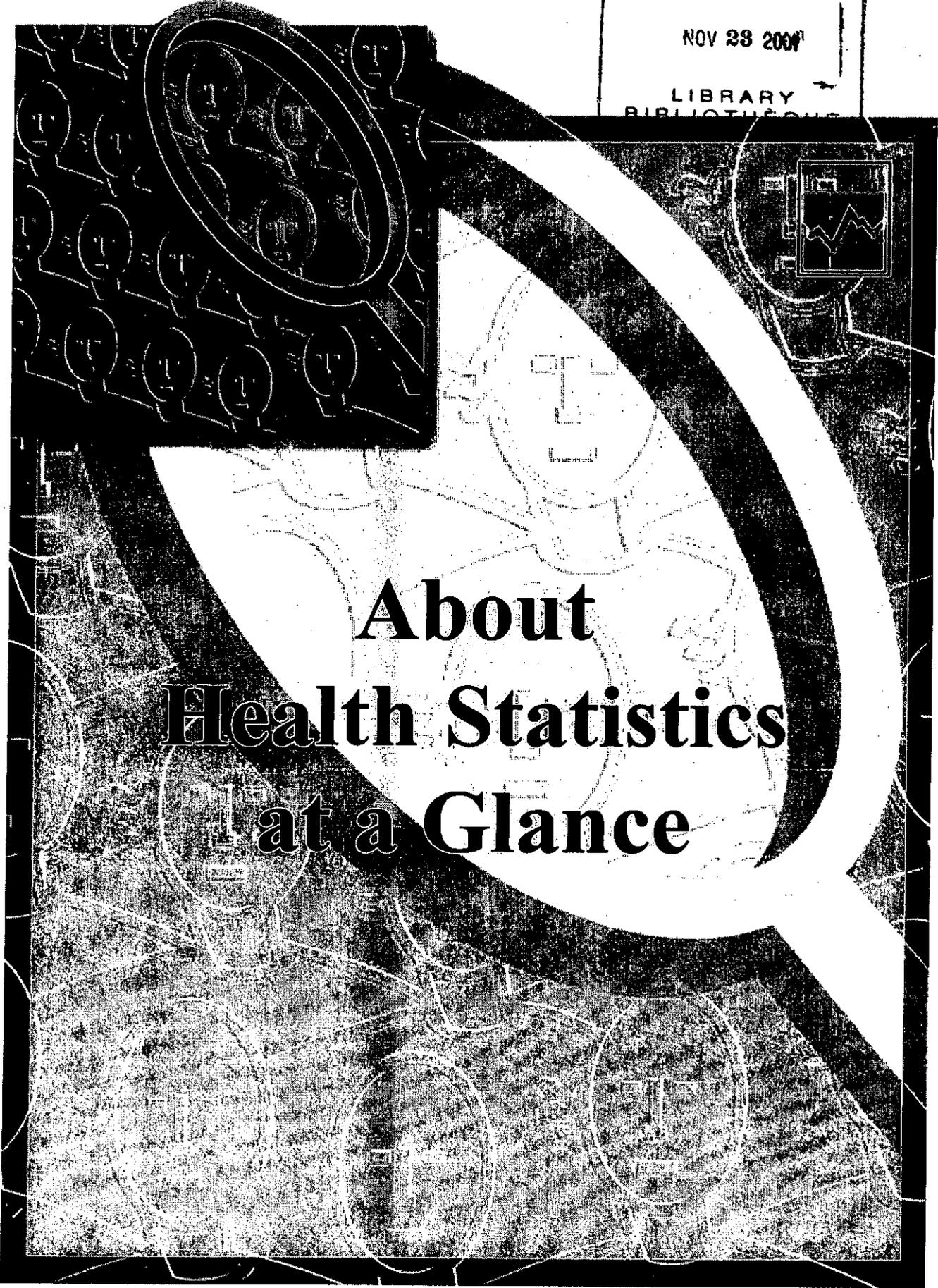


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**About
Health Statistics
at a Glance**

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1. Introduction

1.1 Health Statistics at a Glance

Health Statistics at a Glance is an integrated information product. Its content reflects the growing demand for analysis of many current health issues supplemented by the underlying data. Within this CD-ROM there are three major components: the *Statistical Report on the Health of Canadians*, 17 *Health Reports* articles cited in the Statistical Report, and all of the components of *Health Indicators*, including Causes of Death.

To assist the user in the transition between analysis and data tables, some 54 links are present between the *Statistical Report* and the *Health Indicators* tables, between the *Statistical Report* and the *Health Reports* articles and between this document and the Health Indicators tables. The documentation that describes all the surveys forming the basis of the indicators tables are not linked to any of the other components.

1.2 Statistical Report on the Health of Canadians

This is the second version of the *Statistical Report on the Health of Canadians*. Like the original in 1996, this *Report* provides a comprehensive and detailed statistical overview of the health status of Canadians and the major determinants of that status. The original report was created for the Federal, Provincial and Territorial Advisory Committee on Population Health, which has also commissioned this update. The broad purpose of the *Report* is to help policy-makers and program planners identify priority issues and measure progress in the domain of population health.

The *Statistical Report* is meant to be a tool for learning as well as planning. The data identify populations at risk; suggest associations between health determinants, health status, and population characteristics; raise questions about the reasons for the widespread differences among the provinces and territories; and illustrate areas where Canada's health information system is robust, and others where it is relatively weak. These and other themes are touched on in the 11 section introductions of the *Statistical Report*. While most of the topics in this *Report* describe at least 97% of the Canadian population, it is important to remember that the missing 3% often have a disproportionate share of health problems.

1.3 Health Reports

Health Reports is a quarterly journal, designed for a broad audience that includes health professionals, researchers, policy makers, educators, and students. Its mission is to provide high quality, relevant, and comprehensive information on the health status of the population and the health care system. The journal publishes articles of wide interest that contain original and timely analyses of health and vital statistics data. The sources of data are typically national or provincial/territorial administrative data bases or surveys.

1.4 Health Statistics at a Glance tables

Health Statistics at a Glance tables contains information on socio-economic risk factors or determinants of health, health status, new information on health outcomes and expanded information on utilization of the health care system. The aim of *Health Statistics at a Glance* tables is to present a core data set using the most recent information available.

The indicator tables show extended time series for Canada, provinces and territorial levels of geography. Depending on the indicator, cross-classifications are by age and sex, and, in some cases by education. Due to the large amount of sample survey data used to construct the indicators, many tables cannot be produced for sub-provincial areas.

1.5 Causes of Death

The contents of 84-208 *Causes of Death* and 84-209 *Summary List of Causes* are now included in a separate set of tables, entitled Causes of Death within the Health Statistics at a Glance. There are eight (8) tables showing 1995, 1996 and 1997 data showing causes by province, age, sex with counts and rates.

Assistance in using the software platforms is contained on the current product. Both B20/20 and Acrobat have tutorials to assist the novice user in retrieving the desired information.

2. Technical support

Health Statistics at a Glance contains both technical and subject matter assistance for users.

- Technical support is offered by **Helpline** (1-800-949-9491) to overcome difficulties in installation or use of B20/20 data browser and to refer data content issues.
- Data content support for the Causes of Death portion is offered by calling 1-613-951-5305.
- For data now collected by the Canadian Institute for Health Information (CIHI), users should contact 1-613-241-7860 for further information.

2.1 Links within the product

Links between Beyond 20/20 tables and the Statistical Report on the Health of Canadians links can be accessed from the table titles where applicable and then takes the user to additional data in the Health Indicators Beyond 20/20 tables. To go back to the Statistical Report, the user then can close that software and return automatically to the original Report.

Links between Health Reports articles in the Statistical Report on the Health of Canadians can be accessed from the Health Reports articles that were cited in the

Statistical Report. These articles are found in the References within each topic. By clicking on a Health Reports reference, this takes the user to the Health Reports article in Acrobat. To go back to the Statistical Report, the user can close the application and automatically returns to the original Report.

Links between Beyond 20/20 tables in the About Health Statistics at a Glance can be accessed from the table titles found in section 4.2.

3. Applications

Health Statistics at a Glance is useful for a variety of purposes: administration, policy, planning and research. Use is also made of it for program evaluation and market research. These indicators are also useful for answering routine data requests about the health status, determinants and health care utilization of Canadians.

3.1 Administrative and Program Applications

Health and how health is viewed has changed over the past ten years. Earlier indicators contained in this package gave information that allowed users to look at some health determinants and some health status information. With the advent of health care reform and the emphasis on health promotion and prevention, more information must be present on outcomes after treatment, how the system is being used and more information on health status. The data tables now presented provide administrators with national and provincial data to view provincial/territorial sources with the larger national picture.

3.2 Research Applications

Research in health takes the form of social science approach whether the research uses an experimental design or performs secondary analysis of previously collected data. Health Statistics a Glance allows the second approach. Many of the tables may be used side by side to facilitate complex analyses. Charting capacities allow quick views of the data, important in preliminary analyses and hypothesis refinement.

4. Data Sources

As *Health Statistics at a Glance* contains a wide variety of data, so the sources are varied. Due to this variety of sources, many tables do not contain a consistent time series. This is especially true for data originating from sample surveys. Until the advent of the National Population Health Survey (NPHS) some questions were repeated only every five years; especially true for tables derived from the General Social Survey. Tables originating from Health Canada special surveys also may have longer intervals between data points. For tables like Breast Examination (00060213), Desired Weight Change (00060212) and Seatbelt use (00060209) the original source was the Health Promotion Survey, now the source is the NPHS. The impact of the NPHS is felt particularly in some tables where the biennial format now shows a more consistent time series, e.g. smoking, drinking, frequency of exercise, pap smears to name a few.

4.1 CANSIM

Tables in *Health Statistics at a Glance* also appear on the CANSIM cross-classified database. The table numbers reflect that source and were assigned arbitrarily. Causes of Death tables do not appear on CANSIM, therefore tables numbers do not reflect that source.

- Table numbers are not consecutive but are clustered in two groups from 00060100 to 00060160 and 00060200 to 00060243.
- Tables are also stored on the CANSIM Time Series database. Matrix numbers are 1001-1006, 1011-1013, 1020, 1084-1097, 4263-4282.

In total there are about 100 tables in the database, users should see sections 8.1 and 8.2 at the end of this document for an outline of the complete database.

4.2 Tables from Statistics Canada Sources

4.2.1 Vital Statistics

Health Statistics at a Glance originating with Births, Stillbirths and Deaths now include some tables previously found in print publications. Users will recognize the A list cause of death tables in a new form. There is now a leading cause of death table matching in content to the Compendium of Vital Statistics, again in a new form. Many of the other tables presented from the first edition duplicate those found in former print publications:

The contents of 84-208 *Causes of Death* and 84-209 *Summary List of Causes* are now included in a separate set of tables, entitled Causes of Death within the *Health Statistics at a Glance*.

The following tables are classified in **health determinants** from this source.

00060104	Total Fertility Rate
00060107	Age-specific Fertility Rate
00060108	Teenage Abortions and Births
00060109	Livebirths by age of mother and birthweight

The following tables are classified in the **health status** area.

00060110	Infant and Perinatal Mortality
00060113	Potential Years of Life Lost
00060114	Age standardized mortality
00060115	Life Expectancy
00060141	Stillbirths by Parity
00060143	Selected Causes of Death
00060144	Detailed Cause of Death (A list cause)

The following tables are those in the **Causes of Death** section.

TB111996	Number of Deaths and Rates
TB211996	Underlying Cause of Death (ICD-9 3 digit)
TB211997	Underlying Cause of Death (ICD-9 3 digit)
TB221996	Underlying Cause of Death (ICD-9 4 digit)
TB221997	Underlying Cause of Death (ICD-9 4 digit)
TB231996	Underlying Cause of Death (ICD-9 Chapter, Block Codes)
TB311996	Nature of Injury (ICD-9 3 digit)
TB311997	Nature of Injury (ICD-9 3 digit)
TB321996	Nature of Injury (ICD-9 4 digit)
TB321997	Nature of Injury (ICD-9 4 digit)
TB331996	Nature of Injury (ICD-9 Chapter, Block Codes)
TB411996	Summary of Vital Statistics Indicators
TB511996	Deaths by selected causes
TB611996	Age standardized mortality rates per 100,000 population by selected causes
TB711996	Deaths by causes – A-List
TB811996	Infant Deaths for Selected Detailed Causes

4.2.2 Annual Hospitals and Residential Care Facilities

Health Statistics at a Glance tables originating with the Annual Hospitals Survey and the Residential Care Surveys will show some unanticipated gap in the time series from 1993/94 until 1996/97.

The bulk of the following tables fall into the **health resources utilization** category.

00060101	Institutional Beds
00060102	Institutional Separations
00060103	Ambulatory Care
00060116	Institutional Bed Occupancy Rate
00060117	Institutional Patient-days
00060125	Hospital Patient-days (Age and Sex)

4.2.3 Hospital Morbidity

Tables originating from Hospital Morbidity and Surgical Procedures are derived from a file now collected and processed by the Canadian Institute for Health Information (CIHI). The data for every year up to 1993/94 reflect the processing procedures in place at Statistics Canada. Meta information presented elsewhere reflects this processing. Users should consult CIHI for further information on the processing of 1994/95 and 1995/96 data.

Tables showing **separations** by cause fall into the **health status** category while the **average length of stay** tables fall into the **health resources utilization** category.

00060127	Motor Vehicle Accident Morbidity
00060128	Hospital Separations by Cause
00060130	Average Stay in Hospital
00060145	Leading Causes of Hospitalization
00060146	Hospital Interventions by CCP chapter
00060147	Leading Interventions – separations
00060154	Average length of stay, leading hospitalizations
00060155	Average length of stay for CCP chapters
00060156	Average length of stay for Leading Interventions.

4.2.4 Therapeutic Abortions

Health Statistics at a Glance contains only one table comes from the Therapeutic Abortions Survey. Within this survey the table shows data by single year of age. In some provinces the demographic information is limited and therefore the data may present a less accurate picture of teenage abortions. The data are now collected by CIHI for the years 1995 and 1996. Users should consult that organization for information collection and processing. Information presented elsewhere on this file reflects prior historical processing by Statistics Canada. Abortions reflect a **determinant of health**.

00060108	Teenage Abortions and Births
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4.2.5 Canadian Cancer Registry

Health Statistics at a Glance contains one table from this source for the years 1992 through 1994. Contained in this table are leading sites of cancer for these three years based on the sites and age groups presented in Canadian Cancer Statistics, 1998. Leading sites of cancer are classified in the **health status** category.

00060142	Leading sites of Cancer
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4.2.6 National Population Health Survey

Health Statistics at a Glance contains a wealth of data from the National Population Health Survey. The overview from both Cycle 1 and Cycle 2 will give users a flavour of the richness of this data set. Tables from this source show similar content as the first *Report on the Health of Canadians* and the *Statistical Report on the health of Canadians*.

The following table shows core, focus and buying content.

**Summary of National Population Health Survey (NPHS) Content
May 28, 1998**

CORE CONTENT			
	1994-95 NPHS	1996-97 NPHS	1998-99 NPHS
Two-week Disability	Y	Y	Y
Health Care Utilization	Y	Y	Y
Restriction of Activities	Y	Y	Y
Chronic Conditions	Y	Y	Y
Socio-demographic Characteristics	Y	Y	Y
Education	Y	Y	Y
Labour Force	Y	Y	Y
Income	Y	Y	Y
Self-perceived Health	Y	Y	Y
Women's Health	Y	Y	Y
Blood Pressure	Y	Y	Y
Height/Weight	Y	Y	Y
Health Status	Y	Y	Y
Physical Activities	Y	Y	Y
Repetitive Strain	N	Y	Y
Injuries	Y	Y	Y
Use of Medications	Y	Y	Y
Smoking	Y	Y	Y
Alcohol	Y	Y	Y
Mental Health	Y	Y	Y
Social Support	Y	Y	Y
Sense of Coherence	Y	N	Y
Alcohol Dependence	N	Y	N

FOCUS CONTENT			
	1994-95 NPHS	1996-97 NPHS	1998-99 NPHS
Psycho-social			
Stress	Y	N	N
Ongoing problems	Y	N	N
Recent Life Events	Y	N	N
Childhood and adult stressors ("traumas")	Y	N	N
Work Stress	Y	N	N
Self-esteem	Y	N	N
Mastery	Y	N	N
Access to Services			
Blood Pressure	N	Y	N
Pap Smear Test	N	Y	N
Mammography	N	Y	N
Breast Examinations	N	Y	N
Breast self-examinations	N	Y	N
Breast-feeding	N	Y	N
Physical Check-up	N	Y	N
Flu Shots	N	Y	N
Dental Visits	N	Y	N
Eye Examinations	N	Y	N
Emergency Services	N	Y	N
Insurance Coverage	N	Y	Y
Self-Care	N	N	Y
Family Medical History	N	N	Y

BUYIN CONTENT			
	1994-95 NPHS	1996-97 NPHS	1998-99 NPHS
Health Promotion Survey		Y(as part of questionnaire)	N
Diet / Nutrition	N	Y	Y
Height/weight	N	Y	N
Breast Self-examination	N	Y	N
Breast-feeding	N	Y	N
Pregnancy	N	Y	N
HIV	N	Y	N
Smoking	N	Y	N
Alcohol	N	Y	N
Sexual Health	N	Y	N
Road Safety	N	Y	N
Tobacco alternatives	N	N	Y
Food Insecurity	N	Y	Y
Provincial Content Buyins	Y	Y	N
Coping (Alberta)	Y	Y	N
Coping (Manitoba)	Y	N	N
Health Information	N	Y	N
Tanning and UV Exposure	N	Y	N
Social Support	N	Y	N
Attitudes towards Parents	N	Y	N
Health Services	N	Y	N
Sexual Health	N	Y	N
Violence and Personal Safety	N	Y	N
Child Health Services	N	Y	N

The following list of tables shows NPHS tables by category.

Health Determinants

00060106	Job Satisfaction
00060118	Daily Smokers
00060119	Cigarettes Smoked per Day
00060120	Drinkers
00060121	Persons with High Blood Pressure
00060124	Drinks per Week
00060207	Exercise Frequency
00060208	PAP Smears
00060209	Seatbelt Use
00060210	Measures to Improve Health
00060211	Body Mass Index
00060212	Satisfaction with Weight
00060213	Breast Examination
00060214	Breakfast Food Consumption
00060215	Drinking and Driving
00060217	Age at First Sexual Intercourse

Health Resources utilization

00060150	Psychological Well Being
00060151	Two week Disability Days
00060152	Chronic Conditions
00060153	Depression
00060218	Health Professional Visits
00060219	Dental Visits
00060220	Physical Exam
00060221	Eye Exam
00060222	Medication Use
00060223	Use of home care

Health Status

00060112	Health Problems
00060228	Unmet Health Care Needs
00060229	Social Support
00060233	Dietary Practices
00060234	Breast feeding Practices
00060235	Life Stress (see also Table 139)
00060236	Work Stress
00060237	Self Esteem
00060238	Mastery
00060239	Smoke free work places
00060240	Smoke free homes

4.2.7 Other Statistics Canada sources

Social correlates of health are presented through extracts of some of Statistics Canada's most significant surveys.

Health Determinants

- The Census provides the data for 00060216 Lone Parent Families and for 00060242 Education and Literacy.
- Table 00060105 comes from Demography division's Population estimates area.
- Tables 00060133 and 00060135 on Elderly income and Low Income cut-offs come from the Survey of Consumer Finance
- Table 00060138 comes from the Labour Force Survey, showing labour force participation.
- The special survey on Sun Exposure shows exposures at work, at leisure and in winter travel in table 00060241. Both tables are classified as health determinants.

Tables 00060126, 00060129 and 00060131 come from the Centre for Education Statistics' post secondary area. In those professions where there is licensure involved, e.g. nurses, graduation may not mean licensure and may not mean practising the profession for which graduates were trained. These tables reflect the **resources** available to the health care system.

00060126	Community College Enrolment and Graduates
00060129	University Health Discipline Graduates
00060131	University Health Discipline Enrolment

Tables 00060139, 00060140 have been replaced with different and more complete tables. See the NPHS tables on Mental Health. Table 00060214 is not updateable at this time. Tables from General Social Survey Cycle 11 include the following and fall into the **health determinants** category:

00060230 Giving Informal care
00060231 Receiving Informal Care
00060232 Caregiver burden

The following **health status** tables come from the Health and Activity Limitation Surveys of 1986 and 1991. These data have not been collected since.

00060122 Disability
00060123 Disability due to Motor Vehicle Accidents
00060137 Disability by Living Arrangement

4.3 Tables from Outside Organizations

Health Statistics at a Glance also contains data from CIHI, Health Canada and other Statistics Canada surveys. Where the survey used to be collected by Statistics Canada and now is collected by CIHI, the information about the data reflects the historical context. Other Statistics Canada surveys have the same requirements for information about the data as the ones noted above, therefore the information about the data are presented in the same manner. Users should contact CIHI or Health Canada for information about the data coming from those sources.

4.3.1 Tables from CIHI

These tables fall into the **health resources** category.

00060201 Health Expenditures by Type
00060202 Health Expenditures by Use of Funds
00060205 Health Personnel
00060206 Payments for Medical Services

4.3.2 Tables from Health Canada

These tables fall into the **health status** category.

00060132 Sexually Transmitted Diseases
00060136 Notifiable Diseases.

Note that the diseases presented in Table 136 are a selection of those diseases that are federally notifiable. The information collection system is also a surveillance system where cases can be eliminated once laboratory confirmation is received. Underreporting may also occur depending on many factors including whether a person seeks treatment or not. Provinces collect more data on expanded lists of infectious diseases.

4.3.3 Association of Workers' Compensation Boards of Canada

Time loss work injuries have been classified into the **health determinants** category.

00060134 Time Loss work Injuries

Data for the years 1995 and 1996 were obtained from this Association although collection followed the methodology previously used by Statistics Canada.

5. Documentation

The meta information shown includes information about the administrative databases or the surveys, both sample and census, type to help the user understand the collection, editing and processing of the data.

6. Meta Data

As in the past notes and explanations are included in the B20/20 tables themselves. With the new content more extensive notes have been supplied.

7. References

- 84-214-XPE *Compendium of Health and Vital Statistics, Volume 1: Vital Statistics*
- 82-567 *National Population Health Survey Overview 1994-95*
- 82-567-XPB *National Population Health Survey Overview 1996-97*
- Canadian Cancer Statistics 1998.*

8. Outline of the Database

8.1 Health Indicators Program

HEALTH DETERMINANTS

<u>Table Number</u>	<u>Type of Indicator</u>	<u>Period</u>	<u>Specific Data Series</u>	<u>Disaggregations for each Data Series</u>
00060104	Total Fertility Rate	1961-1997	Total Fertility Rate	Canada, provinces and territories (13)
00060105	Population Distribution	1961-1998	Population Percentage distribution	Canada, provinces and territories (13) Age groups (21) Sex(3)
00060106	Job Satisfaction	1985, 1991 1994/95	People satisfied Percent satisfied	Canada and provinces (11) Age groups (5) Sex (3)
00060107	Age-specific Fertility Rate	1961-1997	Number of live births Age-specific fertility	Canada, provinces and territories (13) Age group of mother (9) Order of birth (7)
00060108	Teenage Abortions and Births	1974-1995	Therapeutic Abortions Number of Births	Canada, provinces and territories (13) Ages 13 through 17 (7)
00060109	Live births	1961-1997	Number of live births	Canada, provinces and territories (13) Age group of mother (10) Weight of child (4) Period of gestation (11)
00060118	Number of smokers	1985, 1989 1991, 1994/95 1996/97	Number daily smokers	Canada and provinces (11) Age groups (5) Level of education (4) Sex(3)

<u>Table Number</u>	<u>Type of Indicator</u>	<u>Period</u>	<u>Specific Data Series</u>	<u>Disaggregations for each Data Series</u>
00060119	Consumption of cigarettes	1985, 1989 1991, 1994/95 1996/97	Number of smokers	Canada and provinces (11) Age groups (5) Average number of cigarettes per day Sex(3)
00060120	Number of drinkers	1985, 1989 1991, 1994/95 1996/97	Number of drinkers	Canada and provinces (11) Age groups (5) Level of education (4) Sex(3)
00060121	Population with High Blood Pressure	1985,1991 1994/95 1996/97	Number of people Population 15+ Percent of population	Canada and provinces (11) Age groups (5) Sex(3)
00060124	Consumption of Alcohol	1985,1991 1994/95 1996/97	Number of drinkers	Canada and provinces (11) Age groups (5) Number of drinks per week Sex(3)
00060133	Elderly by Income group	1973-1995 biennial	Number of unattached elderly individuals	Canada and provinces (11) Age groups (4) Income Group (8) Sex (3)
00060134	Time-loss Work Injuries	1982-1996	Number of injuries	Canada, provinces and territories (13) Age groups (5) Industry (20) Sex (4)
00060135	Elderly below income cut-offs	1973-1995 biennial	Number of individuals Percent distribution	Canada and provinces (11) Age groups (4) Low income cut-offs (3) Sex(3)

<u>Table Number</u>	<u>Type of Indicator</u>	<u>Period</u>	<u>Specific Data Series</u>	<u>Disaggregations for each Data Series</u>
00060138	Labour Force	1966-1997	Size of labour force Number employed Number unemployed Number not in	Canada and provinces (11) Age groups (5) Sex (3)
00060139	Stress See also table 00060235	1985, 1991	Number of people	Canada, provinces and Yukon (12) Age groups (5) Stress Level (4) Sex (3)
00060140	Bradburn Affect Balance See also tables 00060236 ff.	1978, 1991	Percent distribution	Canada and provinces (11) Bradburn Scale (5) Sex (3)
00060207	Exercise Frequency	1985, 1990, 1994/95 1996/97	Number of persons exercising	Canada and provinces (11) Age groups (8) Exercise Frequency (5) Sex (3)
00060208	Pap Smear	1985, 1990 1994/95 1996/97	Number of women having a pap smear in the last year	Canada and provinces (11) Age groups (8)
00060209	Seatbelt users	1985, 1990 1996/97	Number always wearing a seatbelt	Canada and provinces (11) Age groups (8) Sex (3)
00060210	Measures to Improve Health	1985, 1990	Measures	Canada and provinces (11) Measures (9) Age groups (5) Sex (3)

<u>Table Number</u>	<u>Type of Indicator</u>	<u>Period</u>	<u>Specific Data Series</u>	<u>Disaggregations for each Data Series</u>
00060211	Body Mass Index	1985, 1990 1994/95 1996/97	Body Mass Index groupings	Canada and provinces (11) Body Mass Index (5) Age groups (8) Sex (3)
00060212	Weight change	1985, 1990 1996/97	Number desiring change	Canada and provinces (11) Age groups (8) Sex (3)
00060213	Regular Breast Exam	1985, 1990 1996/97	Annual Professional Exam Monthly self exam	Canada and provinces (11) Age groups (8)
00060214	Breakfast food	1985, 1990	Number consuming selected foods	Canada and provinces (11) Selected foods (5) Consumption (4) Age groups (5) Sex (3)
00060215	Drinking and Driving	1985, 1990 1996/97	Number of people	Canada and provinces (11) Age groups (5) Drinking and Driving (5) Sex (3)
00060216	Lone Parent Families	1986, 1991 1996	Number of families	Canada, provinces and territories (13) Age groups (7) Sex (3)
00060217	Age at first sexual intercourse	1990, 1996/97	Number of persons	Canada, provinces and territories (13) Age groups (7) Sex (3)

<u>Table Number</u>	<u>Type of Indicator</u>	<u>Period</u>	<u>Specific Data Series</u>	<u>Disaggregations for each Data Series</u>
00060228	Unmet health care needs	96/97	People with unmet needs	Canada and provinces (11) Age groups (10) Sex (3) Needs (5)
00060229	Social Support	96/97	People having support	Canada and provinces (11) Age groups (10) Sex (3) Education (6) Social Support (3)
00060230	Giving informal care	95	Numbers	Canada and provinces (11) Age groups (9) Sex (3) Education (6) Giving care (4)
00060231	Receiving informal care	95	Numbers	Canada and provinces (11) Age groups (9) Sex (3) Education (6) Receiving care (4)
00060232	Caregiver Burden	95	Numbers	Canada and provinces (11) Age groups (9) Sex (3) Education (6) Burden (6)
00060233	Dietary Practices	96/97	Numbers reporting	Canada and provinces (11) Age groups (10) Sex (3) Education (6) Fats (5) Starch and Fibre(5)

<u>Table Number</u>	<u>Type of Indicator</u>	<u>Period</u>	<u>Specific Data Series</u>	<u>Disaggregations for each Data Series</u>
00060234	Breast Feeding	96/97	Women breast feeding	Canada and provinces (11) Age groups (7) Feeding (3)
00060235	Life Stress	94/95	Number of persons	Canada and provinces (11) Age groups (5) Sex (3) Education (6) Stress (5)
00060236	Work Stress	94/95	Number of persons	Canada and provinces (11) Age groups (9) Sex (3) Occupation (12) Work stress (2)
00060237	Self Esteem	94/95	Number of persons	Canada and provinces (11) Age groups (11) Sex (3) Education (6) Self Esteem (5)
00060238	Mastery	94/95	Number of persons	Canada and provinces (11) Age groups (11) Sex (3) Education (6) Mastery (5)
00060239	Smoke free work places	94/95	Number reporting	Canada and provinces (11) Age groups (11) Sex (3) Education (6) Smoke free (3)

<u>Table Number</u>	<u>Type of Indicator</u>	<u>Period</u>	<u>Specific Data Series</u>	<u>Disaggregations for each Data Series</u>
00060240	Smoke free homes	94/95	Number reporting	Canada and provinces (11) Age groups (11) Sex (3) Education (6) Smoke free homes (4)
00060241	Sun exposure	96	Numbers reporting	Region (6) Age groups (9) Sex (3) Amount (4)
00060242	Family composition	96	Numbers in categories	Canada and provinces (13) Family Composition Family type (3)
00060243	Education and Literacy	96	Numbers with highest level of schooling	Canada and provinces (13) Age groups (8) Sex (3) Education (6)

HEALTH STATUS

00060103	Ambulatory Care Visits	1976 to 1993/94	Number of visits Visits per 1,000 population	Canada, provinces and territories (13) Type of visit (4)
00060110	Infant, perinatal mortality	1974-1996	Number of Infant Deaths Number of live births Infant mortality rate Stillbirths Deaths under one week Perinatal mortality Early neonatal mortality rate	Canada, provinces and territories (13) Cause of death (11) Sex (4)

<u>Table Number</u>	<u>Type of Indicator</u>	<u>Period</u>	<u>Specific Data Series</u>	<u>Disaggregations for each Data Series</u>
00060111	Suicides	1961-1997	Number of suicides Rate per 100, 000 population	Canada, provinces and territories (13) Canada, provinces and territories (13) Age groups (8) Sex (3)
00060112	Perceived Health Status	1991, 1994/95 1996/97	Perceived health good Self reported health problems	Canada and provinces (11) Age groups (5) Sex(3)
00060113	Potential years of life lost	1961-1997	Potential Years of Life Lost (PYLL)	Canada, provinces and territories (13) Cause of death (10) Age groups (15) Sex (3)
00060114	Age standardized mortality rate	1950-1997	Age standardized mortality rate	Canada, provinces and territories (13) Cause of death (25) Sex (3)
00060115	Life Expectancy	1920-22 to 1990-92	Life Expectancy	Canada and provinces (11) Age groups (20) Sex (3)
00060122	Disability	1986 1991	Number with disability Percentage with disability	Canada, provinces and territories (13) Age groups (6) Nature of disability (6) Sex (3)
00060123	Disability due to Motor Vehicle Accidents	1986, 1991	Number of persons	Canada, provinces and territories (13) Age groups (4) Nature of disability (4) Sex (3)

<u>Table Number</u>	<u>Type of Indicator</u>	<u>Period</u>	<u>Specific Data Series</u>	<u>Disaggregations for each Data Series</u>
00060127	Motor vehicle accident morbidity	1979/80 to 1995/96	Separations Separations per 1,000 Days Stay in hospital Days stay per 1,000	Canada and provinces (11) Age groups (6) Sex (3)
00060128	Hospital separations by Diagnostic group	1979/80 to 1995/96 1996/97	Number of separations Number of separations per 100, 000 population	Canada and provinces and territories (13) Age groups (6) ICD chapters (19) Sex (3)
00060132	Sexually transmitted diseases	1979 to 1997	Number of reported cases	Canada, provinces and territories (13) Type of disease (4) Age groups (12) Sex(4)
00060136	Notifiable diseases	1979 to 1997	Reported Cases	Canada, provinces and territories (13) Type of disease (10) Age groups (12) Sex(4)
00060137	Disability by living arrangement	1986, 1991	Number of people	Canada, provinces and territories (13) Age groups (5) Severity of disability (4) Living arrangement (3) Sex (3)
00060141	Stillbirths by parity	1974-1996	Live births Stillbirths 28+ weeks gestation	Canada, provinces and territories (13) Age groups (11) Order of birth (7)
00060142	Leading Sites of Cancer	1992-1994	Number of cases Rates	Canada and provinces (13) Age groups (9) Sex (3) Sites (10)

<u>Table Number</u>	<u>Type of Indicator</u>	<u>Period</u>	<u>Specific Data Series</u>	<u>Disaggregations for each Data Series</u>
00060143	Selected Causes of Death	1991-1997	Numbers of deaths Rates per 100,000 population	Canada and provinces (13) Age groups (21) Sex (3) Deaths by cause (44)
00060144	Detailed Causes of Death	1991-1997	Numbers of deaths Rates per 100,000 population	Canada and provinces (13) Age groups (21) Sex (3) Deaths by cause (283)
00060145	Leading causes hospitalization	94/95&95/96	Hospitalizations by cause Rates per 100,000 population	Canada and provinces (13) Age groups (12) Sex (3) Leading causes (16)
00060146	Hospitalization by Chapter of Canadian Classification of Procedures	94/95&95/96	Interventions by Chapter Rates per 100,000 population	Canada and provinces (13) Age groups (12) Sex (3) Chapters (19)
00060147	Leading interventions	94/95&95/96	Hospitalizations by proc Rates per 100,000 population	Canada and provinces (13) Age groups (12) Sex (3) Interventions (16)
00060150	Psychological Well being	94/95	Number reporting	Canada and provinces (11) Age groups (11) Sex (3) Education (6) Well being (5)

<u>Table Number</u>	<u>Type of Indicator</u>	<u>Period</u>	<u>Specific Data Series</u>	<u>Disaggregations for each Data Series</u>
00060151	Two week disability days	96/97	Number reporting	Canada and provinces (11) Age groups (12) Sex (3) Education (6) Average days
00060152	Chronic conditions	96/97	Number reporting	Canada and provinces (11) Age groups (10) Sex (3) Education (6) Chronic conditions (8)
00060153	Depression	96/97	Number reporting	Canada and provinces (11) Age groups (10) Sex (3) Education (6) Depression (5)

HEALTH RESOURCES

00060101	Approved Beds in Institutions	1979-1980 to 1993-1994	Number of approved beds Beds per 1,000 population	Canada, provinces and territories (13) Type of institution (3) Type of care (7)
00060126	College graduates and students in health care disciplines	1975-1976 to 1996-1997	Number of students Number of graduates	Canada, provinces and territories (13) Type of discipline (9) Sex (3)
00060129	University graduates in health care disciplines	1972-1973 to 1996-1997	Number of university health graduates	Canada, provinces and territories (11) Type of health discipline (15) Level of program (3) Sex (3)

<u>Table Number</u>	<u>Type of Indicator</u>	<u>Period</u>	<u>Specific Data Series</u>	<u>Disaggregations for each Data Series</u>
00060131	University students in health care disciplines	1972-1973 to 1996-1997	Number of university students in health care disciplines	Canada, provinces and territories (11) Type of health discipline (15) Level of program (3) Status of student (3) Sex (3)
00060201	Health Expenditures by Sector	1975 to 1997	Health Expenditures Per capita health expenditures	Canada, provinces and territories (12) Sector (4)
00060202	Health Expenditures by category of service	1975 -1994	Health Expenditures Per capita health expenditures	Canada, provinces and territories (12) Category of service (7)
00060205	Population per health professional	1977-1992	Number of health professionals Population per health professional	Canada, provinces and territories (14) Type of health professional (48)

HEALTH RESOURCES UTILIZATION

00060102	Hospital separations	1979-1980 to 1993-1994	Number of separations Separations per 1,000 population	Canada, provinces and territories (13) Type of separation (3)
00060116	Institutional Bed Occupancy Rate	1979-1980 to 1993-1994	Percentage Occupancy Rate	Canada, provinces and territories (13) Type of institution Type of care
00060117	Institutional Patient Days	1979-1980 to 1993-1994	Number of patient days Patient days per 1,000 population	Canada, provinces and territories (13) Type of institution Type of care

<u>Table Number</u>	<u>Type of Indicator</u>	<u>Period</u>	<u>Specific Data Series</u>	<u>Disaggregations for each Data Series</u>
00060125	Hospital Patient Days	1979-1980 to 1993-1994	Number of Patient days	Canada, provinces and territories (11) Age groups (6) Diagnostic group (19) Sex (3)
00060130	Average Length of stay in hospitals	1979-1980 to 1995-1996 1996-1997	Days stay in hospital Number of separations Average length of stay	Canada, provinces and territories (13) Age groups (6) Diagnostic group (19) Sex (3)
00060206	Physician services	1989-1990 1995-1996	Dollar amount of services Number of services Average payment	Canada, provinces and territories (13) Category of service (15) Physician speciality (18)
00060218	Health Professional Visits	96/97	Persons reporting	Canada and provinces (11) Age groups (10) Sex (3) Education (6) Frequency(5)
00060219	Dental Visits	96/97	Persons reporting	Canada and provinces (11) Age groups (10) Sex (3) Education (6) Frequency(5)
00060220	Physical Exam	96/97	Persons reporting	Canada and provinces (11) Age groups (10) Sex (3) Education (6) Frequency(5)
00060221	Eye Exam	96/97	Persons reporting	Canada and provinces (11) Age groups (10) Sex (3) Education (6) Frequency(5)

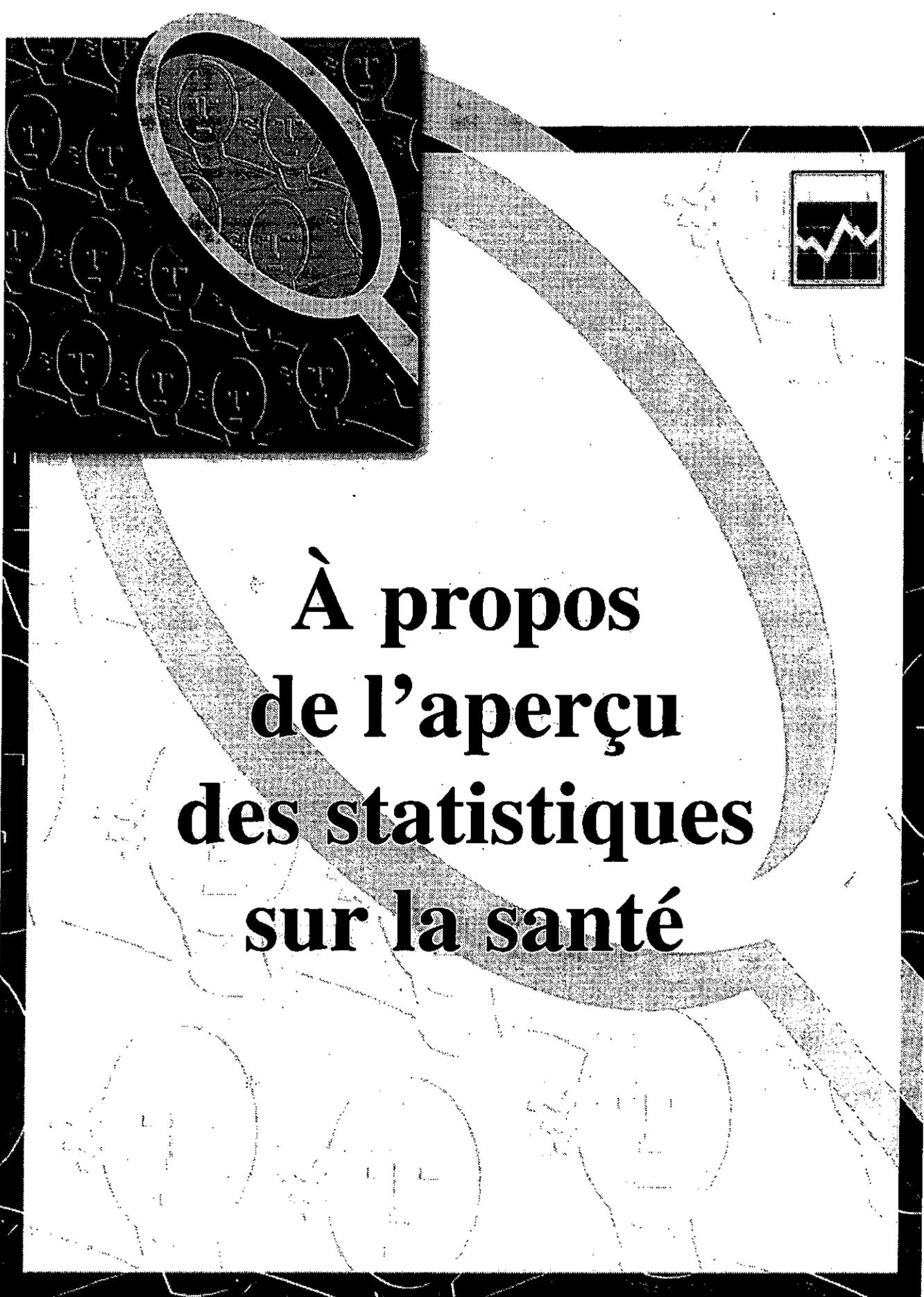
<u>Table Number</u>	<u>Type of Indicator</u>	<u>Period</u>	<u>Specific Data Series</u>	<u>Disaggregations for each Data Series</u>
00060222	Medication Use	96/97	Persons reporting	Canada and provinces (11) Age groups (10) Sex (3) Education (6) Medications (6)
00060223	Use of home care	96/97	Persons reporting	Canada and provinces (11) Age groups (9) Sex (3) Types (7)
00060224	Alternative Health Care	96/97	Persons reporting	Canada and provinces (11) Age groups (10) Sex (3) Types (4)
00060154	Average Length of Stay Leading causes of hospitalization	94/95&95/96	Days stay Separations Average length of stay	Canada and provinces (13) Age groups (12) Sex (3) Causes (16)
00060155	Average Length of Stay Interventions	94/95&95/96	Days Stay Separations Average length of stay	Canada and provinces (13) Age groups (12) Sex (3) Interventions (19)
00060156	Average Length of Stay Leading Interventions	94/95&95/96	Days Stay Separations Average length of stay	Canada and provinces (13) Age groups (12) Sex (3) Interventions (16)

8.2 Causes of Death

<u>Table Number</u>	<u>Type of Table</u>	<u>Period</u>	<u>Disaggregations</u>
Table 1			
TB111996	Number of Deaths and Rates	1996-97	Canada, provinces and territories (13) Sex (3)
Table 2			
TB211996	Deaths Underlying Cause ICD-9 – 3 digit	1996	Canada, provinces and territories (14) Age group (21) Sex (3) Cause (618)
TB211997	Deaths Underlying Cause ICD-9 – 3 digit	1997	Canada, provinces and territories (13) Age group (21) Sex (3) Cause (616)
TB221996	Deaths Underlying Cause ICD-9 – 4 digit	1996	Canada, provinces and territories (14) Age group (21) Sex (3) Cause (1794)
TB2211997	Deaths Underlying Cause ICD-9 – 4 digit	1997	Canada, provinces and territories (13) Age group (21) Sex (3) Cause (1823)
TB231996	Deaths Underlying Cause ICD-9 – Chapter, Block	1996-97	Canada, provinces and territories (14) Age group (21) Sex (3) Chapter (18) Block (118)

<u>Table Number</u>	<u>Type of Table</u>	<u>Period</u>	<u>Disaggregations</u>
Table 3			
TB311996	Deaths Nature of Injury ICD-9 – 3 digit	1996	Canada, provinces and territories (14) Age group (21) Sex (3) Nature (126)
TB311997	Deaths Nature of Injury ICD-9 – 3 digit	1997	Canada, provinces and territories (13) Age group (21) Sex (3) Nature (132)
TB321996	Deaths Nature of Injury ICD-9 – 4 digit	1996	Canada, provinces and territories (14) Age group (21) Sex (3) Nature (349)
TB321997	Deaths Nature of Injury ICD-9 – 4 digit	1997	Canada, provinces and territories (13) Age group (21) Sex (3) Nature (381)
TB331996	Deaths Nature of Injury ICD-9 – Block	1996-97	Canada, provinces and territories (14) Age group (21) Sex (3) Block (25)
Table 4			
TB411996	Summary of Vital Statistics Indicators	1995-97	Canada, provinces and territories (13)

<u>Table Number</u>	<u>Type of Table</u>	<u>Period</u>	<u>Disaggregations</u>
Table 5 TB511996	Deaths by selected causes	1995-97	Canada, provinces and territories (14) Age group (21) Sex (3) Count and rate (2) Cause (36)
Table 6 TB611996	Age-standardized mortality rates per 100,000 population by selected causes	1995-97	Canada, provinces and territories (14) Sex (3) Cause (36)
Table 7 TB711996	Deaths by causes A-List	1995-97	Canada, provinces and territories (14) Age group (25) Sex (3) Cause (359)
Table 8 TB811996	Infant Deaths for Selected Detailed Causes	1995-97	Canada, provinces and territories (14) Age group (24) Sex (3) Count and rate (2) Cause (95)



**À propos
de l'aperçu
des statistiques
sur la santé**

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1. Introduction

1.1 Aperçu des statistiques sur la santé

L'*Aperçu des statistiques sur la santé* est un produit de données intégré. Son contenu reflète la demande croissante d'analyses des dossiers santé de l'heure complétées par les données sous-jacentes. Le présent CD-ROM comprend trois grandes composantes : le *Rapport statistique sur la santé de la population canadienne*, 17 articles tirés de *Rapports sur la santé* cités dans le *Rapport statistique* et toutes les composantes des *Indicateurs sur la santé*, y compris les *Causes de décès*.

