

The Daily

Statistics Canada

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Statistics Canada today releases extensive new data on more than 20 health indicators available at the national, provincial/territorial and health region level from the 2007 Canadian Community Health Survey. This article focuses on three indicators: access to a regular medical doctor, smoking rates, and overweight and obesity.	
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Perspectives on Labour and Income

Summer 2008 print edition

The Summer 2008 print edition of *Perspectives on Labour and Income*, released today, features six articles.

"Hours polarization revisited" looks at how hours of work can vary dramatically from job to job. Changes in average work hours since the 1970s and how the distribution of work hours contributes to the overall trend are examined.

"Retiring together, or not" examines the retirement patterns of spouses in dual-earner couples.

"Work-related training" looks at how participation in job-related courses changed between 1993 and 2002 across a number of social and demographic characteristics.

"Running a census in a tight labour market" describes how census managers coped with the hiring problems caused by a tight labour market.

"Life after teenage motherhood" looks at women 30 to 39 years of age to determine whether teenage childbearing is related to long-term socioeconomic characteristics, notably educational attainment, labour force participation and living in low income.

"Low-income children" examines the absence of change between 1989 and 2004 in the proportion of children under 18 years of age living in a low-income family.

This edition also features two *Varia* articles, "Provincial labour force differences by level of education" and "Work absence rates," while *What's new?* highlights recent reports and studies of interest from Statistics Canada and other organizations.

The Summer 2008 print edition of *Perspectives on Labour and Income*, Vol. 20, no. 2 (75-001-XPE, \$20/\$63) is now available. See *How to order products*.

For more information, contact Henry Pold (613-951-4608; henry.pold@statcan.ca), Labour and Household Surveys Analysis Division.



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New products

Releases

Canadian Community Health Survey

2007

Statistics Canada today releases extensive new data on more than 20 health indicators from the Canadian Community Health Survey (CCHS), a comprehensive survey of more than 65,000 Canadians conducted between January 2007 and December 2007.

Data for all indicators are available at the national and provincial and territorial level, as well as for 118 health regions across Canada.

The CCHS collects a wide range of information about the health status of Canadians, factors determining their health status and their use of health care services.

This article focuses on three indicators: access to a regular medical doctor, smoking rates, and overweight and obesity. It also presents new information about where individuals who did not have a regular doctor sought health care services. Today's *Daily* also contains releases based on two articles in *Health Reports* using new CCHS data.

Most individuals who do not have a regular doctor use clinics

For the first time, the CCHS sheds light on where Canadians without a regular medical doctor go when they are sick or need advice about their health.

In 2007, 15% of Canadians aged 12 or older, about 4.1 million people, reported that they did not have a regular medical doctor, either because they were unable to find one, or because they had not looked. This proportion was up 3 percentage points since the 1996/1997 National Population Health Survey (NPHS).

Of these individuals, 78%, or 3.3 million people, reported that they in fact had some place to go. Of these estimated 3.3 million people, 64% sought treatment in a walk-in or appointment clinic. Another 12% went to a hospital emergency room, while about 10% went to a community health centre. The remaining 14% chose to use other types of health care facilities or services such as hospital outpatient clinics, telephone health lines or doctor's offices.

The type of facility varied across the country. In Ontario and most of the western provinces, the choice was a clinic. In New Brunswick and Nova Scotia, nearly one-quarter of residents without a regular doctor sought help in a hospital emergency room.

The use of community health centres by those who did not have a regular medical doctor was significantly

Note to readers

Statistics Canada is today releasing a set of 20 health indicators from Health Reports (82-003-XWE, free), based on Canadian Community Health Survey (CCHS) data collected from January to December 2007. Starting in 2007, the CCHS began collecting information every year from more than 65,000 individuals aged 12 or older in all provinces and territories. Previously, the CCHS collected information on over 130,000 individuals, but only every other year. As a result, starting this year, the survey data are being released on an annual basis.

This survey collects a wide range of information about the health status of Canadians, factors determining their health status and their use of health care services. Information was reported by the respondents themselves. As in previous cycles of the CCHS, residents of Indian reserves, health care institutions, some remote areas, and full-time members of the Canadian Forces were excluded.

Overweight and obesity rates were based on the body mass index (BMI), which was calculated by dividing self-reported weight in kilograms by self-reported height in meters squared.

For adults, a Body Mass Index of 25 to 29.99 indicates overweight and an increased risk of developing health problems; 30 or more indicates obesity and a high to extremely high risk of developing health problems.

higher in Quebec and in Newfoundland and Labrador than in the rest of Canada. In the case of Quebec, this reflects the availability of such centres, known as CLSCs (Centre local de services communautaires).

