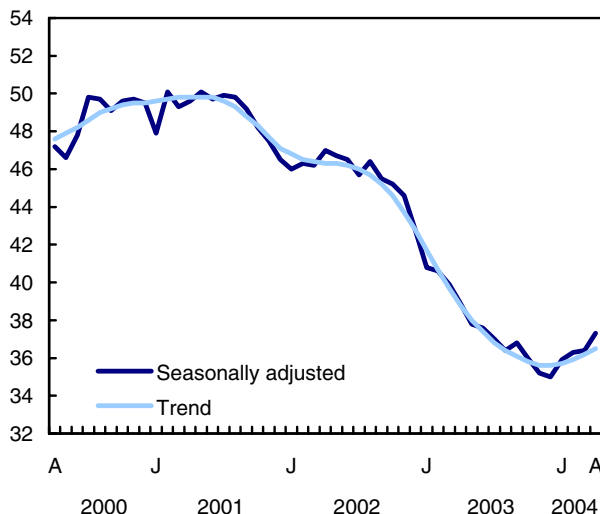
Unfilled orders, which had been in a steady decline since the high tech crash and the general slowdown of the global economy in 2001, have shown a modest recovery in 2004. In December, orders bottomed out at just over \$35 billion. Manufacturers have since added \$2.3 billion to their books in the first four months of the year.

Wide-ranging increases in unfilled orders were reported in April, led by fabricated metal products

(+9.6%), machinery (+3.1%) and aerospace products and parts (+1.0%).

### Rising unfilled orders a good sign

\$ billions



Available on CANSIM: tables 304-0014 and 304-0015.

**Definitions, data sources and methods: survey number 2101.**

The April 2004 issue of the *Monthly Survey of Manufacturing* (31-001-XIE, \$17/\$158) will be available soon.

Data for shipments by province in greater detail than normally published may be available on request.

The last year in which *Monthly Survey of Manufacturing* data were benchmarked to the *Annual Survey of Manufactures* was 2001.

Data from the May 2004 *Monthly Survey of Manufacturing* will be released on July 15, 2004.

For general information or to order data, contact the dissemination officer (1-866-873-8789; 613-951-9497; fax: 613-951-9499; [manufact@statcan.ca](mailto:manufact@statcan.ca)). To enquire about the concepts, methods or data quality of the release, contact Russell Kowaluk (613-951-0600, [kowarus@statcan.ca](mailto:kowarus@statcan.ca)), Manufacturing, Construction and Energy Division.

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## Shipments, inventories and orders in all manufacturing industries

	Shipments		Inventories		Unfilled orders		New orders		Inventories- to-shipments ratio
	seasonally adjusted								
	\$ millions	% change	\$ millions	% change	\$ millions	% change	\$ millions	% change	
April 2003	45,287	-3.3	61,789	0.3	38,866	-2.5	44,300	-4.0	1.36
May 2003	44,879	-0.9	61,243	-0.9	37,811	-2.7	43,824	-1.1	1.36
June 2003	44,569	-0.7	60,481	-1.2	37,576	-0.6	44,335	1.2	1.36
July 2003	45,735	2.6	60,129	-0.6	37,020	-1.5	45,179	1.9	1.31
August 2003	43,290	-5.3	59,541	-1.0	36,433	-1.6	42,702	-5.5	1.38
September 2003	45,818	5.8	59,307	-0.4	36,838	1.1	46,223	8.2	1.29
October 2003	45,373	-1.0	58,748	-0.9	35,984	-2.3	44,519	-3.7	1.29
November 2003	44,993	-0.8	58,708	-0.1	35,204	-2.2	44,213	-0.7	1.30
December 2003	45,678	1.5	58,301	-0.7	35,020	-0.5	45,493	2.9	1.28
January 2004	45,801	0.3	58,572	0.5	35,931	2.6	46,712	2.7	1.28
February 2004	46,360	1.2	58,700	0.2	36,328	1.1	46,757	0.1	1.27
March 2004	48,213	4.0	58,834	0.2	36,373	0.1	48,258	3.2	1.22
April 2004	48,471	0.5	59,424	1.0	37,329	2.6	49,427	2.4	1.23