Pour permettre à l'utilisateur de passer facilement de l'analyse aux tableaux de données et inversement, on a créé quelque 54 liens entre le *Rapport statistique* et les tableaux des *Indicateurs sur la santé*, entre le *Rapport statistique* et les articles de *Rapports sur la santé* et entre le présent document et les tableaux des *Indicateurs sur la santé*. La documentation qui décrit les enquêtes sur lesquelles se fondent les tableaux des indicateurs de la santé n'est reliée à aucune autre composante.

1.2 Rapport statistique sur la santé de la population canadienne

Le présent *Rapport* est une mise à jour du *Rapport sur la santé des Canadiens et des Canadiennes*, publié en 1996. À l'instar du premier rapport, il offre une vue d'ensemble statistique complète et détaillée de l'état de santé de la population canadienne ainsi que des principaux facteurs déterminants en matière de santé. Le premier rapport a été élaboré par le Comité consultatif fédéral, provincial et territorial sur la santé de la population, qui a également commandé cette mise à jour. Le *Rapport* vise à aider les responsables de l'élaboration des politiques et de la planification des programmes à cerner les priorités et à mesurer les progrès dans le domaine de la santé de la population.

Le *Rapport* a été conçu pour servir d'outil de connaissance et de planification. Il contient de l'information sur les populations à risque, propose des liens entre les facteurs déterminants en matière de santé, l'état de santé et les caractéristiques démographiques, soulève des questions sur les raisons des écarts importants entre les provinces et les territoires, et cerne les domaines où le système canadien d'information sur la santé est efficace et ceux où il est plutôt faible. Les onze introductions du *Rapport* abordent ces sujets et d'autres. Bien que la plupart des sujets abordés dans le présent *Rapport* portent sur 97 p. 100 de la population canadienne, il importe de se rappeler que les autres 3 p. 100 ont souvent une part disproportionnée des problèmes de santé.

1.3 Rapports sur la santé

Les *Rapports sur la santé* sont produits tous les trimestres par la Division des statistiques sur la santé de Statistique Canada. Ils s'adressent à un large public, notamment les professionnels de la santé, les chercheurs, les décideurs, les enseignants et les étudiants. Ils visent à fournir des données exhaustives, pertinentes et de grande qualité sur l'état de santé de la population et le système de soins de santé. Ils traitent de divers sujets sous la

forme d'analyses originales et opportunes des données sur la santé et de l'état civil. L'information provient habituellement de bases de données administratives ou d'enquêtes nationales, provinciales ou territoriales.

1.4 Tableau de l'Aperçu des statistiques sur la santé

L'*Aperçu des statistiques sur la santé* représente un produit de données intégré. Ils fournissent des renseignements sur les facteurs de risque socioéconomiques ou déterminants de la santé et sur l'état de santé de la population, de nouvelles données sur les résultats en ce qui concerne la santé et des précisions sur l'utilisation des services de santé. La publication de l'*Aperçu des statistiques sur la santé* a pour but de présenter un ensemble de données fondamentales produit d'après les renseignements les plus récents.

Les tableaux des indicateurs de la santé comportent des séries chronologiques prolongées produites aux niveaux de détail géographique national et provincial ou territorial. En fonction de l'indicateur, les données sont recoupées selon l'âge et le sexe et, parfois, le niveau de scolarité. Comme un grand nombre de données utilisées pour calculer les indicateurs proviennent d'enquêtes par sondage, nombre de tableaux ne peuvent être produits au niveau infra provincial.

1.5 Causes de décès

Le contenu des publications n^{os} 84-208 *Causes de décès* et 84-209, *Mortalité, liste sommaire des causes* font maintenant partie d'un ensemble distinct de tableaux intitulé *Causes de décès* à l'intérieur de l'*Aperçu des statistiques sur la santé*. Il existe huit (8) tableaux pour 1995, 1996 et 1997, qui font état des causes selon la province, l'âge et le sexe, et qui comportent des nombres et des taux.

Le soutien technique pour l'utilisation des plates-formes logicielles est intégré au produit courant. Les logiciels B20/20 et Acrobat contiennent tous deux un guide d'initiation qui permettra à l'utilisateur novice d'extraire plus facilement les renseignements souhaités.

2. Soutien technique

Le produit *Aperçu des statistiques sur la santé* offre un soutien technique ainsi qu'un soutien spécialisé à l'utilisateur.

- Le **Service d'aide aux utilisateurs** [1 (800) 949-9491] offre le soutien technique nécessaire pour surmonter les difficultés que pose l'installation ou l'utilisation du logiciel de navigation B20/20 ou le contenu des données.
- Du soutien concernant le contenu des données pour la partie des Causes de décès peut être obtenu au 1-613-951-5305.
- L'Institut canadien d'information sur la santé (ICIS) [1 (613) 241-7860] fournit, quant à lui, des précisions sur les données qu'il est désormais chargé de recueillir.

2.1 Liens entre les composantes du produit

Les liens entre les tableaux Beyond 20/20 et le *Rapport statistique sur la santé de la population canadienne* peuvent être activés à partir des titres des tableaux. En cliquant sur ces titres, l'utilisateur peut passer à des données supplémentaires qui figurent dans les tableaux Beyond 20/20 des *Indicateurs sur la santé*. Pour retourner automatiquement au *Rapport statistique* de départ, il suffit de fermer l'application Beyond 20/20.

Les liens entre les articles de *Rapports sur la santé* et le *Rapport statistique sur la santé de la population canadienne* peuvent être activés à partir des articles de *Rapports sur la santé* cités dans le *Rapport statistique*. Les titres de ces articles figurent sur la liste Ouvrage de référence établie pour chaque sujet. En cliquant sur la référence d'un article de *Rapports sur la santé*, l'utilisateur peut passer à la version Acrobat de cet article. Pour revenir automatiquement au *Rapport statistique* de départ, il suffit de fermer l'application.

Liens entre les tableaux Beyond 20/20 de *À propos de l'Aperçu des statistiques sur la santé*. Pour activer les liens, il suffit de cliquer sur les titres des tableaux qui figurent à la section 4.2.

3. Applications

L'*Aperçu des statistiques sur la santé* est précieux pour les administrateurs, les spécialistes de l'élaboration des politiques, les planificateurs et les chercheurs. Ils servent aussi à l'évaluation des programmes et aux études de marché. Enfin, ils permettent de répondre à des demandes ordinaires de renseignements sur l'état de santé de la population, les déterminants de cet état de santé et l'utilisation des services de santé au Canada.

3.1 Administration et évaluation des programmes

La santé et l'attitude à l'égard de cette dernière ont évolué ces dix dernières années. Les indicateurs que contenait auparavant ce produit de données renseignaient les utilisateurs sur certains déterminants de la santé et certains aspects de l'état de santé de la population. Cependant, en raison de la réforme du système de santé et de l'intérêt croissant pour la promotion de la santé et la prévention, la demande de renseignements sur les résultats des traitements, l'utilisation du système de santé et l'état de santé s'accroît. Les tableaux présentés dans la nouvelle version fournissent aux administrateurs des données nationales et provinciales ou territoriales qui leur permettront d'examiner les sources provinciales/territoriales dans le contexte national plus général.

3.2 Recherche

La recherche dans le domaine de la santé est exécutée sous l'angle de la science sociale qu'il s'agisse d'études empiriques ou de l'analyse secondaire de données collectées antérieurement. L'*Aperçu des statistiques sur la santé* permet d'appliquer la deuxième

méthode. Nombre de tableaux peuvent être utilisés en parallèle pour faciliter les analyses complexes. La capacité de produire des graphiques permet d'examiner rapidement les données, caractéristique importante dans le cas des analyses préliminaires et du perfectionnement des hypothèses.

4. Sources des données

Puisque l'*Aperçu des statistiques sur la santé* contient un large éventail de données, les sources sont également variées. À cause de cette diversité, un grand nombre de séries chronologiques contenues dans les tableaux ne sont pas cohérentes, surtout quand il s'agit de données provenant d'enquêtes par sondage. Avant qu'on ne lance l'Enquête nationale sur la santé de la population (ENSP), certaines questions n'étaient posées que tous les cinq ans. Cette situation touchait particulièrement les tableaux produits d'après les données de l'Enquête sociale générale. Il arrivait aussi que l'intervalle entre les points de données soit plus long dans le cas des tableaux produits d'après les données des enquêtes spéciales de Santé Canada. Pour des tableaux comme ceux sur l'examen régulier des seins (00060213), les personnes qui aimeraient que leur poids soit différent (00060212) et les personnes qui bouclent toujours leur ceinture de sécurité (00060209), les données qui, au départ, provenaient de l'Enquête promotion santé sont maintenant tirées de l'ENSP. L'effet de l'ENSP est particulièrement marqué dans le cas de certains tableaux où la présentation de données bisannuelles produit maintenant des séries chronologiques cohérentes. Les tableaux sur l'usage du tabac, la consommation d'alcool, la fréquence de l'exercice et le test de Papanicolaou en sont des exemples.

4.1 CANSIM

Les tableaux dans l'*Aperçu des statistiques sur la santé* figurent aussi dans la base de données recoupées CANSIM. La numérotation des tableaux, qui reflète cette source, est arbitraire. Les tableaux sur les Causes de décès ne figurent pas dans la base de données CANSIM.

- Au lieu d'être consécutive, la numérotation des tableaux est subdivisée en deux groupes, de 00060100 à 00060160 et 00060200 à 00060243.
- Les tableaux sont également stockés dans la base de données des **séries chronologiques CANSIM**. Les numéros des matrices sont 1001-1006, 1011-1013, 1020, 1084-1097, 4263-4282.

En tout, la base de données contient environ 100 tableaux. Une description générale de la base de données complète figure à la fin du présent document (voir les sections 8.1 et 8.2).

4.2 Tableaux en provenance de Statistique Canada

4.2.1 Statistiques de l'état civil

L'*Aperçu des statistiques sur la santé* qui se fondent sur les données sur la natalité, la mortinatalité et la mortalité incluent maintenant certains tableaux diffusés antérieurement dans des publications imprimées. Ainsi, les utilisateurs constateront que les tableaux concernant la liste A des causes de décès ont une nouvelle présentation. Il existe maintenant un tableau sur les causes principales de décès dont le contenu concorde avec celui du *Recueil de statistiques de l'état civil*, de nouveau dans une nouvelle présentation. Nombre des autres tableaux déjà publiés dans la première version reproduisent ceux diffusés dans d'anciennes publications imprimées.

Le contenu de 84-208 *Causes de décès* et 84-209 *Liste sommaire des causes* figure maintenant dans un groupe de tableaux distincts, intitulés *Causes de décès*, qui sont à l'intérieur de l'*Aperçu des statistiques sur la santé*.

Les tableaux qui suivent sont classés dans la catégorie des **Déterminants de la santé**.

00060104	Taux global de fécondité
00060107	Taux de fécondité par âge
00060108	Avortements et naissances chez les adolescentes
00060109	Naissances vivantes selon l'âge de la mère et le poids de naissance

Les tableaux suivants sont classés dans la catégorie de l'**État de santé**.

00060110	Taux de mortalité infantile et périnatale
00060113	Années potentielles de vie perdues
00060114	Taux comparatif de mortalité par âge
00060115	Espérance de vie
00060141	Mortinaissances et rang de naissance
00060143	Certaines causes de décès
00060144	Cause détaillée du décès (cause de la liste A)

Les tableaux qui suivent sont ceux de la section **Causes de décès**

TB111996	Nombre de décès et taux
TB211996	Cause initiale de décès (CIM9 3 chiffre)
TB211997	Cause initiale de décès (CIM9 3 chiffre)
TB221996	Cause initiale de décès (CIM9 4 chiffre)
TB221997	Cause initiale de décès (CIM9 4 chiffre)
TB231996	Cause initiale de décès (CIM9 Chapitre, bloc)
TB311996	Nature de la blessure (CIM9 3 chiffre)
TB311997	Nature de la blessure (CIM9 3 chiffre)
TB321996	Nature de la blessure (CIM9 4 chiffre)
TB321997	Nature de la blessure (CIM9 4 chiffre)
TB331996	Nature de la blessure (CIM9 Chapitre, codes du bloc)
TB411996	Sommaire des statistiques de l'état civil
TB511996	Décès selon certaines causes
TB611996	Taux comparatif de mortalité pour 100,000 habitants
TB711996	Décès selon les causes, Liste-A
TB811996	Décès infantiles dus à certaines causes détaillées 1995-1997

4.2.2 Rapport annuel des établissements de santé et Enquête sur les établissements de soins pour bénéficiaires internes

En ce qui concerne l'*Aperçu des statistiques sur la santé* qui se fondent sur les données du Rapport annuel des établissements de santé et de l'Enquête sur les établissements de soins pour bénéficiaires internes, la série chronologique comportera certaines lacunes non prévues de 1993-1994 à 1996-1997.

Le gros des tableaux qui suivent se classent dans la catégorie de l'**Utilisation des ressources de santé**.

00060101	Lits d'établissement de santé
00060102	Départs des établissements de santé
00060103	Soins ambulatoires
00060116	Taux d'occupation des lits d'établissement de santé
00060117	Journées d'hospitalisation selon le type de soins
00060125	Journées d'hospitalisation selon l'âge et le sexe

4.2.3 Morbidité hospitalière

Les tableaux produits d'après les données sur la morbidité hospitalière et les interventions chirurgicales se fondent sur des données qui seront désormais collectées et traitées par l'Institut canadien d'information sur la santé (ICIS). Pour chaque année jusqu'à l'exercice 1993-1994, les données reflètent les méthodes de traitement en vigueur à Statistique Canada. La méta information présentée ailleurs reflète ce traitement. Les utilisateurs devraient s'adresser à l'ICIS pour obtenir des précisions sur le traitement des données de 1994-1995 et 1995-1996.

Les tableaux indiquant les **départs des établissements de santé** selon la cause se classent dans la catégorie de l'**État de santé** tandis que ceux sur la **durée moyenne de l'hospitalisation** se classent dans la catégorie de l'**Utilisation des ressources de santé**.

00060127	Morbidité due aux accidents de véhicule à moteur
00060128	Départs des hôpitaux selon le groupe de diagnostics
00060130	Durée moyenne de l'hospitalisation
00060145	Causes principales d'hospitalisation
00060146	Interventions chirurgicales selon le chapitre de la CCA
00060147	Départs des hôpitaux selon l'intervention chirurgicale principale
00060154	Durée moyenne de l'hospitalisation par cause principale d'hospitalisation
00060155	Durée moyenne de l'hospitalisation selon le chapitre de la CCA
00060156	Durée moyenne de l'hospitalisation selon l'intervention principale

4.2.4 Avortements thérapeutiques

L'*Aperçu des statistiques sur la santé* ne contient qu'un seul tableau dont les données proviennent de l'Enquête sur les avortements thérapeutiques. Le tableau qui figure dans le rapport d'enquête présente des données par année d'âge. Comme les données démographiques sont limitées pour certaines provinces, ces données pourraient brosser un tableau inexact de l'avortement chez les adolescentes. Les données sont maintenant recueillies par l'ICIS et celles qui figurent dans le tableau pour 1995 et 1996 ont été produites par cet organisme. Les utilisateurs devraient donc s'adresser à l'ICIS pour obtenir des renseignements sur la collecte et le traitement des données pour ces deux années de référence. Les données présentées ailleurs dans le tableau reflètent les méthodes de traitement appliqué antérieurement par Statistique Canada. Le tableau sur les avortements se classe dans la catégorie des **Déterminants de la santé**.

00060108	Avortements et naissances chez les adolescentes
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4.2.5 Registre canadien du cancer

L'Aperçu des statistiques sur la santé contient un tableau fondé sur des données du Registre pour la période de référence allant de 1992 à 1994. Il s'agit d'un tableau sur les principaux sièges de cancer pour ces trois années produit d'après les données sur les sièges et les groupes d'âge présentés dans la publication *Statistiques canadiennes sur le cancer, 1998*. Les principaux sièges de cancer sont classés dans la catégorie de l'**État de santé**.

00060142 Principaux sièges de cancer

4.2.6 Enquête nationale sur la santé de la population

L'Aperçu des statistiques sur la santé contient une foule de données provenant de l'Enquête nationale sur la santé de la population. L'aperçu des premiers et deuxièmes cycles de l'enquête donnera aux utilisateurs une idée de la richesse de l'ensemble de données. Une partie du contenu des tableaux s'appuyant sur cette source est le même que celui du premier rapport intitulé le *Rapport statistique sur la santé de la population canadienne*.

Le tableau suivant montre le contenu des trois premiers cycles de l'ENSP.

**Résumé du contenu de l'Enquête nationale sur la santé de la population (ENSP)
le 28 mai 1998**

CONTENU POUR L'ENQUÊTE PRINCIPALE			
	ENSP 1994-95	ENSP 1996-97	ENSP 1998-99
Incapacité au cours des 2 dernières semaines	O	O	O
Utilisation des soins de santé	O	O	O
Limitation des activités	O	O	O
Problèmes de santé chroniques	O	O	O
Renseignements socio-démographiques	O	O	O
Niveau de scolarité	O	O	O
Population active	O	O	O
Revenu	O	O	O
État de santé perçu par la personne	O	O	O
Santé de la femme	O	O	O
Tension artérielle	O	O	O
Taille et poids	O	O	O
État de santé	O	O	O
Activités physiques	O	O	O
Mouvements répétitifs	N	O	O
Blessures	O	O	O
Consommation de médicaments	O	O	O
Usage du tabac	O	O	O
Consommation d'alcool	O	O	O
Santé mentale	O	O	O
Soutien social	O	O	O
Sentiment de cohésion	O	N	O
Dépendance à l'égard de l'alcool	N	O	N

THÉMATIQUE PARTICULIÈRE			
	ENSP 1994-95	ENSP 1996-97	ENSP 1998-99
Psycho-social			
Stress	O	N	N
Problèmes actuels	O	N	N
Évènements récents	O	N	N
Facteurs de stress chez les enfants et les adultes («traumatismes»)	O	N	N
Stress au travail	O	N	N
Estime de soi	O	N	N
Contrôle	O	N	N
Accès aux services de santé			
Tension artérielle	N	O	N
Test de Papanicolaou	N	O	N
Mammographie	N	O	N
Examen des seins	N	O	N
Auto-examen des seins	N	O	N
Allaitement	N	O	N
Examen général	N	O	N
Vaccination antigrippale	N	O	N
Visites chez le dentiste	N	O	N
Examen de la vue	N	O	N
Services d'urgence	N	O	N
Assurance	N	O	O
Soins personnels	N	N	O
Antécédents médicaux de la famille	N	N	O

CONTENU ACHETÉ			
	ENSP 1994-95	ENSP 1996-97	ENSP 1998-99
Enquête sur la promotion de la santé		○ (faisant partie du questionnaire)	N
Diète / Nutrition	N	O	O
Taille et poids	N	O	N
Auto-examen des seins	N	O	N
Allaitement	N	O	N
Grossesse	N	O	N
VIH	N	O	N
Usage du tabac	N	O	N
Consommation d'alcool	N	O	N
Santé sexuelle	N	O	N
Sécurité routière	N	O	N
Variantes du tabagisme	N	N	O
Insécurité alimentaire	N	O	O
Questions supplémentaires	○	○	N
Sens de la débrouillardise (Alberta)	O	O	N
Sens de la débrouillardise (Manitoba)	O	N	N
Renseignements sur la santé	N	O	N
Bronzage et exposition aux rayons ultraviolets	N	O	N
Soutien social	N	O	N
Opinions au sujet des parents	N	O	N
Services de santé	N	O	N
Santé sexuelle	N	O	N
Sécurité personnelle et violence	N	O	N
Services de santé pour enfants	N	O	N

La liste suivante démontre tous les tableaux tirés de l'ENSP.

Déterminants de la santé

00060106	Satisfaction envers l'emploi principal
00060118	Fumeurs
00060119	Moyenne de cigarettes fumées par jour
00060120	Buveurs
00060121	Personnes souffrant d'hypertension
00060124	Moyenne d'alcool consommé par semaine
00060207	Fréquence de l'exercice
00060208	Frottis de Papanicolaou
00060209	Personnes qui bouclent toujours leur ceinture de sécurité
00060210	Mesures prises pour améliorer la santé
00060211	Indice de masse corporelle
00060212	Personnes qui aimeraient que leur poids soit différent
00060213	Examen régulier des seins
00060214	Aliments consommés au petit déjeuner
00060215	Conduite et consommation d'alcool
00060217	Âge de la première relation sexuelle

Utilisation des ressources de santé

00060150	Bien-être psychologique
00060151	Nombre de jours d'incapacité durant les deux dernières semaines
00060152	Problèmes de santé chroniques
00060153	Dépression
00060218	Consultation des professionnels de la santé
00060219	Visites chez le dentiste
00060220	Examen général
00060221	Examen de la vue
00060222	Consommation de médicaments
00060223	Utilisation de soins à domicile

État de santé

00060112	Problèmes de santé
00060228	Besoins non satisfaits de services de santé
00060229	Soutien social
00060233	Habitudes alimentaires
00060234	Habitudes concernant l'allaitement au sein
00060235	Stress dans la vie quotidienne (voir aussi le tableau 139)
00060236	Stress au travail
00060237	Estime de soi
00060238	Contrôle
00060239	Milieu de travail sans fumée

00060240 Foyers où on ne fume pas

4.2.7 Autres sources à Statistique Canada

Les corrélats sociaux de la santé sont présentés grâce à l'extraction de données provenant d'enquêtes de Statistique Canada comptant parmi les plus significatives.

Déterminants de la santé

- Le Recensement de la population fournit les données pour les tableaux 00060216 Familles monoparentales et 00060242 Niveau de scolarité et littéracie.
- Le tableau 00060105 se fonde sur des données tirées des estimations de population de la Division de la démographie.
- Les tableaux 00060133 et 00060135 sur le revenu des personnes âgées et les seuils de faible revenu s'appuient sur des données de l'Enquête sur les finances des consommateurs.
- Le tableau 00060138 s'appuie sur des données de l'Enquête sur la population active qui renseigne sur l'activité.
- Les résultats de l'Enquête sur l'exposition au soleil, enquête spéciale qui portent sur l'exposition au soleil au travail, durant les loisirs et pendant les voyages hivernaux, figurent dans le tableau 00060241. Les deux tableaux se classent dans la catégorie des **Déterminants de la santé**.

Les tableaux 00060126, 00060129 et 00060131 se fondent sur des données de la section de l'enseignement post secondaire du Centre de la statistique de l'éducation. Dans le cas des professions pour lesquels il faut obtenir un permis d'exercice, comme la profession d'infirmier ou d'infirmière, l'obtention du diplôme ne signifie pas nécessairement que la personne a obtenu le permis d'exercer ni qu'elle exerce la profession correspondant au diplôme obtenu. Les tableaux reflètent les **ressources** à la disposition du système de santé.

00060126 Étudiants et diplômés de collège dans les disciplines de la santé
00060129 Diplômés universitaires dans les disciplines de la santé
00060131 Étudiants universitaires dans les disciplines de la santé

Les tableaux 00060139 et 00060140 ont été remplacés par de nouveaux tableaux plus complets. Consulter les tableaux sur la santé mentale tirée de l'ENSP. Le tableau 00060214 ne peut être mis à jour à l'heure actuelle. Les tableaux fondés sur les données du cycle 11 de l'Enquête sociale générale, qui se classent dans la catégorie des **Déterminants de la santé**, sont les suivants :

00060230 Fourniture de soins non officiels
00060231 Obtention de soins non officiels
00060232 Fardeau des prestataires de soins

Les tableaux ci-après, qui rentrent dans la catégorie de l'**État de santé**, se fondent sur les

données des cycles de 1986 et de 1991 de l'Enquête sur la santé et les limitations de l'activité. Ces données n'ont pas été recueillies depuis.

00060122	Incapacité
00060123	Incapacité due aux accidents de véhicule à moteur
00060137	Incapacité selon les conditions de logement

4.3 Tableaux fournis par des organismes externes

L'*Aperçu des statistiques sur la santé* contient aussi des données provenant de l'ICIS, de Santé Canada et d'autres enquêtes de Statistique Canada. Dans le cas des données collectées auparavant par Statistique Canada mais recueillies maintenant par l'ICIS, la documentation reflète le contexte historique. En ce qui concerne les autres enquêtes de Statistique Canada, comme les exigences en matière de documentation sur les données sont les mêmes que pour les données mentionnées plus haut, l'information est présentée de la même façon. Pour obtenir des renseignements sur les données produites par l'ICIS et par Santé Canada, l'utilisateur devrait s'adresser à ces organismes.

4.3.1 Tableaux provenant de l'ICIS

Ces tableaux se classent dans la catégorie des **Ressources de santé**.

00060201	Dépenses de santé selon le secteur
00060202	Dépenses de santé selon le service
00060205	Nombre de professionnels de la santé
00060206	Paiements pour les services médicaux

4.3.2 Tableaux provenant de Santé Canada

Ces tableaux se classent dans la catégorie de l'**État de santé**.

00060132	Maladies transmises sexuellement
00060136	Maladies à déclaration obligatoire

Il convient de souligner que les maladies énumérées au tableau 136 représentent un échantillon des maladies dont la déclaration est jugée obligatoire par l'administration fédérale. Le système de collecte de renseignements étant aussi un système de surveillance, des cas peuvent être éliminés une fois obtenue la confirmation du laboratoire. De nombreux facteurs, y compris le fait qu'une personne choisisse ou non de se faire traiter, peuvent aussi causer un sous-dénombrement. Les provinces recueillent d'autres données sur des listes allongées de maladies infectieuses.

4.3.3 Association des commissions des accidents du travail du Canada

Les heures de travail perdues à cause d'accident du travail sont classées dans la catégorie des **Déterminants de la santé**.

00060134 Accident du travail avec perte de temps

Les données pour 1995 et 1996 ont été fournies par l'Association, mais collectées en appliquant la méthodologie utilisée antérieurement par Statistique Canada.

5. Documentation

La méta information fournie inclut l'information sur le type d'enquête (sondage ou recensement), pour aider les utilisateurs à comprendre les méthodes de collecte, de vérification et de traitement des données.

6. Métadonnées

Comme par le passé, des notes et des explications figurent dans les tableaux proprement dits du logiciel B20/20. Étant donné le nouveau contenu, les tableaux contiennent des notes plus détaillées.

7. Ouvrages de référence

- 84-214-XPB *Recueil de statistiques de l'état civil*
- 82-567 *Aperçu de l'Enquête nationale sur la santé de la population, 1994-1995*
- 82-567-XPB *Aperçu de l'Enquête nationale sur la santé de la population, 1996-1997*
Statistiques canadiennes sur le cancer, 1998

8. Aperçu de la base de données

8.1 Programme des Indicateurs sur la santé

DÉTERMINANTS DE LA SANTÉ

<u>Numéro de la table</u>	<u>Type d'indicateur</u>	<u>Période</u>	<u>Séries particulières de données (qualificatifs)</u>	<u>Désagréations pour chaque série de données</u>
00060104	Taux global de fécondité	1961-1997	Taux global de fécondité	Canada, provinces et territoires (13)
00060105	Répartition de la population	1961-1998	Population Répartition en pourcentage	Canada, provinces et territoires (13) Groupes d'âge (21) Sexe (3)
00060106	Satisfaction vers l'emploi principal	1985, 1991 1994/95	Personnes satisfaites Population Pourcentage de la population satisfaite, insatisfaite envers leur emploi	Canada et provinces (11) Groupes d'âge (6) Sexe (3)
00060107	Taux de fécondité par âge	1961-1997	Nombre de naissances vivantes Taux de fécondité par âge	Canada, provinces et territoires (13) Groupes d'âge de la mère (10) Rang de naissance (7)
00060108	Avortements et naissances adolescentes	1974-1995	Nombre d'avortements thérapeutiques Nombre de naissances	Canada, provinces et territoires (13) Ages, 13 jusqu'à 17 (7)

<u>Numéro de la table</u>	<u>Type d'indicateur</u>	<u>Période</u>	<u>Séries particulières de données (qualificatifs)</u>	<u>Désagrégrations pour chaque série de données</u>
00060109	Naissances vivantes	1961-1997	Nombre de naissances vivante	Canada, provinces et territoires (13) Groupes d'âge de la mère (10) Poids de l'enfant Période de gestation (11)
00060118	Nombre de fumeurs	1985, 1989 1991, 1994/95 1996/97	Nombre de fumeurs quotidiens	Canada et provinces (11) Groupes d'âge (5) Niveau d'instruction (4) Sexe (3)
00060119	Consommation de cigarettes	1985, 1989 1991, 1994/95 1996/97	Nombre de fumeurs quotidiens	Canada et provinces (11) Groupes d'âge (5) Nombre moyen de cigarettes par jour Sexe (3)
00060120	Nombre de buveurs	1985, 1989 1991, 1994/95 1996/97	Nombre de buveurs	Canada et provinces (11) Groupes d'âge (5) Niveau d'instruction (4) Sexe (3)
00060121	Personnes souffrant d'hypertension	1985, 1991 1994/95 1996/97	Nombre de personnes Population âgée de 15 et plus Pourcentage de la population atteinte d'hypertension	Canada et provinces (11) Groupes d'âge (5) Sexe (3)
00060124	Consommation d'alcool	1985, 1991 1994/95 1996/97	Nombre de buveurs	Canada et provinces (11) Groupes d'âge (5) Nombre de consommations par semaine Sexe (3)

<u>Numéro de la table</u>	<u>Type d'indicateur</u>	<u>Période</u>	<u>Séries particulières de données (qualificatifs)</u>	<u>Désagrégrations pour chaque série de données</u>
00060133	Population âgée selon le niveau de revenu	1973-1995 Biennal	Nombre de personnes âgées vivant seul	Canada et provinces (11) Groupes d'âge (4) Niveau de revenu (8) Sexe (3)
00060134	Accidents du travail avec perte de temps	1982-1996	Nombre d'accidents du travail avec perte de temps	Canada, provinces et territoires (13) Groupes d'âge (5) Branche activité (20) Sexe (4)
00060135	Population âgée au-dessous du seuil de faible revenu	1973-1995 Biennal	Nombre estimatif de personnes âgées Répartition en pourcentage des personnes âgées	Canada et provinces (11) Groupes d'âge (4) Seuil de faible revenu (3) Sexe (3)
00060138	Population active	1966-1997	Taille de la population active Nombre de personnes occupées Nombre de chômeurs Nombre d'inactifs	Canada et provinces (11) Groupes d'âge (5) Sexe (3)
00060139	Niveau de stress Voir tableau 235	1985, 1991	Nombre de personnes	Canada, provinces et Yukon (12) Groupes d'âge (5) Niveau de stress (4) Sexe (3)
00060140	Échelle d'équilibre de l'affect de Bradburn Voir tableaux 236 suite.	1978, 1991	Répartition en pourcentage	Canada et provinces (11) Échelle de Bradburn (5) Sexe (3)

<u>Numéro de la table</u>	<u>Type d'indicateur</u>	<u>Période</u>	<u>Séries particulières de données (qualificatifs)</u>	<u>Désagrégrations pour chaque série de données</u>
00060207	Fréquence de l'exercice	1985, 1990, 1994/95 1996/97	Nombre de personnes faisant l'exercice régulièrement	Canada et provinces (11) Groupes d'âge (8) Fréquence de l'exercice (5) Sexe (3)
00060208	Test de Papanicolau	1985, 1990 1994/95 1996/97	Nombre de femmes qui ont passé le test de Papanicolau	Papanicolau Groupes d'âge (8)
00060209	Usage des ceintures de sécurité	1985, 1990 1996/97	Nombre de personnes bouclant toujours leur ceinture de sécurité	Canada et provinces (11) Groupes d'âge (8) Sexe (3)
00060210	Mesures prises pour améliorer la santé	1985, 1990 1996/97	Mesures	Canada et provinces (11) Mesures (9) Groupes d'âge (5) Sexe (3)
00060211	Indice de masse corporelle	1985, 1990 1994/95 1996/97	Indice de masse corporelle groupements	Canada et provinces (11) Indice de masse corporelle (5) Groupes d'âge (8) Sexe (3)
00060212	Changement de poids	1985, 1990 1996/97	Nombre de personnes désirant un poids différent	Canada et provinces (11) Groupes d'âge (8) Sexe (3)
00060213	Examen régulier des seins	1985, 1990 1996/97	Par un professionnel au cours de l'année Auto-examen mensuel	Canada et provinces (11) Groupes d'âge (8)

<u>Numéro de la table</u>	<u>Type d'indicateur</u>	<u>Période</u>	<u>Séries particulières de données (qualificatifs)</u>	<u>Désagréations pour chaque série de données</u>
00060214	Aliments consommés au petit déjeuner	1985, 1990	Nombre de personnes consommant certains aliments au petit déjeuner	Canada et provinces (11) Choix d'aliments (5) Consommation(4) Groupes d'âge (5) Sexe (3)
00060215	Conduite et consommation	1985, 1990 1996/97	Nombre de personnes	Canada et provinces (11) Groupes d'âge (5) Fréquence (5) Sexe (3)
00060216	Familles monoparentales	1986, 1991 1996	Nombre de familles monoparentales	Canada, provinces et territoires (13) Groupes d'âge (7) Sexe (3)
00060217	Âge à la première relation sexuelle	1990 1996/97	Nombre de personnes	Canada, provinces et territoires (13) Groupes d'âge (7) Sexe (3)
00060228	Besoins non satisfaits de service de santé	1996/97	Personne dont les besoins de service de santé ne sont pas satisfaits	Canada et provinces (11) Groupes d'âge (10) Sexe (3) Besoins (5)
00060229	Soutien social	1996/97	Nombre de personnes recevant un soutien	Canada et provinces (11) Groupes d'âge (10) Sexe (3) Niveau de scolarité (6) Soutien social (3)

<u>Numéro de la table</u>	<u>Type d'indicateur</u>	<u>Période</u>	<u>Séries particulières de données (qualificatifs)</u>	<u>Désagréations pour chaque série de données</u>
00060230	Fourniture de soins non officiels	1995	Nombre de personnes	Canada et provinces (11) Groupes d'âge (10) Sexe (3) Niveau de scolarité (6) Fourniture de soins (4)
00060231	Obtention de soins non officiels	1995	Nombre de personnes obtenant des soins	Canada et provinces (11) Groupes d'âge (10) Sexe (3) Niveau de scolarité (6) Personnes obtenant des soins (4)
00060232	Fardeau des prestataires de soins	1995	Prestataires de soins	Canada et provinces (11) Groupes d'âge (10) Sexe (3) Niveau de scolarité (6) Fardeau (6)
00060233	Habitudes alimentaires	1996/97	Nombre de personnes	Canada et provinces (11) Groupes d'âge (10) Sexe (3) Niveau de scolarité (6) Matières Gras (5) Carbohydate et fibres (5)
00060234	Allaitement au sein	1996/97	Nombre de mères qui allaitent	Canada et provinces (11) Groupes d'âge (7) Allaitement au sein (3)

<u>Numéro de la table</u>	<u>Type d'indicateur</u>	<u>Période</u>	<u>Séries particulières de données (qualificatifs)</u>	<u>Désagrégrations pour chaque série de données</u>
00060235	Stress - Vie quotidienne	1994/95	Nombre de personnes	Canada et provinces (11) Groupes d'âge (10) Sexe (3) Niveau de scolarité (6) Stress - Vie quotidienne (5)
00060236	Stress au travail	1994/95	Nombre de personnes Population Proportion éprouvant du stress au travail	Canada et provinces (11) Groupes d'âge (10) Sexe (3) Niveau de scolarité (6) Stress au travail (2)
00060237	Estime de soi	1994/95	Nombre de personnes Population Proportion ayant une haute estime de soi	Canada et provinces (11) Groupes d'âge (11) Sexe (3) Niveau de scolarité (6) Estime de soi (5)
00060238	Contrôle	1994/95	Nombre de personnes Population Proportion ayant un sentiment de contrôle	Canada et provinces (11) Groupes d'âge (11) Sexe (3) Niveau de scolarité (6) Contrôle (5)
00060239	Milieux de travail sans fumée	1994/95	Nombre de répondants Population	Canada et provinces (11) Groupes d'âge (11) Sexe (3) Niveau de scolarité (6) Milieu de travail sans fumée (3)

<u>Numéro de la table</u>	<u>Type d'indicateur</u>	<u>Période</u>	<u>Séries particulières de données (qualificatifs)</u>	<u>Désagrégrations pour chaque série de données</u>
00060240	Foyers où on ne fume pas	1994/95	Nombre de personnes	Canada et provinces (11) Groupes d'âge (11) Sexe (3) Niveau de scolarité (6) Enfants (5) Foyer où on ne fume pas (4)
00060241	Exposition au soleil	1996	Nombre de personnes	Région (5) Groupes d'âge (9) Sexe (3) Durée de l'exposition (4)
00060242	Composition de la famille	1996	Nombres par catégorie	Canada et provinces (11) Composition de la famille (5) Structure de la famille (5)
00060243	Niveau de scolarité et littéracie	1996	Nombre de personnes ayant le niveau de scolarité le plus élevé	Canada et provinces (13) Groupes d'âge (8) Sexe (3) Niveau de scolarité (6)