The health service individuals used in the absence of a regular medical doctor varied by the size of their community. Nearly half of rural residents reported that they usually went to a clinic when they needed advice or treatment, compared with 7 in 10 urban residents.

Almost one-quarter of rural residents reported going to an emergency room, compared with 8% of urban residents.

Generally, men and women who needed medical treatment but did not have a regular doctor sought care in similar types of facilities. However, males aged 12 to 44 were more likely than females of the same age to go to an emergency room.

More men than women did not have a regular doctor

Almost one-fifth (19%) of men aged 12 or older did not have a regular doctor in 2007, nearly twice the proportion of 10% among women. As well, males were twice as likely as females to report that they had not looked for a regular doctor.

Respondents were considered not to have looked for a regular medical doctor if they reported "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."

People rating their health as excellent or very good were the most likely not to have a regular doctor and not to have looked for one. This was especially true for individuals of both sexes aged 20 to 34.

Among adults, the likelihood of not having a regular medical doctor decreased with age. Only 5% of seniors aged 65 or older did not have a doctor, the lowest proportion of all age groups. Only 2% had not looked for one.

A small minority of Canadians (6%) who had heart disease, high blood pressure, diabetes or arthritis reported not having a doctor. This compared with 18% of those without any of these chronic conditions. This information is important because the involvement of appropriate primary health care in the management of these chronic conditions is important in reducing further progression of disease, as well as in reducing the overall burden on the health care system.

Having a doctor also appears to be linked to socio-economic status. Individuals living in the households with the lowest incomes were less likely than those in higher-income households to have a regular doctor. Individuals in low-income households were also more likely not to have looked for a doctor.

Immigrants, that is, those who have been in Canada for no more than five years, were considerably less likely to have a regular medical doctor than were Canadian-born persons or immigrants who arrived more than five years ago. Also, aboriginal people were less likely than non-Aboriginal people to have a regular doctor.

Nationally, 1 in 15 people could not find a doctor

Just under 1.7 million Canadians (6% of the population aged 12 or older) reported that they could not find a regular doctor in 2007.

Among people under the age of 65, males in every age group were more likely than females to have difficulty finding a doctor. Among seniors 65 and older, just 3% of both sexes had been unsuccessful in finding a doctor.

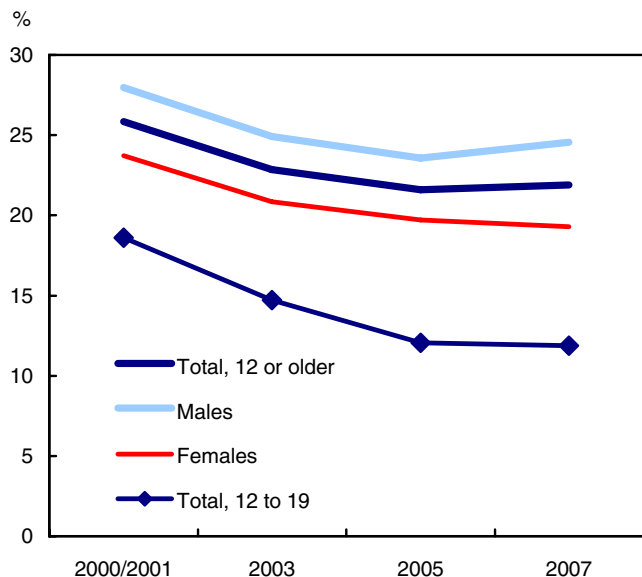
Provincially, 10% of the population in Prince Edward Island and Quebec said they could not find a doctor, significantly higher than the national average of 6%.

Smoking: Rates stable among young people aged 12 to 19

Nationally, over one-fifth (22%) of the population aged 12 or older smoked either daily or occasionally in 2007, the same rate as in 2005.

After several years of declines, rates of smoking among youth aged 12 to 19 did not change during the two year period. About 400,000 Canadians in this age group, 12% of the total, reported that they smoked daily or occasionally.

Trends in proportion of current smokers (daily or occasional), by age and sex, Canada excluding the territories, 2000/2001 to 2007



Rates remained highest among adults aged 20 to 44, 28% of whom smoked either daily or occasionally. One-third of men in this age group smoked, as did one-quarter of women.

Smoking rates were similar for both sexes under the age of 20. However, in each successive age group, a higher percentage of men than women smoked.

About one-quarter of adults smoked in Newfoundland and Labrador, Nova Scotia, Quebec and Saskatchewan, all significantly above the national average. Smoking rates were below the national average in Ontario (21%) and British Columbia (18%).