## Manufacturing industries except motor vehicle, parts and accessories

	Shipments		Inventories		Unfilled orders		New orders	
	seasonally adjusted							
	\$ millions	% change	\$ millions	% change	\$ millions	% change	\$ millions	% change
April 2003	36,760	-3.1	58,565	0.2	37,221	-2.5	35,808	-3.9
May 2003	36,382	-1.0	58,053	-0.9	36,223	-2.7	35,383	-1.2
June 2003	36,263	-0.3	57,338	-1.2	35,984	-0.7	36,024	1.8
July 2003	36,823	1.5	56,984	-0.6	35,446	-1.5	36,285	0.7
August 2003	35,982	-2.3	56,508	-0.8	34,819	-1.8	35,356	-2.6
September 2003	37,482	4.2	56,143	-0.6	35,213	1.1	37,876	7.1
October 2003	37,087	-1.1	55,638	-0.9	34,303	-2.6	36,177	-4.5
November 2003	37,013	-0.2	55,615	-0.0	33,474	-2.4	36,183	0.0
December 2003	37,445	1.2	55,234	-0.7	33,255	-0.7	37,226	2.9
January 2004	37,579	0.4	55,507	0.5	34,130	2.6	38,454	3.3
February 2004	38,248	1.8	55,485	-0.0	34,465	1.0	38,582	0.3
March 2004	39,567	3.5	55,463	-0.0	34,390	-0.2	39,493	2.4
April 2004	39,742	0.4	55,911	0.8	35,229	2.4	40,581	2.8

## Canadian Community Health Survey 2003

More than 1.2 million Canadians were unable to find a regular doctor in 2003, and more than twice as many didn't have one because they hadn't looked for one, according to new results from the Canadian Community Health Survey (CCHS).

The results are part of a comprehensive survey of more than 135,000 Canadians conducted between January and December 2003.

Eighty-six percent of Canadians reported that they had a regular medical doctor in 2003. This proportion was virtually unchanged from 1994, when the National Population Health Survey examined the same issue.

However, for the first time, the CCHS asked those who did not have a regular medical doctor to report why not. About 5% of Canadians, an estimated 1.2 million people, could not find a regular doctor; an additional 9%, or about 2.4 million, had not looked for one.

The survey also asked a variety of questions on health issues, ranging from smoking habits to obesity and self-perceived health. For the first time in a Statistics Canada survey, information on sexual orientation was also collected to improve the understanding of health issues specific to the homosexual and bisexual populations. The goal was to provide a statistical snapshot of the health of Canadians at the national, provincial and sub-provincial health-region level.

Data showed, for example, that smoking has decreased substantially during the past 10 years, and that the decline was particularly dramatic among teenagers and young adults. Also, obesity rates were highest among men and those aged 45 to 64. In addition, fewer individuals considered their health to be excellent or very good compared with 10 years ago.

Another goal of the survey was to produce health information for 126 health regions in Canada. These areas are defined by the provinces and generally represent districts of responsibility for regional health boards.

### Finding a regular medical doctor not just a rural issue

People living in rural Canada were slightly more likely than those in urban areas to have difficulty finding a regular medical doctor in 2003, according to CCHS data. About 5.5% of individuals in rural areas had difficulty, compared with 4.5% in urban areas. This may reflect differences in the delivery of primary care in rural areas, including, for example, the use of nurse practitioners.

#### Note to readers

*This release is based on data collected from January to December 2003 from Cycle 2.1 of the Canadian Community Health Survey (CCHS). The survey collected information from about 135,000 individuals, aged 12 and older, in all provinces and territories.*

*Each two-year collection cycle of the CCHS is composed of two distinct surveys: a sub-provincial health region-level survey in the first year and a provincial-level survey in the second year that is focussed on a special topic. This first survey of the second cycle is designed to provide reliable, comprehensive and comparable data for 126 health regions across Canada.*

*The target population of Cycle 2.1 of CCHS includes household residents aged 12 and older in all provinces and territories, but excludes Indian reserves, full-time members of the Canadian Armed Forces, health care institutions and some remote areas.*

*Respondents were asked to report whether they had a regular medical doctor. Those who did not were asked to report why not. Respondents were considered not to have looked for a regular medical doctor if their responses included "have not tried to contact one," or "other reasons."*