ÉTAT DE LA SANTÉ

00060103	Visites aux soins ambulatoires et soins chirurgicaux de jour	1976 to 1993/94	Nombre de visites Visites par 1,000 habitants	Canada, provinces et territoires (13) Type de visite (4)
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<u>Numéro de la table</u>	<u>Type d'indicateur</u>	<u>Période</u>	<u>Séries particulières de données (qualificatifs)</u>	<u>Désagréations pour chaque série de données</u>
00060110	Taux de mortalité infantile périnatale et néonatale	1974-1996	Nombre de décès moins d'un an Nombre de naissances vivantes Taux de mortalité infantile Mortinaissances Décès de moins d'une semaine Taux de mortalité périnatale Taux de mortalité néonatale précoce	Canada, provinces et territoires (13) Cause de décès (11) Sexe (4)
00060111	Suicides	1961-1997	Nombre de suicides Taux par 100, 000 habitants	Canada, provinces et territoires (13) Groupes d'âge (8) Sexe (3)
00060112	Perception de l'état de santé	1991, 1994/95 1996/97	Nombre de personnes en bonne santé Nombre de personnes déclarant un problème de santé	Canada et provinces (11) Groupes d'âge (5) Canada, provinces et territoires (13)
00060113	Années potentielles de vie perdue	1961-1997	Années potentielles de vie perdue	Canada, provinces et territoires (13) Cause de décès (10) Groupes d'âge (15) Sexe (3)
00060114	Taux comparatif de mortalité par âge	1950-1997	Taux comparatif de mortalité par âge	Canada, provinces et territoires (13) Cause de décès (25) Sexe (3)
00060115	Espérance de vie	1920-22 à 1990-92	Espérance de vie	Canada et provinces (11) Groupes d'âge (20) Sexe (3)

<u>Numéro de la table</u>	<u>Type d'indicateur</u>	<u>Période</u>	<u>Séries particulières de données (qualificatifs)</u>	<u>Désagrégrations pour chaque série de données</u>
00060122	Incapacité	1986 1991	Nombre de personnes atteintes d'incapacité Pourcentage de la population atteinte d'incapacité	Canada, provinces et territoires (13) Groupes d'âge (6) Nature de l'incapacité (6) Sexe (3)
00060123	Incapacité attribuable aux accidents de véhicule à moteur	1986, 1991	Nombre de personnes	Canada, provinces et territoires (13) Groupes d'âge (4) Nature de l'incapacité (6) Sexe (3)
00060127	Morbidité attribuable aux accidents de véhicule à moteur	1979/80 à 1995/96	Nombre de départs Nombre de départs par 1,000 Durée de séjour Journées par 1,000 habitants	Canada et provinces (11) Groupes d'âge (6) Sexe (3)
00060128	Départs des hôpitaux Diagnostic group	1979/80 à 1995/96 1996/97	Nombre de départs Nombre de départs par 100, 000 habitants	Canada et provinces et territoires (13) Groupes d'âge (6) Chapitre de la CIM (19) Sexe (3)
00060132	Maladies transmises sexuellement	1979 à 1997	Nombre de cas déclarés	Canada, provinces et territoires (13) Genre maladie (4) Groupes d'âge (12) Sexe (4)
00060136	Maladies à déclaration obligatoire	1979 à 1997	Nombre de cas déclarés	Canada, provinces et territoires (13) Genre maladie (10) Groupes d'âge (12) Sexe (4)

<u>Numéro de la table</u>	<u>Type d'indicateur</u>	<u>Période</u>	<u>Séries particulières de données (qualificatifs)</u>	<u>Désagréations pour chaque série de données</u>
00060137	Incapacité -Genre de logement	1986, 1991	Nombre de personnes	Canada, provinces et territoires (13) Groupes d'âge (5) Gravité de l'incapacité (4) Genre de conditions de logement(3) Sexe (3)
00060141	Mortinaissances et rang de naissance	1974-1996	Nombre de naissances vivantes Nombre de mortinaissances de 28 semaines et plus	Canada, provinces et territoires (13) Groupes d'âge (11) Rang de naissance (7)
00060142	Sièges principaux de cancer	1992-1994	Nombre de cas Taux pour 100 000 habitants	Canada, provinces et territoires (13) Groupes d'âge (9) Sexe (3) Sièges (10)
00060143	Certaines causes de décès	1991-1997	Nombre de décès Taux pour 100 000 habitants	Canada, provinces et territoires (13) Groupes d'âge (21) Sexe (3) Décès par cause(44)
00060144	Causes détaillées du décès	1991-1997	Nombre de décès Taux pour 100 000 habitants	Canada, provinces et territoires (13) Groupes d'âge (21) Sexe (3) Décès par cause (283)
00060145	Causes principales d'hospitalisation	94/95&95/96	Hospitalisations par cause Taux pour 100 000 habitants	Canada, provinces et territoires (13) Groupes d'âge (12) Sexe (3) Causes principales (16)

<u>Numéro de la table</u>	<u>Type d'indicateur</u>	<u>Période</u>	<u>Séries particulières de données (qualificatifs)</u>	<u>Désagrégrations pour chaque série de données</u>
00060146	Interventions par chapitre de la Classification canadienne des actes	94/95&95/96	Interventions par chapitre de la CCA Taux pour 100 000 habitants	Canada, provinces et territoires (13) Groupes d'âge (12) Sexe (3) Chapitres de la CCA (19)
00060147	Interventions principales	94/95&95/96	Départs par intervention Taux pour 100 000 habitants	Canada, provinces et territoires (13) Groupes d'âge (12) Sexe (3) Interventions (13)
00060150	Bien-être psychologique	1994/95	Nombre de personnes	Canada et provinces (11) Groupes d'âge (11) Sexe (3) Niveau de scolarité (6) Bien-être (5)
00060151	Incapacité au cours des deux dernières semaines	1996/97	Nombre de personnes	Canada et provinces (11) Groupes d'âge (12) Sexe (3) Niveau de scolarité (6) Nombre moyen de jours
00060152	Problèmes de santé chroniques	1996/97	Nombre de personnes	Canada et provinces (11) Groupes d'âge (10) Sexe (3) Niveau de scolarité (6) Problèmes de santé chroniques (8)

<u>Numéro de la table</u>	<u>Type d'indicateur</u>	<u>Période</u>	<u>Séries particulières de données (qualificatifs)</u>	<u>Désagréations pour chaque série de données</u>
00060153	Dépression	1996/97	Nombre de personnes	Canada et provinces (11) Groupes d'âge (10) Sexe (3) Niveau de scolarité (6) Dépression (5)

RESSOURCES DE LA SANTÉ

00060101	Lits approuvés dans les établissements de santé	1979-1980 à 1993-1994	Nombre de lits approuvés Lits approuvés par 1,000 habitants	Canada, provinces et territoires (13) Type d'établissement (3) Type de soins (7)
00060126	Diplômés et étudiants des collèges dans les disciplines de la santé	1975-1976 à 1996-1997	Nombre d'étudiants Nombre de diplômés	Canada, provinces et territoires (13) Type de discipline de la santé (9) Sexe (3)
00060129	Diplômés universitaires dans les disciplines de la santé	1972-1973 à 1996-1997	Nombre de diplômés universitaires dans disciplines de la santé	Canada, provinces et territoires (11) Type de discipline de la santé (15) Niveau d'études (3) Sexe (3)
00060131	Étudiants universitaires dans les disciplines de la santé	1972-1973 à 1996-1997	Nombre d'étudiants universitaires dans disciplines de la santé	Canada, provinces et territoires (11) Type de discipline de la santé (15) Niveau d'études (3) Statut de l'étudiant(3) Sexe (3)
00060201	Dépenses de santé selon le secteur	1975 à 1997	Dépenses de santé Dépenses de santé par habitant	Canada, provinces et territoires (12) Secteur (4)

<u>Numéro de la table</u>	<u>Type d'indicateur</u>	<u>Période</u>	<u>Séries particulières de données (qualificatifs)</u>	<u>Désagréations pour chaque série de données</u>
00060202	Dépenses de santé selon la catégorie de service	1975 -1994	Dépenses de santé Dépenses de santé par habitant Dépenses de santé en pourcentage du PIB	Canada, provinces et territoires (12) Catégorie de service (7)
00060205	Population par professionnel de la santé	1977-1992	Nombre de professionnels de la santé Population par professionnel de la santé	Canada, provinces et territoires (14) Type de professionnel de la santé (48)

UTILISATION DES RESSOURCES DE LA SANTÉ

00060102	Départs des hôpitaux	1979-1980 à 1993-1994	Nombre de départs Départs par 1,000 habitants	Canada, provinces et territoires (13) Type de départ (3)
00060116	Taux d'occupation des lits d'établissement	1979-1980 à 1993-1994	Taux d'occupation en pourcentage	Canada, provinces et territoires (13) Type d'établissement Type de soins
00060117	Journées d'hospitalisation	1979-1980 à 1993-1994	Nombre de journées d'hospitalisation Journées d'hospitalisation par 1,000 habitants	Canada, provinces et territoires (13) Type d'établissement Type de soins

<u>Numéro de la table</u>	<u>Type d'indicateur</u>	<u>Période</u>	<u>Séries particulières de données (qualificatifs)</u>	<u>Désagréations pour chaque série de données</u>
00060125	Journées d'hospitalisation	1979-1980 à 1993-1994	Nombre de journées d'hospitalisation	Canada et provinces (11) Groupes d'âge (6) Groupe de diagnostic (19) Sexe (3)
00060130	Durée moyenne de l'hospitalisation	1979-1980 à 1995-1996 1996-1997	Jours d'hospitalisation Nombre de départs Durée moyenne de l'hospitalisation	Canada et provinces et territoires (13) Groupes d'âge (6) Groupe de diagnostic (19) Sexe (3)
00060206	Service de médecins	1989-1990 à 1995-1996	Paiement moyen par service Nombre de services Paiement moyen par service	Canada, provinces et territoires(13) Genre de service (18) Catégorie de médecins/spécialités (21)
00060218	Consultation des professionnels de la santé	1996/97	Nombre de personnes	Canada et provinces (11) Groupes d'âge (10) Sexe (3) Niveau de scolarité (6) Fréquence des consultations (5)
00060219	Visites chez le dentiste	1996/97	Nombre de personnes	Canada et provinces (11) Groupes d'âge (10) Sexe (3) Niveau de scolarité (6) Fréquence des visites (5)
00060220	Examen général	1996/97	Nombre de personnes	Canada et provinces (11) Groupes d'âge (10) Sexe (3) Niveau de scolarité (6) Fréquence de l'examen (5)

<u>Numéro de la table</u>	<u>Type d'indicateur</u>	<u>Période</u>	<u>Séries particulières de données (qualificatifs)</u>	<u>Désagréations pour chaque série de données</u>
00060221	Examen de la vue	1996/97	Nombre de personnes	Canada et provinces (11) Groupes d'âge (10) Sexe (3) Niveau de scolarité (6) Fréquence de l'examen (5)
00060222	Consommation de médicaments	1996/97	Nombre de personnes	Canada et provinces (11) Groupes d'âge (10) Sexe (3) Niveau de scolarité (6) Médicaments (6)
00060223	Utilisation de soins à domicile	1996/97	Nombre de personnes	Canada et provinces (11) Groupes d'âge (19) Sexe (3) Types de soins à domicile (7)
00060224	Recours à la médecine non traditionnelle	1996/97	Nombre de personnes	Canada et provinces (11) Groupes d'âge (10) Sexe (3) Type de soins (4)
00060154	Durée moyenne du séjour par cause principale d'hospitalisation	94/95&95/96	Journées d'hospitalisation Nombre de départs Durée moyenne du séjour	Canada, provinces et territoires (13) Groupes d'âge (12) Sexe (3) Causes (16)

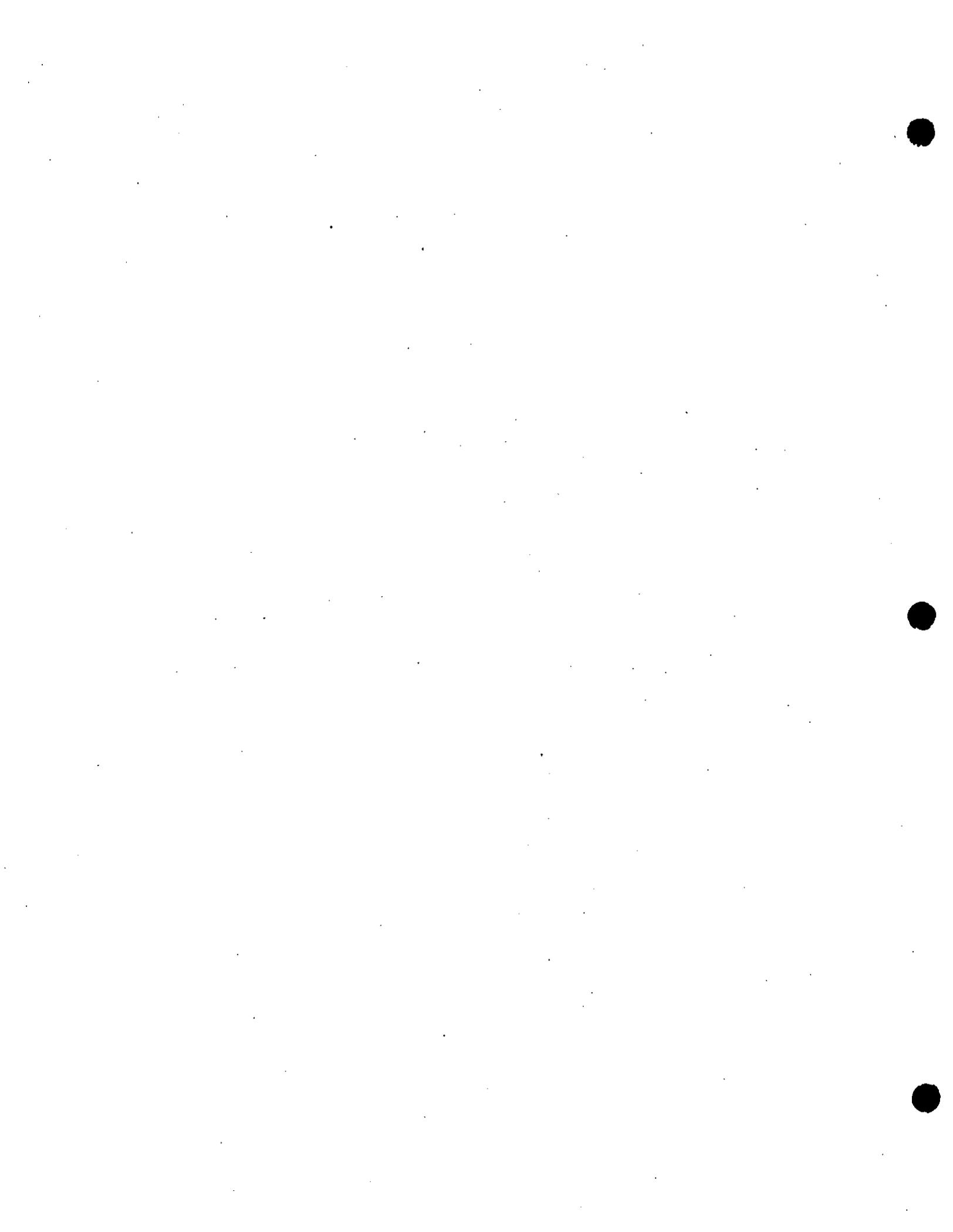
<u>Numéro de la table</u>	<u>Type d'indicateur</u>	<u>Période</u>	<u>Séries particulières de données (qualificatifs)</u>	<u>Désagréations pour chaque série de données</u>
00060155	Durée moyenne du séjour par chapitre de la CCA	94/95&95/96	Journées d'hospitalisation Nombre de départs Durée moyenne du séjour	Canada, provinces et territoires (13) Groupes d'âge (12) Sexe (3) Interventions (19)
00060156	Durée moyenne du séjour par intervention principale	94/95&95/96	Journées d'hospitalisation Nombre de départs Durée moyenne du séjour	Canada, provinces et territoires (13) Groupes d'âge (12) Sexe (3) Interventions (13)

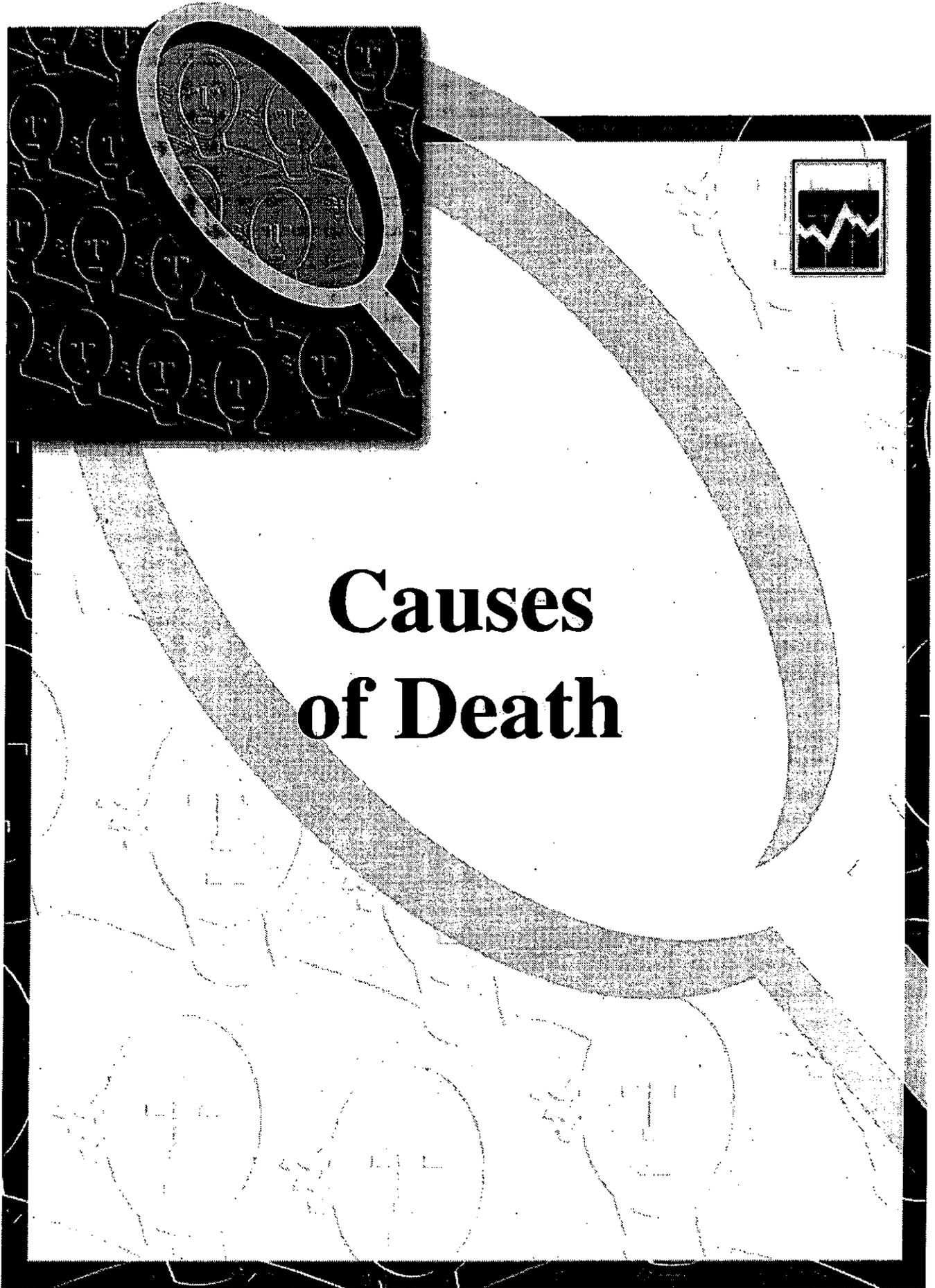
8.2 Causes de décès

<u>Numéro du Tableau</u>	<u>Type de tableau</u>	<u>Période</u>	<u>Désagréations</u>
Tableau 1 TB111996	Nombre de décès et taux	1996-1997	Canada, provinces et territoires (13) Sexe (3)
Tableau 2 TB211996	Cause initiale de décès CIM-9 – 3 chiffres	1996	Canada, provinces et territoires (14) Groupe d'âge (21) Sexe (3) Cause (618)
TB211997	Cause initiale de décès CIM-9 – 3 chiffres	1997	Canada, provinces et territoires (13) Groupe d'âge (21) Sexe (3) Cause (616)
TB221996	Cause initiale de décès CIM-9 – 4 chiffres	1996	Canada, provinces et territoires (14) Groupe d'âge (21) Sexe (3) Cause (1794)
TB221997	Cause initiale de décès CIM-9 – 4 chiffres	1997	Canada, provinces et territoires (13) Groupe d'âge (21) Sexe (3) Cause (1823)
TB231996	Cause initiale de décès CIM-9 – Chapitre, bloc	1996-1997	Canada, provinces et territoires (14) Groupe d'âge (21) Sexe (3) Chapitre (18) Bloc (118)

<u>Numéro du Tableau</u>	<u>Type de tableau</u>	<u>Période</u>	<u>Désagréations</u>
Tableau 3 TB311996	Décès Nature de la blessure CIM-9 – 3 chiffres	1996	Canada, provinces et territoires (14) Groupe d'âge (21) Sexe (3) Nature (126)
TB311997	Décès Nature de la blessure CIM-9 – 3 chiffres	1997	Canada, provinces et territoires (13) Groupe d'âge (21) Sexe (3) Nature (132)
TB321996	Décès Nature de la blessure CIM-9 – 4 chiffres	1996	Canada, provinces et territoires (14) Groupe d'âge (21) Sexe (3) Nature (349)
TB321997	Nature de la blessure CIM-9 – 4 chiffres	1997	Canada, provinces et territoires (13) Groupe d'âge (21) Sexe (3) Nature (381)
TB331996	Nature de la blessure CIM-9 – Bloc	1996-1997	Canada, provinces et territoires (14) Groupe d'âge (21) Sexe (3) Bloc (25)
Tableau 4 TB411996	Sommaire des statistiques de l'état civil	1995-1997	Canada, provinces et territoires (13)

<u>Numéro du Tableau</u>	<u>Type de tableau</u>	<u>Période</u>	<u>Désagréations</u>
Tableau 5 TB511996	Décès selon certaines causes	1995-1997	Canada, provinces et territoires (14) Groupe d'âge (21) Sexe (3) Nombre et taux (2) Cause (36)
Tableau 6 TB611996	Taux comparatif de mortalité pour 100,000 habitants	1995-1997	Canada, provinces et territoires (14) Sexe (3) Cause (36)
Tableau 7 TB711996	Décès selon les causes Liste -A	1995-1997	Canada, provinces et territoires (14) Groupe d'âge (25) Sexe (3) Cause (359)
Tableau 8 TB811996	Décès infantiles dus à certaines causes détaillées	1995-1997	Canada, provinces et territoires (14) Groupe d'âge (24) Sexe (3) Nombre et taux (2) Cause (359)





Causes of Death

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INTRODUCTION

History

The collection of vital statistics began in Canada, as in France and England, with the registration by the ecclesiastical authorities of baptisms, marriages and burials. These registers have made it possible to compile vital statistics for Quebec since 1610.

For Canada as a whole, it was impossible to compile a satisfactory series of vital statistics prior to 1921. Obstacles to such a national compilation included variations in the vital statistics legislation among provinces, incompleteness of registration, lack of uniformity in classification and method of presentation, omission of important data and choice of fiscal instead of calendar year as the time unit.

The Dominion Bureau of Statistics (DBS), established by the Statistics Act of 1918, and two Dominion-Provincial Conferences held in the same year provided the mechanism for DBS and the provincial Vital Statistics Offices to produce national vital statistics. In this cooperative scheme, DBS would supply the standard registration forms for births, deaths and marriages while the provinces would forward transcripts of the completed forms. Eight provinces initially entered into the cooperative system leading to publication of the first annual report for Canada in 1921. Quebec entered from the beginning of the year 1926 and Newfoundland entered in 1949. Data from the territories were first included in the regular publications in 1956.

Purposes

Now, as in the early years, the complete and accurate registration of all "vital" events in Canada is the main objective of the collaborative effort between the provinces and Statistics Canada. Under a federal-provincial agreement, the registration of births, stillbirths, marriages and deaths is the responsibility of the provinces and territories. The primary function of the provincial and territorial registration systems is to obtain and preserve such documentary evidence as is necessary to protect the legal rights of the individual. At any time after registration, the individual or family concerned may refer to the records for proof of the pertinent facts concerning a birth, marriage or death.

While the production of statistics is of secondary importance to the provincial or territorial registrars of vital statistics, the data are nevertheless used extensively by the research community and other health professionals. At the national level, the primary use of the data is statistical, such as in population estimates and projections, demographic trend analyses, health surveillance and epidemiological research.

Overview of Mortality Data Sources and Products Available

The vital statistics death registration system covers all deaths occurring in Canada. As well, deaths of Canadian residents occurring in the United States are reported under a reciprocal agreement. Unless otherwise indicated, tabulations exclude deaths of non-Canadian residents that occurred in Canada.

The central Vital Statistics Registry in each province and territory provides data from death registration forms to Statistics Canada. The following are statistical data items, which are reported in a standard way by all jurisdictions, included in the Canadian vital statistics death registration system:

- Age and sex of the deceased
- Marital status of the deceased
- Residence of the deceased
- Birthplace of the deceased
- Birthplace of parents of the deceased
- Date of death
- Underlying cause of death
- Province or territory of occurrence of death
- Place of accident (for most non-transport accidental deaths)
- Autopsy performed or not

The Canadian mortality data are published in standard tables. In addition to these tables, other data in the form of more detailed cross-tabulations, custom tabulations, computer printouts, diskettes and magnetic tapes are available on a cost-recovery basis from the Health Statistics Division or Statistics Canada Reference Centres.

METHODOLOGY

Data Collection

Provincial and territorial Vital Statistics Acts or equivalent legislation render compulsory the registration of all deaths within their jurisdictions. These Acts follow, as closely as possible, a Model Vital Statistics Act that was developed to promote uniformity of legislation and reporting practices among the provinces and territories.

An agreement between the government of Canada and governments of the provinces and territories governs the operation of the Canadian System of Vital Statistics. An advisory committee, called the Vital Statistics Council for Canada, oversees policy and operational matters. All provincial and territorial jurisdictions and Statistics Canada are represented on the Vital Statistics Council. Under the agreement, Statistics Canada is responsible for the design and printing of a standard death registration form (Appendix 1) for use in any province or territory. When a province elects to print its own form to collect additional information, it includes the standard information agreed upon. All model registration forms are currently under review.

The form for the registration of a death consists of two parts, personal and medical. Personal data are supplied by an informant, usually a relative of the deceased. The informant signs this part of the form and is responsible for delivering the form to the undertaker. The part of the form comprising the medical certificate of death is completed by the medical practitioner last in attendance or by a coroner, if an inquest or enquiry was held. The undertaker, or person acting as the undertaker, enters details on burial or other disposition of the body on the death registration form. He is also responsible for filing the completed form with the local registrar who then issues the burial permit.

All provinces supply microfilm copies or optical images of registration forms to Statistics Canada. In addition, Nova Scotia, New Brunswick, Quebec, Ontario and the western provinces supply machine-readable abstracts of registrations, including the required standard information. For the remaining Atlantic provinces and the territories, the required standard information on microfilm is converted to machine-readable format at Statistics Canada. Subsequent changes to registrations due to errors or omissions are transmitted to Statistics Canada as the information becomes available.

Data Definitions

Terms, definitions and classification schemes employed in the Canadian system of vital statistics are based on accepted standards contained in World Health Organization documents, the medical, health and demographic literature and Vital Statistics Acts.

- **Types of Deaths Shown in the Tables**

Unless otherwise indicated the tables exclude stillbirths.

Infant	-	Deaths to a child under 1 year of age
Neonatal	-	Deaths to a child under 28 days (4 weeks) of age
Post-neonatal	-	Deaths to a child between 4 weeks and 1 year of age
Perinatal	-	Foetal deaths of 28 weeks or more gestation plus infant deaths under 7 days (1 week) of life

- **Types of Rates Commonly Used in Vital Statistics Data**

Rates and ratios are calculated using annual population figures corresponding to the year of death (see Appendix 2).

Rates and ratios are computed as follows:

Crude	-	The number of deaths during the year as a rate per 1,000 or per 100,000 population
Age-specific	-	The number of deaths in a given age group expressed as a rate per 100,000 persons in the same age group

Infant	-	Infant deaths per 1,000 live births
Neonatal	-	Neonatal deaths per 1,000 live births
Post-neonatal	-	Post-neonatal deaths per 1,000 live births
Perinatal	-	Perinatal deaths per 1,000 total births
Age-standardized-		Age-standardization removes the effects of differences in age structure among areas and over time. Age-standardized rates show the number of deaths per 100,000 population that would have occurred in a given area if the age structure of the area were the same as that of a specified standard population (see formula in Appendix 3).

- **Description of Other Terms Appearing in the Tables or Available in Machine-Readable Form**

Age

Completed age in months or days for infants less than one year old. Completed age in years for persons one year old and over.

Residence of Deceased

On death records, province or territory, census division (county) and locality (city, town or village) are coded. The geographic coding system used is based on the *Standard Geographical Classification (SGC)*(1).

Birthplace

Birthplace of the deceased (province or territory if born in Canada and country if born outside Canada) and also of the parents of the deceased are reported and are on the machine-readable data base, but are not published.

Place of Accident

For accidental deaths other than those related to transport or medical care, the place of occurrence of the accident is on the machine-readable data base but not published. The eight categories are "home", "farm", "mine and quarry", "industrial place", "recreational place", "street and highway", "public building" and "residential institution".

Autopsy

The machine-readable file contains a variable indicating whether or not an autopsy was performed. This information has not been extensively used but can serve as an indicator of the reliability of the reported cause of death.

Cause-of-Death Classification

Information on cause of death is coded according to the *International Classification of Diseases*(2). The 9th Revision has been in use in Canada since 1979. The cause of death coded and tabulated is the **underlying cause of death**. This is defined as "(a) the disease or injury which initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury". This underlying cause of death is selected from a number of conditions listed on the death registration. In the past, only the underlying cause of death and, for accidental and violent deaths, the nature of the injury resulting from the accident, have been recorded in machine-readable form. Several provinces, however, have implemented a system to code and record in machine-readable form all causes of death specified on the death registration.

Data Processing

- **Processing before Receipt by Statistics Canada**

With some exceptions (see "Processing at Statistics Canada" below), the provinces receive and code the data, convert them to machine-readable form and carry out edits. Editing varies by province but usually includes checks that data are present, validation of code ranges for coded information and consistency checks between related data items, such as cause of death and sex (for sex-specific causes) or marital status and age.

Statistics Canada provides provinces with training and consultation for cause-of-death coding and supplies manuals, such as the *International Classification of Diseases (ICD)* and the *Standard Geographical Classification (SGC)* to promote data reliability and consistency.

- **Processing at Statistics Canada**

For the Atlantic provinces and the territories, the cause of death is coded at Statistics Canada. Geographic information is coded for Yukon as well as for all reports pertaining to non-residents of the province or territory of occurrence. For deaths of Canadian residents reported by the USA, both nosological and geographic information are coded at Statistics Canada. All required data not provided by the provinces and territories in machine-readable form are then captured in a standard format. Machine-readable files provided by provinces are converted to a standard format at Statistics Canada.

The data from all provinces and territories then undergo a series of edit routines to verify the completeness and quality of the data. Recently, standard edit specifications have been developed by Statistics Canada for inclusion in provincial edit systems. Most errors and omissions detected during processing are corrected by referring to the microfilmed registrations and by consulting the provinces and territories.

Since 1990, Ontario has used optical imaging technology for storing copies of vital registration documents, so microfilm copies are no longer produced. From 1990-1995 it was not possible to completely edit vital statistics data reported by Ontario because the optical images had not been transferred to Statistics Canada. Invalid codes were changed to the "not stated" category, and unlikely situations were accepted as reported. As of 1996, complete editing of Ontario data has again been possible, thanks to the availability of copies of the optical images at Statistics Canada.

DATA QUALITY

Coverage

Due to legal reporting requirements prior to burial or other disposition of a body, registration of deaths is considered to be virtually complete. Records received after a "cut-off date" are not included in the tabulations. These late registrations result in some undercoverage at the time annual tabulations are disseminated. The numbers are usually small. In 1990, for example, there were 84 late registrations of deaths in all of Canada.

Completeness

Completeness of reporting of core statistical data items varies with the item, the reporting province or territory and the year. For the combined provincial and territorial data, completeness in the 5-year period 1991-1995 was 99% or higher for age, sex, marital status, place of residence and cause of death, 95%-96% for birthplace of deceased, 28%-29% for birthplace of parents of the deceased and 20%-22% for place of accident (if any).

Certain causes of death, particularly homicides and suicides, may be assigned imprecise codes, such as "other unknown and unspecified cause" (ICD-9 799.9) at the time of reporting to Statistics Canada, pending further investigation, such as an inquest or an autopsy. For Alberta in 1985 and in Ontario in 1990, compared with other years, more deaths were classified to "other and unspecified and unknown causes" and fewer deaths were classified to "accidents, poisonings and violence". While the more precise information is usually reported at a later date, it is not reflected in the published data.

Changes in Cause-of-Death Codes over Time

Since 1979 in Canada, cause-of-death information in published reports is based on the 9th revision of the International Classification of Diseases (ICD-9). Restructuring of the classification and some changes in the rules for selecting the underlying cause of death resulted in some breaks in continuity with previous revisions. Any comparisons of ICD-9 categories with previous revisions, either by category number or disease title, should be made with reference to both the ICD-9 and the previous classification(s). In this respect, particular care should be taken with certain categories or sections of the ICD. These include: category 558, which contains conditions previously classified to the infectious diseases chapter; category 579, which includes some conditions previously found in the chapter on endocrine disorders; categories 390-398 and 424, where assumptions of rheumatic origin are no longer made for certain conditions; the categories for asthma, bronchitis and emphysema (490-493), where linkage of conditions is no longer possible; the section entitled "pregnancy with abortive outcome" (630-639), which now includes ectopic pregnancies; the chapter on perinatal conditions, where the age restriction has been changed; and the symptoms chapter, where certain symptoms have been removed and placed in other chapters relating to specific organ systems.

In addition, the increasing importance of human immunodeficiency virus (HIV) infection resulted in the introduction of an addendum to the ICD-9, providing for specific codes for HIV infection. These codes, ICD-9 042, 043 and 044 in the chapter on infectious and parasitic diseases (I) of the ICD-9, have been in use in Canada starting in 1987. Prior to 1987, HIV infections if so identified, were included under immunity disorders in Chapter III of the ICD-9.

Quality Indicators

Occasional studies (3,4) have been carried out to examine specific quality aspects of the death data. In both studies, samples of records from the final edited machine-readable files were compared to recoded versions of the original microfilm documents. Various sources of error were identified and reported so that improvements in the data collection process could be implemented, such as training of coding staff.

Timeliness

Data are usually available towards the end of the year following the data year and the tabulations shortly thereafter.

REFERENCES

1. *Standard Geographical Classification*, Statistics Canada (published for 1971, 1976, 1981, 1986, 1991 and 1996).
2. *International Classification of Diseases, 1975 Revision*. World Health Organization, Geneva 1977.
3. Nagnur DG, Currie SG, Heath B. *Quality Assessment of Vital Statistics (A Pilot Study)*. Health Division, Statistics Canada, August 1981.
4. Nagnur DG, Taylor E, Currie, SG, et. al. *Quality Assessment Study of Cause of Death Coding, Data Years 1979 and 1980*. Vital Statistics and Disease Registries Section, Health Division, Statistics Canada.