Obesity: Rates of self-reported obesity highest among middle-aged

According to the 2007 CCHS, 4 million people aged 18 or older, 16% of the total, reported data on weight and height that put them in the obese category. Another 8 million, or 32%, were overweight.

The percentage of Canadians who are overweight or obese rose dramatically between 1985 and 1994/1995 but appears to have stabilized more recently.

Between 2005 and 2007, rates of both overweight and obesity generally changed little. During that period, there was a slight increase in the proportion of women aged 18 to 24 who were obese, and a decrease in the proportion of senior men who were overweight.

Self-reported obesity rates were generally highest among individuals aged 45 to 64. One-fifth (20%) of men in this age group were obese, as were 18% of women. The proportion who were overweight also tended to peak in middle-age.

Rates of overweight and obesity were lowest among those aged 18 to 24 both for men and women. However, men aged 25 to 44 were considerably more likely than their female counterparts to be obese.

Among the provinces, rates of obesity were highest in Saskatchewan, Alberta and Atlantic Canada, ranging from 18% in Alberta to a high of 22% in Newfoundland and Labrador. The lowest rates were in British Columbia where only 11% of adults were obese.

Being overweight is a risk factor for chronic conditions such as type 2 diabetes and heart disease. Not surprisingly, individuals who were overweight or obese were more likely to have these conditions than were individuals whose Body Mass Index was in the normal range. Similarly, overweight and obese adults were less likely to rate their health as excellent or very good than were adults not carrying excess weight.

A separate study released today in *Health Reports* (82-003-XWE, free) found strong evidence of a positive association between sedentary activities and obesity among both sexes.

Because of the tendency of respondents to over-report their height and under-report their weight, it is likely that these figures from the CCHS underestimate the actual prevalence of obesity and overweight.

Definitions, data sources and methods: survey number 3226.

Two products featuring results of CCHS 2007 are released today from the *Publications* module of our Web site. The latest electronic issue of *Health Indicators*, 2008, no. 1 (82-221-XIE, free), provides a set of more than 20 health indicators for Canada, the provinces and territories, and the health regions. Indicator updates from other sources, such as the 2006 Census, are also available.

In addition, the two articles in today's *Health Reports* online release, are based on CCHS 2007 data. "Screen time among Canadian adults: A profile," and "Sedentary behaviour and obesity" are now available (82-003-XWE) from the *Publications* module of our website.

The complete version of the latest issue of *Health Reports*, Vol. 19, no. 2 (82-003-XWE, free) is now available from the *Publications* module or our website. A printed version (82-003-XPE, \$24/\$68) is also available. See *How to order products*.

For more information about the Canadian Community Health Survey, 2007, or to enquire about the concepts, methods or data quality of this release, contact Client Services (613-951-1746; hd-ds@statcan.ca), Health Statistics Division.

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

□

Usual source of care, Canadians who do not have a regular medical doctor but report having a usual source of care, by selected characteristics, Canada excluding the territories, 2007

	Clinics (appointment or walk-in)	Hospital emergency room	Community health centres/CLSC	Other ¹
	%			
Canada excluding the territories	64	12	10	14
Newfoundland and Labrador	33 ²	14 ^E	18 ^{E,2}	36 ²
Prince Edward Island	41 ²	18 ^E	F	33 ^{E,2}
Nova Scotia	34 ^{E,2}	24 ^{E,2}	12 ^E	31 ^{E,2}
New Brunswick	49 ²	22 ^{E,2}	F	22 ^E
Quebec	57 ²	15 ²	16 ²	12 ²
Ontario	70 ²	13	4 ^{E,2}	13
Manitoba	68	7 ^{E,2}	5 ^{E,2}	21 ²
Saskatchewan	62	5 ^{E,2}	10	23 ²
Alberta	71 ²	10	5 ^{E,2}	14
British Columbia	82 ²	2 ^{E,2}	3 ^{E,2}	13
Community type				
Rural or urban population less than 30,000 ³	45	24	14	17
Urban (population 30,000 or more)	71 ²	8 ²	8 ²	13 ²
Males				
12 or older	64	13	9	13
12 to 34 ³	64	12	10	13
35 to 44	68	16 ²	6 ^{E,2}	10
45 to 64	62	13	10 ^E	16
65 or older	52 ²	19 ²	10 ^E	19 ^E
Females				
12 or older	66	9 ⁴	10	15
12 to 34 ³	70 ⁴	7 ⁴	10	14
35 to 44	66 ⁴	7 ^{E,4}	10 ^E	17 ^{E,4}
45 to 64	60 ²	13 ²	12	14
65 or older	46 ²	21 ²	9 ^E	24 ^{E,2}