*All other respondents without a regular medical doctor were considered to have been unable to find one. Their responses included various combinations of the following: "no medical doctors available in the area," "medical doctors in the area are not taking new patients," and "had a medical doctor who left or retired."*

*Several concepts can be used to measure sexual orientation. These include behaviour, that is, whether a person's partner or partners are of the same or the opposite sex, and identity, that is, whether a person considers himself or herself to be heterosexual, homosexual or bisexual.*

*The CCHS uses the concept of identity. Data from other countries suggest that the number of people who consider themselves to be homosexual is much smaller than the number who report having had sexual relations with someone of the same sex. However, people are more willing to answer questions about identity than about behaviour.*

The inability to find a regular doctor is not just a rural issue, however. Of the 1.2 million people who reported that they were unable to find a doctor in 2003, only about 273,000 lived in a rural area. An estimated 965,000 lived in urban Canada.

CCHS data suggest that the inability of certain individuals to find a regular doctor may have implications for the health care system. When these people do succeed in contacting a doctor, the odds that it will be in an emergency room are 3.5 times greater than for those who have a regular doctor.

Furthermore, women who cannot find a regular doctor are less likely to have received basic diagnostic services, such as mammograms and Pap smear tests. In the three provinces (Prince Edward Island, Nova Scotia and Alberta) where questions about blood pressure were asked, those who could not find a

doctor were less likely to have had their blood pressure checked.

More than twice as many men as women reported that they had not looked for a regular doctor. This may reflect differences between the sexes in attitudes towards health and illness. Studies have shown that men consider it less important to have their health monitored over time.

Individuals who have not looked for a regular doctor were concentrated in the 20-to-34 age group, whereas the inability to find a doctor was less particular to the young. One possible explanation is that people who have not looked for a doctor include those who have not made it a priority, possibly because they consider themselves to be healthy and are occupied with educational pursuits or work and family responsibilities.

### Medical doctors, 2003

	Has regular medical doctor		Has not looked		Cannot find	
	Number	%	Number	%	Number	%
<b>Canada</b>	<b>22,810,900</b>	<b>85.8</b>	<b>2,444,000</b>	<b>9.2</b>	<b>1,238,400</b>	<b>4.7</b>
Newfoundland and Labrador	393,100	85.4	35,400	7.7	28,700	6.2
Prince Edward Island	110,400	92.4	3,100 <sup>E</sup>	2.6 <sup>E</sup>	5,600 <sup>E</sup>	4.7
Nova Scotia	756,700	94.9	23,100	2.9	17,600	2.2
New Brunswick	590,000	92.4	17,500	2.7	30,600	4.8
Quebec	4,711,100	74.0	1,122,100	17.6	490,200	7.7
Ontario	9,433,000	91.8	470,400	4.6	366,000	3.6
Manitoba	765,700	83.7	88,800	9.7	56,600	6.2
Saskatchewan	683,900	85.5	77,300	9.7	36,200	4.5
Alberta	2,181,600	83.8	322,600	12.4	87,600	3.4
British Columbia	3,145,400	89.3	269,800	7.7	101,700	2.9
Yukon	20,300	81.5	2,700	10.8	1,800	7.4
NWT	15,600	47.1	7,500	22.7	9,800	29.6
Nunavut	4,000 <sup>E</sup>	29.2 <sup>E</sup>	3,600 <sup>E</sup>	26.3 <sup>E</sup>		
Male	10,692,600	81.7	1,678,800	12.8	666,800	5.1
Female	12,118,300	89.8	765,200	5.7	571,600	4.2
12-19	2,822,300	85.1	310,100	9.3	121,700	3.7
20-34	4,805,100	76.1	1,084,900	17.2	415,800	6.6
35-44	4,478,100	84.5	519,100	9.8	294,600	5.6
45-64	7,088,800	90.2	445,000	5.7	324,200	4.1
65 and older	3,616,600	95.5	84,900	2.2	82,100	2.2
Urban	18,471,600	85.6	2,066,800	9.6	965,000	4.5
Rural	4,339,200	86.7	377,100	7.5	273,400	5.5

<sup>E</sup> Use with caution.

<sup>F</sup> Suppressed due to high sampling variability.