APPENDIX 1

Chapters (ICD-9)

Chapter	ICD Range
I. Infectious and Parasitic Diseases	001-139
II. Neoplasms	140-239
III. Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders	240-279
IV. Diseases of Blood and Blood-forming Organs	280-289
V. Mental Disorders	290-319
VI. Diseases of the Nervous System and Sense Organs	320-389
VII. Diseases of the Circulatory System	390-459
VIII. Diseases of the Respiratory System	460-519
IX. Diseases of the Digestive System	520-579
X. Diseases of the Genito-urinary System	580-629
XI. Complications of Pregnancy, Childbirth, and the Puerperium	630-676
XII. Diseases of the Skin and Subcutaneous Tissue	680-709
XIII. Diseases of the Musculo-skeletal System and Connective Tissue	710-739
XIV. Congenital Anomalies	740-759
XV. Certain Conditions Originating in the Perinatal Period (excluding stillbirths)	760-779
XVI. Symptoms, Signs and Ill-defined Conditions	780-799
EXVII. External Causes of Injury and Poisoning	E800-E999
NXVII. Injury and Poisoning	N800-N999

APPENDIX 2 - APPENDICE 2

List of Abbreviated Cause-of-Death Codes (A-List) and their Correspondence with ICD-9 Codes

Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9

A-List ¹	ICD-9	Cause of Death
Liste A ¹	CIM-9	Cause de décès
A1-AE282	001-799, E800-E999	All causes - Toutes les causes
A1-A36	001-139	I. Infectious and parasitic diseases - Maladies infectieuses et parasitaires
A1-A6	001-009	Intestinal infectious diseases - Maladies infectieuses intestinales
A1	001-002	Cholera and typhoid and paratyphoid fevers - Choléra et fièvres typhoïde et paratyphoïde
A2	004	Shigellosis - Shigellose
A3	003, 005	Other salmonella infections and other food poisoning (bacterial) - Autres salmonelloses et autres toxi-infections alimentaires (bactériennes)
A4	006	Amebiasis - Amibiase
A5	007-008	Intestinal infections due to other specified organisms - Infections intestinales dues à d'autres micro-organismes
A6	009	Ill-defined intestinal infections - Infections intestinales mal définies
A7-A8	010-018	Tuberculosis - Tuberculose
A7	010-012	Tuberculosis of respiratory system - Tuberculose de l'appareil respiratoire
A8	013-018	Other tuberculosis - Autres tuberculoses
A9-A16	020-041	Zoonotic and other bacterial diseases - Anthroozoonoses et autres maladies bactériennes
A9	023	Brucellosis - Brucellose
A10	032	Diphtheria - Diphthérie
A11	033	Whooping cough - Coqueluche
A12	034-035	Streptococcal sore throat, scarlatina and erysipelas - Angine à streptocoques, scarlatine et érysipèle
A13	036	Meningococcal infection - Infections à méningocoques
A14	037	Tetanus - Tétanos
A15	038	Septicemia - Septicémie
A16	020-022, 024-031, 039-041	All other bacterial diseases - Toutes les autres maladies bactériennes
A17-A23	042-044, 045-079	Viral diseases - Maladies à virus
A17	045	Acute poliomyelitis - Poliomyélite aiguë
A18	050	Smallpox - Variole
A19	055	Measles - Rougeole
A20	056	Rubella - Rubéole
A21	062-064	Arthropod-borne encephalitis - Encéphalites à virus transmises par des arthropodes
A22	070	Viral hepatitis - Hépatite virale
A23	042-044, 046-049, 051-054, 057-061, 065-066, 071-079	Other viral diseases - Autres maladies à virus
A24-A26	080-088	Rickettsioses and other arthropod-borne diseases - Rickettsioses et autres maladies transmises par les arthropodes
A24	080-083	Typhus and other rickettsioses - Typhus et autres Rickettsioses
A25	084	Malaria - Paludisme
A26	085-088	All other arthropod-borne diseases - Toutes les autres maladies transmises par les arthropodes
A27-A31	090-099	Syphilis and other venereal diseases - Syphilis et autres maladies vénériennes
A27-A29	090-097	Syphilis - Syphilis
A27	093	Cardiovascular syphilis - Syphilis cardio-vasculaire
A28	094	Neurosyphilis - Syphilis nerveuse
A29	090-091, 095-097	All other syphilis - Toutes les autres syphilis
A30	098	Gonococcal infections - Infections gonococciques
A31	099	Other venereal diseases - Autres maladies vénériennes
A32-A36	100-139	Other infectious and parasitic diseases and late effects of infectious and parasitic diseases - Autres maladies infectieuses et parasitaires et leurs séquelles
A32	110-118	Mycoses - Mycoses
A33	120-129	Helminthiasis - Helminthiases
A34	137	Late effects of tuberculosis - Séquelles de la tuberculose
A35	138	Late effects of acute poliomyelitis - Séquelles de la poliomyélite aiguë
A36	100-104, 130-136, 139	All other infectious and parasitic diseases and late effects of infectious and parasitic diseases - Toutes les autres maladies infectieuses et parasitaires et leurs séquelles

APPENDIX 2 - APPENDICE 2

List of Abbreviated Cause of Death Codes (A-List) and their Correspondence with ICD-9 Codes - Continued

Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9 - suite

A-List ¹	ICD-9	Cause of Death
Liste A ¹	CIM-9	Cause de décès
A37-A93	140-239	II. Neoplasms - Tumeurs
A37-A86	140-208	Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues - Tumeurs malignes, y compris celles des tissus lymphatiques et hématopoïétiques
A37-A40	140-149	Malignant neoplasms of lip, oral cavity, and pharynx - Tumeurs malignes des lèvres, de la cavité buccale et du pharynx
A37	140	Of lip - Des lèvres
A38	141	Of tongue - De la langue
A39	146-149.0	Of pharynx - Du pharynx
A40	142-145, 149.1-149.9	Of other and ill-defined sites within the lip, oral cavity, and pharynx - De sièges autres et mal définis de la lèvre, de la cavité buccale et du pharynx
A41-A55	150-159	Malignant neoplasms of digestive organs and peritoneum - Tumeurs malignes des parties de l'appareil digestif et du péritoine
A41	150	Of esophagus - De l'oesophage
A42	151	Of stomach - De l'estomac
A43	152	Of small intestine including duodenum - De l'intestin grêle
A44-A48	153	Of colon - Du côlon
A44	153.0-153.1, 153.7	Hepatic and splenic flexures and transverse colon - Angles hépatique et splénique et côlon transverse
A45	153.2	Descending colon - Côlon descendant
A46	153.3	Sigmoid colon - Côlon sigmoïde
A47	153.4-153.6	Cecum, appendix, and ascending colon - Caecum, appendice et côlon ascendant
A48	153.8-153.9	Other and colon, unspecified - Autres et côlon, sans précision
A49	154	Of rectum, rectosigmoid junction, and anus - Du rectum, de la jonction recto-sigmoïdienne et de l'an
A50-A52	155	Of liver and intrahepatic bile ducts - Du foie et des voies biliaires intrahépatiques
A50	155.0	Liver, primary - Foie, primitive
A51	155.1	Intrahepatic bile ducts - Canaux biliaires intrahépatiques
A52	155.2	Liver, not specified as primary or secondary - Foie, non précisée primitive ni secondaire
A53	156	Of gallbladder and extrahepatic bile ducts - De la vésicule biliaire et des voies biliaires extrahépatiques
A54	157	Of pancreas - Du pancréas
A55	158-159	Of retroperitoneum, peritoneum, and other and ill-defined sites within the digestive organs and peritoneum - Du tissu rétropéritonéal, péritoine et de sièges autres ou non précisés de l'appareil digestif et du péritoine
A56-A58	160-165	Malignant neoplasms of respiratory and intrathoracic organs - Tumeurs malignes de l'appareil respiratoire et des organes thoraciques
A56	161	Of larynx - Du larynx
A57	162	Of trachea, bronchus, and lung - De la trachée, des bronches et du poumon
A58	160, 163-165	Of all other and ill-defined sites within the respiratory system and intrathoracic organs - De tous les sièges autres ou non précisés de l'appareil respiratoire et des organes thoraciques
A59-A64	170-175	Malignant neoplasms of bone, connective tissue, skin, and breast - Tumeurs malignes des os, du tissu conjonctif, de la peau et du sein
A59	170	Of bone and articular cartilage - Des os et du cartilage articulaire
A60	171	Of connective and other soft tissue - Du tissu conjonctif et des autres tissus mous
A61	172	Melanoma of skin - Mélanome de la peau
A62	173	Other malignant neoplasms of skin - Autres tumeurs malignes de la peau
A63	174	Of female breast - Du sein, chez la femme
A64	175	Of male breast - Du sein, chez l'homme
A65-A71	179-187	Malignant neoplasms of genital organs - Tumeurs malignes des organes génito-urinaires
A65	180	Of cervix uteri - Du col de l'utérus
A66	179, 181-182	Of other parts of uterus - Des autres parties de l'utérus
A67	183	Of ovary and other uterine adnexa - De l'ovaire et des autres annexes de l'utérus
A68	184	Of other and unspecified female genital organs - D'organes génitaux autres ou non précisés de la femme
A69	185	Of prostate - De la prostate
A70	186	Of testis - Du testicule

APPENDIX 2 - APPENDICE 2

List of Abbreviated Cause of Death Codes (A-List) and their Correspondence with ICD-9 Codes- Continued

Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9 - suite

A-List ¹	ICD-9	Cause of Death
Liste A ¹	CIM-9	Cause de décès
A71	187	Of penis and other male genital organs - De la verge et des autres organes génitaux masculins
A72-A73	188-189	Malignant neoplasms of urinary organs - Tumeurs malignes des organes urinaires
A72	188	Of bladder - De la vessie
A73	189	Of kidney and other and unspecified urinary organs - Du rein et d'organes urinaires autres ou non précisés
A74-A78	190-199	Malignant neoplasms of other and unspecified sites - Tumeurs malignes de sièges autres et sans précision
A74	190	Of eye - De l'oeil
A75	191	Of brain - De l'encéphale
A76	192	Of other and unspecified parts of nervous system - De parties autres et non précisées du système nerveux
A77	193-194	Of thyroid gland and other endocrine glands and related structures - Du corps thyroïde et autres glandes endocrines et structures apparentées
A78	195-199	Of all other and unspecified sites - De tous les sièges autres et non précisés
A79-A86	200-208	Malignant neoplasms of lymphatic and hematopoietic tissues - Tumeurs malignes des tissus lymphatiques et hématopoïétiques
A79	200	Lymphosarcoma and reticulosarcoma - Lymphosarcome et réticulosarcome
A80	201	Hodgkin's disease - Maladie de Hodgkin
A81	202	Other malignant neoplasms of lymphoid and histiocytic tissue - Autres tumeurs malignes des tissus lymphoïde et histiocytaire
A82	203	Multiple myeloma and immunoproliferative neoplasms - Myélome multiple et tumeurs immunoprolifératives
A83-A86	204-208	Leukemia - Leucémie
A83	204	Lymphoid leukemia - Leucémie lymphoïde
A84	205	Myeloid leukemia - Leucémie myéloïde
A85	206	Monocytic leukemia - Leucémie monocytaire
A86	207-208	Other and unspecified leukemia - Leucémie, autres et non précisées
A87-A93	210-239	Benign neoplasms, carcinoma in situ, and neoplasms of uncertain behavior and of unspecified nature - Tumeurs bénignes, carcinome in situ, tumeurs à évolution imprévisible et tumeurs de nature non précisée
A87-A89	210-229	Benign neoplasms - Tumeurs bénignes
A87	218-221	Of female genital organs - Des organes génitaux de la femme
A88	224-225	Of eye, brain, and other parts of nervous system - De l'oeil, de l'encéphale et des autres parties du système nerveux
A89	210-217, 222-223, 226-229	Of all other and unspecified sites - De tous les sièges autres et non précisés
A90-A91	230-234	Carcinoma in situ - Carcinome in situ
A90	233	Of breast and genitourinary system - Du sein et de l'appareil génito-urinaire
A91	230-232, 234	Of all other and unspecified sites - De tous les sièges autres et non précisés
A92	235-238	Neoplasms of uncertain behaviour - Tumeurs à évolution imprévisible
A93	239	Neoplasms of unspecified nature - Tumeurs de nature non précisée
A94-A104	240-279	III. Endocrine, nutritional, and metabolic diseases and immunity disorders - Maladies endocriniennes, de la nutrition et du métabolisme et troubles immunitaires
A94-A101	240-259, 270-279	Endocrine and metabolic diseases and immunity disorders - Maladies endocriniennes, du métabolisme et troubles immunitaires
A94	240-246	Disorders of thyroid gland - Troubles du corps thyroïde
A95	250	Diabetes mellitus - Diabète sucré
A96	253	Disorders of the pituitary gland and its hypothalamic control - Troubles de l'hypophyse et de son contrôle hypothalamique
A97	254	Diseases of thymus gland - Maladies du thymus
A98	255	Disorders of adrenal glands - Troubles des glandes surrénales
A99	277.0	Cystic fibrosis - Fibrose kystique
A100	278.0	Obesity - Obésité
A101	251-252, 256-259, 270-276 277.1-277.9, 278.1-279	All other endocrine and metabolic diseases and immunity disorders - Toutes les autres maladies endocriniennes, du métabolisme et troubles immunitaires

APPENDIX 2 - APPENDICE 2

List of Abbreviated Cause of Death Codes (A-List) and their Correspondence with ICD-9 Codes- Continued

Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9- suite

A-List ¹	ICD-9	Cause of Death
Liste A ¹	CIM-9	Cause de décès
A102-A104	260-269	Nutritional deficiencies - États de carence
A102	261	Nutritional marasmus - Atrepsie nutritionnelle
A103	262-263	Other protein-calorie malnutrition - Autres malnutritions protéino-caloriques
A104	260, 264-269	All other nutritional deficiencies - Tous les autres états de carence
A105-A110	280-289	IV. Diseases of blood and blood-forming organs - Maladies du sang et des organes hématopoïétiques
A105-A108	280-285	Anemias - Anémies
A105	280-281	Deficiency anemias - Anémies par carence
A106	282-283	Hemolytic anemias - Anémies hémolytiques
A107	284	Aplastic anemia - Anémie aplastique
A108	285	Other and unspecified anemias - Anémies, autres et sans précision
A109	287	Purpura and other hemorrhagic conditions - Purpura et autres affections hémorragiques
A110	286, 288-289	All other diseases of blood and blood-forming organs - Toutes les autres maladies du sang et des organes hématopoïétiques
A111-A117	290-319	V. Mental disorders - Troubles mentaux
A111	290	Senile and presenile organic psychotic conditions - États psychotiques organiques séniles et préséniles
A112	291	Alcoholic psychoses - Psychoses alcooliques
A113	292-299	All other psychoses - Toutes les autres psychoses
A114	303	Alcohol dependence syndrome - Syndrome de dépendance alcoolique
A115	304	Drug dependence - Pharmacodépendance
A116	300-302, 305-316	Other neurotic, personality, and nonpsychotic mental disorders - Troubles névrotiques, de la personnalité et autres non psychotiques
A117	317-319	Mental retardation - Retard mental
A118-A126	320-389	VI. Diseases of the nervous system and sense organs - Maladies du système nerveux et des organes des sens
A118-A124	320-359	Diseases of the nervous system - Maladies du système nerveux
A118	320-322	Meningitis - Méningites
A119	332	Parkinson's disease - Syndrome parkinsonien
A120	330-331, 333-337	Other hereditary and degenerative diseases of the central nervous system - Autres affections héréditaires et dégénératives du système nerveux central
A121	340	Multiple sclerosis - Sclérose en plaques
A122	343	Infantile cerebral palsy - Paralysie cérébrale infantile
A123	345	Epilepsy - Épilepsie
A124	323-326, 341-342, 344, 346-359	Other diseases of the nervous system - Autres maladies du système nerveux
A125	360-379	Disorders of the eye and adnexa - Maladies de l'oeil et de ses annexes
A126	380-389	Diseases of the ear and mastoid process - Maladies de l'oreille et de l'apophyse mastoïde
A127-A160	390-459	VII. Diseases of the circulatory system - Maladies de l'appareil circulatoire
A127-A131	390-398	Rheumatic fever and rheumatic heart disease - Rhumatisme articulaire aigu et cardiopathies rhumatismales chroniques
A127	390-392	Acute rheumatic fever - Rhumatisme articulaire aigu
A128-A131	393-398	Chronic rheumatic heart disease - Cardiopathies rhumatismales chroniques
A128	394	Diseases of mitral valve - Maladies de la valvule mitrale
A129	395	Diseases of aortic valve - Maladies de la valvule aortique
A130	396	Diseases of mitral and aortic valves - Maladies des valvules mitrale et aortique
A131	393, 397-398	All other chronic rheumatic heart disease - Toutes les autres cardiopathies rhumatismales chroniques
A132-A135	401-404	Hypertensive disease - Maladies hypertensives
A132	401	Essential hypertension - Hypertension essentielle
A133	402	Hypertensive heart disease - Cardiopathie due à l'hypertension artérielle
A134	403	Hypertensive renal disease - Néphropathie due à l'hypertension artérielle

APPENDIX 2 - APPENDICE 2

List of Abbreviated Cause of Death Codes (A-List) and their Correspondence with ICD-9 Codes- Continued

Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9 - suite

A-List ¹	ICD-9	Cause of Death
Liste A ¹	CIM-9	Cause de décès
A135	404	Hypertensive heart and renal disease - Cardio-néphropathie due à l'hypertension artérielle
A136-A139	410-414	Ischaemic heart disease - Cardiopathies ischémiques
A136	410	Acute myocardial infarction - Infarctus aigu du myocarde
A137	411	Other acute and subacute forms of ischemic heart disease - Autres formes aiguës ou subaiguës des cardiopathies ischémiques
A138	413	Angina pectoris - Angine de poitrine
A139	412, 414	Old myocardial infarction and other forms of chronic ischemic heart disease - Infarctus ancien du myocarde et autres formes de cardiopathie ischémique chronique.
A140	415-417	Diseases of pulmonary circulation - Troubles de la circulation pulmonaire
A141-A148	420-429	Other forms of heart disease - Autres formes de cardiopathies
A141	421	Acute and subacute endocarditis - Endocardites aiguë et subaiguë
A142	420, 422-423	Acute pericarditis, acute myocarditis, and other diseases of pericardium - Péricardite aiguë, myocardite aiguë, et autres maladies du péricarde
A143-A145	424	Other diseases of endocardium - Autres maladies de l'endocarde
A143	424.0	Mitral valve disorders - Affections de la valvule mitrale
A144	424.1	Aortic valve disorders - Affections de la valvule aortique
A145	424.2-424.9	All other diseases of endocardium - Toutes les autres maladies de l'endocarde
A146	428	Heart failure - Insuffisance cardiaque
A147	429.0-429.1	Myocarditis, unspecified and myocardial degeneration - Myocardite, sans précision et dégénérescence du myocarde
A148	425-427, 429.2-429.9	All other and ill-defined forms of heart disease - Toutes les formes autres et mal définies de cardiopathies
A149-A155	430-438	Cerebrovascular diseases - Maladies vasculaires cérébrales
A149	430	Subarachnoid hemorrhage - Hémorragie sous-arachnoïdienne
A150	431-432	Intracerebral and other intracranial hemorrhage - Hémorragie cérébrale et autres hémorragies intracrâniennes
A151	433	Occlusion and stenosis of precerebral arteries - Occlusion et sténose des artères précérébrales
A152	434.0, 434.9	Cerebral thrombosis and unspecified occlusion of cerebral arteries - Thrombose cérébrale et occlusion sans précision des artères cérébrales
A153	434.1	Cerebral embolism - Embolie cérébrale
A154	436	Acute but ill-defined cerebrovascular disease - Maladies cérébro-vasculaires aiguës mais mal définies
A155	435, 437-438	Other and late effects of cerebrovascular diseases - Autres et séquelles des maladies cérébro-vasculaires
A156-A158	440-448	Diseases of arteries, arterioles, and capillaries - Maladies des artères, artérioles et capillaires
A156	440	Atherosclerosis - Athérosclérose
A157	441	Aortic aneurysm - Anévrisme de l'aorte
A158	442-448	All other diseases of arteries, arterioles, and capillaries - Toutes les autres maladies des artères, artérioles et capillaires
A159-A160	451-459	Diseases of veins and lymphatics, and other diseases of circulatory system - Maladies des veines et des vaisseaux lymphatiques et autres maladies circulatoires
A159	451-453	Phlebitis, thrombophlebitis, and venous embolism and thrombosis - Phlébite, thrombophlébite et embolies et thromboses veineuses
A160	454-459	Other diseases of veins and lymphatics and all other diseases of circulatory system - Autres maladies des veines et des vaisseaux lymphatiques et toutes les autres maladies circulatoires
A161-A178	460-519	VIII. Diseases of the respiratory system - Maladies de l'appareil respiratoire
A161-A162	460-465, 470-478	Diseases of the upper respiratory tract - Maladies des voies respiratoires supérieures
A161	460-465	Acute upper respiratory infections - Affections aiguës des voies respiratoires supérieures
A162	470-478	Other diseases of upper respiratory tract - Autres maladies des voies respiratoires supérieures

APPENDIX 2 - APPENDICE 2

List of Abbreviated Cause of Death Codes (A-List) and their Correspondence with ICD-9 Codes- Continued

Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9 - suite

A-List ¹	ICD-9	Cause of Death
Liste A ¹	CIM-9	Cause de décès
A163-A178	466, 480-519	Other diseases of the respiratory system - Autres maladies de l'appareil respiratoire
A163	466	Acute bronchitis and bronchiolitis - Bronchite et bronchiolite aiguës
A164-A167	480-486	Pneumonia - Pneumonie
A164	480	Viral pneumonia - Pneumonie à virus
A165	481-482	Pneumococcal and other bacterial pneumonia - À pneumocoques et autres pneumonies bactériennes
A166	485	Bronchopneumonia, organism unspecified - Bronchopneumonie, micro-organisme non précisé
A167	483, 486	Pneumonia due to other and unspecified organism - Pneumonie due à des micro-organismes autres et non précisés
A168	487	Influenza - Grippe
A169-A174	490-496	Chronic obstructive pulmonary diseases and allied conditions - Maladies pulmonaires obstructives chroniques et affections connexes
A169-A172	490-493	Bronchitis, chronic and unspecified, emphysema and asthma - Bronchite, chronique et non précisée, emphysème et asthme
A169	490	Bronchitis, not specified as acute or chronic - Bronchite, non précisée comme aiguë ni chronique
A170	491	Chronic bronchitis - Bronchite chronique
A171	492	Emphysema - Emphysème
A172	493	Asthma - Asthme
A173	494-495	Bronchiectasis and extrinsic allergic alveolitis - Bronchectasie et alvéolite allergique extrinsèque
A174	496	Chronic airways obstruction, not elsewhere classified - Obstruction chronique des voies respiratoires, non classée ailleurs
A175	500-508	Pneumoconioses and other lung diseases due to external agents - Pneumoconioses et autres maladies pulmonaires dues à des agents externes
A176	510,513	Empyema and abscess of lung and mediastinum - Empyème et abcès du poumon et du médiastin
A177	511	Pleurisy - Pleurésie
A178	512, 514-519	All other diseases of respiratory system - Toutes les autres maladies de l'appareil respiratoire
A179-A193	520-579	IX. Diseases of the digestive system - Maladies de l'appareil digestif
A179	520-529	Diseases of oral cavity, salivary glands, and jaws - Maladies de la cavité buccale, des glandes salivaires et des maxillaires
A180-A193	530-579	Diseases of other parts of the digestive system - Maladies des autres parties de l'appareil digestif
A180-A182	531-533	Ulcer of stomach and duodenum - Ulcère de l'estomac et du duodénum
A180	531	Gastric ulcer - Ulcère de l'estomac
A181	532	Duodenal ulcer - Ulcère du duodénum
A182	533	Peptic ulcer, site unspecified - Ulcère digestif de siège non précisé
A183	535	Gastritis and duodenitis - Gastrite et duodénite
A184	540-543	Appendicitis - Appendicite
A185	550-553, 560	Hernia of abdominal cavity and intestinal obstruction without mention of hernia - Hernie abdominale et occlusion intestinale sans mention de hernie
A186	555-556	Regional enteritis and idiopathic proctocolitis - Entérite régionale et recto-colite idiopathique
A187	557-558	All other noninfective gastroenteritis and colitis - Toutes les autres gastro-entérites et colites non infectieuses
A188	562	Diverticula of intestine - Diverticule de l'intestin
A189-A191	571	Chronic liver disease and cirrhosis - Maladies chroniques et cirrhose du foie
A189	571.0-571.3	Chronic liver disease and cirrhosis, specified as alcoholic - Maladies chroniques et cirrhose du foie, précisées alcooliques
A190	571.4, 571.6	Chronic hepatitis and biliary cirrhosis - Hépatite chronique et cirrhose biliaire
A191	571.5, 571.8-571.9	Cirrhosis of liver and other and unspecified chronic liver disease without mention of alcohol - Cirrhose et autres maladies chroniques du foie sans mention d'alcool
A192	574-575	Cholelithiasis and other disorders of gallbladder - Lithiase biliaire et autres maladies de la vésicule biliaire
A193	530, 534, 536-537, 564-570, 572-573, 576-579	All other diseases of digestive system - Toutes les autres maladies de l'appareil digestif

APPENDIX 2 - APPENDICE 2

List of Abbreviated Cause of Death Codes (A-List) and their Correspondence with ICD-9 Codes- Continued

Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9- suite

A-List ¹	ICD-9	Cause of Death
Liste A ¹	CIM-9	Cause de décès
A194-A204	580-629	X. Diseases of the genitourinary system - Maladies des organes génito-urinaires
A194-A200	580-599	Diseases of urinary system - Maladies de l'appareil urinaire
A194-A197	580-589	Nephritis, nephrotic syndrome, and nephrosis - Néphrite, syndrome néphrotique et néphrose
A194	580	Acute glomerulonephritis - Glomérulonéphrite aiguë
A195	581	Nephrotic syndrome - Syndrome néphrotique
A196	582-583, 587	Chronic glomerulonephritis, nephritis and nephropathy, not specified as acute or chronic, and renal sclerosis, unspecified - Glomérulonéphrite chronique, néphrite, néphropathie et sclérose rénale SA1
A197	584-586, 588-589	Renal failure, disorders resulting from impaired renal function, and small kidney of unknown cause - Insuffisance rénale, autres troubles fonctionnels du rein, et hypoplasie rénale d'origine inconnue
A198	590	Infections of kidney - Infections rénales
A199	592, 594	Urinary calculus - Calculs urinaires
A200	591, 593, 595-599	All other diseases of urinary system - Toutes les autres maladies de l'appareil urinaire
A201-A202	600-608	Diseases of male genital organs - Maladies des organes génitaux de l'homme
A201	600	Hyperplasia of prostate - Hyperplasie de la prostate
A202	601-608	Other diseases of male genital organs - Autres maladies des organes génitaux de l'homme
A203	610-611	Disorders of breast - Affections du sein
A204	614-629	Diseases of female genital organs, except breast - Maladies des organes génitaux de la femme, excluant le sein
A205-A216	630-876	XI. Complications of pregnancy, childbirth, and the puerperium - Complications de la grossesse, de l'accouchement et des suites de couches
A205-A209	630-638	Pregnancy with abortive outcome - Grossesse aboutissant à l'avortement
A205	633	Ectopic pregnancy - Grossesse ectopique
A206	634	Spontaneous abortion - Avortement spontané
A207	635	Legally induced abortion - Avortement provoqué légal
A208	636	Illegally induced abortion - Avortement provoqué illégal
A209	630-632, 637-638	Other pregnancy with abortive outcome - Autre grossesse aboutissant à l'avortement
A210-A214	640-646, 651-676	Direct obstetric causes - Complications directes
A210	640-641, 666	Hemorrhage of pregnancy and childbirth - Hémorragie de la grossesse et de l'accouchement
A211	642.4-642.9, 643	Toxemia of pregnancy - Toxémie de la grossesse
A212	660	Obstructed labour - Dystocie d'obstacle
A213	670-676	Complications of the puerperium - Complications des suites de couches
A214	642.0-642.3, 644-646, 651-659, 661-665, 667-669	Other direct obstetric causes - Autres complications directes
A215	647-648	Indirect obstetric causes - Complications indirectes
A216	650	Delivery in a completely normal case - Accouchement normal
A217-A218	680-709	XII. Diseases of the skin and subcutaneous tissue - Maladies de la peau et du tissu cellulaire sous-cutané
A217	680-686	Infections of skin and subcutaneous tissue - Infections de la peau et du tissu cellulaire sous-cutané
A218	690-709	All other diseases of skin and subcutaneous tissue - Toutes les autres maladies de la peau et du tissu cellulaire sous-cutané

APPENDIX 2 - APPENDICE 2

List of Abbreviated Cause of Death Codes (A-List) and their Correspondence with ICD-9 Codes - Continued

Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9 - suite

A-List ¹	ICD-9	Cause of Death
Liste A ¹	CIM-9	Cause de décès
A219-A223	710-739	XIII. Diseases of the musculoskeletal system and connective tissue - Maladies du système ostéo-articulaire, des muscles et du tissu conjonctif
A219	714	Rheumatoid arthritis and other inflammatory polyarthropathies - Arthrite rhumatoïde et autres polyarthropathies inflammatoires
A220	710-712, 715-719	Other arthropathies and related disorders - Autres arthropathies et affections apparentées
A221	720-724	Dorsopathies - Affections des régions du plan dorsal
A222	725-729	Rheumatism, excluding the back - Rhumatisme abarticulaire, à l'exclusion des affections du plan dorsal
A223	730-739	Osteopathies, chondropathies, and acquired musculoskeletal deformities - Ostéopathies, chondropathie et malformations acquises du système ostéo-musculaire
A224-A228	740-759	XIV. Congenital anomalies - Anomalies congénitales
A224	741	Spina bifida - Spina bifida
A225	740, 742	All other congenital anomalies of nervous system - Toutes les autres anomalies congénitales du système nerveux
A226	745-746	Congenital anomalies of heart - Anomalies congénitales du cœur
A227	747	Other congenital anomalies of circulatory system - Autres anomalies congénitales de l'appareil circulatoire
A228	743-744, 748-759	All other congenital anomalies - Toutes les autres anomalies congénitales
A229-A231	760-779	XV. Certain conditions originating in the perinatal period - Certaines affections dont l'origine se situe dans la période périnatale
A229	767	Birth trauma - Traumatisme obstétrical
A230	768-769	Intrauterine hypoxia, birth asphyxia, and respiratory distress syndrome - Hypoxie intrautérine, asphyxie à la naissance, et syndrome de détresse respiratoire
A231	760-766, 770-779	Other conditions originating in the perinatal period - Autres affections dont l'origine se situe dans la période périnatale
A232-A233	780-799	XVI. Symptoms, signs, and ill-defined conditions - Symptômes, signes et états morbides mal définis
A232	797	Senility without mention of psychosis - Sénilité sans mention de psychose
A233	780-796, 798-799	Symptoms, signs, and other ill-defined conditions - Symptômes, signes et autres états morbides mal définis
AE234-AE282	E800-E999	EXVII. External causes of injury and poisoning - Causes extérieures de traumatismes et empoisonnements
AE234-AE263	E800-E949	Accidents and adverse effects - Traumatismes et effets adverses
AE234-AE245	E800-E848	Transport accidents - Accidents de transport
AE234	E800-E807	Railway accidents - Accidents de chemin de fer
AE235-AE241	E810-E825	Motor vehicle accidents - Accidents de véhicules à moteur
AE235-AE240	E810-E819	Motor vehicle traffic accidents - Accidents de la circulation impliquant des véhicules à moteur
AE235	E810	Involving collision with train - Par collision avec un train
AE236	E811-E812	Involving collision with another motor vehicle - Par collision avec un autre véhicule à moteur
AE237	E814	Involving collision with pedestrian - Par collision avec un piéton
AE238	E813, E815	Involving collision with other vehicle or object - Par collision avec un autre véhicule ou objet
AE239	E816-E818	Not involving collision on highway - Sans collision sur la voie publique
AE240	E819	Motor vehicle traffic accident of unspecified nature - Accident de la circulation, nature non précisée, impliquant un véhicule à moteur
AE241	E820-E825	Motor vehicle nontraffic accidents - Accidents de véhicule à moteur hors de la voie publique
AE242	E826-E829	Other road vehicle accidents - Autres accidents de véhicules routiers
AE243	E830-E838	Water transport accidents - Accidents de transport par eau

APPENDIX 2 - APPENDICE 2

List of Abbreviated Cause of Death Codes (A-List) and their Correspondence with ICD-9 Codes - Continued.

Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9 - suite

A-List ¹	ICD-9	Cause of Death
Liste A ¹	CIM-9	Cause de décès
AE244	E840-E845	Air and space transport accidents - Accidents de transport aérien ou de vol spatial
AE245	E846-E848	Vehicle accidents not elsewhere classifiable - Accidents non classés ailleurs impliquant des véhicules
AE246-AE248	E850-E869	Accidental poisoning - Intoxication accidentelle
AE246	E850-E858	Accidental poisoning by drugs, medicaments, and biologicals - Intoxication accidentelle par médicaments et produits biologiques
AE247	E860-E866	Accidental poisoning by other solid or liquid substances - Intoxication accidentelle par d'autres substances solides et liquides
AE248	E867-E869	Accidental poisoning by gases and vapors - Intoxication accidentelle par des gaz et des vapeurs
AE249	E870-E879	Misadventures during medical care, abnormal reactions, and late complications - Incidents lors d'actes médicaux, réactions anormales et complications tardives
AE250-AE252	E880-E888	Accidental falls - Chutes accidentelles
AE250	E880-E884	Fall from one level to another - Chute d'un niveau à un autre
AE251	E885-E886	Fall on same level - Chute de plain-pied
AE252	E887-E888	Fracture, cause unspecified, and other and unspecified falls - Fracture, cause non précisée, et chute autre et non précisée
AE253	E890-E899	Accidents caused by fires and flames - Accidents provoqués par le feu
AE254-AE262	E900-E929	Other accidents, including late effects - Autres accidents, y compris les séquelles
AE254	E907	Lightning - Foudre
AE255	E910	Accidental drowning and submersion - Noyade et submersion accidentelles
AE256	E911-E912	Inhalation and ingestion of food or other object causing obstruction of respiratory tract or suffocation - Aspiration ou ingestion de produits alimentaires ou d'autres objets causant l'obstruction des voies respiratoires ou la suffocation
AE257	E922.0	Accident caused by handgun - Accident causé par arme de poing
AE258	E922.1-E922.9	Accidents caused by all other and unspecified firearms - Accidents causés par armes à feu, toutes les autres et non précisées
AE259	E923	Accident caused by explosive material - Accident causé par explosif
AE260	E924, E926	Accident caused by hot substance or object, caustic or corrosive material, steam, and exposure to radiation - Accidents causés par des substances ou objets brûlants, matières corrosives et caustiques, la vapeur d'eau, et expositions au rayonnements
AE261	E925	Accident caused by electric current - Accident causé par le courant électrique
AE262	E900-E906, E908-E909, E913-E921, E927-E929	All other accidents and late effects of accidental injury - Tous les autres accidents et séquelles d'accidents
AE263	E930-E949	Drugs, medicaments, and biological substances causing adverse effects in therapeutic use - Médicaments et substances biologiques provoquant des effets adverses au cours de leur usage thérapeutique
AE264-AE270	E950-E959	Suicide - Suicide
AE264	E950.0-E950.5	Suicide by drugs, medicaments, and biologicals - Suicide par médicaments et substances biologiques
AE265	E950.6-E950.9	Suicide by other solid or liquid substances - Suicide par autres substances solides ou liquides
AE266	E951-E952	Suicide by gases and vapors - Suicide par gaz et vapeurs
AE267	E953	Suicide by hanging, strangulation, and suffocation - Suicide par pendaison, strangulation et asphyxie
AE268	E955.0	Suicide by handgun - Suicide par arme de poing
AE269	E955.1-E955.4	Suicide by all other and unspecified firearms - Suicide par armes à feu, toutes les autres et non précisées
AE270	E954, E955.5-E959	Suicide by all other means and late effects of self-inflicted injury - Suicide par tous les moyens et séquelles de tentatives de suicide
AE271-AE276	E960-E978	Homicide and legal intervention - Homicide et intervention de la force publique
AE271	E965.0	Assault by handgun - Attentat par arme de poing
AE272	E965.1-E965.4	Assault by all other and unspecified firearms - Attentat par armes à feu, toutes les autres et non précisées
AE273	E966	Assault by cutting and piercing instrument - Attentat par instrument tranchant ou perforant

APPENDIX 2 - APPENDICE 2

List of Abbreviated Cause of Death Codes (A-List) and their Correspondence with ICD-9 Codes - Concluded

Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9 - fin

A-List ¹	ICD-9	Cause of Death
Liste A ¹	CIM-9	Cause de décès
AE274	E960-E964, E965.5-E965.9, E967-E969	Assault by all other means and late effects of injury purposely inflicted by other person - Attentat par tous les autres moyens et séquelles de traumatismes volontairement infligés par une autre personne
AE275	E978	Legal execution - Exécution
AE276	E970-E977	Other legal intervention and late effects of injury due to legal intervention - Autres interventions de la force publique et séquelles de traumatismes dus à l'intervention de la force publique
AE277-AE281	E980-E989	Injury undetermined whether accidentally or purposely inflicted - Traumatismes et empoisonnements causés d'une manière indéterminée quant à l'intention
AE277	E980.0-E980.5	From poisoning by drugs, medicaments, and biologicals - D'empoisonnement par médicaments et substances biologiques
AE278	E980.6-E980.9	From poisoning by other solid or liquid substances - D'empoisonnement par autres substances solides ou liquides
AE279	E985.0	From injury by handgun - De traumatismes par arme de poing
AE280	E985.1-E985.4	From injury by all other and unspecified firearms - De traumatismes par armes à feu, toutes les autres et non précisées
AE281	E981-E984, E985.5-E989	From injury by all other means and late effects of injury, undetermined whether accidentally or purposely inflicted - De traumatismes par tous les autres moyens et leurs séquelles
AE282	E990-E999	Injury resulting from operations of war - Traumatismes de guerre

¹ Based on the American List of 282 Causes. Source: ICD-9 Underlying Cause-of-Death Lists for Tabulating Mortality Statistics, NCHS Instruction Manual.

¹ Basé sur la liste américaine de 282 causes. Source: ICD-9 Underlying Cause-of-Death Lists for Tabulating Mortality Statistics, NCHS Instruction Manual.

APPENDIX 3 - APPENDICE 3

List of Selected Causes of Death (Tables 4,5,6) and their Correspondence with ICD-9 Codes

Liste de certaines causes de décès (tableaux 4,5,6) et des codes correspondants de la CIM-9

ICD-9	Cause of Death
CIM-9	Cause de décès
001-799, E800-E999	All causes - Toutes les causes
001-139	Infectious and parasitic diseases - Maladies infectieuses et parasitaires
140-208	Malignant neoplasms - Tumeurs malignes
150-151	Esophagus and stomach - Oesophage et estomac
152-154	Intestine and rectum - Intestin et rectum
157	Pancreas - Pancréas
162	Trachea, bronchus and lung - Trachée, bronches et poumon
174 (F), 175 (M)	Breast - Sein
179-183	Uterus, ovary and adnexa - Utérus, ovaire et autres annexes
185	Prostate - Prostate
188-189	Urinary system - Appareil urinaire
200-208	Lymphatic tissue and leukemia - Tissus lymphatiques et leucémie
Other - autres 140-208	Other - Autres
250	Diabetes mellitus - Diabète sucré
320-389	Diseases of the nervous system and sense organs - Maladies du système nerveux et des organes des sens
390-459	Diseases of the circulatory system - Maladies de l'appareil circulatoire
410-414	Ischaemic heart disease - Cardiopathies ischémiques
427-428	Cardiac dysrhythmias and heart failure - Troubles du rythme cardiaque et insuffisance cardiaque
430-438	Cerebrovascular disease - Maladies vasculaires cérébrales
440-448	Arteries and capillaries - Artères et capillaires
Other - autres 390-459	Other - Autres
460-519	Respiratory diseases - Maladies de l'appareil respiratoire
480-487	Pneumonia and influenza - Pneumonie et grippe
490-493	Chronic bronchitis, emphysema and asthma - Bronchite chronique, emphysème et asthme
496	Other chronic airways obstruction - Autre obstruction respiratoire chronique
Other - autres 460-519	Other - Autres
571	Chronic liver disease and cirrhosis - Maladies chroniques et cirrhose du foie
740-759	Congenital anomalies - Anomalies congénitales
760-779	Certain perinatal causes (excluding stillbirths) - Certain causes périnatales (à l'exclusion des mortinaissances)
E800-E999	Accidents and adverse effects - Accidents et effets adverses
E810-E825, E929.0	Motor vehicle accidents - Accidents de véhicules à moteur
E833-E835, E880-E888	Accidental falls - Chutes accidentelles
E950-E959	Suicide - Suicide
E960-969	Homicide - Homicide
Other - autres E800-E999	Other - Autres
Other - autres	
001-799, E800-E999	All other causes - Toutes les autres causes

APPENDIX 4

APPENDICE 4

Calculation of Age-standardized Death Rates

Calcul des taux comparatifs de mortalité

1. Standard Population by age group, Canada, July 1, 1991
(both sexes together)

1. Population-type selon le groupe d'âge, Canada, 1^{er}
juillet, 1991 (sexes réunis)

Group <i>i</i>	Age (in years)	Standard Population	Weight <i>W</i>
Groupe	Âge (en années)	Population type	Pondération
1	<1	403,061	0.0143
2	1-4	1,550,285	0.0552
3	5-9	1,953,045	0.0695
4	10-14	1,913,115	0.0680
5	15-19	1,926,090	0.0685
6	20-24	2,109,452	0.0750
7	25-29	2,529,239	0.0899
8	30-34	2,598,289	0.0924
9	35-39	2,344,872	0.0834
10	40-44	2,138,891	0.0761
11	45-49	1,674,153	0.0595
12	50-54	1,339,902	0.0477
13	55-59	1,238,441	0.0440
14	60-64	1,190,217	0.0423
15	65-69	1,084,588	0.0386
16	70-74	834,024	0.0297
17	75-79	622,221	0.0221
18	80-84	382,303	0.0136
19	85-89	192,410	0.0068
20	90+	95,467	0.0034
Total		28,120,065	1.000

2. The formula for an age-standardized death rate r is:

$$r = \sum_{i=1}^{20} \left(\frac{d_i}{p_i} \right) W_i$$

where, for age group i , d_i and p_i are, respectively, the age-specific death count and population size for a given cause of death and geographical area, and W_i is the weight for that age group. Note that the same weight is used for each sex. To yield a rate per 100,000 population, r is multiplied by 100,000.

APPENDIX 5 - APPENDICE 5

Revised Postcensal Population Estimates by Sex and Age Group, Canada, Provinces and Territories, July 1, 1995

Estimations postcensitaires révisées de la population, selon le sexe et le groupe d'âge, Canada, provinces et territoires, 1^{er} juillet, 1995

	Canada	NF	PE	NS	NB	QC	ON	MB	SK	AB	BC	YK	NT
000's - en milliers													
Both sexes - Les deux sexes													
Total	29,353.90	568	134.8	927.7	751.8	7,241.40	10,964.90	1,129.80	1,014.20	2,739.90	3,784.00	30.9	66.6
< 1 ¹	382.2	6	1.7	10.8	8.7	88.6	147.9	16.4	13.9	39	47.1	0.5	1.6
1-4 ²	1,604.30	26.7	7.5	47.5	37.5	382.1	609.1	66.8	59.8	164.4	194.5	2	6.3
5-9	1,992.70	37.9	10	62.3	49.2	450.6	747.6	83	79.5	213.5	249.2	2.5	7.3
10-14	1,997.40	43.7	10.1	62.4	52.1	470.9	726.1	80.8	80.9	209.5	252.4	2.5	6.1
15-19	1,983.70	47.7	10	63.8	54.7	496.1	711.7	78.8	77.8	193.2	242.4	2	5.5
20-24	2,017.60	46.5	9.6	65.8	56.1	473.2	760.2	80	68.2	194.9	255.3	2.2	5.5
25-29	2,194.60	44.3	9.1	67.1	55.1	520.8	843.4	80.2	65	212.3	288.3	2.5	6.5
30-34	2,632.90	47.2	10.9	81.3	64.6	647.1	1,007.70	94.3	79.6	255.3	335	3.2	6.8
35-39	2,575.60	47.4	10.7	79.1	63.7	655.5	945.6	91.8	81.1	259	333	3.3	5.5
40-44	2,309.50	46	9.9	71.7	59.8	591.1	841	83.5	72.3	219.7	307	3.1	4.5
45-49	2,061.10	41.2	9.6	66.4	54.4	531.1	763.7	73.7	59.8	180.1	274.9	2.4	3.7
50-54	1,585.50	29.5	6.9	50.7	40.5	429.7	583.4	56.4	46.7	131.9	205.9	1.7	2.3
55-59	1,295.30	23.6	5.9	41.6	32.5	336.3	490.6	46.8	41.4	106.5	167.4	1	1.7
60-64	1,209.40	21	5.4	38.1	29.7	314.6	460	44.4	41.2	97	155.9	0.8	1.2
65-69	1,113.00	18.7	4.9	34.3	27.3	284.9	427.5	42.9	40.3	85.4	145.3	0.6	0.8
70-74	957	15.5	4.4	31.2	25	233.2	369.2	40.5	37.2	70.1	129.9	0.4	0.5
75-79	661.2	12.1	3.6	24.5	18.7	157.5	242.2	30.2	30.2	49.6	92.2	0.2	0.3
80-84	447.9	7.9	2.6	16.6	12.7	103.1	164.1	22.1	21.8	33	63.7	0.1	0.2
85-89	223.1	3.4	1.4	8.1	6.4	51.2	82.7	11.3	11.4	16.8	30.2	0.1	0.1
90+	109.8	1.5	0.8	4.3	3.2	23.7	41.3	6	6	8.6	14.3	0	0.1
Males - Hommes													
Total	14,537.50	283.4	66.5	455.6	373.1	3,570.90	5,406.50	560.1	504.6	1,380.10	1,885.60	16.1	34.9
< 1 ¹	196.3	3.1	0.9	5.6	4.5	45.2	76.2	8.3	7.1	20	24.4	0.2	0.8
1-4 ²	822.3	13.8	3.8	24.3	19.3	195.3	312.5	34.1	30.7	84.4	99.6	1.1	3.2
5-9	1,021.00	19.3	5.1	31.9	25.4	230.4	383.5	42.6	40.7	109.5	127.6	1.3	3.7
10-14	1,025.00	22.3	5.1	31.9	26.7	241.8	372.6	41.6	41.4	107.6	129.4	1.3	3.2
15-19	1,020.30	24.6	5.2	32.7	28.2	254.6	366.1	40.4	40	99.5	125.2	1.1	2.8
20-24	1,027.60	23.9	4.9	33.2	28.7	241.4	385.2	41.3	35	99.8	130.3	1.1	2.8
25-29	1,110.40	22.2	4.6	33.6	28.1	266	422.2	41.1	32.9	108	147.2	1.3	3.3
30-34	1,330.90	23.2	5.4	40.7	32.5	329.8	507	47.9	39.8	129.1	170.3	1.6	3.6
35-39	1,291.10	23.3	5.3	39.2	31.9	330.3	470	46.5	41	132.5	166.5	1.6	3
40-44	1,151.50	23	4.9	35.4	29.7	295.8	413.8	41.6	37	112.7	153.6	1.6	2.4
45-49	1,030.40	20.8	4.8	33.2	27.4	264.4	379	37	30.4	91.6	138.4	1.3	2.1
50-54	791.7	14.9	3.4	25.3	20.6	213.1	289.9	28.4	23.4	66.9	103.5	1	1.3
55-59	642.4	12	3	20.7	16.2	164.8	242.6	23.2	20.6	53.9	83.9	0.6	0.9
60-64	594.4	10.6	2.7	18.6	14.5	150.9	225.8	21.9	20.5	49	78.9	0.5	0.7
65-69	524.9	9	2.4	15.9	12.7	130.5	201.8	20.2	19.5	41.8	70.3	0.3	0.4
70-74	420.4	7.3	2	13.7	11.1	99.5	161.8	17.6	17.1	31.7	58.2	0.2	0.3
75-79	270.5	5.3	1.5	10	7.8	61	99.6	12.5	12.9	20.9	38.7	0.1	0.2
80-84	166.6	3.1	1	6.1	4.8	35.6	61.1	8.4	8.7	12.7	24.9	0.1	0.1
85-89	71.4	1.2	0.5	2.6	2.1	14.9	25.6	3.8	4.2	5.8	10.6	0	0.1
90+	28.5	0.4	0.2	1	0.8	5.7	10.1	1.6	1.9	2.6	4.1	0	0
Females - Femmes													
Total	14,816.30	284.5	68.3	472.1	378.7	3,670.50	5,558.40	569.7	509.5	1,359.70	1,898.40	14.8	31.7
< 1 ¹	185.9	2.9	0.8	5.2	4.2	43.4	71.7	8	6.9	19	22.7	0.2	0.7
1-4 ²	782	13	3.6	23.1	18.2	186.8	296.6	32.6	29.1	80	94.9	1	3.1
5-9	971.7	18.6	4.9	30.5	23.8	220.2	364.1	40.4	38.8	104	121.6	1.2	3.6
10-14	972.4	21.4	4.9	30.6	25.4	229.1	353.5	39.1	39.4	101.9	123	1.2	2.9
15-19	963.4	23.1	4.9	31.1	26.4	241.4	345.6	38.4	37.8	93.7	117.2	0.9	2.7
20-24	990	22.6	4.7	32.6	27.4	231.8	375	38.8	33.3	95.1	125	1.1	2.7
25-29	1,084.20	22.1	4.5	33.5	27	254.8	421.3	39.1	32.1	104.3	141	1.2	3.2
30-34	1,302.00	23.9	5.5	40.6	32.1	317.3	500.6	46.4	39.7	126.3	164.7	1.6	3.2
35-39	1,284.50	24	5.4	39.9	31.8	325.2	475.6	45.2	40.1	126.5	166.5	1.6	2.6
40-44	1,158.00	23	4.9	36.3	30.1	295.3	427.2	41.9	35.3	107.1	153.4	1.4	2.1
45-49	1,030.70	20.4	4.8	33.2	27	266.7	384.7	36.7	29.5	88.5	136.5	1.1	1.7
50-54	793.9	14.6	3.4	25.4	19.9	216.6	293.5	28	23.3	65	102.4	0.7	1.1
55-59	652.8	11.6	3	20.8	16.3	171.6	248	23.6	20.8	52.5	83.5	0.5	0.8
60-64	615	10.4	2.7	19.5	15.3	163.7	234.3	22.5	20.7	48	77.1	0.3	0.5
65-69	588.1	9.6	2.5	18.4	14.6	154.5	225.7	22.7	20.9	43.7	75	0.2	0.4
70-74	536.6	8.2	2.4	17.5	14	133.7	207.3	22.9	20.1	38.4	71.7	0.2	0.2
75-79	390.7	6.8	2.1	14.5	10.9	96.5	142.6	17.6	17.3	28.6	53.5	0.1	0.1
80-84	281.3	4.8	1.6	10.5	7.9	67.5	103	13.7	13.1	20.2	38.8	0.1	0.1
85-89	151.6	2.2	0.9	5.6	4.3	36.3	57	7.5	7.2	11	19.6	0	0.1
90+	81.3	1.1	0.6	3.2	2.4	18	31.2	4.4	4.1	6	10.2	0	0

Note: The population estimates are adjusted for net census undercoverage and include non-permanent residents.