E use with caution

F too unreliable to be published

1. Other includes other unspecified places, telephone health lines, doctor's offices, and hospital outpatient clinics.

2. Statistically significant different from reference category ($p < 0.05$).

3. Reference category.

4. Significantly different from corresponding estimate for males ($p < 0.05$).

Percentage distribution of Canadians aged 12 years or older with or without a regular medical doctor, by selected characteristics, Canada excluding the territories, 2007

	Has regular medical doctor		Does not have a regular medical doctor			
	thousands	%	Has not looked		Cannot find	
			thousands	%	thousands	%
Canada excluding the territories	23,568	85	2,410	9	1,674	6
Newfoundland and Labrador	389	88 ¹	25	6 ¹	26	6
Prince Edward Island	104	88 ¹	3 ^E	2 ^{E,1}	11	10 ¹
Nova Scotia	750	94 ¹	30	4 ¹	15 ^E	2 ^{E,1}
New Brunswick	588	92 ¹	21	3 ¹	31	5 ¹
Quebec	4,838	73 ¹	1,021	16 ¹	673	10 ¹
Ontario	9,818	90 ¹	455	4 ¹	559	5 ¹
Manitoba	798	85	95	10	46	5 ¹
Saskatchewan	667	85	77	10	41	5
Alberta	2,342	82 ¹	374	13 ¹	139	5 ¹
British Columbia	3,273	88 ¹	309	8	132	4 ¹
Community type						
Rural or urban population less than 30,000	6,491	86 ¹	537	7 ¹	477	6
Urban (population 30,000 or more) ²	17,077	84	1,873	9	1,198	6
Males						
12 or older	10,994	80	1,691	12	919	7
12 to 19	1,445	84 ¹	160	9 ¹	63	4 ¹
20 to 34 ²	2,181	65	829	25	330	10
35 to 44	1,882	78 ¹	298	12 ¹	218	9
45 to 64	3,735	86 ¹	359	8 ¹	259	6 ¹
65 or older	1,751	95 ¹	45	2 ¹	49	3 ¹
Females						
12 or older	12,574	89 ³	718	5 ³	756	5 ³
12 to 19	1,385	84	131	8	89	5 ^{3,1}
20 to 34 ²	2,683	82 ³	311	10 ³	259	8 ³
35 to 44	2,207	90 ^{3,1}	122	5 ^{3,1}	133	5 ^{3,1}
45 to 64	4,127	93 ^{3,1}	114	3 ^{3,1}	211	5 ^{3,1}
65 or older	2,172	95 ¹	40	2 ¹	63	3 ¹
Perceived health						
Excellent/very good ²	1,375	83	1,678	10	1,048	6
Fair/poor/good	9,787	88 ¹	731	7 ¹	625	6 ¹
Medical conditions						
None ²	16,006	81	2,197	11	1,364	7
At least one of the following: hypertension, arthritis, diabetes, or heart disease	7,405	94 ¹	193	2 ¹	298	4 ¹
Immigrant status						
Recent (immigrated within the past 5 years)	650	65 ¹	274	27 ¹	70	7
Canadian-born or immigrated more than 5 years ago ²	22,286	86	2,090	8	1,567	6
Lowest 20% of income distribution						
No ²	15,921	86	1,533	8	1,115	6
Yes	3,825	82 ¹	512	11 ¹	324	7 ¹
Aboriginal						
No ²	22,212	85	2,262	9	1,580	6
Yes	694	81 ¹	100	12 ¹	59	7

E use with caution

1. Significantly different from Canada or other reference category ($p < 0.05$).

2. Reference category.

3. Significantly different from corresponding estimate for males ($p < 0.05$).

Note: Due to rounding, some statistically significant estimates may appear to be equal.

Current smokers (daily or occasional) by selected characteristics, Canada excluding the territories

	2007	
	thousands	%
Canada excluding the territories	6,081	22
Newfoundland and Labrador	112	25 ¹
Prince Edward Island	26	22
Nova Scotia	194	24 ¹
New Brunswick	149	23
Quebec	1,651	25 ¹
Ontario	2,242	21 ¹
Manitoba	212	22
Saskatchewan	204	26 ¹
Alberta	629	22
British Columbia	662	18 ¹
Male		
12 or older	3,361	25
12 to 19	211	12 ¹
20 to 34 ²	1,117	33
35 to 44	722	30 ¹
45 to 64	1,090	25 ¹
65 or older	220	12 ¹
Female		
12 or older	2,720	19 ³
12 to 19	188	11 ¹
20 to 34 ²	805	25 ³
35 to 44	557	23 ³
45 to 64	959	22 ^{3,1}
65 or older	212	9 ^{3,1}