### Smoking: Fewer Canadians puffing

Smoking has declined substantially over the past decade. In 1994, 29.3% of the Canadian population aged 12 and over smoked either daily or occasionally. By 2003, this had declined to 22.9%.

The proportion of the population that smoked daily fell significantly between 1994 and 2003, both in every age group and among both males and females. However, the proportion of the population that smoked occasionally remained unchanged at 5%.

Some of the biggest declines in daily smoking were among teenagers and young adults, the target of

numerous federal, provincial and municipal anti-smoking campaigns in recent years. These declines have accelerated in the past two years. For example, 13.6% of teen girls aged 15 to 19 smoked daily in 2003, down from 18.9% in 2000/01, when the CCHS was first conducted, and 20.9% in 1994.

One-third (33.2%) of young adults aged 20 to 24 smoked either daily or occasionally in 2003, the highest rate of any age group. This proportion was slightly lower than the rate of 35.5% for this group 10 years ago, but the decrease is not statistically significant.

### Changes in daily smoking, 1994 to 2003

	1994		2003	
	Number of smokers	%	Number of smokers	%
<b>Canada</b>	<b>5,816,900</b>	<b>24.3</b>	<b>4,728,800</b>	<b>17.8</b>
Newfoundland and Labrador	124,200	25.7	91,600	19.9
Prince Edward Island	29,900	27.2	24,200	20.3
Nova Scotia	208,200	27.3	157,500	19.7
New Brunswick	164,100	26.2	137,700	21.6
Quebec	1,752,000	29.1	1,316,600	20.7
Ontario	2,030,600	22.4	1,716,100	16.7
Manitoba	213,400	24.0	163,900	17.9
Saskatchewan	190,000	24.0	148,700	18.6
Alberta	500,800	23.1	456,300	17.5
British Columbia	603,700	19.9	492,900	14.0
Male				
All ages	3,056,300	25.9	2,538,200	19.4
12-14	F	F	6,800 <sup>E</sup>	1.0 <sup>E</sup>
15-19	196,400	18.6	144,500	13.9
20-24	222,600	26.6	267,800	24.1
25-34	793,200	33.9	480,700	23.4
35-44	810,500	32.8	672,100	25.2
45-64	814,600	27.4	803,100	20.6
65 and older	200,700	14.3	163,100	9.8
Female				
All ages	2,760,600	22.7	2,190,600	16.2
12-14	36,800 <sup>E</sup>	5.9 <sup>E</sup>	13,600 <sup>E</sup>	2.2 <sup>E</sup>
15-19	206,800	20.9	136,100	13.6
20-24	274,600	30.4	227,600	21.6
25-34	723,600	29.9	360,800	17.2
35-44	653,700	27.3	533,500	20.3
45-64	670,900	22.4	733,000	18.5
65 and older	194,300	10.5	185,800	8.7

<sup>E</sup> Use with caution.

<sup>F</sup> Suppressed due to high sampling variability.

**Note:** Totals for 2003 include the Territories.

### Obesity rates up slightly

Rates for both obesity and the state of being overweight have increased slightly during the past three years. In 2000/01, 14.1% of the adult population aged 18 and over was considered obese and 32.4% overweight.

By 2003, 14.9% of adult Canadians were considered obese and 33.3% were considered overweight. An estimated 46.7% were in the normal range, and about 2.7% were underweight.

About 15.9% of adult men were considered obese, slightly higher than the rate of 13.9% among adult women. Rates of obesity were highest in the age group 45 to 64.

The rate was below the national average in British Columbia; in Quebec, Ontario and Alberta the difference from the national average was not statistically significant. In all other provinces and territories, the rate of obesity was above the national average.

Among adult women, 4.1% reported being underweight, nearly four times the proportion of adult men (1.2%). Being underweight is considered to harbour the same health risks as being overweight.

As noted in the Joint Canada-US Survey of Health, released June 2, 2004 in *The Daily*, obesity rates are higher in the United States than in Canada, especially among women.

These data are based on the body mass index (BMI), an internationally accepted standard for assessing the health risks associated with being underweight, overweight and obese. The BMI is calculated by dividing weight in kilograms by height in meters squared. For example, a 37-year-old man who was 1.8 metres tall and who weighed 98 kg would have a BMI of 30.3, and would be considered obese.