Note: Les estimations de population sont ajustées pour le sous-dénombrement net du recensement et incluent les résidents non-permanents.

Source: Demography Division, Population Estimates Section, Statistics Canada, December 2, 1998.

Source: Division de la démographie, section des estimations de population, Statistique Canada, le 2 décembre 1998.

1 Live births in year. - Naissances vivantes de l'année.

2 Population 0-4 less live births in year. - Population 0-4 ans moins les naissances vivantes de l'année.

Causes of Death Documentation

APPENDIX 6 - APPENDICE 6

Revised Postcensal Population Estimates by Sex and Age Group, Canada, Provinces and Territories, July 1, 1996

Estimations postcensitaires révisées de la population, selon le sexe et le groupe d'âge, Canada, provinces et territoires, 1^{er} juillet, 1996

	Canada	NF	PE	NS	NB	QC	ON	MB	SK	AB	BC	YK	NT
000's - en milliers													
Both sexes - Les deux sexes													
Total	29,671.90	560.6	136.2	931.2	753	7,274.00	11,100.90	1,134.30	1,019.50	2,780.60	3,882.00	31.9	67.6
< 1	380.9	5.8	1.8	11	8.4	87.6	147.8	15.9	13.9	38.8	47.9	0.5	1.5
1-4	1,584.40	25.1	7.3	46	36.6	372.7	608.3	66	58.7	161.1	194.5	1.9	6.4
5-9	2,017.20	36.7	10	62.5	48.8	461.5	760.3	83.4	79.1	213.5	251.5	2.5	7.5
9-14	2,009.20	42.3	10.2	62.6	51.6	460.8	740.1	81.4	80.9	212.7	257.9	2.6	6.2
15-19	2,013.00	46	10.1	63.4	53.9	499.9	721.4	79	79.4	198.1	254	2.1	5.6
20-24	2,010.60	44.4	9.6	64.8	55.2	475	747.2	79.6	69.4	197.5	260.4	2.2	5.4
25-29	2,163.50	42.2	9.2	65.7	54.1	504.2	826.4	79.5	64.7	212.4	296.1	2.6	6.5
30-34	2,582.40	45.9	10.7	78.9	63.3	628.7	994.8	91.3	77	247.5	334.4	3.1	6.8
35-39	2,626.30	47	10.8	80.1	64.1	662.5	973.2	92.9	81.4	262.8	342.3	3.4	5.8
40-44	2,375.40	46	10.2	73.2	60.8	602	865.3	85.3	74.9	230.8	319	3.2	4.6
45-49	2,131.80	42	9.9	68.5	56.2	541.3	790.3	76.2	62	188.7	290.2	2.6	3.9
50-54	1,656.00	31.9	7.2	53	42.1	448.2	608.6	58.5	47.9	138.3	216	1.8	2.5
55-59	1,331.30	24.1	6.1	42.7	33.7	347.1	501.2	47.7	41.9	109.6	174.2	1.2	1.8
60-64	1,207.80	21	5.6	38.2	29.9	312.4	459.4	44.2	40.7	97.6	156.9	0.8	1.3
65-69	1,123.30	18.6	4.8	34.6	27.2	287.5	431.2	42.4	40.1	87.5	148	0.6	0.8
70-74	967	15.8	4.4	30.9	25	237.3	374.2	40.1	36.9	71.4	130.2	0.4	0.5
75-79	689.3	12.4	3.6	25.2	19.1	162.9	255.8	31	30.5	51.8	96.6	0.2	0.3
80-84	457.7	7.9	2.6	17	13	105.1	167.5	22.3	22.2	34.2	65.5	0.1	0.2
85-89	232.3	3.7	1.4	8.6	6.7	53.1	85.6	11.6	12	17.5	31.8	0.1	0.1
90+	112.4	1.5	0.7	4.3	3.3	24.3	42.2	6.1	6.2	8.9	14.7	0	0.1
Males - Hommes													
Total	14,691.80	279.4	67.2	456.8	373.8	3,588.20	5,470.30	562.3	507.2	1,400.50	1,934.10	16.7	35.4
< 1	194.8	3	0.9	5.6	4.3	44.5	75.7	8.1	7.1	19.9	24.6	0.3	0.8
1-4	812.3	13	3.8	23.6	18.8	190.3	312	33.8	30.1	82.7	100	1	3.3
5-9	1,033.30	18.8	5	31.9	25.2	235.9	390.1	42.7	40.4	109.6	128.6	1.4	3.8
14-Oct	1,031.40	21.6	5.2	32.1	26.4	236.5	379.9	41.8	41.4	109.1	132.8	1.3	3.3
15-19	1,035.00	23.5	5.2	32.3	27.8	256.5	371.2	40.4	40.9	102.1	131.1	1.1	2.9
20-24	1,023.90	23	4.9	32.7	28.3	243	378.2	41.1	35.6	101.2	132.1	1.1	2.8
25-29	1,093.70	21.1	4.6	32.8	27.7	257.7	412	40.9	32.9	108.4	150.9	1.3	3.3
30-34	1,306.20	22.6	5.3	39.5	31.9	321.5	500.6	46.3	38.5	125.2	169.7	1.5	3.6
35-39	1,317.80	23.2	5.3	39.7	32.2	334.1	484.8	47.1	41.1	133.8	171.7	1.7	3.1
40-44	1,184.60	22.9	5.1	36.1	30.3	301.8	425.7	42.8	38.2	118.3	159.3	1.7	2.5
45-49	1,065.00	21.2	4.9	34.2	28.2	269.3	391.7	38.1	31.5	96.3	146.1	1.4	2.1
50-54	825.7	16.1	3.7	26.5	21.4	221.9	301.9	29.4	24	70.1	108.4	1	1.4
55-59	659.3	12.2	3.1	21.2	16.9	170.4	247.1	23.6	20.7	55.5	87	0.7	1
60-64	593.6	10.6	2.7	18.9	14.6	150.2	225.1	21.9	20.2	49.2	79.1	0.4	0.7
65-69	533.2	9	2.3	16.1	12.8	132.2	205.1	20	19.4	43.1	72.3	0.4	0.4
70-74	426.2	7.4	2	13.5	11.1	101.7	164.3	17.5	17.1	32.4	58.8	0.2	0.3
75-79	282.4	5.4	1.4	10.2	7.9	63.4	105.4	12.8	13	21.9	40.6	0.1	0.2
80-84	170.3	3.1	1	6.2	4.9	36.2	62.5	8.5	8.8	13.2	25.7	0.1	0.1
85-89	74.6	1.3	0.5	2.8	2.2	15.5	26.9	3.9	4.4	6	11.1	0	0.1
90+	28.5	0.4	0.2	1	0.8	5.6	10	1.6	1.9	2.6	4.3	0	0
Females - Femmes													
Total	14,980.10	281.2	69	474.4	379.2	3,685.80	5,630.60	572	512.3	1,380.20	1,947.90	15.3	32.2
< 1	186.2	2.8	0.9	5.4	4.1	43.1	72.1	7.8	6.8	19	23.3	0.2	0.7
1-4	772.1	12.1	3.5	22.4	17.7	182.5	296.3	32.2	28.6	78.4	94.4	0.9	3.1
5-9	984	18	4.9	30.6	23.6	225.6	370.2	40.7	38.7	103.9	122.9	1.2	3.7
14-Oct	977.8	20.7	5	30.5	25.2	224.3	360.2	39.6	39.4	103.7	125	1.3	2.9
15-19	978	22.5	4.9	31.1	26.1	243.5	350.2	38.6	38.5	96	122.9	1	2.7
20-24	986.7	21.5	4.7	32.2	26.9	232	368.9	38.5	33.8	96.3	128.3	1.1	2.6
25-29	1,069.80	21.1	4.5	32.8	26.3	246.4	414.4	38.7	31.8	104.1	145.2	1.3	3.2
30-34	1,276.20	23.3	5.4	39.5	31.4	307.1	494.2	45	38.5	122.3	164.7	1.6	3.2
35-39	1,308.50	23.8	5.5	40.4	31.9	328.3	488.4	45.8	40.3	129	170.6	1.7	2.7
40-44	1,190.80	23.1	5	37.1	30.6	300.2	439.7	42.6	36.7	112.5	159.7	1.5	2.1
45-49	1,066.80	20.8	5	34.3	27.9	272.1	398.6	38.1	30.5	92.4	144.1	1.3	1.8
50-54	830.3	15.9	3.6	26.5	20.7	226.3	306.7	29.1	23.9	68.2	107.5	0.8	1.1
55-59	672.1	11.9	3	21.5	16.9	176.7	254.1	24.1	21.2	54.1	87.3	0.5	0.8
60-64	614.2	10.4	2.8	19.3	15.3	162.2	234.3	22.3	20.4	48.4	77.7	0.4	0.6
65-69	590.1	9.6	2.5	18.4	14.5	155.3	226.1	22.4	20.7	44.4	75.7	0.2	0.4
70-74	540.7	8.4	2.4	17.4	13.9	135.6	209.9	22.5	19.8	39	71.4	0.2	0.2
75-79	407	7	2.1	14.9	11.2	99.6	150.4	18.2	17.5	29.9	56	0.1	0.1
80-84	287.3	4.8	1.7	10.7	8.1	68.8	105	13.8	13.4	21	39.9	0.1	0.1
85-89	157.7	2.4	0.9	5.9	4.5	37.6	58.7	7.7	7.6	11.5	20.8	0	0.1
90+	83.9	1.1	0.6	3.3	2.5	18.7	32.2	4.5	4.2	6.3	10.4	0	0

Note: The population estimates are adjusted for net census undercoverage and include non-permanent residents.

Nota: Les estimations de population sont ajustées pour le sous-dénombrement net du recensement et incluent les résidents non-permanents.

Source: Demography Division, Population Estimates Section, Statistics Canada, December 2, 1998.

Source: Division de la démographie, section des estimations de population, Statistique Canada, le 2 décembre 1998.

1 Live births in year. - Naissances vivantes de l'année.

2 Population 0-4 less live births in year. - Population 0-4 ans moins les naissances vivantes de l'année.

APPENDIX 7 - APPENDICE 7

Revised Postcensal Population Estimates by Sex and Age Group, Canada, Provinces and Territories, July 1, 1997

Estimations postcensitaires révisées de la population, selon le sexe et le groupe d'âge, Canada, provinces et territoires, 1^{er} juillet, 1997

	Canada	NF	PE	NS	NB	QC	ON	MB	SK	AB	BC	YK	NT
000's - en milliers													
Both sexes - Les deux sexes													
Total	30,004.00	554.4	136.8	934.8	754	7,307.60	11,260.40	1,136.80	1,022.20	2,837.80	3,959.30	32.2	67.8
< 1 ¹	363.8	5.5	1.6	10.2	8.1	83.1	140.4	15.5	13.1	38.1	46.3	0.5	1.4
-4 ²	1,568.50	23.9	7.2	45.1	35.4	363.6	607.3	64.9	57.6	160	195.5	1.9	6.2
5-9	2,048.20	35.5	10	62.2	48.6	472.8	775.9	83.7	78.8	215.1	255.2	2.5	7.7
10-14	2,018.90	40.7	10.2	63	50.9	452.2	753.7	81.6	80.6	216.1	261.1	2.6	6.2
15-19	2,029.20	44.3	10.1	63.2	52.9	498.4	729.6	79.4	79.4	203.7	260.4	2.2	5.6
20-24	2,021.90	43	9.6	63.8	54.6	481.7	746.4	78.6	71	203.1	262.8	2.1	5.4
25-29	2,144.80	40.6	9.3	64.9	53.9	489.8	821.4	79	64.5	215.6	297	2.6	6.3
30-34	2,517.60	44.6	10.4	76	61.1	605.9	976.5	87.7	73.9	241.8	330.2	3.1	6.5
35-39	2,661.40	46.4	10.8	80.9	64	661.2	998	93.6	81.2	266.2	349.9	3.3	5.9
40-44	2,453.00	46.1	10.4	75.3	62	618	896	87	77.2	242.9	330.1	3.2	4.7
45-49	2,155.90	42.6	9.8	68.5	56.5	547.6	794.1	76.7	63.2	193.6	296.6	2.7	3.8
50-54	1,775.90	34.3	8	57.2	45.4	470.6	657	62.5	50.6	150.3	235.4	2	2.7
55-59	1,378.40	24.8	6.2	44.1	35.1	362.3	516.6	48.8	42.4	113.7	181.4	1.2	1.8
60-64	1,205.80	21.1	5.6	38.4	29.6	308.2	460.3	43.6	40	98.5	158.3	0.9	1.3
65-69	1,135.90	18.7	4.9	35	27.9	291.7	434.9	42.2	39.7	89.1	150.3	0.7	0.9
70-74	973.1	15.9	4.3	30.6	24.6	240.4	377.5	39.4	36.5	72.4	130.6	0.4	0.5
75-79	725.2	12.8	3.6	25.8	19.7	171.2	272	31.9	30.8	54.8	102	0.2	0.3
80-84	466.2	8	2.6	17.3	13.2	107.5	170.1	22.4	22.5	35.2	67	0.1	0.2
85-89	242.9	4	1.4	9.1	7	55.4	89	12.1	12.6	18.2	33.9	0.1	0.1
90+	117.4	1.6	0.8	4.3	3.4	25.9	43.8	6.2	6.4	9.3	15.4	0	0.1
Males - Hommes													
Total	14,853.40	275.9	67.4	458.4	373.9	3,604.10	5,548.80	563.5	508.4	1,429.60	1,971.10	16.8	35.5
< 1 ¹	186.9	2.8	0.9	5.2	4.2	42.6	71.9	7.9	6.8	19.7	23.9	0.2	0.7
1-4 ¹	803.7	12.4	3.7	23.2	18.3	185.4	311.3	33.2	29.4	82.2	100.4	1	3.2
5-9	1,049.10	18.2	5.1	31.8	25.1	241.4	397.9	42.8	40.4	110.4	130.7	1.4	3.9
10-14	1,036.30	20.8	5.2	32.3	26	231.6	387.4	42	41.2	111	134.4	1.3	3.2
15-19	1,042.50	22.6	5.1	32.1	27.3	256.1	374.9	40.6	41	104.8	133.9	1.2	2.9
20-24	1,030.50	22.2	4.9	32.2	28	246.2	378.6	40.5	36.4	104.2	133.6	1.1	2.8
25-29	1,083.90	20.4	4.7	32.4	27.6	250.3	409.7	40.6	32.8	110.3	150.6	1.3	3.2
30-34	1,272.40	21.9	5.2	38	30.9	309.7	490.3	44.5	37	122.8	167.2	1.5	3.4
35-39	1,336.20	22.9	5.4	40	31.9	334.1	498.2	47.4	40.9	134.8	175.9	1.6	3.1
40-44	1,223.40	22.8	5.2	37.3	30.9	310	441.3	43.6	39.4	124.4	164.4	1.7	2.5
45-49	1,076.80	21.4	4.9	34.1	28.3	272.6	392.9	38.4	32.2	98.9	149.4	1.4	2.1
50-54	884.9	17.2	4	28.5	22.9	232.9	325.6	31.4	25.4	76.3	118	1.1	1.5
55-59	682.2	12.6	3.1	21.8	17.6	178.2	254.3	24.2	20.9	57.5	90.5	0.7	1
60-64	591.5	10.6	2.7	19	14.5	148.1	225.3	21.6	19.8	49.4	79.3	0.5	0.7
65-69	542.4	9.1	2.4	16.5	13.2	135	208	20	19.2	44.1	74.1	0.4	0.5
70-74	431.6	7.5	2	13.4	10.9	103.6	166.9	17.4	16.9	33.3	59.4	0.2	0.3
75-79	297.6	5.6	1.4	10.4	8.2	67.1	112.1	13	13.2	23.1	43.1	0.1	0.2
80-84	173.4	3.1	0.9	6.4	5	37.1	63.6	8.6	8.9	13.6	26.1	0	0.1
85-89	78.3	1.4	0.5	2.9	2.3	16.1	28.5	4.1	4.5	6.2	11.8	0	0.1
90+	29.7	0.5	0.2	1	0.9	6	10.3	1.6	2	2.7	4.5	0	0
Females - Femmes													
Total	15,150.50	278.5	69.4	476.4	380.1	3,703.50	5,711.70	573.2	513.7	1,408.20	1,988.20	15.4	32.3
< 1 ¹	176.9	2.7	0.8	4.9	4	40.5	68.5	7.6	6.3	18.4	22.4	0.2	0.7
1-4 ²	764.8	11.5	3.4	21.9	17.2	178.1	295.9	31.6	28.2	77.8	95.1	0.9	3
5-9	999.1	17.3	4.9	30.4	23.6	231.4	378	40.9	38.5	104.8	124.5	1.1	3.8
10-14	982.6	19.9	5	30.7	24.9	220.6	366.4	39.6	39.4	105.2	126.6	1.3	3
15-19	986.6	21.7	5	31.1	25.6	242.3	354.7	38.7	38.4	98.9	126.5	1	2.7
20-24	991.4	20.8	4.7	31.6	26.6	235.4	367.8	38.1	34.6	98.9	129.2	1	2.6
25-29	1,060.90	20.2	4.6	32.4	26.3	239.5	411.6	38.4	31.7	105.3	146.4	1.3	3.1
30-34	1,245.10	22.7	5.3	38	30.2	296.2	486.2	43.2	36.9	119	163	1.5	3.1
35-39	1,325.20	23.5	5.5	40.9	32.1	327.1	499.8	46.2	40.3	131.4	174	1.7	2.8
40-44	1,229.60	23.3	5.2	38	31.1	308	454.7	43.3	37.9	118.5	165.7	1.6	2.2
45-49	1,079.10	21.2	4.9	34.4	28.2	275.1	401.2	38.3	31	94.7	147.2	1.3	1.7
50-54	891.1	17.1	3.9	28.6	22.4	237.7	331.4	31.1	25.2	74	117.4	0.8	1.2
55-59	696.2	12.3	3.1	22.3	17.5	184.1	262.3	24.6	21.5	56.2	90.9	0.5	0.9
60-64	614.3	10.5	2.9	19.5	15.1	160.1	235.1	22	20.1	49	78.9	0.4	0.6
65-69	593.5	9.6	2.5	18.5	14.7	156.7	226.9	22.1	20.5	45	76.2	0.3	0.4
70-74	541.5	8.4	2.4	17.2	13.7	136.9	210.6	22	19.6	39.2	71.2	0.2	0.3
75-79	427.6	7.2	2.2	15.3	11.6	104.1	159.9	18.9	17.6	31.7	58.9	0.1	0.1
80-84	292.8	4.9	1.7	10.9	8.2	70.4	106.6	13.9	13.6	21.6	40.9	0.1	0.1
85-89	164.6	2.6	1	6.2	4.7	39.3	60.6	8.1	8	12	22.2	0	0.1
90+	87.7	1.2	0.6	3.4	2.5	19.9	33.5	4.6	4.4	6.6	10.9	0	0

Note: The population estimates are adjusted for net census undercoverage and include non-permanent residents.

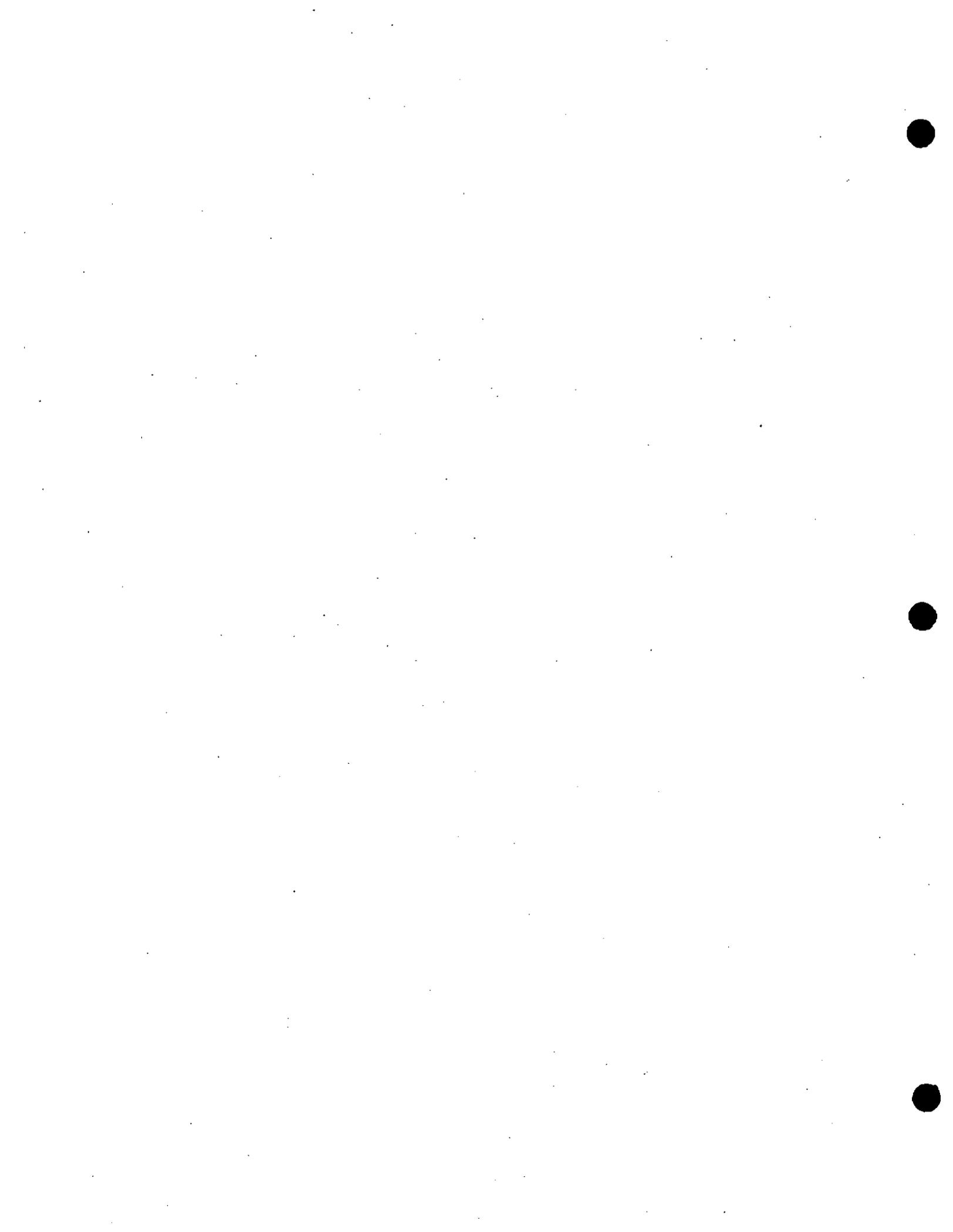
Nota: Les estimations de population sont ajustées pour le sous-dénombrement net du recensement et incluent les résidents non-permanents.

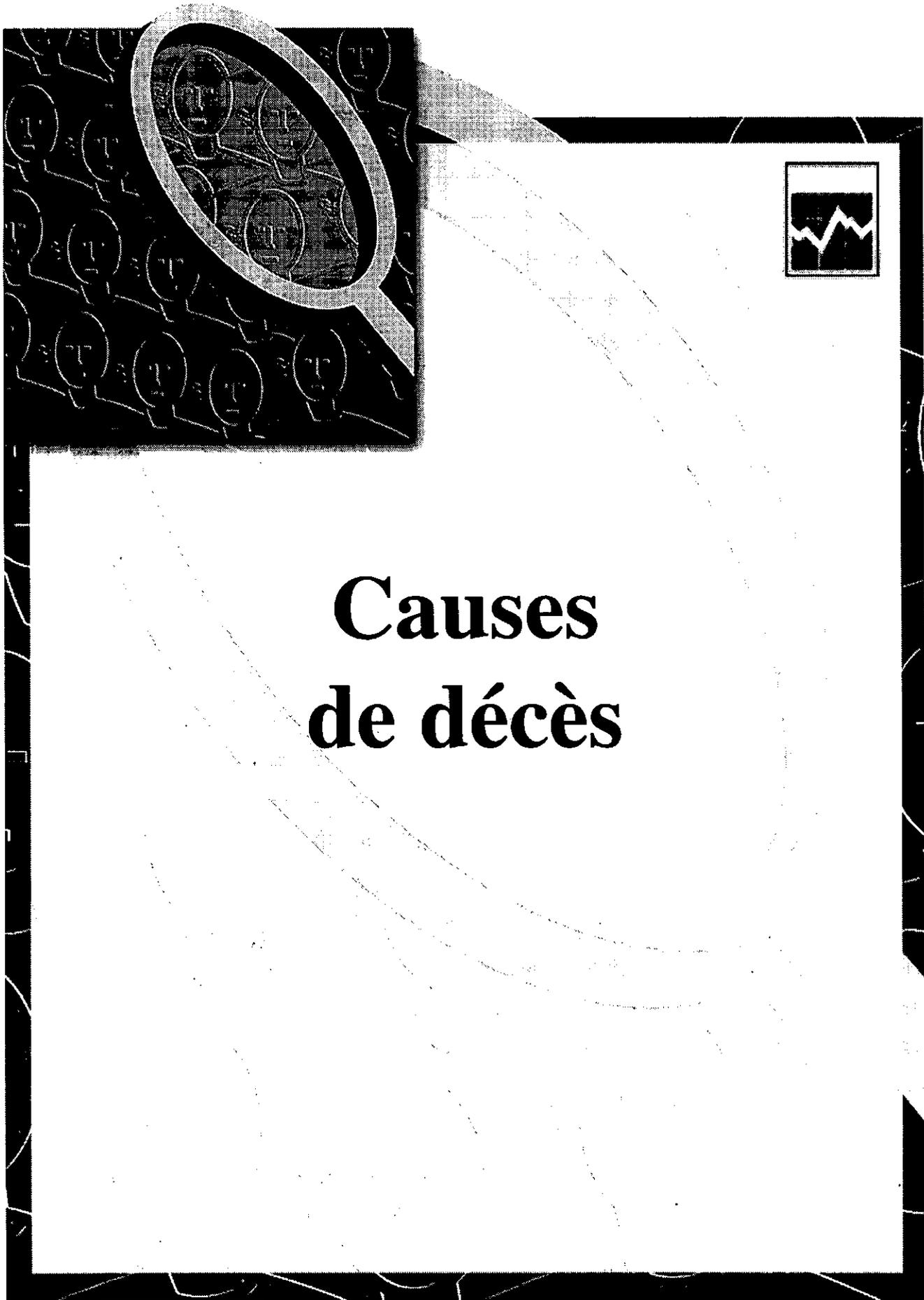
Source: Demography Division, Population Estimates Section, Statistics Canada, December 2, 1998.

Source: Division de la démographie, section des estimations de population, Statistique Canada, le 2 décembre 1998.

1 Live births in year. - Naissances vivantes de l'année.

2 Population 0-4 less live births in year. - Population 0-4 ans moins les naissances vivantes de l'année.





Causes de décès

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INTRODUCTION

Historique

Au Canada, comme en France et en Angleterre, les premières données sur l'état civil ont été recueillies par les autorités ecclésiastiques, qui enregistraient les baptêmes, les mariages et les enterrements. Ces registres ont permis de compiler des statistiques de l'état civil pour le Québec depuis 1610.

Pour le Canada tout entier, il n'a pas été possible de compiler une série satisfaisante de statistiques de l'état civil avant 1921. Parmi les obstacles qui ont nui à la compilation de ce genre de statistiques à l'échelle nationale, mentionnons les différences entre les lois provinciales à cet égard, les lacunes dans l'enregistrement, le manque d'uniformité dans la classification ou dans la méthode de présentation, l'omission de données importantes et le choix de l'année financière au lieu de l'année de calendrier comme unité de temps.

En 1918, le Bureau fédéral de la statistique (BFS) était créé en vertu de la Loi sur la statistique. C'est au cours de deux conférences fédérales-provinciales tenues cette même année que le BFS et les bureaux provinciaux de l'état civil ont conclu une entente de collaboration en vue de produire des données nationales sur l'état civil. Selon cette entente de collaboration, le BFS devait fournir les formulaires d'enregistrement normalisés pour les naissances, les mariages et les décès, et les provinces devaient lui envoyer des copies des formulaires remplis. Au départ, huit provinces étaient parties à cette entente de collaboration qui a mené à la publication du premier rapport annuel pour le Canada en 1921. Le Québec s'est joint aux autres provinces au début de 1926, et Terre-Neuve, en 1949. Les données des territoires ont été incluses dans les publications régulières pour la première fois en 1956.

Objectifs

Aujourd'hui, tout comme au début, l'enregistrement complet et exact de tous les événements relatifs à l'état civil au Canada est le principal objectif de ce travail de collaboration entre les provinces et Statistique Canada. Aux termes d'une entente fédérale-provinciale, l'enregistrement des naissances, des mortinaissances, des mariages et des décès relève des provinces et territoires. Les systèmes d'enregistrement des provinces et territoires visent avant tout à obtenir et à conserver les preuves documentaires nécessaires pour protéger les droits de chaque personne. À n'importe quel moment après l'enregistrement, la personne ou la famille concernée peut consulter les registres pour avoir une preuve des faits se rapportant à une naissance, à un mariage ou à un décès.

Bien que la production de statistiques soit d'une importance secondaire pour les bureaux provinciaux et territoriaux de l'état civil, les données sont quand même beaucoup utilisées par les chercheurs et les professionnels de la santé. Au niveau national, on utilise principalement les données à des fins statistiques, par exemple pour les estimations et les projections démographiques, l'analyse des tendances démographiques, la surveillance de la santé et la recherche épidémiologique.

Aperçu des sources de données sur la mortalité et des produits disponibles

Le système d'enregistrement des décès couvre tous les décès qui se produisent au Canada. En outre, les décès de résidents canadiens aux États-Unis sont déclarés en vertu d'une entente réciproque. Sauf indication contraire, les totalisations excluent les décès au Canada de personnes qui ne sont pas des résidentes canadiennes.

Le bureau central de l'état civil de chaque province et territoire fournit à Statistique Canada les données tirées des formulaires d'enregistrement de décès. Voici les éléments d'information qui sont déclarés de façon uniforme par tous les secteurs de compétence et qui sont inclus dans le système Canadien d'enregistrement des décès:

- l'âge et le sexe de la personne décédée
- l'état matrimonial de la personne décédée
- le lieu de résidence de la personne décédée
- le lieu de naissance de la personne décédée
- le lieu de naissance des parents de la personne décédée
- la date du décès
- la cause antécédente du décès
- la province ou le territoire de décès
- le lieu de l'accident (pour la plupart des décès accidentels non reliés au transport)
- l'autopsie pratiquée ou non

Les données canadiennes sur la mortalité sont publiées dans des tableaux de base. Outre ces tableaux, on peut se procurer d'autres données sous forme de tableaux croisés plus détaillés, de totalisations spéciales, d'imprimés, de disquettes et de bandes magnétiques en s'adressant à la Division des statistiques sur la santé ou aux Centres de référence de Statistique Canada.

MÉTHODOLOGIE

Collecte de données

Les lois provinciales et territoriales sur les statistiques de l'état civil ou les textes législatifs équivalants rendent obligatoire l'enregistrement de tous les décès dans la province ou le territoire. Ces lois se rapprochent le plus possible d'une loi modèle sur les statistiques de l'état civil, qu'on a rédigée afin d'assurer l'uniformité des lois et des méthodes de déclaration des provinces et territoires.

Une entente entre le gouvernement du Canada et les gouvernements des provinces et territoires régit le fonctionnement du système canadien des statistiques de l'état civil. Un comité consultatif, appelé le Conseil de la statistique de l'état civil du Canada, s'occupe des politiques et des questions opérationnelles. Les provinces et territoires ainsi que Statistique Canada sont tous représentés à ce conseil. Aux termes de l'entente, Statistique Canada est chargé de concevoir et d'imprimer un formulaire normalisé d'enregistrement de décès (Annexe 1) qui peut être utilisé dans n'importe quelle province ou n'importe quel territoire. Lorsqu'une province choisit d'imprimer son propre formulaire pour recueillir des renseignements supplémentaires, ce formulaire doit comprendre les données de base précisées dans l'entente. Tous les formulaires d'enregistrement modèles font actuellement l'objet d'une révision.

Le formulaire d'enregistrement de décès se divise en deux parties, soit les renseignements personnels et les renseignements médicaux. Les renseignements personnels sont fournis par un répondant, habituellement un parent de la personne décédée. Le répondant signe cette partie du formulaire et doit remettre le formulaire à l'entrepreneur de pompes funèbres. La partie du formulaire qui correspond au certificat médical de décès est remplie par le médecin qui a constaté le décès, ou par le coroner dans les cas où il y a une enquête. L'entrepreneur de pompes funèbres, ou la personne qui joue ce rôle, doit inscrire sur le formulaire d'enregistrement de décès les détails concernant l'enterrement ou toute autre disposition à prendre relativement au cadavre. Il doit également présenter le formulaire rempli au registraire local, qui délivrera le permis d'enterrement.

Toutes les provinces fournissent à Statistique Canada des copies sur microfilm ou des images optiques des formulaires d'enregistrement. En outre, la Nouvelle-Écosse, le Nouveau-Brunswick, le Québec, l'Ontario et les provinces de l'Ouest extraient des formulaires les données de base requises et les transmettent à Statistique Canada sous une forme lisible par machine. Pour les autres provinces atlantiques et les territoires, c'est Statistique Canada qui s'occupe de mettre sous une forme lisible par machine les données de base qui lui sont fournies sur microfilm. Les modifications à apporter aux enregistrements à cause d'erreurs ou d'omissions sont communiquées immédiatement à Statistique Canada.

Définitions des données

Les termes, les définitions et les classifications utilisés dans le système canadien des statistiques de l'état civil sont fondés sur des normes acceptées qu'on trouve dans les documents de l'Organisation mondiale de la santé, dans la documentation sur la médecine, la santé et la démographie ainsi que dans les lois sur les statistiques de l'état civil.

- **Genres de mortalité figurant dans les tableaux**

Sauf indication contraire, les mortinaissances sont exclues des tableaux.

Infantile - Décès d'un enfant des moins d'un an

Néonatale - Décès d'un enfant des moins de 28 jours (quatre semaines)

Post-néonatale - Décès d'un enfant de quatre semaines à un an

Périnatale - Décès d'un fœtus de 28 semaines ou plus de gestation, et décès d'un enfant âgé de moins de sept jours (une semaine)

- **Genres de taux figurant dans les données de la statistique de l'état civil**

Le calcul des taux et des rapports est fondé sur les données démographiques correspondant à l'année du décès (voir l'appendice 2).

Les taux et rapports sont calculés ainsi:

- Brut - Le nombre de décès durant l'année pour 1,000 ou 100,000 habitants.
- Par âge - Le nombre de décès dans un groupe d'âge donné pour 100,000 personnes dans le même groupe d'âge
- Infantile - Décès infantiles pour 1,000 naissances vivantes
- Néonatale - Décès néonataux pour 1,000 naissances vivantes
- Post- - Décès post-néonataux pour 1,000 néonatale naissances vivantes
- Périnatale - Décès périnataux pour 1,000 naissances totales
- Comparatif - Le calcul des taux comparatifs vise à supprimer l'effet des différences dans la structure par âge entre diverses populations et sur une certaine période. Les taux comparatifs montrent le nombre de décès pour 100,000 habitants qui se seraient produits dans une population donnée si la structure par âge de cette population était la même que celle d'une population-type (voir la formule à l'appendice 3).

• **Définitions d'autres termes figurant dans les tableaux ou dans les données offertes sous forme lisible par machine**

Âge

Âge en mois ou en jour pour les enfants de moins d'un an. Âge en années pour les personnes d'un an et plus.

Lieu de résidence de la personne décédée

La province ou le territoire, la division de recensement (le comté) et la localité (la ville ou le village) sont codées dans les registres de décès. Le système de géocodage employé est basé sur la *Classification géographique type (CGT)*(1).

Lieu de naissance

Le lieu de naissance de la personne décédée (province ou territoire si elle est née au Canada et pays si elle est née à l'étranger) et le lieu de naissance de ses parents sont déclarés et figurent dans la base de données lisible par machine, mais ne sont pas publiés.

Lieu de l'accident

Pour les décès accidentels, autres que ceux reliés au transport ou aux soins médicaux, le lieu de l'accident figure dans la base de données lisible par machine mais n'est pas publié. Les huit catégories sont "maison", "exploitation agricole", "mine ou carrière", "lieu industriel", "lieu de récréation", "route", "immeuble public" et "établissement résidentiel".

Autopsie

Le fichier lisible par machine renferme une variable indiquant si une autopsie a été pratiquée ou non. Cet élément d'information n'a pas été beaucoup utilisé, mais il peut servir d'indicateur de la fiabilité de la cause déclarée de décès.

Classification de la cause du décès

Les renseignements sur la cause du décès sont codés selon la *Classification internationale des maladies* (2). La 9^e révision est utilisée au Canada depuis 1979. La cause du décès qui est codée et qui sert à la production des totalisations est la **cause antécédente du décès**. Elle est définie comme étant "(a) la maladie ou le traumatisme qui a déclenché l'évolution morbide conduisant directement au décès ou (b) les circonstances de l'accident ou de la violence qui ont entraîné le traumatisme mortel". Cette cause antécédente du décès est choisie d'après un certain nombre de conditions précisées sur le formulaire d'enregistrement de décès. Jusqu'au présent, seule la cause antécédente du décès et, dans le cas de mort violente ou accidentelle, la nature de la blessure, ont été enregistrées sous forme lisible par machine. Cependant, plusieurs provinces ont mis au point un système qui permettra le codage et l'enregistrement sous forme lisible par machine de causes multiples de décès précisées sur le formulaire d'enregistrement de décès.