1. Significantly different from estimate for Canada or other reference category ($p < 0.05$).

2. Reference category.

3. Significantly different from corresponding estimate for males ($p < 0.05$).

Self-reported overweight and obesity, adults aged 18 or older, by selected characteristics, Canada excluding the territories, 2007

	Obese thousands	%	Overweight thousands	%
Canada excluding the territories	4,002	16	8,096	32
Newfoundland and Labrador	88	22 ¹	151	38 ¹
Prince Edward Island	23	21 ¹	37	35
Nova Scotia	145	20 ¹	252	35 ¹
New Brunswick	116	20 ¹	206	36 ¹
Quebec	911	15	1,872	31
Ontario	1,570	16	3,224	33
Manitoba	150	18	293	35
Saskatchewan	145	21 ¹	226	32
Alberta	469	18 ¹	833	32
British Columbia	387	11 ¹	1,001	30 ¹
Community size				
Rural or urban population less than 30,000	1,354	20 ¹	2,328	35 ¹
Urban (population 30,000 or more) ²	2,649	15	5,768	32
Male				
18 or older	2,117	17	4,852	39
18 to 24 ²	145	10	372	25
25 to 34	346	15 ¹	841	38 ¹
35 to 44	467	19 ¹	1,020	42 ¹
45 to 64	861	20 ¹	1,895	43 ¹
65 or older	298	16 ¹	725	39 ¹
Female				
18 or older	1,885	15 ³	3,243	26 ³
18 to 24 ²	117	8	191	14 ³
25 to 34	258	13 ^{3,1}	404	20 ^{3,1}
35 to 44	347	14 ^{3,1}	561	23 ^{3,1}
45 to 64	815	18 ¹	1,356	30 ^{3,1}
65 or older	348	15 ¹	731	32 ^{3,1}

1. Significantly different from estimate for Canada or other reference category ($p < 0.05$).

2. Reference category.

3. Significantly different from corresponding estimate for males ($p < 0.05$).



Study: Sedentary behaviour and obesity 2007

A new study finds a positive association between the number of hours spent watching television and the likelihood of being obese.

The study, "Sedentary behaviour and obesity," is based on data released today from the 2007 Canadian Community Health Survey.

The study, which used data from 42,600 men and women aged 20 to 64, found strong evidence of a positive association between the time spent watching television and obesity among both sexes. It is one of the first studies based on a nationally representative data set to examine associations between sedentary behaviours and obesity among Canadian adults.

The study also found an association between computer use and obesity for both sexes. But a third sedentary activity, reading, was not associated with obesity for either sex.

When factors such as age, marital status, education, household income, immigrant status and urban-rural residence were taken into account, the odds of obesity among men and women who reported watching television 21 or more hours a week were almost twice the odds for men and women who averaged 5 hours or fewer in front of the tube.

The associations persisted when infrequent leisure-time physical activity and low consumption of fruit and vegetables were taken into account. This reinforces findings of other studies that found television viewing to be related to obesity, independent of physical activity and dietary intake.

As well, leisure-time computer use was significantly associated with obesity among men and women. When age and other socio-demographic characteristics were taken into account, those who used computers for at least six hours a week had increased odds of being obese, compared with those who averaged no more than five hours.

Available on CANSIM: tables 105-0501 and 105-0502.

Definitions, data sources and methods: survey number 3226.

The article, "Sedentary behaviour and obesity," which is part of today's *Health Reports* online release, is now available (82-003-XWE) from the *Publications* module of our website. This issue of *Health Reports* contains another study on physical inactivity, "Screen time among Canadian adults: A profile."

The complete version of the latest issue of *Health Reports*, Vol. 19, no. 2 (82-003-XWE, free) is now available from the *Publications* module of our website. A printed version (82-003-XPE, \$24/\$68) is also available. See *How to order products*.

For more information on this article, contact Margot Shields (613-951-4177; margot.shields@statcan.ca), Health Information and Research Division, Statistics Canada or Mark Tremblay (613-298-3428; mark.tremblay@statcan.ca), Physical Health Measures Division, Statistics Canada, and the Healthy Active Living Research Group, Children's Hospital of Eastern Ontario Research Institute.

For more information about the 2007 Canadian Community Health Survey, or about the concepts, methods or data quality of this release, contact Client Services (613-951-1746; hd-ds@statcan.ca).