The current cycle of CCHS based its findings on height and weight measurements that respondents themselves reported. Studies have shown that both men and women who respond to health surveys tend to underestimate their weight and overestimate their height. This can lead to potentially substantial underestimates of obesity and overweight.

In the autumn of 2005, Statistics Canada will release the results of CCHS Cycle 2.2 on nutrition, which for the first time will include estimates of BMI based on direct measures of height and weight.

### **Self-perceived health: Fewer consider their health excellent**

Fewer Canadians apparently feel that they are in excellent health. In 2003, 58.4% of individuals aged 12 and older reported that they were in excellent or very good health. This was down from 63.1% in 1994.

A further 30.2% reported being in good health in 2003, and 11.3% considered their health to be fair or poor.

Younger people were more likely than the elderly to report being in excellent or very good health. Even among seniors aged 65 and older, however, more considered their health to be excellent or very good (36.6%) than considered it to be fair or poor (26.6%).

In addition, in every age group more men than women considered themselves to be in excellent or very good health.

The odds of reporting excellent or very good health were almost three times as high among people who said they were satisfied in general with their life than among individuals who said they were not. These results were valid even when the influence of other factors such as age, income, smoking and chronic health problems was taken into account.

The decline in the proportion of Canadians describing their health as excellent or very good since 1994 occurred among both men and women and in every age group. This decrease is not entirely attributable to the aging of the population.

Previous attempts to explain patterns of self-rated health have focussed on two sets of explanations: psycho-social factors, which influence how people evaluate their own health; and real changes in health status.

Some factors, such as obesity, which are thought to influence a person's perception of their health, have worsened during the past 10 years. However, other factors, such as smoking and physical activity, have improved.

Similarly, during the past two years the proportion of Canadians reporting that they found life very stressful has declined from 26.1% to 24.4%.

However, between 1994 and 2003 the proportion of people who spent at least one day in bed due to an illness or injury rose from 14.3% to 17.0%. This suggests that an actual decrease in health status, rather than a change in how Canadians perceive their health, may be responsible for the decline in self-perceived health.

### **Health regions**

To facilitate comparisons among health regions, the CCHS created nine groups of regions with similar socio-demographic profiles.

For example, in one group of 14 health regions the proportion of the population which could not find a regular medical doctor ranged from a high of 6.5% in Windsor-Essex in Ontario to a low of 2.8% in the Capital Health Region in Edmonton.

The health regions in this group share characteristics such as moderately high population density, low percentage of government transfer income and rapid population growth. This suggests that factors other than these — such as the organization of primary care, the number of doctors available or the rate of



retirement of doctors — may explain differences in the ability to find a regular doctor.

Similarly, within the group of "big city" health regions in and around Montréal, Toronto and Vancouver, the proportion of the population that smoked daily ranged from a high of 21.3% in Montréal to a low of 12.4% in Vancouver.

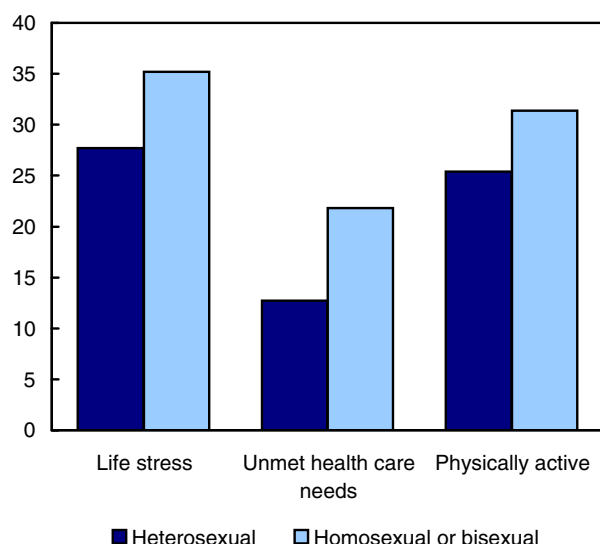
### First information on sexual orientation

CCHS Cycle 2.1 is the first Statistics Canada survey to include a question on sexual orientation. This information is needed to understand differences in health-related issues between the homosexual (gay or lesbian), bisexual and heterosexual populations. These issues include determinants of health, such as physical activity, mental health issues, including stress, and problems accessing health care.