Traitement des données

- **Traitement avant l'envoi des données à Statistique Canada**

À quelques exceptions près (voir le paragraphe sur le traitement à Statistique Canada ci-dessous), les provinces reçoivent et codent les données, les mettent sous une forme lisible par machine et effectuent des vérifications. Les vérifications varient d'une province à l'autre mais incluent habituellement des vérifications de la présence des données, une validation des codes pour les données codées et des vérifications de cohérence entre les éléments d'information connexes tels que la cause du décès et le sexe (pour les causes propres à un sexe) ou l'état matrimonial et l'âge.

Statistique Canada offre aux provinces des cours de formation et des services de consultation sur le codage de la cause du décès et leur fournit des manuels comme la *Classification internationale des maladies (CIM)* et la *Classification géographique type (CGT)* afin de favoriser la fiabilité et la cohérence des données.

- **Traitement à Statistique Canada**

Pour les provinces de l'Atlantique et les territoires, la cause du décès est codée à Statistique Canada. C'est également le Bureau qui s'occupe de coder les renseignements géographiques pour le Yukon ainsi que pour tous les décès de personnes autres que les résidents de la province ou du territoire du lieu de décès. Pour les décès de résidents canadiens déclarés par les États-Unis, les renseignements nosologiques et géographiques sont codés à Statistique Canada. Toutes les données requises qui ne sont pas fournies par les provinces et territoires sous forme lisible par machine sont ensuite saisies selon une présentation normalisée. Les fichiers lisibles sur machine fournis par les provinces sont convertis à Statistique Canada de façon à respecter cette présentation normalisée.

Les données de toutes les provinces et territoires font ensuite l'objet des vérifications visant à en mesurer l'intégralité et la qualité. Récemment, Statistique Canada a élaboré des spécifications concernant un programme normalisé de vérification qui sera intégré aux systèmes provinciaux de vérification. Dans la plupart des cas, on consulte les enregistrements sur microfilm ou on communique avec les provinces et territoires pour corriger les erreurs et les omissions décelées pendant le traitement.

Depuis 1990, l'Ontario utilise la technologie de l'imagerie optique pour le stockage des copies des formulaires de l'état civil qui ne sont plus copiées sur microfilm. De 1990 jusqu'à 1995, il n'était pas possible de vérifier complètement les données statistiques de l'état civil déclarées par l'Ontario parce que les images optiques n'avaient pas été transférées à Statistique Canada. Les codes invalides étaient classés dans la catégorie "non précisé", et les situations peu plausibles étaient acceptées telles qu'elles ont été déclarées. À partir de 1996, la vérification complète des données de l'Ontario a été recommencée grâce au transfert des images optiques de l'Ontario à Statistique Canada.

QUALITÉ DES DONNÉES

Champ d'observation

Comme l'enregistrement des décès est exigé par la loi avant l'enterrement ou toute autre disposition du cadavre, les données sont considérées comme presque complètes. Les enregistrements reçus après la date limite ne sont pas inclus dans les tabulations annuelles. Ces enregistrements tardifs entraînent donc un certain sous-dénombrement au moment où les totalisations annuelles sont publiées. Le nombre est habituellement faible. Par exemple, en 1990, il y a eu 84 enregistrements tardifs de décès dans l'ensemble du Canada.

Intégralité

L'intégralité des principaux éléments d'information varie selon l'élément, la province ou territoire déclarante et l'année. Pour l'ensemble des provinces et territoires, le taux d'intégralité des données pendant la période allant de 1991-1995 était de 99 % ou plus pour l'âge, le sexe, l'état matrimonial, le lieu de résidence et le cause de décès, de 95 % à 96 % pour le lieu de naissance de la personne décédée, de 28 % à 29 % pour le lieu de naissance des parents de la personne décédée et de 20 % à 22 % pour le lieu de l'accident (le cas échéant).

Au moment de déclarer les données à Statistique Canada, il se peut qu'on attribue à certaines causes de décès, particulièrement lorsqu'il s'agit d'homicides et de suicides, des codes imprécis tels que "autres causes mal définies ou inconnues" (CIM-9, 799.9) en attendant le résultat de l'enquête ou l'autopsie. En Alberta en 1985 et en Ontario en 1990, en comparaison avec d'autres années, plus de décès ont été classés sous "autres et causes non spécifiées et inconnues" et moins de décès ont été classés sous "accidents, empoisonnements et violence". Même si des renseignements plus précis sont habituellement déclarés à une date ultérieure, ils ne paraîtront pas dans les données publiées.

Changements relatifs au codage des causes de décès

Depuis 1979 au Canada, les renseignements publiés en ce qui concerne les causes de décès sont fondés sur la 9^e révision de la Classification internationale des maladies (CIM-9). La restructuration de la classification et certains changements apportés aux règles régissant le choix de la cause antécédente du décès ont entraîné une certaine incompatibilité avec les révisions précédentes. On devrait consulter à la fois la CIM-9 et les révisions précédentes avant de faire toute comparaison, que ce soit par le numéro de la catégorie ou le nom de la maladie. A cet égard, on devrait faire particulièrement attention à certaines catégories ou sections de la CIM, notamment: la catégorie 558, qui comprend certains états inscrits auparavant dans le chapitre sur les maladies infectieuses; la catégorie 579, qui comprend certains états classés auparavant dans le chapitre sur les troubles endocriniens; les catégories 390-398 et 424, où l'on n'attribue plus à certains états une origine rhumatismale; les catégories relatives à l'asthme, à la bronchite et à l'emphysème (490-493), où le couplage n'est plus possible; la section intitulée "grossesse aboutissant à l'avortement" (630-639), qui comprend maintenant les grossesses extra-utérines; le chapitre sur les états périnataux, où l'on a apporté des changements en ce qui concerne l'âge; et le chapitre sur les symptômes, où certains symptômes ont été enlevés et classés dans d'autres chapitres sur des organes précis.

En outre, l'importance de plus en plus grande de l'infection à virus de l'immunodéficience humaine (VIH) a entraîné l'ajout à la CIM-9 de codes spécifiques pour l'infections par VIH. Ces codes, CIM-9 042, 043 et 044, qui se trouvent au chapitre sur les maladies infectieuses et parasitaires (I) de la CIM-9, sont utilisés au Canada depuis 1987. Avant 1987, les infections par VIH qui étaient identifiées étaient incluses dans les troubles immunitaires au chapitre III de la CIM-9.

Indicateurs de qualité

On a réalisé certaines études (3,4) afin d'examiner certains aspects de la qualité des données sur les décès. Dans les deux études, on a comparé des échantillons d'enregistrements tirés des fichiers définitifs lisibles par machine aux versions recodées des documents originaux sur microfilm. Diverses sources d'erreurs ont été décelées et signalées afin qu'on puisse améliorer le processus de collecte des données, par exemple sur le plan de la formation du personnel préposé au codage.

Actualité

Les données sont habituellement disponibles vers la fin de l'année suivant l'année de données, et les totalisations peu de temps après.

RÉFÉRENCES

1. *Classification géographique type*, Statistique Canada (publié pour 1971, 1976, 1981, 1986, 1991 et 1996).
2. *Classification internationale des maladies. Révision de 1975*. Organisation mondiale de la santé, Genève, 1977.
3. Nagnur DG, Currie SG, Heath B. *Évaluation de la qualité des statistiques de l'état civil (Étude pilote)*. Division de la santé, Statistique Canada, août 1981.
4. Nagnur DG, Taylor E, Currie SG, et. al. *Quality Assessment Study of Cause of Death Coding, Data Years 1979 and 1980*. Section de la statistique de l'état civil et des registres de maladies, Division de la santé, Statistique Canada.

Appendice 1

Chapitres (CIM-9)

Chapitre	Liste CIM
I. Maladies infectieuses et parasitaires	001-139
II. Tumeurs	140-239
III. Maladies endocriniennes, de la nutrition et du métabolisme et troubles immunitaires	240-279
IV. Maladies du sang et des organes hématopoïétiques	280-289
V. Troubles mentaux	290-319
VI. Maladies du système nerveux et des organes des sens	320-389
VII. Maladies de l'appareil circulatoire	390-459
VIII. Maladies de l'appareil respiratoire	460-519
IX. Maladies de l'appareil digestif	520-579
X. Maladies des organes génito-urinaires	580-629
XI. Complications de la grossesse, de l'accouchement et des suites de couches	630-676
XII. Maladies de la peau et du tissu cellulaire sous-cutané	680-709
XIII. Maladies du système ostéo-articulaire des muscles et du tissu conjonctif	710-739
XIV. Anomalies congénitales	740-759
XV. Certaines affections dont l'origine se situe dans la période périnatale (excluant mort-nés)	760-779
XVI. Symptômes, signes et états morbides mal définis	780-799
EXVII. Causes extérieures de traumatismes et empoisonnements	E800-E999
NXVII. Lésions traumatiques et empoisonnements	N800-N999

APPENDICE 2 - APPENDIX 2

Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9

List of Abbreviated Causes of Death Codes (A-List) and their Correspondence with ICD-9 Codes

Liste A ¹	CIM-9	Cause de décès
A-List ¹	ICD-9	Cause of Death
A1-AE282	001-799, E800-E999	All causes - Toutes les causes
A1-A36	001-139	I. Infectious and parasitic diseases - Maladies infectieuses et parasitaires
A1-A6	001-009	Intestinal infectious diseases - Maladies infectieuses intestinales
A1	001-002	Cholera and typhoid and paratyphoid fevers - Choléra et fièvres typhoïde et paratyphoïde
A2	004	Shigellosis - Shigellose
A3	003, 005	Other salmonella infections and other food poisoning (bacterial) - Autres salmonelloses et autres toxi-infections alimentaires (bactériennes)
A4	006	Amebiasis - Amibiase
A5	007-008	Intestinal infections due to other specified organisms - Infections intestinales dues à d'autres micro-organismes
A6	009	Ill-defined intestinal infections - Infections intestinales mal définies
A7-A8	010-018	Tuberculosis - Tuberculose
A7	010-012	Tuberculosis of respiratory system - Tuberculose de l'appareil respiratoire
A8	013-018	Other tuberculosis - Autres tuberculoses
A9-A16	020-041	Zoonotic and other bacterial diseases - Anthropozoonoses et autres maladies bactériennes
A9	023	Brucellosis - Brucellose
A10	032	Diphtheria - Diphthérie
A11	033	Whooping cough - Coqueluche
A12	034-035	Streptococcal sore throat, scarlatina and erysipelas - Angine à streptocoques, scarlatine et érysipèle
A13	036	Meningococcal infection - Infections à méningocoques
A14	037	Tetanus - Tétanos
A15	038	Septicemia - Septicémie
A16	020-022, 024-031, 039-041	All other bacterial diseases - Toutes les autres maladies bactériennes
A17-A23	042-044, 045-079	Viral diseases - Maladies à virus
A17	045	Acute poliomyelitis - Poliomyélite aiguë
A18	050	Smallpox - Variole
A19	055	Measles - Rougeole
A20	056	Rubella - Rubéole
A21	062-064	Arthropod-borne encephalitis - Encéphalites à virus transmises par des arthropodes
A22	070	Viral hepatitis - Hépatite virale
A23	042-044, 046-049, 051-054, 057-061, 065-066, 071-079	Other viral diseases - Autres maladies à virus
A24-A26	080-088	Rickettsioses and other arthropod-borne diseases - Rickettsioses et autres maladies transmises par les arthropodes
A24	080-083	Typhus and other rickettsioses - Typhus et autres Rickettsioses
A25	084	Malaria - Paludisme
A26	085-088	All other arthropod-borne diseases - Toutes les autres maladies transmises par les arthropodes
A27-A31	090-099	Syphilis and other venereal diseases - Syphilis et autres maladies vénériennes
A27-A29	090-097	Syphilis - Syphilis
A27	093	Cardiovascular syphilis - Syphilis cardio-vasculaire
A28	094	Neurosyphilis - Syphilis nerveuse
A29	090-091, 095-097	All other syphilis - Toutes les autres syphilis
A30	098	Gonococcal infections - Infections gonococciques
A31	099	Other venereal diseases - Autres maladies vénériennes
A32-A36	100-139	Other infectious and parasitic diseases and late effects of infectious and parasitic diseases - Autres maladies infectieuses et parasitaires et leurs séquelles
A32	110-118	Mycoses - Mycoses
A33	120-129	Helminthiasis - Helminthiases
A34	137	Late effects of tuberculosis - Séquelles de la tuberculose
A35	138	Late effects of acute poliomyelitis - Séquelles de la poliomyélite aiguë
A36	100-104, 130-136, 139	All other infectious and parasitic diseases and late effects of infectious and parasitic diseases - Toutes les autres maladies infectieuses et parasitaires et leurs séquelles

APPENDICE 2 - APPENDIX 2

Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9 - Continued

List of Abbreviated Causes of Death Codes (A-List) and their Correspondence with ICD-9 Codes - suite

Liste A ¹	CIM-9	Cause de décès
A-List ¹	ICD-9	Cause of Death
A37-A93	140-239	II. Neoplasms - Tumeurs
A37-A86	140-208	Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues - Tumeurs malignes, y compris celles des tissus lymphatiques et hématopoïétiques
A37-A40	140-149	Malignant neoplasms of lip, oral cavity, and pharynx - Tumeurs malignes des lèvres, de la cavité buccale et du pharynx
A37	140	Of lip - Des lèvres
A38	141	Of tongue - De la langue
A39	146-149.0	Of pharynx - Du pharynx
A40	142-145, 149.1-149.9	Of other and ill-defined sites within the lip, oral cavity, and pharynx - De sièges autres et mal définis de la lèvre, de la cavité buccale et du pharynx
A41-A55	150-159	Malignant neoplasms of digestive organs and peritoneum - Tumeurs malignes des parties de l'appareil digestif et du péritoine
A41	150	Of esophagus - De l'oesophage
A42	151	Of stomach - De l'estomac
A43	152	Of small intestine including duodenum - De l'intestin grêle
A44-A48	153	Of colon - Du côlon
A44	153.0-153.1, 153.7	Hepatic and splenic flexures and transverse colon - Angles hépatique et splénique et côlon transverse
A45	153.2	Descending colon - Côlon descendant
A46	153.3	Sigmoid colon - Côlon sigmoïde
A47	153.4-153.6	Cecum, appendix, and ascending colon - Caecum, appendice et côlon ascendant
A48	153.8-153.9	Other and colon, unspecified - Autres et côlon, sans précision
A49	154	Of rectum, rectosigmoid junction, and anus - Du rectum, de la jonction recto-sigmoïdienne et de l'anus
A50-A52	155	Of liver and intrahepatic bile ducts - Du foie et des voies biliaires intrahépatiques
A50	155.0	Liver, primary - Foie, primitive
A51	155.1	Intrahepatic bile ducts - Canaux biliaires intrahépatiques
A52	155.2	Liver, not specified as primary or secondary - Foie, non précisée primitive ni secondaire
A53	156	Of gallbladder and extrahepatic bile ducts - De la vésicule biliaire et des voies biliaires extrahépatiques
A54	157	Of pancreas - Du pancréas
A55	158-159	Of retroperitoneum, peritoneum, and other and ill-defined sites within the digestive organs and peritoneum - Du tissu rétropéritonéal, péritoine et de sièges autres ou non précisés de l'appareil digestif et du péritoine
A56-A58	160-165	Malignant neoplasms of respiratory and intrathoracic organs - Tumeurs malignes de l'appareil respiratoire et des organes thoraciques
A56	161	Of larynx - Du larynx
A57	162	Of trachea, bronchus, and lung - De la trachée, des bronches et du poumon
A58	160, 163-165	Of all other and ill-defined sites within the respiratory system and intrathoracic organs - De tous les sièges autres ou non précisés de l'appareil respiratoire et des organes thoraciques
A59-A64	170-175	Malignant neoplasms of bone, connective tissue, skin, and breast - Tumeurs malignes des os, du tissu conjonctif, de la peau et du sein
A59	170	Of bone and articular cartilage - Des os et du cartilage articulaire
A60	171	Of connective and other soft tissue - Du tissu conjonctif et des autres tissus mous
A61	172	Melanoma of skin - Mélanome de la peau
A62	173	Other malignant neoplasms of skin - Autres tumeurs malignes de la peau
A63	174	Of female breast - Du sein, chez la femme
A64	175	Of male breast - Du sein, chez l'homme
A65-A71	179-187	Malignant neoplasms of genital organs - Tumeurs malignes des organes génito-urinaires
A65	180	Of cervix uteri - Du col de l'utérus
A66	179, 181-182	Of other parts of uterus - Des autres parties de l'utérus
A67	183	Of ovary and other uterine adnexa - De l'ovaire et des autres annexes de l'utérus
A68	184	Of other and unspecified female genital organs - D'organes génitaux autres ou non précisés de la femme
A69	185	Of prostate - De la prostate
A70	186	Of testis - Du testicule

APPENDICE 2 - APPENDIX 2

Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9 - Continued

List of Abbreviated Causes of Death Codes (A-List) and their Correspondence with ICD-9 Codes - suite

Liste A ¹	CIM-9	Cause de décès
A-List ¹	ICD-9	Cause of Death
A71	187	Of penis and other male genital organs - De la verge et des autres organes génitaux masculins
A72-A73	188-189	Malignant neoplasms of urinary organs - Tumeurs malignes des organes urinaires
A72	188	Of bladder - De la vessie
A73	189	Of kidney and other and unspecified urinary organs - Du rein et d'organes urinaires autres ou non précisés
A74-A78	190-199	Malignant neoplasms of other and unspecified sites - Tumeurs malignes de sièges autres et sans précision
A74	190	Of eye - De l'oeil
A75	191	Of brain - De l'encéphale
A76	192	Of other and unspecified parts of nervous system - De parties autres et non précisées du système nerveux
A77	193-194	Of thyroid gland and other endocrine glands and related structures - Du corps thyroïde et autres glandes endocrines et structures apparentées
A78	195-199	Of all other and unspecified sites - De tous les sièges autres et non précisés
A79-A86	200-208	Malignant neoplasms of lymphatic and hematopoietic tissues - Tumeurs malignes des tissus lymphatiques et hématopoïétiques
A79	200	Lymphosarcoma and reticulosarcoma - Lymphosarcome et réticulosarcome
A80	201	Hodgkin's disease - Maladie de Hodgkin
A81	202	Other malignant neoplasms of lymphoid and histiocytic tissue - Autres tumeurs malignes des tissus lymphoïde et histiocytaire
A82	203	Multiple myeloma and immunoproliferative neoplasms - Myélome multiple et tumeurs immunoprolifératives
A83-A86	204-208	Leukemia - Leucémie
A83	204	Lymphoid leukemia - Leucémie lymphoïde
A84	205	Myeloid leukemia - Leucémie myéloïde
A85	206	Monocytic leukemia - Leucémie monocytaire
A86	207-208	Other and unspecified leukemia - Leucémie, autres et non précisées
A87-A93	210-239	Benign neoplasms, carcinoma in situ, and neoplasms of uncertain behavior and of unspecified nature - Tumeurs bénignes, carcinome in situ, tumeurs à évolution imprévisible et tumeurs de nature non précisée
A87-A89	210-229	Benign neoplasms - Tumeurs bénignes
A87	218-221	Of female genital organs - Des organes génitaux de la femme
A88	224-225	Of eye, brain, and other parts of nervous system - De l'oeil, de l'encéphale et des autres parties du système nerveux
A89	210-217, 222-223, 226-229	Of all other and unspecified sites - De tous les sièges autres et non précisés
A90-A91	230-234	Carcinoma in situ - Carcinome in situ
A90	233	Of breast and genitourinary system - Du sein et de l'appareil génito-urinaire
A91	230-232, 234	Of all other and unspecified sites - De tous les sièges autres et non précisés
A92	235-238	Neoplasms of uncertain behaviour - Tumeurs à évolution imprévisible
A93	239	Neoplasms of unspecified nature - Tumeurs de nature non précisée
A94-A104	240-279	III. Endocrine, nutritional, and metabolic diseases and immunity disorders - Maladies endocriniennes, de la nutrition et du métabolisme et troubles immunitaires
A94-A101	240-259, 270-279	Endocrine and metabolic diseases and immunity disorders - Maladies endocriniennes, du métabolisme et troubles immunitaires
A94	240-246	Disorders of thyroid gland - Troubles du corps thyroïde
A95	250	Diabetes mellitus - Diabète sucré
A96	253	Disorders of the pituitary gland and its hypothalamic control - Troubles de l'hypophyse et de son contrôle hypothalamique
A97	254	Diseases of thymus gland - Maladies du thymus
A98	255	Disorders of adrenal glands - Troubles des glandes surrénales
A99	277.0	Cystic fibrosis - Fibrose kystique
A100	278.0	Obesity - Obésité
A101	251-252, 256-259, 270-276 277.1-277.9, 278.1-279	All other endocrine and metabolic diseases and immunity disorders - Toutes les autres maladies endocriniennes, du métabolisme et troubles immunitaires

APPENDICE 2 - APPENDIX 2

Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9 - Continued
List of Abbreviated Causes of Death Codes (A-List) and their Correspondence with ICD-9 Codes - suite

Liste A ¹	CIM-9	Cause de décès
A-List ¹	ICD-9	Cause of Death
A102-A104	260-269	Nutritional deficiencies - États de carence
A102	261	Nutritional marasmus - Atrepsie nutritionnelle
A103	262-263	Other protein-calorie malnutrition - Autres malnutritions protéino-caloriques
A104	260, 264-269	All other nutritional deficiencies - Tous les autres états de carence
A105-A110	280-289	IV. Diseases of blood and blood-forming organs - Maladies du sang et des organes hématopoïétiques
A105-A108	280-285	Anemias - Anémies
A105	280-281	Deficiency anemias - Anémies par carence
A106	282-283	Hemolytic anemias - Anémies hémolytiques
A107	284	Aplastic anemia - Anémie aplastique
A108	285	Other and unspecified anemias - Anémies, autres et sans précision
A109	287	Purpura and other hemorrhagic conditions - Purpura et autres affections hémorragiques
A110	286, 288-289	All other diseases of blood and blood-forming organs - Toutes les autres maladies du sang et des organes hématopoïétiques
A111-A117	290-319	V. Mental disorders - Troubles mentaux
A111	290	Senile and presenile organic psychotic conditions - États psychotiques organiques séniles et préséniles
A112	291	Alcoholic psychoses - Psychoses alcooliques
A113	292-299	All other psychoses - Toutes les autres psychoses
A114	303	Alcohol dependence syndrome - Syndrome de dépendance alcoolique
A115	304	Drug dependence - Pharmacodépendance
A116	300-302, 305-316	Other neurotic, personality, and nonpsychotic mental disorders - Troubles névrotiques, de la personnalité et autres non psychotiques
A117	317-319	Mental retardation - Retard mental
A118-A126	320-389	VI. Diseases of the nervous system and sense organs - Maladies du système nerveux et des organes des sens
A118-A124	320-359	Diseases of the nervous system - Maladies du système nerveux
A118	320-322	Meningitis - Méningites
A119	332	Parkinson's disease - Syndrome parkinsonien
A120	330-331, 333-337	Other hereditary and degenerative diseases of the central nervous system - Autres affections héréditaires et dégénératives du système nerveux central
A121	340	Multiple sclerosis - Sclérose en plaques
A122	343	Infantile cerebral palsy - Paralysie cérébrale infantile
A123	345	Epilepsy - Épilepsie
A124	323-326, 341-342, 344, 346-359	Other diseases of the nervous system - Autres maladies du système nerveux
A125	360-379	Disorders of the eye and adnexa - Maladies de l'oeil et de ses annexes
A126	380-389	Diseases of the ear and mastoid process - Maladies de l'oreille et de l'apophyse mastoïde
A127-A160	390-459	VII. Diseases of the circulatory system - Maladies de l'appareil circulatoire
A127-A131	390-398	Rheumatic fever and rheumatic heart disease - Rhumatisme articulaire aigu et cardiopathies rhumatismales chroniques
A127	390-392	Acute rheumatic fever - Rhumatisme articulaire aigu
A128-A131	393-398	Chronic rheumatic heart disease - Cardiopathies rhumatismales chroniques
A128	394	Diseases of mitral valve - Maladies de la valvule mitrale
A129	395	Diseases of aortic valve - Maladies de la valvule aortique
A130	396	Diseases of mitral and aortic valves - Maladies des valvules mitrale et aortique
A131	393, 397-398	All other chronic rheumatic heart disease - Toutes les autres cardiopathies rhumatismales chroniques
A132-A135	401-404	Hypertensive disease - Maladies hypertensives
A132	401	Essential hypertension - Hypertension essentielle
A133	402	Hypertensive heart disease - Cardiopathie due à l'hypertension artérielle
A134	403	Hypertensive renal disease - Néphropathie due à l'hypertension artérielle

APPENDICE 2 - APPENDIX 2

Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9 - Continued

List of Abbreviated Causes of Death Codes (A-List) and their Correspondence with ICD-9 Codes - suite

Liste A ¹	CIM-9	Cause de décès
A-List ¹	ICD-9	Cause of Death
A135	404	Hypertensive heart and renal disease - Cardio-néphropathie due à l'hypertension artérielle
A136-A139	410-414	Ischaemic heart disease - Cardiopathies ischémiques
A136	410	Acute myocardial infarction - Infarctus aigu du myocarde
A137	411	Other acute and subacute forms of ischemic heart disease - Autres formes aiguës ou subaiguës des cardiopathies ischémiques
A138	413	Angina pectoris - Angine de poitrine
A139	412, 414	Old myocardial infarction and other forms of chronic ischemic heart disease - Infarctus ancien du myocarde et autres formes de cardiopathie ischémique chronique
A140	415-417	Diseases of pulmonary circulation - Troubles de la circulation pulmonaire
A141-A148	420-429	Other forms of heart disease - Autres formes de cardiopathies
A141	421	Acute and subacute endocarditis - Endocardites aiguë et subaiguë
A142	420, 422-423	Acute pericarditis, acute myocarditis, and other diseases of pericardium - Péricardite aiguë, myocardite aiguë, et autres maladies du péricarde
A143-A145	424	Other diseases of endocardium - Autres maladies de l'endocarde
A143	424.0	Mitral valve disorders - Affections de la valvule mitrale
A144	424.1	Aortic valve disorders - Affections de la valvule aortique
A145	424.2-424.9	All other diseases of endocardium - Toutes les autres maladies de l'endocarde
A146	428	Heart failure - Insuffisance cardiaque
A147	429.0-429.1	Myocarditis, unspecified and myocardial degeneration - Myocardite, sans précision et dégénérescence du myocarde
A148	425-427, 429.2-429.9	All other and ill-defined forms of heart disease - Toutes les formes autres et mal définies de cardiopathies
A149-A155	430-438	Cerebrovascular diseases - Maladies vasculaires cérébrales
A149	430	Subarachnoid hemorrhage - Hémorragie sous-arachnoïdienne
A150	431-432	Intracerebral and other intracranial hemorrhage - Hémorragie cérébrale et autres hémorragies intracrâniennes
A151	433	Occlusion and stenosis of precerebral arteries - Occlusion et sténose des artères précérébrales
A152	434.0, 434.9	Cerebral thrombosis and unspecified occlusion of cerebral arteries - Thrombose cérébrale et occlusion sans précision des artères cérébrales
A153	434.1	Cerebral embolism - Embolie cérébrale
A154	436	Acute but ill-defined cerebrovascular disease - Maladies cérébro-vasculaires aiguës mais mal définies
A155	435, 437-438	Other and late effects of cerebrovascular diseases - Autres et séquelles des maladies cérébro-vasculaires
A156-A158	440-448	Diseases of arteries, arterioles, and capillaries - Maladies des artères, artérioles et capillaires
A156	440	Atherosclerosis - Athérosclérose
A157	441	Aortic aneurysm - Anévrisme de l'aorte
A158	442-448	All other diseases of arteries, arterioles, and capillaries - Toutes les autres maladies des artères, artérioles et capillaires
A159-A160	451-459	Diseases of veins and lymphatics, and other diseases of circulatory system - Maladies des veines et des vaisseaux lymphatiques et autres maladies circulatoires
A159	451-453	Phlebitis, thrombophlebitis, and venous embolism and thrombosis - Phlébite, thrombophlébite et embolies et thromboses veineuses
A160	454-459	Other diseases of veins and lymphatics and all other diseases of circulatory system - Autres maladies des veines et des vaisseaux lymphatiques et toutes les autres maladies circulatoires
A161-A178	460-519	VIII. Diseases of the respiratory system - Maladies de l'appareil respiratoire
A161-A162	460-465, 470-478	Diseases of the upper respiratory tract - Maladies des voies respiratoires supérieures
A161	460-465	Acute upper respiratory infections - Affections aiguës des voies respiratoires supérieures
A162	470-478	Other diseases of upper respiratory tract - Autres maladies des voies respiratoires supérieures

APPENDICE 2 - APPENDIX 2

Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9 - Continued

List of Abbreviated Causes of Death Codes (A-List) and their Correspondence with ICD-9 Codes - suite

Liste A ¹	CIM-9	Cause de décès
A-List ¹	ICD-9	Cause of Death
A163-A178	466, 480-519	Other diseases of the respiratory system - Autres maladies de l'appareil respiratoire
A163	466	Acute bronchitis and bronchiolitis - Bronchite et bronchiolite aiguës
A164-A167	480-486	Pneumonia - Pneumonie
A164	480	Viral pneumonia - Pneumonie à virus
A165	481-482	Pneumococcal and other bacterial pneumonia - À pneumocoques et autres pneumonies bactériennes
A166	485	Bronchopneumonia, organism unspecified - Bronchopneumonie, micro-organisme non précisé
A167	483, 486	Pneumonia due to other and unspecified organism - Pneumonie due à des micro-organismes autres et non précisés
A168	487	Influenza - Grippe
A169-A174	490-496	Chronic obstructive pulmonary diseases and allied conditions - Maladies pulmonaires obstructives chroniques et affections connexes
A169-A172	490-493	Bronchitis, chronic and unspecified, emphysema and asthma - Bronchite, chronique et non précisée, emphysème et asthme
A169	490	Bronchitis, not specified as acute or chronic - Bronchite, non précisée comme aiguë ni chronique
A170	491	Chronic bronchitis - Bronchite chronique
A171	492	Emphysema - Emphysème
A172	493	Asthma - Asthme
A173	494-495	Bronchiectasis and extrinsic allergic alveolitis - Bronchectasie et alvéolite allergique extrinsèque
A174	496	Chronic airways obstruction, not elsewhere classified - Obstruction chronique des voies respiratoires, non classée ailleurs
A175	500-508	Pneumoconioses and other lung diseases due to external agents - Pneumoconioses et autres maladies pulmonaires dues à des agents externes
A176	510,513	Empyema and abscess of lung and mediastinum - Empyème et abcès du poumon et du médiastin
A177	511	Pleurisy - Pleurésie
A178	512, 514-519	All other diseases of respiratory system - Toutes les autres maladies de l'appareil respiratoire
A179-A193	520-579	IX. Diseases of the digestive system - Maladies de l'appareil digestif
A179	520-529	Diseases of oral cavity, salivary glands, and jaws - Maladies de la cavité buccale, des glandes salivaires et des maxillaires
A180-A193	530-579	Diseases of other parts of the digestive system - Maladies des autres parties de l'appareil digestif
A180-A182	531-533	Ulcer of stomach and duodenum - Ulcère de l'estomac et du duodénum
A180	531	Gastric ulcer - Ulcère de l'estomac
A181	532	Duodenal ulcer - Ulcère du duodénum
A182	533	Peptic ulcer, site unspecified - Ulcère digestif de siège non précisé
A183	535	Gastritis and duodenitis - Gastrite et duodénite
A184	540-543	Appendicitis - Appendicite
A185	550-553, 560	Hernia of abdominal cavity and intestinal obstruction without mention of hernia - Hernie abdominale et occlusion intestinale sans mention de hernie
A186	555-556	Regional enteritis and idiopathic proctocolitis - Entérite régionale et recto-colite idiopathique
A187	557-558	All other noninfective gastroenteritis and colitis - Toutes les autres gastro-entérites et colites non infectieuses
A188	562	Diverticula of intestine - Diverticule de l'intestin
A189-A191	571	Chronic liver disease and cirrhosis - Maladies chroniques et cirrhose du foie
A189	571.0-571.3	Chronic liver disease and cirrhosis, specified as alcoholic - Maladies chroniques et cirrhose du foie, précisées alcooliques
A190	571.4, 571.6	Chronic hepatitis and biliary cirrhosis - Hépatite chronique et cirrhose biliaire
A191	571.5, 571.8-571.9	Cirrhosis of liver and other and unspecified chronic liver disease without mention of alcohol - Cirrhose et autres maladies chroniques du foie sans mention d'alcool
A192	574-575	Cholelithiasis and other disorders of gallbladder - Lithiase biliaire et autres maladies de la vésicule biliaire
A193	530, 534, 536-537, 564-570, 572-573, 576-579	All other diseases of digestive system - Toutes les autres maladies de l'appareil digestif

APPENDICE 2 - APPENDIX 2

Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9 - Continued

List of Abbreviated Causes of Death Codes (A-List) and their Correspondence with ICD-9 Codes - suite

Liste A ¹	CIM-9	Cause de décès
A-List ¹	ICD-9	Cause of Death
A194-A204	580-629	X. Diseases of the genitourinary system - Maladies des organes génito-urinaires
A194-A200	580-599	Diseases of urinary system - Maladies de l'appareil urinaire
A194-A197	580-589	Nephritis, nephrotic syndrome, and nephrosis - Néphrite, syndrome néphrotique et néphrose
A194	580	Acute glomerulonephritis - Glomérulonéphrite aiguë
A195	581	Nephrotic syndrome - Syndrome néphrotique
A196	582-583, 587	Chronic glomerulonephritis, nephritis and nephropathy, not specified as acute or chronic, and renal sclerosis, unspecified - Glomérulonéphrite chronique, néphrite, néphropathie et sclérose rénale SAI
A197	584-586, 588-589	Renal failure, disorders resulting from impaired renal function, and small kidney of unknown cause - Insuffisance rénale, autres troubles fonctionnels du rein, et hypoplasie rénale d'origine inconnue
A198	590	Infections of kidney - Infections rénales
A199	592, 594	Urinary calculus - Calculs urinaires
A200	591, 593, 595-599	All other diseases of urinary system - Toutes les autres maladies de l'appareil urinaire
A201-A202	600-608	Diseases of male genital organs - Maladies des organes génitaux de l'homme
A201	600	Hyperplasia of prostate - Hyperplasie de la prostate
A202	601-608	Other diseases of male genital organs - Autres maladies des organes génitaux de l'homme
A203	610-611	Disorders of breast - Affections du sein
A204	614-629	Diseases of female genital organs, except breast - Maladies des organes génitaux de la femme, excluant le sein
A205-A216	630-676	XI. Complications of pregnancy, childbirth, and the puerperium - Complications de la grossesse, de l'accouchement et des suites de couches
A205-A209	630-638	Pregnancy with abortive outcome - Grossesse aboutissant à l'avortement
A205	633	Ectopic pregnancy - Grossesse ectopique
A206	634	Spontaneous abortion - Avortement spontané
A207	635	Legally induced abortion - Avortement provoqué légal
A208	636	Illegally induced abortion - Avortement provoqué illégal
A209	630-632, 637-638	Other pregnancy with abortive outcome - Autre grossesse aboutissant à l'avortement
A210-A214	640-646, 651-676	Direct obstetric causes - Complications directes
A210	640-641, 666	Hemorrhage of pregnancy and childbirth - Hémorragie de la grossesse et de l'accouchement
A211	642.4-642.9, 643	Toxemia of pregnancy - Toxémie de la grossesse
A212	660	Obstructed labour - Dystocie d'obstacle
A213	670-676	Complications of the puerperium - Complications des suites de couches
A214	642.0-642.3, 644-646, 651-659, 661-665, 667-669	Other direct obstetric causes - Autres complications directes
A215	647-648	Indirect obstetric causes - Complications indirectes
A216	650	Delivery in a completely normal case - Accouchement normal
A217-A218	680-709	XII. Diseases of the skin and subcutaneous tissue - Maladies de la peau et du tissu cellulaire sous-cutané
A217	680-686	Infections of skin and subcutaneous tissue - Infections de la peau et du tissu cellulaire sous-cutané
A218	690-709	All other diseases of skin and subcutaneous tissue - Toutes les autres maladies de la peau et du tissu cellulaire sous-cutané

APPENDICE 2 - APPENDIX 2

Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9 - Continued

List of Abbreviated Causes of Death Codes (A-List) and their Correspondence with ICD-9 Codes - suite

Liste A ¹	CIM-9	Cause de décès
A-List ¹	ICD-9	Cause of Death
A219-A223	710-739	XIII. Diseases of the musculoskeletal system and connective tissue - Maladies du système ostéo-articulaire, des muscles et du tissu conjonctif
A219	714	Rheumatoid arthritis and other inflammatory polyarthropathies - Arthrite rhumatoïde et autres polyarthropathies inflammatoires
A220	710-712, 715-719	Other arthropathies and related disorders - Autres arthropathies et affections apparentées
A221	720-724	Dorsopathies - Affections des régions du plan dorsal
A222	725-729	Rheumatism, excluding the back - Rhumatisme abarticulaire, à l'exclusion des affections du plan dorsal
A223	730-739	Osteopathies, chondropathies, and acquired musculoskeletal deformities - Ostéopathies, chondropathie et malformations acquises du système ostéo-musculaire
A224-A228	740-759	XIV. Congenital anomalies - Anomalies congénitales
A224	741	Spina bifida - Spina bifida
A225	740, 742	All other congenital anomalies of nervous system - Toutes les autres anomalies congénitales du système nerveux
A226	745-746	Congenital anomalies of heart - Anomalies congénitales du coeur
A227	747	Other congenital anomalies of circulatory system - Autres anomalies congénitales de l'appareil circulatoire
A228	743-744, 748-759	All other congenital anomalies - Toutes les autres anomalies congénitales
A229-A231	760-779	XV. Certain conditions originating in the perinatal period - Certaines affections dont l'origine se situe dans la période périnatale
A229	767	Birth trauma - Traumatisme obstétrical
A230	768-769	Intrauterine hypoxia, birth asphyxia, and respiratory distress syndrome - Hypoxie intrautérine, asphyxie à la naissance, et syndrome de détresse respiratoire
A231	760-766, 770-779	Other conditions originating in the perinatal period - Autres affections dont l'origine se situe dans la période périnatale
A232-A233	780-799	XVI. Symptoms, signs, and ill-defined conditions - Symptômes, signes et états morbides mal définis
A232	797	Senility without mention of psychosis - Sénilité sans mention de psychose
A233	780-796, 798-799	Symptoms, signs, and other ill-defined conditions - Symptômes, signes et autres états morbides mal définis
AE234-AE282	E800-E999	EXVII. External causes of injury and poisoning - Causes extérieures de traumatismes et empoisonnements
AE234-AE263	E800-E949	Accidents and adverse effects - Traumatismes et effets adverses
AE234-AE245	E800-E848	Transport accidents - Accidents de transport
AE234	E800-E807	Railway accidents - Accidents de chemin de fer
AE235-AE241	E810-E825	Motor vehicle accidents - Accidents de véhicules à moteur
AE235-AE240	E810-E819	Motor vehicle traffic accidents - Accidents de la circulation impliquant des véhicules à moteur
AE235	E810	Involving collision with train - Par collision avec un train
AE236	E811-E812	Involving collision with another motor vehicle - Par collision avec un autre véhicule à moteur
AE237	E814	Involving collision with pedestrian - Par collision avec un piéton
AE238	E813, E815	Involving collision with other vehicle or object - Par collision avec un autre véhicule ou objet
AE239	E816-E818	Not involving collision on highway - Sans collision sur la voie publique
AE240	E819	Motor vehicle traffic accident of unspecified nature - Accident de la circulation, nature non précisée, impliquant un véhicule à moteur
AE241	E820-E825	Motor vehicle nontraffic accidents - Accidents de véhicule à moteur hors de la voie publique
AE242	E826-E829	Other road vehicle accidents - Autres accidents de véhicules routiers
AE243	E830-E838	Water transport accidents - Accidents de transport par eau

APPENDICE 2 - APPENDIX 2

Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9 - Continued

List of Abbreviated Causes of Death Codes (A-List) and their Correspondence with ICD-9 Codes - suite

Liste A ¹	CIM-9	Cause de décès
A-List ¹	ICD-9	Cause of Death
AE244	E840-E845	Air and space transport accidents - Accidents de transport aérien ou de vol spatial
AE245	E846-E848	Vehicle accidents not elsewhere classifiable - Accidents non classés ailleurs impliquant des véhicules
AE246-AE248	E850-E869	Accidental poisoning - Intoxication accidentelle
AE246	E850-E858	Accidental poisoning by drugs, medicaments, and biologicals - Intoxication accidentelle par médicaments et produits biologiques
AE247	E860-E866	Accidental poisoning by other solid or liquid substances - Intoxication accidentelle par d'autres substances solides et liquides
AE248	E867-E869	Accidental poisoning by gases and vapors - Intoxication accidentelle par des gaz et des vapeurs
AE249	E870-E879	Misadventures during medical care, abnormal reactions, and late complications - Incidents lors d'actes médicaux, réactions anormales et complications tardives
AE250-AE252	E880-E888	Accidental falls - Chutes accidentelles
AE250	E880-E884	Fall from one level to another - Chute d'un niveau à un autre
AE251	E885-E886	Fall on same level - Chute de plain-pied
AE252	E887-E888	Fracture, cause unspecified, and other and unspecified falls - Fracture, cause non précisée, et chute autre et non précisée
AE253	E890-E899	Accidents caused by fires and flames - Accidents provoqués par le feu
AE254-AE262	E900-E929	Other accidents, including late effects - Autres accidents, y compris les séquelles
AE254	E907	Lightning - Foudre
AE255	E910	Accidental drowning and submersion - Noyade et submersion accidentelles
AE256	E911-E912	Inhalation and ingestion of food or other object causing obstruction of respiratory tract or suffocation - Aspiration ou ingestion de produits alimentaires ou d'autres objets causant l'obstruction des voies respiratoires ou la suffocation
AE257	E922.0	Accident caused by handgun - Accident causé par arme de poing
AE258	E922.1-E922.9	Accidents caused by all other and unspecified firearms - Accidents causés par armes à feu, toutes les autres et non précisées
AE259	E923	Accident caused by explosive material - Accident causé par explosif
AE260	E924, E926	Accident caused by hot substance or object, caustic or corrosive material, steam, and exposure to radiation - Accidents causés par des substances ou objets brûlants, matières corrosives et caustiques, la vapeur d'eau, et expositions au rayonnements
AE261	E925	Accident caused by electric current - Accident causé par le courant électrique
AE262	E900-E906, E908-E909, E913-E921, E927-E929	All other accidents and late effects of accidental injury - Tous les autres accidents et séquelles d'accidents
AE263	E930-E949	Drugs, medicaments, and biological substances causing adverse effects in therapeutic use - Médicaments et substances biologiques provoquant des effets adverses au cours de leur usage thérapeutique
AE264-AE270	E950-E959	Suicide - Suicide
AE264	E950.0-E950.5	Suicide by drugs, medicaments, and biologicals - Suicide par médicaments et substances biologiques
AE265	E950.6-E950.9	Suicide by other solid or liquid substances - Suicide par autres substances solides ou liquides
AE266	E951-E952	Suicide by gases and vapors - Suicide par gaz et vapeurs
AE267	E953	Suicide by hanging, strangulation, and suffocation - Suicide par pendaison, strangulation et asphyxie
AE268	E955.0	Suicide by handgun - Suicide par arme de poing
AE269	E955.1-E955.4	Suicide by all other and unspecified firearms - Suicide par armes à feu, toutes les autres et non précisées
AE270 autres	E954, E955.5-E959	Suicide by all other means and late effects of self-inflicted injury - Suicide par tous les moyens et séquelles de tentatives de suicide
AE271-AE276	E960-E978	Homicide and legal intervention - Homicide et intervention de la force publique
AE271	E965.0	Assault by handgun - Attentat par arme de poing
AE272	E965.1-E965.4	Assault by all other and unspecified firearms - Attentat par armes à feu, toutes les autres et non précisées
AE273	E966	Assault by cutting and piercing instrument - Attentat par instrument tranchant ou perforant

APPENDICE 2 - APPENDIX 2**Liste des codes abrégés des causes de décès (liste A) et des codes correspondants de la CIM-9 - Concluded
List of Abbreviated Causes of Death Codes (A-List) and their Correspondence with ICD-9 Codes - fin**

Liste A ¹	CIM-9	Cause de décès
A-List ¹	ICD-9	Cause of Death
AE274	E960-E964, E965.5- E965.9, E967-E969	Assault by all other means and late effects of injury purposely inflicted by other person - Attentat par tous les autres moyens et séquelles de traumatismes volontairement infligés par une autre personne
AE275	E978	Legal execution - Exécution
AE276	E970-E977	Other legal intervention and late effects of injury due to legal intervention - Autres interventions de la force publique et séquelles de traumatismes dus à l'intervention de la force publique
AE277-AE281	E980-E989	Injury undetermined whether accidentally or purposely inflicted - Traumatismes et empoisonnements causés d'une manière indéterminée quant à l'intention
AE277	E980.0-E980.5	From poisoning by drugs, medicaments, and biologicals - D'empoisonnement par médicaments et substances biologiques
AE278	E980.6-E980.9	From poisoning by other solid or liquid substances - D'empoisonnement par autres substances solides ou liquides
AE279	E985.0	From injury by handgun - De traumatismes par arme de poing
AE280	E985.1-E985.4	From injury by all other and unspecified firearms - De traumatismes par armes à feu, toutes les autres et non précisées
AE281	E981-E984, E985.5-E989	From injury by all other means and late effects of injury, undetermined whether accidentally or purposely inflicted - De traumatismes par tous les autres moyens et leurs séquelles
AE282	E990-E999	Injury resulting from operations of war - Traumatismes de guerre

1 Based on the American List of 282 Causes. Source: ICD-9 Underlying Cause-of-Death Lists for Tabulating Mortality Statistics, NCHS Instruction Manual.