The latest electronic issue of *Health Indicators*, 2008, no. 1 (82-221-XIE, free) provides a set of over 20 health indicators for Canada, the provinces and territories, and the health regions, based on the 2007 Canadian Community Health Survey. ■

Study: Screen time among Canadian adults 2007

The study, "Screen time among Canadian adults: A profile," uses data released today from the 2007 Canadian Community Health Survey (CCHS) to profile Canadian adults who were frequent television viewers and those who were frequent leisure-time computer users, two sedentary activities that are related to obesity. The information was provided by the respondents themselves.

Frequent television viewing was defined as 15 or more hours a week, and frequent leisure-time computer use as 11 or more hours a week.

In 2007, nearly 3 out of every 10 Canadian adults (29%) reported that, on average, they watched television for 15 or more hours a week, that is, more than two hours a day. About 19% reported 21 or more hours per week, or an average of at least 3 hours per day.

Frequent leisure-time computer use was less common. About 15% of adults averaged 11 or more hours per week. Only 6% reported 21 or more hours per week, and close to one-third (31%) reported no leisure-time computer use.

Overall, 1 adult in 20, or about 5%, was both a frequent television viewer and a frequent leisure-time computer user. The correlation between time spent

watching television and using the computer was not significant.

The likelihood of being a frequent television viewer rose steadily with age, from 20% of adults aged 20 to 24, to 52% at 75 or older.

About 47% of people with less than secondary graduation were frequent TV viewers, twice the proportion of 24% among postsecondary graduates.

As well, 39% of people in households with the lowest incomes were frequent TV viewers. This was higher than the rate of 22% among those in the highest-income households.

Only about one-fifth (21%) of full-time workers were frequent TV viewers, compared with 37% of those who were not employed.

CCHS data suggest that among younger age groups, computer use may be replacing television as the screen time activity of choice.

About 45% of all the screen hours reported by young adults aged 20 to 24 were spent on a computer rather than watching television. Even middle-aged adults, those aged 45 to 54, spent one-quarter of their screen time using a computer.

About 17% of postsecondary graduates were frequent leisure-time computer users, more than twice the proportion of 7% among adults who had less than high school education.

Recent immigrants were twice as likely as Canadian-born adults to be frequent leisure-time computer users.

Available on CANSIM: tables 105-0501 and 105-0502.

Definitions, data sources and methods: survey number 3226.

The article, "Screen time among Canadian adults: A profile," which is part of today's *Health Reports* online release, is now available (82-003-XWE) from the *Publications* module of our website. This issue of *Health Reports* contains another study on physical inactivity, "Sedentary behaviour and obesity."

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Division, Statistics Canada, and the Healthy Active Living Research Group, Children's Hospital of Eastern Ontario Research Institute.

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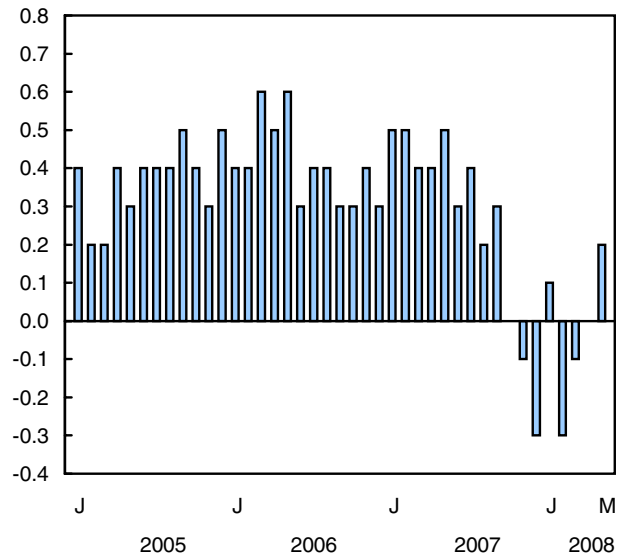
Leading indicators

May 2008

The composite index rose 0.2% in May, following no change in April and declines in the previous two months. May's increase was widespread, with 7 of the 10 components expanding, the most since the turmoil began in global credit markets last August. One component was unchanged, while two declined.

Composite leading indicator

smoothed % change



Household demand remained the strongest sector in the economy. The housing index jumped 1.9% after seven straight declines. Housing starts strengthened in May, while existing home sales rebounded from a weak start to the year, which was partly due to poor weather. Consumer outlays for durable goods grew steadily.

The manufacturing sector continued to improve slowly after a very weak start to the year. The turnaround has been led by new orders, which expanded for the third straight month. Orders had tumbled 3.3% at the turn of 2008, their largest monthly decline in over a decade. The average workweek stopped falling after five straight declines, while employment in manufacturing rose in May. Manufacturing shipments were hampered by a strike in the auto industry.