Among Canadians aged 18 to 59, 1.0% reported that they consider themselves to be homosexual and 0.7% considered themselves bisexual.

About 1.3% of men considered themselves homosexual, about twice the proportion of 0.7% among women. However, 0.9% of women reported being bisexual, slightly higher than the proportion of 0.6% among men.

### Differences in health-related measures for heterosexuals, homosexuals and bisexuals



There are no comparable Canadian data on sexual orientation. The results are similar to those obtained in the United States using the concept of identity.

The results indicate that, for some health-related measures, there are important differences between the heterosexual population and the gay, lesbian and bisexual population.

Among individuals aged 18 to 59, for example, 21.8% of homosexuals and bisexuals reported that they had an unmet health care need in 2003, nearly twice the proportion of heterosexuals (12.7%). Homosexuals and bisexuals are more likely than heterosexuals to find life stressful.

In addition, 31.4% of homosexuals and bisexuals reported that they were physically active in 2003, compared with 25.4% of heterosexuals.

### Sexual orientation, 2003

	Homosexual or bisexual	
	Number	% of total population
<b>Total</b>	<b>316,800</b>	<b>1.7</b>
Newfoundland and Labrador	4,100 <sup>E</sup>	1.3 <sup>E</sup>
Prince Edward Island	F	F
Nova Scotia	5,900 <sup>E</sup>	1.1 <sup>E</sup>
New Brunswick	7,200 <sup>E</sup>	1.6 <sup>E</sup>
Quebec	103,400	2.3
Ontario	107,200	1.5
Manitoba	9,600 <sup>E</sup>	1.5 <sup>E</sup>
Saskatchewan	6,600 <sup>E</sup>	1.2 <sup>E</sup>
Alberta	23,400 <sup>E</sup>	1.2 <sup>E</sup>
British Columbia	47,700	1.9
Male	172,600	1.8
Female	144,300	1.5
18-34	139,200	2.0
35-44	101,900	1.9
45-59	75,700	1.2

<sup>E</sup> Use with caution.

<sup>F</sup> Suppressed due to high sampling variability.

### Definitions, data sources and methods: survey number 3226.

The release is co-ordinated with today's release of *Health indicators* (82-221-XIE, free) a project to produce basic health indicators — such as use of health services, smoking and self-perception of health — for each health region and for peer groups of health regions.

For more information, contact Media Relations (613-951-4636), Communications Division. ■

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## OTHER RELEASES

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### Health indicators

2004, no. 1

The second cycle of data from the Canadian Community Health Survey (CCHS) is available today free of charge in this latest issue of *Health indicators*, an Internet-based publication. In 2003, the CCHS collected information from about 135,000 individuals, aged 12 and older, in 126 health regions covering all provinces and territories.

*Health indicators* (2004, no. 1) contains maps and data tables from the CCHS 2003 for 32 indicators. These include dietary practices, frequency of heavy drinking, exposure to second-hand smoke, body mass index, Pap smear, screening mammography, life stress, high blood pressure, diabetes, leisure-time physical activity and much more. Information on all these variables is available by age, sex and various levels of geography, down to the local health region level.

Other data featured in this issue are the latest population estimates and unemployment rates by current health regions. Indicators based on vital statistics, cancer data, census, and hospitalization are also found in this publication.

*Health indicators* is produced by Statistics Canada and the Canadian Institute for Health Information. It provides a set of indicators that measure the health of the Canadian population and the health care system. These indicators are designed to provide comparable information at the Canada, provincial/territorial and health region level, and are based on standard definitions and methods.

**Definitions, data sources and methods: survey numbers 3207, 3226, 3233, 3604, 3701 and 3901.**

The new issue of *Health indicators*, 2004, no. 1 (82-221-XIE, free) is now available on Statistics Canada's website. From the *Our products and services* page, under *Browse our Internet publications*, choose *Free*, then *Health*.

The *Community profiles* module now provides "health information," a selection of data from 2003 Canadian Community Health Survey that compliments the 2001 Census data available for those interested in the health region level of geography.