1 Basé sur la liste américaine de 282 causes. Source: ICD-9 Underlying Cause-of-Death Lists for Tabulating Mortality Statistics, NCHS Instruction Manual.

APPENDICE 3 - APPENDIX 3

Liste de certaines causes de décès (tableaux 4, 5, 6) et des codes correspondants de la CIM-9

List of Selected Causes of Death (Tables 4, 5, 6) and their Correspondence with ICD-9 Codes

CIM-9	Cause de décès
ICD-9	Cause of Death
001-799, E800-E999	All causes - Toutes les causes
001-139	Infectious and parasitic diseases - Maladies infectieuses et parasitaires
140-208	Malignant neoplasms - Tumeurs malignes
150-151	Esophagus and stomach - Oesophage et estomac
152-154	Intestine and rectum - Intestin et rectum
157	Pancreas - Pancréas
162	Trachea, bronchus and lung - Trachée, bronches et poumon
174 (F), 175 (M)	Breast - Sein
179-183	Uterus, ovary and adnexa - Utérus, ovaire et autres annexes
185	Prostate - Prostate
188-189	Urinary system - Appareil urinaire
200-208	Lymphatic tissue and leukemia - Tissus lymphatiques et leucémie
Other - autres 140-208	Other - Autres
250	Diabetes mellitus - Diabète sucré
320-389	Diseases of the nervous system and sense organs - Maladies du système nerveux et des organes des sens
390-459	Diseases of the circulatory system - Maladies de l'appareil circulatoire
410-414	Ischaemic heart disease - Cardiopathies ischémiques
427-428	Cardiac dysrhythmias and heart failure - Troubles du rythme cardiaque et insuffisance cardiaque
430-438	Cerebrovascular disease - Maladies vasculaires cérébrales
440-448	Arteries and capillaries - Artères et capillaires
Other - autres 390-459	Other - Autres
460-519	Respiratory diseases - Maladies de l'appareil respiratoire
480-487	Pneumonia and influenza - Pneumonie et grippe
490-493	Chronic bronchitis, emphysema and asthma - Bronchite chronique, emphysème et asthme
496	Other chronic airways obstruction - Autre obstruction respiratoire chronique
Other - autres 460-519	Other - Autres
571	Chronic liver disease and cirrhosis - Maladies chroniques et cirrhose du foie
740-759	Congenital anomalies - Anomalies congénitales
760-779	Certain perinatal causes (excluding stillbirths) - Certain causes périnatales (à l'exclusion des mortinaissances)
E800-E999	Accidents and adverse effects - Accidents et effets adverses
E810-E825, E929.0	Motor vehicle accidents - Accidents de véhicules à moteur
E833-E835, E880-E888	Accidental falls - Chutes accidentelles
E950-E959	Suicide - Suicide
E960-969	Homicide - Homicide
Other - autres E800-E999	Other - Autres
Other - autres	
001-799, E800-E999	All other causes - Toutes les autres causes

APPENDICE 4

APPENDIX 4

Calcul des taux comparatifs de mortalité

Calculation of Age-standardized Death Rates

1. Population-type selon le groupe d'âge, Canada, 1^{er} juillet, 1991 (sexes réunis)

1. Standard Population by Age Group, Canada, July 1, 1991 (both sexes together)

Groupe <i>i</i> Group	Âge (en années) Age (in years)	Population-type Standard Population	Pondération <i>W</i> Weight
1	<1	403,061	0.0143
2	1-4	1,550,285	0.0552
3	5-9	1,953,045	0.0695
4	10-14	1,913,115	0.0680
5	15-19	1,926,090	0.0685
6	20-24	2,109,452	0.0750
7	25-29	2,529,239	0.0899
8	30-34	2,598,289	0.0924
9	35-39	2,344,872	0.0834
10	40-44	2,138,891	0.0761
11	45-49	1,674,153	0.0595
12	50-54	1,339,902	0.0477
13	55-59	1,238,441	0.0440
14	60-64	1,190,217	0.0423
15	65-69	1,084,588	0.0386
16	70-74	834,024	0.0297
17	75-79	622,221	0.0221
18	80-84	382,303	0.0136
19	85-89	192,410	0.0068
20	90+	95,467	0.0034
Total		28,120,065	1.000

2. Formule servant à calculer le taux de mortalité comparatif:

$$r = \sum_{i=1}^{20} \left(\frac{d_i}{p_i} \right) W_i$$

où, pour le groupe d'âge *i*, *d_i* et *p_i* sont, respectivement, les nombres de décès et la population d'un le sexe et groupe d'âge pour une cause particulière de décès et un lieu géographique, et *W_i* est la pondération pour le groupe d'âge. À remarquer que la même pondération est utilisée pour les deux sexes. Pour produire un taux pour 100,000 habitants, *r* est multiplié par 100,000.

APPENDICE 5 - APPENDIX 5

Estimations postcensitaires révisées de la population, selon le sexe et le groupe d'âge, Canada, provinces et territoires, 1^{er} juillet, 1995

Revised Postcensal Population Estimates by Sex and Age Group, Canada, Provinces and Territories, July 1, 1995

	Canada	NF	PE	NS	NB	QC	ON	MB	SK	AB	BC	YK	NT
en milliers - 000's													
Les deux sexes - Both sexes													
Total	29,353.90	568	134.8	927.7	751.8	7,241.40	10,964.90	1,129.80	1,014.20	2,739.90	3,784.00	30.9	66.6
< 1 ¹	382.2	6	1.7	10.8	8.7	88.6	147.9	16.4	13.9	39	47.1	0.5	1.6
1-4 ²	1,604.30	26.7	7.5	47.5	37.5	382.1	609.1	66.8	59.8	164.4	194.5	2	6.3
5-9	1,992.70	37.9	10	62.3	49.2	450.6	747.6	83	79.5	213.5	249.2	2.5	7.3
10-14	1,997.40	43.7	10.1	62.4	52.1	470.9	726.1	80.8	80.9	209.5	252.4	2.5	6.1
15-19	1,983.70	47.7	10	63.8	54.7	496.1	711.7	78.8	77.8	193.2	242.4	2	5.5
20-24	2,017.60	46.5	9.6	65.8	56.1	473.2	760.2	80	68.2	194.9	255.3	2.2	5.5
25-29	2,194.60	44.3	9.1	67.1	55.1	520.8	843.4	80.2	65	212.3	288.3	2.5	6.5
30-34	2,632.90	47.2	10.9	81.3	64.6	647.1	1,007.70	94.3	79.6	255.3	335	3.2	6.8
35-39	2,575.60	47.4	10.7	79.1	63.7	655.5	945.6	91.8	81.1	259	333	3.3	5.5
40-44	2,309.50	46	9.9	71.7	59.8	591.1	841	83.5	72.3	219.7	307	3.1	4.5
45-49	2,061.10	41.2	9.6	66.4	54.4	531.1	763.7	73.7	59.8	180.1	274.9	2.4	3.7
50-54	1,585.50	29.5	6.9	50.7	40.5	429.7	583.4	56.4	46.7	131.9	205.9	1.7	2.3
55-59	1,295.30	23.6	5.9	41.6	32.5	336.3	490.6	46.8	41.4	108.5	167.4	1	1.7
60-64	1,209.40	21	5.4	38.1	29.7	314.6	460	44.4	41.2	97	155.9	0.8	1.2
65-69	1,113.00	18.7	4.9	34.3	27.3	284.9	427.5	42.9	40.3	85.4	145.3	0.6	0.8
70-74	957	15.5	4.4	31.2	25	233.2	369.2	40.5	37.2	70.1	129.9	0.4	0.5
75-79	661.2	12.1	3.6	24.5	18.7	157.5	242.2	30.2	30.2	49.6	92.2	0.2	0.3
80-84	447.9	7.9	2.6	16.6	12.7	103.1	164.1	22.1	21.8	33	63.7	0.1	0.2
85-89	223.1	3.4	1.4	8.1	6.4	51.2	82.7	11.3	11.4	16.8	30.2	0.1	0.1
90+	109.8	1.5	0.8	4.3	3.2	23.7	41.3	6	6	8.6	14.3	0	0.1
Hommes - Males													
Total	14,537.50	283.4	66.5	455.6	373.1	3,570.90	5,406.50	560.1	504.6	1,380.10	1,885.60	16.1	34.9
< 1 ¹	196.3	3.1	0.9	5.6	4.5	45.2	76.2	8.3	7.1	20	24.4	0.2	0.8
1-4 ²	822.3	13.8	3.8	24.3	19.3	195.3	312.5	34.1	30.7	84.4	99.6	1.1	3.2
5-9	1,021.00	19.3	5.1	31.9	25.4	230.4	383.5	42.6	40.7	109.5	127.6	1.3	3.7
10-14	1,025.00	22.3	5.1	31.9	26.7	241.8	372.6	41.6	41.4	107.6	129.4	1.3	3.2
15-19	1,020.30	24.6	5.2	32.7	28.2	254.6	366.1	40.4	40	99.5	125.2	1.1	2.8
20-24	1,027.60	23.9	4.9	33.2	28.7	241.4	385.2	41.3	35	99.8	130.3	1.1	2.8
25-29	1,110.40	22.2	4.6	33.6	28.1	266	422.2	41.1	32.9	108	147.2	1.3	3.3
30-34	1,330.90	23.2	5.4	40.7	32.5	329.8	507	47.9	39.8	129.1	170.3	1.6	3.6
35-39	1,291.10	23.3	5.3	39.2	31.9	330.3	470	46.5	41	132.5	166.5	1.6	3
40-44	1,151.50	23	4.9	35.4	29.7	295.8	413.8	41.6	37	112.7	153.6	1.6	2.4
45-49	1,030.40	20.8	4.8	33.2	27.4	264.4	379	37	30.4	91.6	138.4	1.3	2.1
50-54	791.7	14.9	3.4	25.3	20.6	213.1	289.9	28.4	23.4	66.9	103.5	1	1.3
55-59	642.4	12	3	20.7	16.2	164.8	242.6	23.2	20.6	53.9	83.9	0.6	0.9
60-64	594.4	10.6	2.7	18.6	14.5	150.9	225.8	21.9	20.5	49	78.9	0.5	0.7
65-69	524.9	9	2.4	15.9	12.7	130.5	201.8	20.2	19.5	41.8	70.3	0.3	0.4
70-74	420.4	7.3	2	13.7	11.1	99.5	161.8	17.6	17.1	31.7	58.2	0.2	0.3
75-79	270.5	5.3	1.5	10	7.8	61	99.6	12.5	12.9	20.9	38.7	0.1	0.2
80-84	166.6	3.1	1	6.1	4.8	35.6	61.1	8.4	8.7	12.7	24.9	0.1	0.1
85-89	71.4	1.2	0.5	2.6	2.1	14.9	25.6	3.8	4.2	5.8	10.6	0	0.1
90+	28.5	0.4	0.2	1	0.8	5.7	10.1	1.6	1.9	2.6	4.1	0	0
Femmes - Females													
Total	14,816.30	284.5	68.3	472.1	378.7	3,670.50	5,558.40	569.7	509.5	1,359.70	1,898.40	14.8	31.7
< 1 ¹	185.9	2.9	0.8	5.2	4.2	43.4	71.7	8	6.9	19	22.7	0.2	0.7
1-4 ²	782	13	3.6	23.1	18.2	186.8	296.6	32.6	29.1	80	94.9	1	3.1
5-9	971.7	18.6	4.9	30.5	23.8	220.2	364.1	40.4	38.8	104	121.6	1.2	3.6
10-14	972.4	21.4	4.9	30.6	25.4	229.1	353.5	39.1	39.4	101.9	123	1.2	2.9
15-19	963.4	23.1	4.9	31.1	26.4	241.4	345.6	38.4	37.8	93.7	117.2	0.9	2.7
20-24	990	22.6	4.7	32.6	27.4	231.8	375	38.8	33.3	95.1	125	1.1	2.7
25-29	1,084.20	22.1	4.5	33.5	27	254.8	421.3	39.1	32.1	104.3	141	1.2	3.2
30-34	1,302.00	23.9	5.5	40.6	32.1	317.3	500.6	46.4	39.7	126.3	164.7	1.6	3.2
35-39	1,284.50	24	5.4	39.9	31.8	325.2	475.6	45.2	40.1	126.5	166.5	1.6	2.6
40-44	1,158.00	23	4.9	36.3	30.1	295.3	427.2	41.9	35.3	107.1	153.4	1.4	2.1
45-49	1,030.70	20.4	4.8	33.2	27	266.7	384.7	36.7	29.5	88.5	136.5	1.1	1.7
50-54	793.9	14.6	3.4	25.4	19.9	216.6	293.5	28	23.3	65	102.4	0.7	1.1
55-59	652.8	11.6	3	20.8	16.3	171.6	248	23.6	20.8	52.5	83.5	0.5	0.8
60-64	615	10.4	2.7	19.5	15.3	163.7	234.3	22.5	20.7	48	77.1	0.3	0.5
65-69	588.1	9.6	2.5	18.4	14.6	154.5	225.7	22.7	20.9	43.7	75	0.2	0.4
70-74	536.6	8.2	2.4	17.5	14	133.7	207.3	22.9	20.1	38.4	71.7	0.2	0.2
75-79	390.7	6.8	2.1	14.5	10.9	96.5	142.6	17.6	17.3	28.6	53.5	0.1	0.1
80-84	281.3	4.8	1.6	10.5	7.9	67.5	103	13.7	13.1	20.2	38.8	0.1	0.1
85-89	151.6	2.2	0.9	5.6	4.3	36.3	57	7.5	7.2	11	19.6	0	0.1
90+	81.3	1.1	0.6	3.2	2.4	18	31.2	4.4	4.1	6	10.2	0	0

Nota : Les estimations de population sont ajustées pour le sous-dénombrement net du recensement et incluent les résidents non-permanents.

Note: The population estimates are adjusted for net census undercoverage and include non-permanent residents.

Source : Division de la démographie, section des estimations de population, Statistique Canada, le 2 décembre 1998.

Source: Demography Division, Population Estimates Section, Statistics Canada, December 2, 1998.

1 Naissances vivantes de l'année. - Live births in year.

2 Population 0-4 ans moins les naissances vivantes de l'année. - Population 0-4 less live births in year.

APPENDICE 6 - APPENDIX 6

Estimations postcensitaires révisées de la population, selon le sexe et le groupe d'âge, Canada, provinces et territoires, 1^{er} juillet, 1996

Revised Postcensal Population Estimates by Sex and Age Group, Canada, Provinces and Territories, July 1, 1996

	Canada	NF	PE	NS	NB	QC	ON	MB	SK	AB	BC	YK	NT
en milliers - 000's													
Les deux sexes - Both sexes													
Total	29,671.90	560.6	136.2	931.2	753	7,274.00	11,100.90	1,134.30	1,019.50	2,780.60	3,882.00	31.9	67.6
< 1	380.9	5.8	1.8	11	8.4	87.6	147.8	15.9	13.9	38.8	47.9	0.5	1.5
1-4	1,584.40	25.1	7.3	46	36.6	372.7	608.3	66	58.7	161.1	194.5	1.9	6.4
5-9	2,017.20	36.7	10	62.5	48.8	461.5	760.3	83.4	79.1	213.5	251.5	2.5	7.5
9-14	2,009.20	42.3	10.2	62.6	51.6	460.8	740.1	81.4	80.9	212.7	257.9	2.6	6.2
15-19	2,013.00	46	10.1	63.4	53.9	499.9	721.4	79	79.4	198.1	254	2.1	5.6
20-24	2,010.60	44.4	9.6	64.8	55.2	475	747.2	79.6	69.4	197.5	260.4	2.2	5.4
25-29	2,163.50	42.2	9.2	65.7	54.1	504.2	826.4	79.5	64.7	212.4	296.1	2.6	6.5
30-34	2,582.40	45.9	10.7	78.9	63.3	628.7	994.8	91.3	77	247.5	334.4	3.1	6.8
35-39	2,626.30	47	10.8	80.1	64.1	662.5	973.2	92.9	81.4	262.8	342.3	3.4	5.8
40-44	2,375.40	46	10.2	73.2	60.8	602	865.3	85.3	74.9	230.8	319	3.2	4.6
45-49	2,131.80	42	9.9	68.5	56.2	541.3	790.3	76.2	62	188.7	290.2	2.6	3.9
50-54	1,656.00	31.9	7.2	53	42.1	448.2	608.6	58.5	47.9	138.3	216	1.8	2.5
55-59	1,331.30	24.1	6.1	42.7	33.7	347.1	501.2	47.7	41.9	109.6	174.2	1.2	1.8
60-64	1,207.80	21	5.6	38.2	29.9	312.4	459.4	44.2	40.7	97.6	156.9	0.8	1.3
65-69	1,123.30	18.6	4.8	34.6	27.2	287.5	431.2	42.4	40.1	87.5	148	0.6	0.8
70-74	967	15.8	4.4	30.9	25	237.3	374.2	40.1	36.9	71.4	130.2	0.4	0.5
75-79	689.3	12.4	3.6	25.2	19.1	162.9	255.8	31	30.5	51.8	96.6	0.2	0.3
80-84	457.7	7.9	2.6	17	13	105.1	167.5	22.3	22.2	34.2	65.5	0.1	0.2
85-89	232.3	3.7	1.4	8.6	6.7	53.1	85.6	11.6	12	17.5	31.8	0.1	0.1
90+	112.4	1.5	0.7	4.3	3.3	24.3	42.2	6.1	6.2	8.9	14.7	0	0.1
Hommes - Males													
Total	14,691.80	279.4	67.2	456.8	373.8	3,588.20	5,470.30	562.3	507.2	1,400.50	1,934.10	16.7	35.4
< 1	194.8	3	0.9	5.6	4.3	44.5	75.7	8.1	7.1	19.9	24.6	0.3	0.8
1-4	812.3	13	3.8	23.6	18.8	190.3	312	33.8	30.1	82.7	100	1	3.3
5-9	1,033.30	18.8	5	31.9	25.2	235.9	390.1	42.7	40.4	109.6	128.6	1.4	3.8
14-Oct	1,031.40	21.6	5.2	32.1	26.4	236.5	379.9	41.8	41.4	109.1	132.8	1.3	3.3
15-19	1,035.00	23.5	5.2	32.3	27.8	256.5	371.2	40.4	40.9	102.1	131.1	1.1	2.9
20-24	1,023.90	23	4.9	32.7	28.3	243	378.2	41.1	35.6	101.2	132.1	1.1	2.8
25-29	1,093.70	21.1	4.6	32.8	27.7	257.7	412	40.9	32.9	108.4	150.9	1.3	3.3
30-34	1,306.20	22.6	5.3	39.5	31.9	321.5	500.6	46.3	38.5	125.2	169.7	1.5	3.6
35-39	1,317.80	23.2	5.3	39.7	32.2	334.1	484.8	47.1	41.1	133.8	171.7	1.7	3.1
40-44	1,184.60	22.9	5.1	36.1	30.3	301.8	425.7	42.8	38.2	118.3	159.3	1.7	2.5
45-49	1,065.00	21.2	4.9	34.2	28.2	269.3	391.7	38.1	31.5	96.3	146.1	1.4	2.1
50-54	825.7	16.1	3.7	26.5	21.4	221.9	301.9	29.4	24	70.1	108.4	1	1.4
55-59	659.3	12.2	3.1	21.2	16.9	170.4	247.1	23.6	20.7	55.5	87	0.7	1
60-64	593.6	10.6	2.7	18.9	14.6	150.2	225.1	21.9	20.2	49.2	79.1	0.4	0.7
65-69	533.2	9	2.3	16.1	12.8	132.2	205.1	20	19.4	43.1	72.3	0.4	0.4
70-74	426.2	7.4	2	13.5	11.1	101.7	164.3	17.5	17.1	32.4	58.8	0.2	0.3
75-79	282.4	5.4	1.4	10.2	7.9	63.4	105.4	12.8	13	21.9	40.6	0.1	0.2
80-84	170.3	3.1	1	6.2	4.9	36.2	62.5	8.5	8.8	13.2	25.7	0.1	0.1
85-89	74.6	1.3	0.5	2.8	2.2	15.5	26.9	3.9	4.4	6	11.1	0	0.1
90+	28.5	0.4	0.2	1	0.8	5.6	10	1.6	1.9	2.6	4.3	0	0
Femmes - Females													
Total	14,980.10	281.2	69	474.4	379.2	3,685.80	5,630.60	572	512.3	1,380.20	1,947.90	15.3	32.2
< 1	186.2	2.8	0.9	5.4	4.1	43.1	72.1	7.8	6.8	19	23.3	0.2	0.7
1-4	772.1	12.1	3.5	22.4	17.7	182.5	296.3	32.2	28.6	78.4	94.4	0.9	3.1
5-9	984	18	4.9	30.6	23.6	225.6	370.2	40.7	38.7	103.9	122.9	1.2	3.7
14-Oct	977.8	20.7	5	30.5	25.2	224.3	360.2	39.6	39.4	103.7	125	1.3	2.9
15-19	978	22.5	4.9	31.1	26.1	243.5	350.2	38.6	38.5	96	122.9	1	2.7
20-24	986.7	21.5	4.7	32.2	26.9	232	368.9	38.5	33.8	96.3	128.3	1.1	2.6
25-29	1,069.80	21.1	4.5	32.8	26.3	246.4	414.4	38.7	31.8	104.1	145.2	1.3	3.2
30-34	1,276.20	23.3	5.4	39.5	31.4	307.1	494.2	45	38.5	122.3	164.7	1.6	3.2
35-39	1,308.50	23.8	5.5	40.4	31.9	328.3	488.4	45.8	40.3	129	170.6	1.7	2.7
40-44	1,190.80	23.1	5	37.1	30.6	300.2	439.7	42.6	36.7	112.5	159.7	1.5	2.1
45-49	1,066.80	20.8	5	34.3	27.9	272.1	398.6	38.1	30.5	92.4	144.1	1.3	1.8
50-54	830.3	15.9	3.6	26.5	20.7	226.3	306.7	29.1	23.9	68.2	107.5	0.8	1.1
55-59	672.1	11.9	3	21.5	16.9	176.7	254.1	24.1	21.2	54.1	87.3	0.5	0.8
60-64	614.2	10.4	2.8	19.3	15.3	162.2	234.3	22.3	20.4	48.4	77.7	0.4	0.6
65-69	590.1	9.6	2.5	18.4	14.5	155.3	226.1	22.4	20.7	44.4	75.7	0.2	0.4
70-74	540.7	8.4	2.4	17.4	13.9	135.6	209.9	22.5	19.8	39	71.4	0.2	0.2
75-79	407	7	2.1	14.9	11.2	99.6	150.4	18.2	17.5	29.9	56	0.1	0.1
80-84	287.3	4.8	1.7	10.7	8.1	68.8	105	13.8	13.4	21	39.9	0.1	0.1
85-89	157.7	2.4	0.9	5.9	4.5	37.6	58.7	7.7	7.6	11.5	20.8	0	0.1
90+	83.9	1.1	0.6	3.3	2.5	18.7	32.2	4.5	4.2	6.3	10.4	0	0

Nota : Les estimations de population sont ajustées pour le sous-dénombrement net du recensement et incluent les résidents non-permanents.

Note: The population estimates are adjusted for net census undercoverage and include non-permanent residents.

Source : Division de la démographie, section des estimations de population, Statistique Canada, le 2 décembre 1998.

Source: Demography Division, Population Estimates Section, Statistics Canada, December 2, 1998.

1 Naissances vivantes de l'année. - Live births in year.

2 Population 0-4 ans moins les naissances vivantes de l'année. - Population 0-4 less live births in year.

APPENDICE 7 - APPENDIX 7

Estimations postcensitaires révisées de la population, selon le sexe et le groupe d'âge, Canada, provinces et territoires, 1^{er} juillet, 1997

Revised Postcensal Population Estimates by Sex and Age Group, Canada, Provinces and Territories, July 1, 1997

	Canada	NF	PE	NS	NB	QC	ON	MB	SK	AB	BC	YK	NT
en milliers - 000's													
Les deux sexes - Both sexes													
Total	30,004.00	554.4	136.8	934.8	754	7,307.60	11,260.40	1,136.80	1,022.20	2,837.80	3,959.30	32.2	67.8
< 1 ¹	363.8	5.5	1.6	10.2	8.1	83.1	140.4	15.5	13.1	38.1	46.3	0.5	1.4
-4 ²	1,568.50	23.9	7.2	45.1	35.4	363.6	607.3	64.9	57.6	160	195.5	1.9	6.2
5-9	2,048.20	35.5	10	62.2	48.6	472.8	775.9	83.7	78.8	215.1	255.2	2.5	7.7
10-14	2,018.90	40.7	10.2	63	50.9	452.2	753.7	81.6	80.6	216.1	261.1	2.6	6.2
15-19	2,029.20	44.3	10.1	63.2	52.9	498.4	729.6	79.4	79.4	203.7	260.4	2.2	5.6
20-24	2,021.90	43	9.6	63.8	54.6	481.7	746.4	78.6	71	203.1	262.8	2.1	5.4
25-29	2,144.80	40.6	9.3	64.9	53.9	489.8	821.4	79	64.5	215.6	297	2.6	6.3
30-34	2,517.60	44.6	10.4	76	61.1	605.9	976.5	87.7	73.9	241.8	330.2	3.1	6.5
35-39	2,661.40	46.4	10.8	80.9	64	661.2	998	93.6	81.2	266.2	349.9	3.3	5.9
40-44	2,453.00	46.1	10.4	75.3	62	618	896	87	77.2	242.9	330.1	3.2	4.7
45-49	2,155.90	42.6	9.8	68.5	56.5	547.6	794.1	76.7	63.2	193.6	296.6	2.7	3.8
50-54	1,775.90	34.3	8	57.2	45.4	470.6	657	62.5	50.6	150.3	235.4	2	2.7
55-59	1,378.40	24.8	6.2	44.1	35.1	362.3	516.6	48.8	42.4	113.7	181.4	1.2	1.8
60-64	1,205.80	21.1	5.6	38.4	29.6	308.2	460.3	43.6	40	98.5	158.3	0.9	1.3
65-69	1,135.90	18.7	4.9	35	27.9	291.7	434.9	42.2	39.7	89.1	150.3	0.7	0.9
70-74	973.1	15.9	4.3	30.6	24.6	240.4	377.5	39.4	36.5	72.4	130.6	0.4	0.5
75-79	725.2	12.8	3.6	25.8	19.7	171.2	272	31.9	30.8	54.8	102	0.2	0.3
80-84	466.2	8	2.6	17.3	13.2	107.5	170.1	22.4	22.5	35.2	67	0.1	0.2
85-89	242.9	4	1.4	9.1	7	55.4	89	12.1	12.6	18.2	33.9	0.1	0.1
90+	117.4	1.6	0.8	4.3	3.4	25.9	43.8	6.2	6.4	9.3	15.4	0	0.1
Hommes - Males													
Total	14,853.40	275.9	67.4	458.4	373.9	3,604.10	5,548.80	563.5	508.4	1,429.60	1,971.10	16.8	35.5
< 1 ¹	186.9	2.8	0.9	5.2	4.2	42.6	71.9	7.9	6.8	19.7	23.9	0.2	0.7
1-4 ¹	803.7	12.4	3.7	23.2	18.3	185.4	311.3	33.2	29.4	82.2	100.4	1	3.2
5-9	1,049.10	18.2	5.1	31.8	25.1	241.4	397.9	42.8	40.4	110.4	130.7	1.4	3.9
10-14	1,036.30	20.8	5.2	32.3	26	231.6	387.4	42	41.2	111	134.4	1.3	3.2
15-19	1,042.50	22.6	5.1	32.1	27.3	236.1	374.9	40.6	41	104.8	133.9	1.2	2.9
20-24	1,030.50	22.2	4.9	32.2	28	246.2	378.6	40.5	36.4	104.2	133.6	1.1	2.8
25-29	1,083.90	20.4	4.7	32.4	27.6	250.3	409.7	40.6	32.8	110.3	150.6	1.3	3.2
30-34	1,272.40	21.9	5.2	38	30.9	309.7	490.3	44.5	37	122.8	167.2	1.5	3.4
35-39	1,336.20	22.9	5.4	40	31.9	334.1	498.2	47.4	40.9	134.8	175.9	1.6	3.1
40-44	1,223.40	22.8	5.2	37.3	30.9	310	441.3	43.6	39.4	124.4	164.4	1.7	2.5
45-49	1,076.80	21.4	4.9	34.1	28.3	272.6	392.9	38.4	32.2	98.9	149.4	1.4	2.1
50-54	884.9	17.2	4	28.5	22.9	232.9	325.6	31.4	25.4	76.3	118	1.1	1.5
55-59	682.2	12.6	3.1	21.8	17.6	178.2	254.3	24.2	20.9	57.5	90.5	0.7	1
60-64	591.5	10.6	2.7	19	14.5	148.1	225.3	21.6	19.8	49.4	79.3	0.5	0.7
65-69	542.4	9.1	2.4	16.5	13.2	135	208	20	19.2	44.1	74.1	0.4	0.5
70-74	431.6	7.5	2	13.4	10.9	103.6	166.9	17.4	16.9	33.3	59.4	0.2	0.3
75-79	297.6	5.6	1.4	10.4	8.2	67.1	112.1	13	13.2	23.1	43.1	0.1	0.2
80-84	173.4	3.1	0.9	6.4	5	37.1	63.6	8.6	8.9	13.6	26.1	0	0.1
85-89	78.3	1.4	0.5	2.9	2.3	16.1	28.5	4.1	4.5	6.2	11.8	0	0.1
90+	29.7	0.5	0.2	1	0.9	6	10.3	1.6	2	2.7	4.5	0	0
Femmes - Females													
Total	15,150.50	278.5	69.4	476.4	380.1	3,703.50	5,711.70	573.2	513.7	1,408.20	1,988.20	15.4	32.3
< 1 ¹	176.9	2.7	0.8	4.9	4	40.5	68.5	7.6	6.3	18.4	22.4	0.2	0.7
1-4 ²	764.8	11.5	3.4	21.9	17.2	178.1	295.9	31.6	28.2	77.8	95.1	0.9	3
5-9	999.1	17.3	4.9	30.4	23.6	231.4	378	40.9	38.5	104.8	124.5	1.1	3.8
10-14	982.6	19.9	5	30.7	24.9	220.6	366.4	39.6	39.4	105.2	126.6	1.3	3
15-19	986.6	21.7	5	31.1	25.6	242.3	354.7	38.7	38.4	98.9	126.5	1	2.7
20-24	991.4	20.8	4.7	31.6	26.6	235.4	367.8	38.1	34.6	98.9	129.2	1	2.6
25-29	1,060.90	20.2	4.6	32.4	26.3	239.5	411.6	38.4	31.7	105.3	146.4	1.3	3.1
30-34	1,245.10	22.7	5.3	38	30.2	296.2	486.2	43.2	36.9	119	163	1.5	3.1
35-39	1,325.20	23.5	5.5	40.9	32.1	327.1	499.8	46.2	40.3	131.4	174	1.7	2.8
40-44	1,229.60	23.3	5.2	38	31.1	308	454.7	43.3	37.9	118.5	165.7	1.6	2.2
45-49	1,079.10	21.2	4.9	34.4	28.2	275.1	401.2	38.3	31	94.7	147.2	1.3	1.7
50-54	891.1	17.1	3.9	28.6	22.4	237.7	331.4	31.1	25.2	74	117.4	0.8	1.2
55-59	696.2	12.3	3.1	22.3	17.5	184.1	262.3	24.6	21.5	56.2	90.9	0.5	0.9
60-64	614.3	10.5	2.9	19.5	15.1	160.1	235.1	22	20.1	49	78.9	0.4	0.6
65-69	593.5	9.6	2.5	18.5	14.7	156.7	226.9	22.1	20.5	45	76.2	0.3	0.4
70-74	541.5	8.4	2.4	17.2	13.7	136.9	210.6	22	19.6	39.2	71.2	0.2	0.3
75-79	427.6	7.2	2.2	15.3	11.6	104.1	159.9	18.9	17.6	31.7	58.9	0.1	0.1
80-84	292.8	4.9	1.7	10.9	8.2	70.4	106.6	13.9	13.6	21.6	40.9	0.1	0.1
85-89	164.6	2.6	1	6.2	4.7	39.3	60.6	8.1	8	12	22.2	0	0.1
90+	87.7	1.2	0.6	3.4	2.5	19.9	33.5	4.6	4.4	6.6	10.9	0	0

Nota : Les estimations de population sont ajustées pour le sous-dénombrement net du recensement et incluent les résidents non-permanents.

Note: The population estimates are adjusted for net census undercoverage and include non-permanent residents.

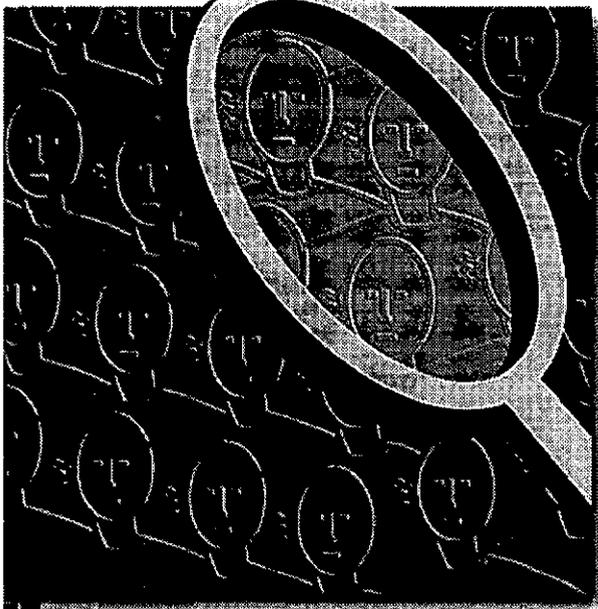
Source : Division de la démographie, section des estimations de population, Statistique Canada, le 2 décembre 1998.

Source: Demography Division, Population Estimates Section, Statistics Canada, December 2, 1998.

1 Naissances vivantes de l'année. - Live births in year.

2 Population 0-4 ans moins les naissances vivantes de l'année. - Population 0-4 less live births in year.





Health Statistics at a Glance

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Overview of Health Statistics at a Glance

Introduction

Health Statistics Division provides data to clients requesting health information from Statistics Canada in many formats. These include publications such as *Health Reports*, custom tabulations, micro-data files and integrated data products.

Health Statistics at a Glance tables contains information on socio-economic risk factors or determinants of health, health status, new information on health outcomes and expanded information on utilization of the health care system. The aim of *Health Statistics at a Glance* tables is to present a core data set using the most recent information available.

The indicator tables show extended time series for Canada, provinces and territorial levels of geography. Depending on the indicator, cross-classifications are by age and sex, and, in some cases by education. Due to the large amount of sample survey data used to construct the indicators, many tables cannot be produced for sub-provincial areas.

What is *Health Statistics at a Glance*?

Health Statistics at a Glance is an integrated information product. Its content reflects the growing demand for analysis of many current health issues supplemented by the underlying data. Within this CD-ROM there are three major components: the *Statistical Report on the Health of Canadians*, 17 *Health Reports* articles cited in the Statistical Report, and all of the components of *Health Indicators*, including Causes of Death.

To assist the user in the transition between analysis and data tables, some 54 links are present between the *Statistical Report* and the *Health Indicators* tables, between the *Statistical Report* and the *Health Reports* articles. This documentation is not linked to any of the other components.

Users access the data as tabulations that they can display in various formats according to their own needs.

The *Health Statistics at a Glance* CD-ROM contains the entire database of over 100 indicators and the software to access the information on a personal computer. The database can be accessed on the mainframe computer by using Statistics Canada's CANSIM cross-classified database.

Continued on next page

Overview of Health Statistics at a Glance, Continued

What types of indicators are included in *Health Statistics at a Glance*?

The indicators are grouped into four categories.

1. Determinants
 - Demography
 - Environment
 - Socio-economic conditions
 - Lifestyle
 2. Health status
 - Levels of health and well-being perceived or diagnosed
 3. Resources
 - Human
 - Physical
 - Financial
 - Organizational
 4. Utilization
 - Health resources used
-

Where do the data files used to produce *Health Statistics at a Glance* come from?

Data files used to produce the *B20/20 tables* come from the following sources:

- Health Statistics Division, Statistics Canada
 - other divisions of Statistics Canada
 - Health Canada
 - Laboratory Centre for Disease Control of Health Canada
 - Canadian Institute for Health Information
-

Overview of Health Statistics at a Glance

**Objective of
the *Health
Statistics at a
Glance*
documen-
tation**

The objective of the documentation is to provide the user with the most clear, comprehensive information currently available for each component included in the production of the *B20/20 tables*.

Extensive information is available for surveys conducted by Health Statistics Division. For more information on either surveys conducted by Statistics Canada—other than Health Statistics Division—or on surveys conducted by departments or organizations other than Statistics Canada, a list of contacts is provided.

Overview of Health Statistics at a Glance

What data files are included in the *Health Statistics at a Glance* database?