The leading indicator for the United States remained the most negative component in the composite index, posting its ninth straight decline. Weakness in the auto and housing sectors was partly offset by the lift rising exports gave to the industrial and agricultural sectors.

Available on CANSIM: table 377-0003.

Definitions, data sources and methods: survey number 1601.

This release will be reprinted in the July 2008 issue of *Canadian Economic Observer*, Vol. 21, no. 7 (11-010-XWB, free). For more information on the economy, consult the *Canadian Economic Observer*.

A more detailed analysis of the components is available online.

For more information, or to enquire about the concepts, methods or data quality of this release, contact Philip Cross (613-951-9162; ceo@statcan.ca), Current Economic Analysis Group.

Leading indicators

	December 2007	January 2008	February 2008	March 2008	April 2008	May 2008	Last month of data available % change
Composite leading indicator (1992=100)	228.3	228.6	228.0	227.8	227.8	228.2	0.2
Housing index (1992=100) ¹	145.8	143.9	141.4	141.2	138.8	141.4	1.9
Business and personal services employment (thousands)	2,873	2,877	2,881	2,894	2,903	2,917	0.5
S&P/TSX stock price index (1975=1,000)	13,981	13,880	13,777	13,522	13,572	13,748	1.3
Money supply, M1 (\$ millions, 1992) ²	169,576	170,293	170,646	171,447	172,013	172,552	0.3
US Conference Board leading indicator (1992=100) ³	126.0	125.5	125.2	124.8	124.4	124.2	-0.2
Manufacturing							
Average workweek (hours)	38.3	38.2	38.1	38.0	37.8	37.8	0.0
New orders, durables (\$ millions, 1992) ⁴	25,997	26,816	25,925	26,046	26,117	26,429	1.2
Shipments/inventories of finished goods ⁴	1.81	1.82	1.80	1.79	1.79	1.76	-0.03 ⁵
Retail trade							
Furniture and appliance sales (\$ millions, 1992) ⁴	2,734	2,761	2,776	2,798	2,817	2,837	0.7
Other durable goods sales (\$ millions, 1992) ⁴	9,240	9,276	9,406	9,509	9,626	9,711	0.9
Unsmoothed composite leading indicator	226.3	229.6	227.6	227.6	227.8	228.6	0.4

1. Composite index of housing starts (units) and house sales (multiple listing service).

2. Deflated by the Consumer Price Index for all items.

3. The figures in this row reflect data published in the month indicated, but the figures themselves refer to data for the month immediately preceding.

4. The figures in this row reflect data published in the month indicated, but the figures themselves refer to data for the second preceding month.

5. Difference from previous month.

Travel between Canada and other countries April 2008

Same-day car travel from the United States leveled off in April, halting a series of seven consecutive monthly declines that started at the end of last summer.

Americans made an estimated 743,000 same-day car trips to Canada in April, virtually unchanged from March. However, this was about half the level it was four years ago, and about one-quarter of the record high set in March 1981. It has fallen 21.5% since

August. (Unless otherwise specified, monthly data are seasonally adjusted.)

Overnight car travel from the United States has shown much more resiliency than same-day car travel. In April, overnight car travel rose 2.3% to 637,000 trips, the second consecutive monthly increase. It has slipped only 3.7% since last August.

In total, overnight travel from the United States edged up 1.0% to 1.1 million trips in April.

Travel to Canada was also up from overseas nations in April, as the number of trips by visitors from countries

other than the United States climbed 4.6% to 407,000, the second highest level ever.

Despite the increase, travel from Asia slipped 1.9%, as the top-four Asian markets (Japan, South Korea, China and Hong Kong) all recorded declines. Residents of the United Kingdom, Canada's top overseas market, took 78,000 trips to Canada in April, up 5.3% from the previous month.

In the opposite direction, Canadian residents made fewer trips to both the United States and overseas countries in April.

Same-day car travel to the United States slipped 0.8% to 2.1 million trips, while Canadians made 954,000 overnight car trips to the United States, down 2.6% from March.

Overnight plane trips to the United States slipped to 547,000, down 1.0% from the record high in March. Overall, overnight travel to the United States fell 2.6% to 1.6 million trips, the lowest level since October.

Canadian travel to overseas countries amounted to 669,000 trips, down slightly from the record high set in March.

Available on CANSIM: tables 427-0001 to 427-0006.

Definitions, data sources and methods: survey number 5005.

The April 2008 issue of *International Travel, Advance Information*, Vol. 24, no. 4 (66-001-PWE, free) is now available from the *Publications* module of our website.