For more information, contact Brenda Wannell (613-951-8554; [brenda.wannell@statcan.ca](mailto:brenda.wannell@statcan.ca)),

Health Division, Statistics Canada, or Anick Losier (613-241-7860), Canadian Institute for Health Information. ■

### Immigrants in rural Canada: an update 1981 to 2002

This bulletin, which uses data from the 2001 Census of Population, updates the report "Immigrants in rural Canada" released in December 2002.

This update confirms trends reported earlier, and adds details regarding the popular rural municipalities or regions where many immigrants are deciding to live.

Across Canada, rural regions attracted about 12,000 immigrants in each of 2001 and 2002, down from a peak of 23,000 in 1993. Rural regions that attracted the most immigrants did so through cultural connections and employment availability.

New immigrants who arrived in rural regions between 1996 and 2001 were much more likely to have completed high school and have a university degree, but were less likely to be employed compared with other immigrant groups and the Canadian-born.

The employment difficulties of immigrants arriving in Canada were even more pronounced in the predominantly rural regions. New immigrants in rural regions were less likely to work in professional services and trades and industrial occupations. They were also more likely to work in sales and services and primary sector occupations.

New immigrant women have the greatest gap in female-male employment rates compared with all other immigrant groups and the Canadian-born.

The *Rural and small town Canada analysis bulletin*, Vol. 5, no. 4, entitled "Immigrants in rural Canada: 2001 update" (21-006-XIE, free) is now available. From the *Our products and services* page, under *Browse our Internet publications*, choose *Free*, then *Agriculture*.

For more information, or to enquire about the concepts, methods or data quality of this release, contact Roland Beshiri (613-951-6506, [roland.beshiri@statcan.ca](mailto:roland.beshiri@statcan.ca)), or Ray D. Bollman (306-379-4431, [ray.bollman@statcan.ca](mailto:ray.bollman@statcan.ca)), Agriculture Division. ■

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## **Flows and stocks of fixed residential capital**

2003 (revised)

The revised annual fixed residential capital flows and stocks series at the provincial level for 2003 are now available.

**Available on CANSIM: table 030-0002.**

**Definitions, data sources and methods: survey number 5016.**

For more information, or to enquire about the concepts, methods or data quality of this release, contact Étienne Saint-Pierre (613-951-2025; [bdp\\_information@statcan.ca](mailto:bdp_information@statcan.ca)), Investment and Capital Stock Division. ■

## **Steel wire and specified wire products**

April 2004

Data on production of steel wire and specified wire products are now available for April.

**Available on CANSIM: table 303-0010.**

**Definitions, data sources and methods: survey numbers, including related surveys, 2106, 2116 and 2184.**

The April issue of *Steel wire and specified wire products*, Vol. 59, no. 4 (41-006-XIB, \$6/\$51) is now available. See *How to order our products*.

For more information, or to enquire about the concepts, methods or data quality of this release, contact the dissemination officer (1-866-873-8789; 613-951-9497; [manufact@statcan.ca](mailto:manufact@statcan.ca)), Manufacturing, Construction and Energy Division. ■

## NEW PRODUCTS

**Infomat, a weekly review**, June 15, 2004  
**Catalogue number 11-002-XWE** (\$100).

**Rural and small town Canada analysis bulletin :  
Immigrants in rural Canada: 2001 update**, Vol. 5,  
no. 4  
**Catalogue number 21-006-XIE**  
(free).

**Steel wire and specified wire products**, April 2004,  
Vol. 59, no. 4  
**Catalogue number 41-006-XIB** (\$6/\$51).

**Health indicators**, 2004, no. 1  
**Catalogue number 82-221-XIE**  
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Statistics Canada

Thursday, June 3, 1997  
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- **Urban transit, 1995** 2  
Despite the emphasis on taking urban transit, Canadians are using it less and less. In 1996, each Canadian took an average of about 40 trips on some form of urban transit, the lowest level in the past 25 years.
- **Productivity, hourly compensation and unit labour cost, 1995** 4  
Growth in productivity among Canadian businesses was noticeably weak again in 1996, accompanied by sluggish gains in employment and slow economic growth during the year.

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- **Map-worn index: May 1997** 3
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