For general information, contact Client Services (toll-free 1-800-307-3382; 613-951-9169; fax: 613-951-2909; tourism@statcan.ca). To enquire about the concepts, methods or data quality of this release, contact Eric Desjardins (613-951-1781; eric.desjardins@statcan.ca), Culture, Tourism and the Centre for Education Statistics. □

Travel between Canada and other countries

	March 2008 ^r	April 2008 ^p	March to April 2008	April 2008 ^p	April 2007 to April 2008
	Seasonally adjusted			Unadjusted	
	thousands		% change ¹	thousands	% change ¹
Canadian trips abroad²	4,467	4,407	-1.3	4,407	7.4
to the United States	3,798	3,738	-1.6	3,649	7.0
to other countries	669	669	-0.1	758	9.4
Same-day car trips to the United States	2,106	2,089	-0.8	2,013	8.0
Total trips, one or more nights	2,307	2,264	-1.8	2,344	7.4
United States ³	1,638	1,595	-2.6	1,586	6.4
Car	980	954	-2.6	848	3.7
Plane	552	547	-1.0	652	14.5
Other modes of transportation	106	95	-10.1	86	-16.6
Other countries ⁴	669	669	-0.1	758	9.4
Travel to Canada²	2,285	2,318	1.4	1,676	-13.2
from the United States	1,896	1,910	0.8	1,398	-15.5
from other countries	389	407	4.6	278	0.8
Same-day car trips from the United States	743	743	0.0	668	-23.0
Total trips, one or more nights	1,440	1,469	2.0	950	-5.0
United States ³	1,061	1,072	1.0	680	-7.2
Car	623	637	2.3	387	-12.8
Plane	312	313	0.4	240	1.4
Other modes of transportation	127	122	-3.8	53	2.1
Other countries ⁴	379	397	4.7	270	1.1
Travel to Canada: Top overseas markets, by country of origin⁵					
United Kingdom	74	78	5.3	51	-1.1
France	30	34	15.0	23	9.9
Germany	26	28	9.3	16	0.6
Mexico	22	25	10.2	17	-10.0
Japan	26	22	-12.4	17	-27.5
Australia	19	20	10.5	13	5.1
South Korea	18	17	-2.5	13	0.3
China	14	14	-3.4	10	8.9
Netherlands	11	13	14.4	8	35.0
Hong Kong	10	10	-2.9	6	-6.0
Italy	9	9	1.0	6	6.3
India	10	9	-5.3	8	-3.3

^p preliminary

^r revised

1. Percentage change is based on unrounded data.

2. Totals exceed the sum of "same-day car trips" and "total trips, one or more nights" because they include all of the same-day trips.

3. Estimates for the United States include counts of cars and buses, and estimated numbers for planes, trains, boats and other methods.

4. Figures for other countries exclude same-day entries by land only, via the United States.

5. Includes same-day and overnight trips.

■

Stocks of frozen poultry meat

June 1, 2008 (preliminary)

Stocks of frozen poultry meat in cold storage on June 1 totalled 72 802 metric tonnes, up 19.7% from a year ago.

Available on CANSIM: tables 003-0023 and 003-0024.

Definitions, data sources and methods: survey number 3425.

For more information, or to enquire about the concepts, methods or data quality of this release, contact Sandra Gielfeldt (613-951-2505; sandy.gielfeldt@statcan.ca), Agriculture Division. ■

New products

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Spectator Sports, Event Promoters, Artists and Related Industries, 2006
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(free).

International Travel: Advance Information, April 2008, Vol. 24, no. 4
Catalogue number 66-001-PWE
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Canada's International Transactions in Securities, April 2008, Vol. 74, no. 4
Catalogue number 67-002-XWE
(free).

Perspectives on Labour and Income, Summer 2008, Vol. 20, no. 2
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The Daily

Statistics Canada

Thursday, May 29, 2008
Released at 9:30 a.m. Eastern time

Releases

Canada's balance of international payments, first quarter 2008	2
<small>The current account surplus with the rest of the world (on a seasonally adjusted basis) increased sharply to \$5.0 billion in the first quarter of 2008, led by higher prices for several exported commodities compared with a lower level of imports. In the financial account, foreign direct investment flows into Canada slowed significantly from the expansion-driven pace of the previous quarter, while Canadian direct investment abroad continued to strengthen.</small>	
Payroll employment, earnings and hours, March 2008	7
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2006 Census profiles

While the majority of the census and earnings release components, the complete cumulative profile is now available for census divisions, census subdivisions, dissemination areas, forward sortation areas, designated places, urban areas, and census metropolitan areas and census agglomerations with census subdivisions. To obtain these profiles in electronic format (links vary for different geography levels), contact Statistics Canada's National Contact Centre.

Statistics Canada's official release bulletin

Catalogue 11-001-XIE.

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