- Vital Statistics
 - Birth
 - Death
 - Stillbirth
- National Population Health Survey
- Canadian Cancer Registry
- Therapeutic Abortions
- Hospital Morbidity and Surgical Procedures
- Annual Hospital Statistics
- Residential Care Facilities
- General Social Survey
- Health and Activity Limitation Survey
- Labour Force Survey
- Census
- Survey of Consumer Finance
- Community College Enrolment and Graduates
- University Health Discipline Enrolment and Graduates
- Health Expenditures
- Health Personnel
- Payment for Medical Services
- Sexually Transmitted Diseases
- Notifiable Diseases

Overview of Health Statistics at a Glance

What information elements are included in the documentation?

The information currently available is included in the documentation, as applicable:

- Statistical Activity or Survey Name
 - General Information
 - Characteristic
 - Purpose
 - Clients
 - Type of statistical activity
 - Type of survey
 - Reference period
 - Frequency of statistical activity
 - Target population
 - Population size
 - Statistical units
 - Sample size
 - Geographic coverage
 - Coverage in terms of standard classifications
 - Main Topics and Definitions
 - Main Topics and variables available
 - Definitions
 - Collection definitions
 - Collection—General
 - Survey frame or frame sources
 - Collection methods used
 - Collection period
 - Collection Using Questionnaires
 - Questions asked (questionnaires)
 - Collection method
-

Overview of Health Statistics at a Glance

What information elements are included in the documentation? (continued)

- Processing Methods
 - General overview of processing system
 - Cleaning operations (edit and manipulation)
 - Weighting procedures.
 - Standard classifications used for coding.
 - Coding documentation used

 - Data Quality
 - Response rates
 - Response rate units
 - Response rate weighting
 - Estimation procedures
 - Sampling errors
 - Coverage errors
 - Non-response errors
 - Response errors
 - Processing errors
 - Other non-sampling errors
 - Confidentiality restrictions or practices
 - Coefficients of variation
-

Overview of Vital Statistics

Overview of vital statistics

In 1918, the Dominion Bureau of Statistics (DBS; now Statistics Canada) was established by the *Statistics Act*. Two Dominion-Provincial Conferences held in the same year established the mechanism for the DBS and the provincial vital statistics offices to produce national vital statistics. In this co-operative arrangement, DBS would supply the standard registration forms for births, stillbirths, deaths and marriages, while the provinces would forward copies of the completed forms. Initially, eight provinces entered into the co-operative system leading to publication of the first annual report for Canada in 1921. Quebec entered in 1926 and Newfoundland in 1949. Data from the territories were first included in the regular publications in 1950.

An agreement between the Government of Canada and governments of the provinces and territories guides the operation of the Canadian System of Vital Statistics. The Vital Statistics Council for Canada oversees policy and operational matters. All provincial and territorial jurisdictions and Statistics Canada are represented on the Vital Statistics Council. Under the agreement, all registrars have agreed to collect certain specific information, but any of them may decide to collect additional information.

The complete and accurate registration of all "vital" events in Canada is the main objective of this collaborative effort among the provinces, territories and Statistics Canada. Under a federal-provincial agreement, the registration of births, stillbirths, deaths and marriages is the responsibility of the provinces and territories.

The form for the registration of a live birth or stillbirth is usually completed by the parents who are responsible for filing it with the local registrar. In most provinces the physician or birth attendant is also responsible for filing a report, called a Notice of Birth, with the local registrar. Stillbirth registrations requires part of the information to be completed by a physician or coroner. Local registrars are not used in Quebec, where the hospital or birth attendant, rather than the parent is responsible for filing the registration documents directly with the provincial registrar.

Overview of Vital Statistics

Overview of vital statistics (continued)

The form for the registration of a death consists of two parts, personal and medical. An informant, usually a relative of the deceased, supplies personal data to the undertaker. The part of the form comprising the medical certificate of death is completed by the medical practitioner last in attendance or by a coroner, if an inquest or enquiry was held. The undertaker, or person acting as the undertaker, enters details on burial or other disposition of the body on the death registration form, and is responsible for filing the completed form with the local registrar, who then issues the burial permit.

The central Vital Statistics Registry in each province and territory provides copies of the registration documents and extracts of data from birth, death, stillbirth and marriage registration forms to Statistics Canada.

Birth

The following table provides the information elements and descriptions of the items included in the birth component of the *Health Indicators* database. This component includes live births and stillbirths.

Item	Description
Statistical activity or survey name	Vital Statistics—Birth Database.
Characteristic	This is an administrative survey that collects information continuously from all provincial and territorial vital statistics registries on all live births and stillbirths (late fetal deaths) in Canada.
Purpose	<p>In Canada, the primary use of the data is statistical, such as in population estimates and projections, demographic trend analyses, health surveillance and epidemiological research. The data are used extensively by the research community and other health professionals.</p> <p>The main uses of outputs of the survey are the monitoring of trends in population and population health factors, as well as the planning, implementation and evaluation of various health and social programs.</p>
Clients	<p>The major clients for vital statistics birth data are:</p> <ul style="list-style-type: none"> • Health Canada • provincial, regional and local health departments • statistical departments • education departments • employment and labour departments • research organizations • universities • Demography Division of Statistics Canada • manufacturers and retailers
Type of statistical activity	This is an administrative survey.

Birth

Item	Description
Type of survey	This is a cross-sectional survey.
Reference period	The reference period is the calendar year. The survey started in 1921.
Frequency of the survey	The data are collected continuously but are published by Statistics Canada on an annual basis.
Target population	All births of Canadian residents in Canada and the United States. The Canadian vital statistics registration system covers all births occurring in Canada but the tables in <i>Health Indicators</i> exclude those of non-Canadian residents. Births to Canadian residents occurring in the United States are also included, being reported under a reciprocal agreement. However, no births of Canadian residents occurring in countries other than Canada and the United States are reported regardless of citizenship.
Population size	The population of Canada.
Statistical units	Individuals.
Sample size	N/A
Geographic coverage	All Canadian provinces and territories are included by place of birth and place of residence.
Coverage—Standard classification	Standard Geographical Code (SGC), consisting of Census Division and Census Sub-division. International Classification of Diseases, 9 th Revision (ICD-9): Stillbirths only.

Birth

Item	Description
Main topics and variables	<p>The main topic is all births to residents of Canada with details about the birth.</p> <p>All jurisdictions report the following variables to the Canadian vital statistics registration system:</p> <ul style="list-style-type: none">• date and place of birth• sex, birth weight and duration of gestation of the newborn• age and birthplace of each parent• parity and marital status of the mother• place of residence of the mother• type of birth (single or multiple)• birth order (if multiple birth) <p>If stillborn:</p> <ul style="list-style-type: none">• cause of death• whether death occurred before or during labour• whether labour was induced (except in Quebec)

Birth

The definitions listed below are used to produce the statistical tables. They are based on those recommended by the World Health Organization (ICD-9, 1975) and the United Nations (Principles and Recommendations for a Vital Statistics System, 1973).

Item	Definitions
Live birth	The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life.
Stillbirth	<p>A product of conception which has issued forth from its mother and did not at any time after birth breathe or show other signs of life. In 1975, the World Health Organization recommended that "national perinatal statistics (which comprise stillbirths plus early neonatal deaths) should include all fetuses and infants delivered weighing at least 500 g (or, when birth weight is unavailable, the corresponding gestational age [22 weeks] or body length [f 25 cm crown-heel]), whether alive or dead." However, four different definitions were used in Canada in 1992, based either on birth weight (for example, 500 g), gestational age (for example, 20 weeks) or a combination of both.</p> <p>By 1996, all provinces and territories except Quebec and Saskatchewan required reporting of any stillbirth of 20 or more weeks' gestation or with a birth weight of at least 500 g. Quebec and Saskatchewan only required reporting stillbirths with a birth weight of at least 500 g, which excludes many stillbirths of 20 to 25 weeks gestation that would be reportable elsewhere in Canada.</p> <p>In the statistical tables, periods of gestation of 20 or more weeks and 28 or more weeks were used. Only the latter are comparable over all jurisdictions.</p>

Birth

Item	Definition
Total births	The total number of live births and stillbirths.
Age	The age at the last birthday preceding the event. In most cases, age is reported in completed years, but in the case of infant deaths this may be the completed number of days, hours, minutes or months since birth.
Marital status	The legal marital status at the time of the event. Common-law union is not regarded as a legal marital status.
• Single	A person who has never been married, or a person whose marriage has been annulled and who has not remarried.
• Married	A person who is legally married and who is not separated.
• Widowed	A person whose spouse has died and who has not remarried.
• Divorced	A person who has obtained a legal divorce and who has not remarried.
• Separated	A person who is legally married, who is not living with his or her spouse because the couple no longer wants to live together, but who has not obtained a divorce.
Collection definitions	N/A

Birth

Item	Definition
Crude birth rates	The number of live births per 1,000 population.
Age-specific fertility rate	The number of live births per 1,000 women in a specific age interval. Five-year age groups are usually used (for example, from 15 to 19, to 45 to 49 years of age). The <i>age-specific marital fertility rate</i> is the number of live births per 1,000 married women in a specific age interval.
Total fertility rate	The average number of children a woman can expect to have in her lifetime, based on the age-specific fertility rates of a given year. It is equal to the sum of the age-specific fertility rates.
Live birth parity	The number of children born live to the mother, including the current birth.

Birth

Item	Definition
Birth weight	<p>The first weight of the fetus or newborn obtained after birth, expressed in grams as defined below:</p> <ul style="list-style-type: none"> • <i>Extremely low birth weight</i>: less than 1,000 grams • <i>Very low birth weight</i>: less than 1,500 grams • <i>Low birth weight</i>: less than 2,500 grams • <i>Normal birth weight</i>: 2,500 or more grams
Multiple birth	<p>Total number of children born to the mother in the same birth event, including live births and stillbirths.</p>
Period of gestation	<p>The interval, in completed weeks, between the first day of the last menstrual period of the mother and the day of delivery. Also, any estimate of that interval, based on ultrasound, physical examination, or other method. The method of calculation of duration of gestation is not specified in Canadian birth registration documents.</p> <p><i>Pre-term</i> defines a duration of gestation of less than 37 completed weeks; <i>term</i>, 37 through 41 completed weeks; and <i>post-term</i>, 42 or more completed weeks.</p>
Teenage pregnancy rate	<p>Approximated by dividing the sum of live births, stillbirths and therapeutic abortions performed in hospitals to the female population aged 15 to 19. This underestimates the "true" pregnancy rate as abortions performed in clinics or in the United States, pregnancies resulting in miscarriage, and possible unreported or late-reported live births or stillbirths, are missing from the numerator.</p>
Mean and median	<p>The arithmetic mean (average) and the median are measures of central tendency. The <i>mean</i> is calculated by summing observations weighted by their relative frequency. The <i>median</i> is the point in a frequency distribution where half of the observations fall above it and half below it.</p>

Birth

Item	Description
Survey frame or frame sources	Birth registrations
Collection methods	<p data-bbox="464 527 1300 594">Under a federal–provincial agreement, the registration of births is the responsibility of the provinces and territories.</p> <p data-bbox="464 632 1385 772">In most provinces, the registration form for a live birth is completed by the parents who are responsible for filing it with the local registrar. In most provinces, the physician or the birth attendant is also responsible for filing a Notice of Birth with the local registrar.</p> <p data-bbox="464 810 1373 911">The central vital statistics registry in each province and territory provides copies of the registration document and data from birth registration forms to Statistics Canada.</p>
Collection period	Continuous, January to December.
Overview of processing system	<p data-bbox="464 991 1382 1304">All provinces supply microfilm copies or optical images of registration forms to Statistics Canada. In addition, Newfoundland, Nova Scotia, New Brunswick, Quebec, Ontario and the western provinces supply machine-readable abstracts of registrations, containing the required standard information. For Prince Edward Island and the territories, the required standard information on microfilm is converted to machine-readable format at Statistics Canada. Subsequent changes to registrations due to errors or omissions are transmitted to Statistics Canada as the information becomes available.</p> <p data-bbox="464 1346 1390 1480">Statistics Canada codes geographic information for Yukon as well as for all births to Canadians occurring in the United States or in a province other than the province of residence of the mother. Machine-readable files provided by provinces are converted to a standard format at Statistics Canada</p>

Birth

Item	Description
Cleaning operations (edits)	<p>The provinces that supply data in machine-readable form also carry out edits before sending them. Editing varies by province but usually includes checks for the presence of data, validation of code ranges for coded information and consistency between related data items, such as birth weight and period of gestation, and marital status and age.</p> <p>The data from all provinces then undergo more extensive edit routines to ascertain the completeness and quality of the data. Most errors and omissions detected during processing are corrected by referring to the microfilmed registrations or optical images, or by consulting with the provinces and territories.</p> <p>Since 1990, Ontario has used optical imaging technology for storing copies of registration documents, so microfilm copies are no longer being produced. Transfer of optical images from Ontario to Statistics Canada is currently in progress. For events mainly for years 1990 to 1995 however, it was not possible to completely edit vital statistics data reported by Ontario. Invalid codes were changed to the "not stated" category, and unlikely situations were accepted as reported.</p>
Weighting procedures	Unweighted
Standard classifications used for coding the micro-data	<p>Standard Geographical Classification (SGC).</p> <p>International Classification of Diseases, 9th Revision (ICD-9) for coding causes of death in stillbirth registration.</p>
Coding documentation used	<p>Vital Registries use the Standard Geographical Classification (SGC) manuals supplied by Statistics Canada to promote data reliability and consistency.</p> <p>International Classification of Diseases, 9th Revision (ICD-9).</p>

Birth

Item	Description
Response rate	Response rate for birth registrations is nearly 100%. Registration is considered to be virtually complete because of legal reporting requirements that match with physician's notices of birth, as well as comparisons with hospital records.
Response rate unit	Births to Canadian residents.
Response rate weighting	Unweighted.
Variable response rate	<p>For live births, the reporting of core statistical data has a response rate that varies by item, province and year. In 1996, the rate for most variables was close to 100%. In some provinces, it was below 90% for questions on marital status of the mother and the birthplace and age of father. In Ontario, however, the dates of birth of both parents were missing from the machine-readable file provided to Statistics Canada.</p> <p>Users are advised to note the size of the non-response or the not-stated category when analysing data. When it is relatively large, results derived for the variable may be biased by differences in the characteristics of individuals with not-stated and valid responses for a given variable.</p>
Estimation procedures	N/A
Sampling errors	N/A
Coverage errors	Records received after the cut-off date and births of Canadians in countries other than Canada or the United States are missing. These exclusions result in some undercoverage. Beginning with 1996 data, late-reported events were to be included in the database, but this has not yet been implemented.
Non-response errors	N/A

Birth

Item	Description
Response errors	<p>Under-coverage might occur, for example, when parents of newborns that die within days of birth do not register the birth. However, in provinces with a Physician Notice of Birth or similar documents, births would still have been reported to the registrar (and to Statistics Canada).</p> <p>There is also thought to be some under-reporting and/or late reporting of births in remote areas.</p>
Processing errors	<p>A process has been designed to measure data coding and to capture errors. A sample of records is to be recaptured, recoded and matched against the records on the Canadian database. The data elements under review for births include date of birth, kind of birth (single or multiple), duration of gestation, sex and birth weight of child, as well as age, parity, marital status and usual place of residence of the mother. The process has not yet been implemented.</p>
Other non-sampling errors	<p>In calculating rates, the definitions of the numerator and the denominator do not always match perfectly.</p>
Suppression and other confidentiality restrictions	<p>For current and future vital statistics tables there is no suppression of data.</p> <p>A Release Order has been obtained from the Chief Statistician to allow the release of unsuppressed vital statistics data. The Order must be renewed annually and confirmed by the vital statistics registrars every three years.</p>
Coefficients of variations	<p>N/A</p>

Death

The following table provides the information elements and descriptions of the items included in the death component of the *Health Indicators* database.

Item	Description
Statistical activity or survey name	Vital Statistics—Death Database.
Characteristic	This survey continuously collects information from all provincial and territorial vital statistics registries on all deaths of residents in Canada.
Purpose	<p>In Canada, the primary use of the data is statistical, such as in population estimates and projections, demographic trend analyses, health surveillance and epidemiological research. The data are used extensively by the research community and other health professionals.</p> <p>The main uses of outputs of the survey are the monitoring of trends in the population, and population health status, as well as the planning, implementation and evaluation of various social and health programs.</p>
Name of sponsors	N/A
Clients	<p>The major clients for vital statistics death data are:</p> <ul style="list-style-type: none"> • Health Canada • provincial, regional and local health departments • statistical departments • education departments • employment and labour departments • research organizations • universities • Demography Division of Statistics Canada
Type of statistical activity	This is an administrative survey.

Death

Item	Description
Type of survey	This is a cross-sectional survey.
Reference period	The reference period is the calendar year. The survey started in 1921.
Frequency of the survey	The data are collected continuously but are published by Statistics Canada on an annual basis.
Target population	All deaths of Canadian residents in Canada and the United States. The Canadian vital statistics registration system covers all deaths occurring in Canada but most of the tables in <i>Health Indicators</i> exclude those of non-Canadian residents. Deaths of Canadian residents occurring in the United States are also included, being reported under a reciprocal agreement. However, no deaths of Canadian residents occurring in countries other than Canada and the United States are reported.
Population size	Total population of Canada.
Statistical units	Individuals.
Sample size	N/A
Geographic coverage	All Canadian provinces and territories are included by place of death and place of residence.
Coverage—Standard classification	Standard Geographical Code (SGC): Province, Census Division, Censu Sub-division, with minor modifications. International Classification of Diseases, 9 th Revision (ICD-9): four-digit code for underlying cause of death, including external cause of death and nature of injury.

Death

Item	Description
Main topics and variables	<p>The main topic is all deaths of residents of Canada with detail pertaining to the death.</p> <p>The following variables are reported by all jurisdictions to the Canadian vital statistics death registration system:</p> <ul style="list-style-type: none">• age and sex of the deceased• marital status of the deceased• residence of the deceased• birthplace of the deceased• date of death• underlying cause of death• place of death• place of accident (for most non-transport accidental deaths)• autopsy (whether one was held, and, if so, whether the results were taken into account in establishing the cause of death)

Death

The definitions listed below used for the production of the statistical tables are based on those recommended by the World Health Organization (ICD-9, 1975) and the United Nations (Principles and Recommendations for a Vital Statistics System, 1973).

Item	Definitions
Death	The permanent disappearance of all evidence of life at any time after live birth has taken place. Stillbirths are excluded from death statistics unless otherwise indicated (for example, perinatal death).
Stillbirth	<p>A product of conception which has issued forth from its mother and did not at any time after birth breathe or show other signs of life. The World Health Organization recommended that "national perinatal statistics (which comprise stillbirths plus early neonatal deaths) should include all fetuses and infants delivered weighing at least 500 g (or, when birth weight is unavailable, the corresponding gestational age [for example, 22 weeks] or body length [for example, 25 cm crown-heel]), whether alive or dead." However, four different definitions were in use in Canada in 1992, based either on birth weight (for example, 500 g or more), gestational age (for example, 20 weeks or more) or a combination of both.</p> <p>By 1996, all provinces and territories except Quebec and Saskatchewan required reporting of all stillbirths of 20 or more weeks gestation or with a birth weight of at least 500 g. Quebec and Saskatchewan required only reporting of stillbirths with a birth weight of at least 500 g, which excludes many stillbirths of 20 to 25 weeks gestation which would have been reportable elsewhere in Canada.</p> <p>In the statistical tables, periods of gestation of 20 or more weeks and 28 or more weeks were used. Only the latter are comparable over all jurisdictions.</p>

Death

Item	Definition
Age	The age at the last birthday preceding the event. In most cases, age is reported in completed years. In the case of infant deaths it may be the completed number of days, or hours, minutes or months since birth.
Marital status	The legal marital status at the time of the event. Common-law union is not regarded as a legal marital status.
• Single	A person who has never been married, or a person whose marriage has been annulled and who has not remarried.
• Married	A person who is legally married and who is not separated.
• Widowed	A person whose spouse has died and who has not remarried.
• Divorced	A person who has obtained a legal divorce and who has not remarried.
• Separated	A person who is legally married, who is not living with his or her spouse because the couple no longer wants to live together, but who has not obtained a divorce.
Collection definitions	N/A

Death

Item	Definition
Crude death rates	The number of deaths per 1,000 population.
Age-specific death rate	The number of deaths in a given age group divided by the population in that age group.
Infant death	Death of a child under one year of age.
Infant death rate	The number of infant deaths per 1,000 live births. The same denominator is used for <i>post-neonatal</i> and <i>neonatal</i> deaths.
Perinatal death	Death to a child under one week (<7 days) of age or a stillbirth of 28 weeks or more gestation.
Perinatal death rate	Perinatal deaths per 1,000 total births (live births plus stillbirths).
Stillbirth	Late fetal death (according to provincial/territorial reporting requirements). In <i>Health Indicators</i> tables, stillbirths are shown for 20 or more weeks gestation, or for 28 or more weeks gestation, as specified.
Neonatal death	Death to a child under four weeks of age (<28 days).

Death

Item	Definition
Post-neonatal death	The death of a child between four weeks and one year (28 to 364 days).
Maternal death	The death of a mother due to complications during pregnancy, childbirth or puerperium.
Age-standardized death rate	The rate that results when the age-specific death rates are weighted by standard age distribution. The standard age distribution used here was derived from July 1, 1998 census population for Canada, both sexes together.
Life expectancy	A statistic included in life tables, it is the average number of years remaining to be lived, at birth or other ages, based on a set of age-specific mortality rates for a given year.
Mean and median	The arithmetic mean (average) and the median are measures of central tendency. The <i>mean</i> is calculated by summing observations weighted their relative frequency. The <i>median</i> is the point in a frequency distribution where half of the observations fall above it and half below it.

Death

Item	Definition
Adjusted population estimates	<p>Statistics Canada introduced new population estimates in 1993 and 1998. They differ from the previous ones by:</p> <ul style="list-style-type: none">• including adjustments for net census undercoverage• including estimates for non-permanent residents• establishing the reference date for the annual estimates at July 1 <p>These adjusted population estimates are now used as denominators in the calculation of all the population-based rates presented, but not for infant mortality rates, etc.</p>
Net census undercoverage	<p>Net census undercoverage is the difference between census undercoverage and census overcoverage. The former refers to persons not enumerated in the census but who were part of the census universe, the latter to persons either enumerated more than once or enumerated but not part of the census universe.</p>

Death

Item	Description
Non-permanent residents	<p>Non-permanent residents are persons who:</p> <ul style="list-style-type: none"> • claim refugee status • hold a student authorization • hold an employment authorization • hold a minister's permit • are non-Canadian-born dependants of the above individuals
Data affected by population adjustments	<p>The population estimates series for provinces and territories comprises annual population estimates by single year of age, sex and marital status going back to 1971. For census divisions, census subdivisions, census metropolitan areas, and census agglomerations, annual estimates by age group and sex are available back to 1986.</p> <p>Note that the adjustments to the population data are provided by Statistics Canada's population estimation program only. Census data are not adjusted. Thus two types of population counts are available for census years: adjusted population estimates as of July 1 and unadjusted census counts as of the census reference date.</p>
Impact of adjustments	<p>The impact of the adjustment varies by year, province and territory, and demographic characteristic. In 1991 for instance, these adjustments altogether added about one million individuals to the postcensal estimates based on the 1986 census. The increase in the estimate for young adult males was higher than for other age-sex categories. Therefore, rates involving this group were affected more than others. In general, the rates decrease with adjustment but the underlying trends remain very similar.</p>
Health Statistics Division policy on the population estimates	<p>The policy of the Health Statistics Division is to use the adjusted population estimates for its standard data products and publications.</p>

Death

Item	Description
Survey frame or frame sources	Death registrations
Collection methods	<p>Under a federal-provincial agreement, the registration of deaths is the responsibility of the provinces and territories.</p> <p>The form for the registration of a death consists of two parts: personal and medical. An informant, usually a relative of the deceased, supplies personal data to the undertaker. The part of the form comprising the medical certificate of death is completed by the medical practitioner last in attendance or by a coroner, if an inquest or enquiry was held. The undertaker, or person acting as the undertaker, enters details on burial or other disposition of the body on the death registration form, and is responsible for filing the completed form with the local registrar, who then issues the burial permit.</p> <p>The central vital statistics registry in each province and territory provides copies of the registration documents and data from death registration forms to Statistics Canada.</p>
Collection period	Continuous, from January to December

Death

Item	Description
Overview of processing system	<p>All provinces supply microfilm copies or optical images of registration forms to Statistics Canada. In addition, Nova Scotia, New Brunswick, Quebec, Ontario and the western provinces supply machine-readable abstracts of registrations, containing of the required standard information. For Newfoundland, Prince Edward Island and the territories, the required standard information on microfilm is converted to machine-readable format at Statistics Canada. Subsequent changes to registrations due to errors or omissions are transmitted to Statistics Canada as the information becomes available.</p> <p>For the Atlantic provinces, Alberta and the territories, the cause of death was coded at Statistics Canada. Geographic information was coded at Statistics Canada for Yukon as well as for all deaths of non-residents of the province of occurrence. For deaths of Canadian residents reported by the United States, both nosological and geographic information are coded at Statistic Canada. Machine-readable files provided by provinces are converted to a standard format at Statistics Canada.</p>

Death

Item	Description
Cleaning operations (edits)	<p>The provinces that supply data in machine-readable form also carry out edits before sending them. Editing varies by province but usually includes checks for the presence of data, validation of code ranges for coded information and consistency between related data items, such as cause of death and sex (for sex-specific causes), and marital status and age.</p> <p>The data from all provinces then undergo more extensive edits to ascertain the completeness and quality of the data. Most errors and omissions detected during processing are corrected by referring to the microfilmed registrations or by consulting with the provinces and territories.</p> <p>Since 1990, Ontario has used optical imaging technology for storing copies of registration documents, so microfilm copies are no longer being produced. Transfer of optical images from Ontario to Statistics Canada is currently in progress. For events mainly for years 1990–1995 however, it was not possible to completely edit vital statistics data reported by Ontario. Invalid codes were changed to the “not stated” category, and unlikely situations were accepted as reported.</p>
Weighting procedures	N/A
Standard classifications used for coding the micro-data	<p>Standard Geographical Classification (SGC).</p> <p>International Classification of Diseases, 9th Revision (ICD-9).</p>
Coding documentation used	<p>Statistics Canada provides provinces with training and consultation for cause of death coding and supplies manuals, such as the International Classification of Diseases (ICD) and the Standard Geographical Classification (SGC), to promote data reliability and consistency.</p>

Death

Item	Description
Response rate	The response rate for death registrations is nearly 100%. Thanks to legal reporting requirements prior to disposition of a body, registration of deaths is be virtually complete.
Response rate unit	Deaths of residents of Canada.
Response rate weighting	Unweighted.
Variable response rate	The response rate for reporting core statistical data varies by item, province and year. In 1996, the rate for most variables was close to 100%. For birthplace of deceased, it was less than 90% in Quebec. The postal code of the deceased was almost always reported in Quebec and British Columbia, but was frequently missing in all other jurisdictions. Users are advised to note the size of the "non-response" or the "not-stated" category when analysing data. When it is relatively large, results derived for the variable may be biased by differences in the characteristics of individuals with not-stated and valid responses for a given variable.
Estimation procedures	N/A
Sampling errors	N/A
Coverage errors	Records received after the cut-off date and deaths occurring to Canadian residents in countries other than Canada or the United States are missing. These exclusions result in some undercoverage. Beginning with the 1996 data, late reported deaths were to be included in the database, but this has not yet been implemented.
Non-response errors	N/A
Response errors	N/A

Death

Item	Description
Processing errors	A process has been designed to measure data coding and capture errors. A sample of records is to be recaptured, recoded and matched against the records on the Canadian Vital Statistics database. The data elements under review for deaths include date, location, nature and cause of death, and the following characteristics of the deceased: sex, date of birth, age at death, usual place of residence, birthplace, parents birthplace and marital status. This process has not yet been implemented.
Other non-sampling errors	In calculating rates, the definitions of the numerator and the denominator do not always match perfectly.
Suppression and other confidentiality restrictions	A Release Order has been obtained from the Chief Statistician to allow the release of unsuppressed vital statistics data. The Order must be renewed annually and confirmed by the vital statistics registrars every three years.
Coefficients of variations	N/A

Life Tables

Overview of life tables

A life table represents a universally accepted demographic or actuarial model that portrays in a clear and comprehensive manner a synthesis of the mortality experience of a population and permits one to derive comparative measures of expected longevity. In the construction of these tables, it is customary to assume that a hypothetical cohort of 100,000 individuals born at the same moment in time is subject to age–sex–specific mortality rates actually experienced by a population at a specified period of time.

The life tables appearing in *Health Indicators* were generated on the basis of age–sex–specific mortality rates for Canada and the provinces prevailing in the three year periods encompassing the census from the years 1920 to 1922 and 1990 to 1992.

The methodology for the production of life tables for 1985 to 1987 and 1990 to 1992 is explained in the document *Life Tables, Canada and the Provinces, 1990-1992: Statistics Canada Catalogue no. (84-537-XPB)*.

The methodology for the production of life tables for 1920 to 1922 through 1980 to 1982 is explained in the document *Longevity and Historical Life Tables 1921-1981 (Abridged): Canada and the Provinces, Statistics Canada Catalogue no. (89-506-XPB)*.

Life Tables

Introduction The publication *Life Tables, Canada and the Provinces, 1990-1992: Statistics Canada Catalogue no. (84-537-XPB)* contains the tables generated on the basis of age-sex-specific mortality rates for Canada and the provinces prevailing in the period 1990 to 1992. Life tables for the first year of life have been produced separately by sex for Canada as a whole. Detailed life tables by single years of age, for males and females, have been produced for Canada and all the provinces except Prince Edward Island because of its small population and number of deaths.

Abridged life tables using five-year groupings have been produced for males, for females and for both sexes combined, for Canada and all the provinces. These tables are available on the *Health Indicators*. Because of the small sizes of their populations, life tables were not constructed for Yukon and Northwest Territories. Their populations and deaths were included in the calculation of life tables for Canada.

This document explains the methods used to produce the 1990 to 1992 life tables. Data sources and data files that were created during the construction of the life tables will be described more extensively in a user guide to the computer programs that will be available later from the authors of this document.

Life Tables

1. Input Data Three major steps were needed to produce the life tables: the gathering of data, the calculation of mortality rates and the calculation of other life table functions. This section deals with the first step: the data (separate for males and females, and for Canada and the provinces) required for input. Section 2 on methodology will provide some explanations about the uses of such data.

For the detailed life tables the following was required:

- the number of births between 1984 and 1992
- the number of deaths between 1984 and 1992, by year of birth, year of death and by year of age for ages 0 to 5
- the number of deaths observed between 1990 and 1992, by five-year age groups from 0 to 4 through 85 to 89 years, plus a final age group for persons aged 90 years and over;
- the population count on July 1, 1991, by five year age groups from 0 to 4 through 85 to 89 years, with the final age group being 90 years and over
- the separation factors at ages 0 to 4

For the abridged life tables:

- the total number of births between 1989 and 1991
 - the total number of births between 1990 and 1992
 - the number of deaths observed during the 1990 to 1992 period, for age 0, for ages 1 to 4, by five-year age groups from 5 to 9 through 85 to 89 years, with a final group for persons aged 90 and over
 - the population count on July 1, 1991, for age 0, grouped from 1 to 4 years, by five-year age groups from 5 to 9 through 85 to 89 years, with the final age group being 90 years and over
 - the separation factor at age 0
-

Life Tables

1. Input data For the life tables for the first year of life:
(continued)

- the number of births between 1990 and 1991
- the number of births for 1989 and 1992, by month of the year
- the number of infant deaths observed between 1990 and 1992, by subdivisions of the first year of life (first seven days, weeks 2 to 4, and months 2 to 12)
- the value of T_1 from the corresponding detailed life table (male or female at the national level)

For the separation factors:

- the number of deaths observed between 1990 and 1992 at ages 0 to 4 by death group. The term death group refers to a dichotomous variable derived from the year of death, year of birth and age at death. The death group indicates whether or not individuals had a birthday or were born, as in the case of infant deaths, in the calendar year during which the death occurred.

The population counts are census estimates of the population on July 1, 1991. These counts now include non-permanent residents, and the estimates have also been adjusted for undercoverage of the population. This marks a departure from previous life tables, which used population counts for June 1 of the census year, did not include non-permanent residents and were not adjusted for undercoverage. The Health Statistics Division of Statistics Canada provided data relating to births and deaths. The Demography Division of Statistics Canada produced population counts.

Life Tables

2. Methodology

The methodology followed in constructing the 1990 to 1992 tables is the same as that employed previously in producing the set of tables for the years 1980 to 1982 and 1985 to 1987, except for the few points listed below.¹ A minor modification that was introduced in the previous set of tables is the truncation of the upper age limit of the detailed tables by fixing the last pivotal value to be incorporated at the age of 102. The same has been continued for this set; that is the last pivotal value used was 102. In addition, mortality rates were extrapolated up to age 105 and q_{106} was set to 1.

All of the calculations involved were carried out using the Statistical Analysis System (SAS). Full decimal precision was used throughout until a rounding procedure was applied to the data at the end of the routines.

For this set of tables, a different rounding procedure was used for the number of deaths (d_x) and for the stationary population counts (L_x). In the past, those two variables were rounded independently; now, Sirken's rounding procedure, in use in U.S. Decennial Life Tables for 1979–1981, is used.² It sets values of d_x and L_x equal to the difference between two consecutive rounded values of l_x and T_x , respectively. This way, the two following basic relationships are preserved in the published tables: $l_x - d_x = l_{x+1}$ and $T_x - L_x = T_{x+1}$.

Life Tables

The following sections describe methodological issues specific to each set of tables.

2.1 Detailed Life Tables

The procedure employed in the construction of the detailed tables is basically the one given in United States Life Tables and Actuarial Tables by Thomas N.E. Greville.³ This is the same methodology that was employed for the earlier sets of tables beginning with the years 1970 to 1972.

The principal values of all life tables are the ${}_nq_x$ values. They represent the probability of dying within the span from the beginning of age "x" to the beginning of age "x+n", conditional on living to exact age x. In other words, ${}_nq_x$ is the mortality rate in the age interval [x, x+n). For the detailed life tables, the age interval is one year, that is n=1. In this case, the left-hand-side subscript is sometimes omitted and the mortality rate is simply referred to as q_x .

2.2 Abridged Life Tables

Because of the smaller population and consequently of smaller frequencies, the detailed life tables for the province of Prince Edward Island could not meaningfully be constructed. Hence, the abridged tables were constructed—separately for males and females as well as for both sexes combined—based on the procedure adopted for the 1970 to 1972 life tables. The methodology has been explained in a technical paper by J. Silins and W. Zayachkowski.⁷ Except for the programming language used and for the rounding method mentioned at the end of this section, the procedure employed in deriving the values for the 1990 to 1992 tables was exactly the same as was employed previously.

Life Tables

2.3 Infant Life Tables

This is the fifth time that the sets of life tables for the subdivisions of the first year of life have been produced for Canada. As was the case for the 1985 to 1987 life tables, the method described in detail by Monroe G. Sirken was employed in constructing these tables.⁸ The basic underlying assumption in the production of these tables is that a closed cohort of 100,000 live births is subject to the mortality rates of subdivisions of a year of age, but for the first year of life only.

Vital statistics files of deaths (from 1990 to 1992) and births (from 1989 to 1992) were used to produce infant life tables. The age at death was calculated in number of completed days or months. For deaths occurring within 24 hours of birth, the age on the death files is reported in number of minutes or hours lived. For those deaths, age was coded as 0 days or less than one day lived. Other infant deaths were coded as the number of days or months lived as reported on the death files.

The following 21 subdivisions of the first year of life were used to calculate mortality rates in infant life tables: the first seven days, weeks 2 to 4, and months 2 to 12. In addition to those subdivisions, infant life tables include two more rows: one for the first week (summing deaths from the first seven days) and one for the first month (summing deaths from the first four weeks).

Life Tables

2.3.1 Mortality Rates for the first year of life

The mortality rates for the 21 subdivisions of the first year of life were calculated in two steps.

For each of the 21 subdivisions of the first year of life, B_s , the number of births in subdivisions that were exposed to the risk of death, was calculated from formulas attributable to M.G. Sirken and are expressed differently but equivalently by other authors.^{1,5,8}

Table 2. Subdivisions of the First Year of Life

Subdivision number	Age interval	Subdivision number	Age interval
1	≥0 and <1 day	12	≥2 and <3 months
2	≥1 and <2 days	13	≥3 and <4 months
3	≥2 and <3 days	14	≥4 and <5 months
4	≥3 and <4 days	15	≥5 and <6 months
5	≥4 and <5 days	16	≥6 and <7 months
6	≥5 and <6 days	17	≥7 and <8 months
7	≥6 and <7 days	18	≥8 and <9 months
8	≥1 and <2 weeks	19	≥9 and <10 months
9	≥2 and <3 weeks	20	≥10 and <11 months
10	≥3 and <4 weeks	21	≥11 and <12 months
11	≥4 weeks and <2 months		

Life Tables

3. Explanation of the Columns of the Life Tables

**Column 1;
Age interval** In the case of detailed life tables, there is only one age per line. For example, age "30" connotes the interval of one year starting with the 30th birthday and ending with the 31st birthday. In this case, death at age 30 means that the death occurred after completing 30 years of life and before reaching 31 years of age.

Age intervals in infant life tables are of the form $[x, x+n]$, that is, the first age, x , is included in the interval while the second age, $x+n$, is excluded. For example, the interval "0 to 1 day" refers to deaths that occur in the 24-hour interval starting at birth and ending at the end of day 1 (24 hours after birth). The interval "1 to 2 days" is the second 24-hour period from birth, or the interval from the beginning of the second day to the end of the second day. It comprises deaths of infants who completed one day of life and died before completing a second day. In other words, the first age indicates the number of *completed* units (here days or months).

In abridged life tables, age intervals are of the form $[x, x+n]$, that is, both ages x and $x+n$ are included in the interval. For example, age interval $[40, 44]$ comprises deaths occurring within the interval 40 to 44 years. Except for the first two rows and the last row of the table, the interval width is five years. The first row has a one-year interval. The second row has a four-year interval. The last row, where the age interval is denoted 90+, comprises all deaths occurring at age 90 or above.

**Column l_x ;
Number
surviving** This column represents the number of persons of the initial cohort of 100,000 births surviving to the exact age marking the beginning of each age interval. The progressive values of l_x were derived by the successive application of ${}_n p_x$ values to the remainder of the original cohort of 100,000 live births still alive at the beginning of each interval.

**Column ${}_n d_x$;
Number dying** This column shows the number dying in each successive age interval out of the number alive at the beginning of the interval. This was first obtained by multiplying the corresponding l_x by the corresponding ${}_n q_x$, that is, ${}_n d_x = l_x \cdot {}_n q_x$. Then, after calculating all life table functions using the full decimal precision provided by SAS, l_x values were rounded to the nearest integer, and ${}_n d_x$ values were set equal to the difference between consecutive rounded values of l_x :
$${}_n d_x = l_x - l_{x+n}$$

Life Tables

3. Explanation of the Columns of the Life Tables, continued

- Column ${}_n p_x$;
Proportion
surviving** This column represents the proportion of the survivors who are alive at the beginning of the age interval who will survive to the beginning of the next age interval. This is the complement of ${}_n q_x$, the proportion dying, that is,
 ${}_n p_x = 1 - {}_n q_x$
- Column ${}_n q_x$;
Proportion
dying** This column represents the proportion of those alive at the beginning of the corresponding age interval who will die before reaching the end of the interval. This is the most important column of the life table and is the basis for the entire table structure. This is also the initial column in the generation of a life table from which other columns are derived on the basis of interdependent relationships.
- Column ${}_n L_x$;
Stationary
population** If one assumes that the cohort of 100,000 persons is being born every year, that this continues for a long time, that the proportion dying in each age interval throughout their life span is fixed as determined by the values of ${}_n q_x$, and that the deaths are evenly distributed over time within the age intervals, then the survivors of these successive cohorts constitute what could be viewed as a "stationary population." The situation of being stationary arises because the number living in any given age group for any year will not change, and the number entering any age group will exactly equal the number leaving the group due to death or aging. The number of deaths each year equals the number of births, which equals 100,000. In other words, the assumptions involved render column ${}_n L_x$ unchanging and thus stationary. The derivation of the values of ${}_n L_x$ does vary at young ages because of the unevenness of the distribution of deaths over time within the age intervals; the risk of death decreases during the interval.
-

Life Tables

3. Explanation of the Columns of the Life Tables, continued

**Column T_x ,
cumulative
stationary
population**

T_x shows the number of life years lived by persons in the stationary population in the indicated age interval and all subsequent age intervals.

**Column " e_x ,
average
remaining
years of life**

The expectation of life or the average remaining years of life at any given age is the mean number of years remaining to be lived by those surviving to that age on the basis of a given set of mortality rates. The values are obtained simply by dividing the T_x value by the corresponding l_x value:

For example, in the 1990 to 1992 detailed life table, the average number of years of life remaining for 60-year-old Canadian males is 19.35 years, and the average age of death of this group is 79.35.

Life Tables

4. Limitations and Adjustments

4.1 Population Adjustment Results of an evaluation of the 1991 Census indicated that a number of groups in the population were under-enumerated. This set of life tables is based on the adjusted census population as of July 1, 1991. To assess the impact of the use of the adjusted population, two sets of life tables were constructed. The first set was based on the unadjusted census population as of June 1, 1991 and the official set is based on the adjusted population as of July 1, 1991.

Adjusted population estimates are generally higher than the unadjusted ones. Hence, the use of the adjusted population estimates results in slightly higher denominators in mortality rates, which generate slightly higher life expectancy values in Canada and in the provinces.

4.2 Age Limitation Population and death data tend to be less accurate at older ages because of errors in age reporting and because of coverage in census or death statistics. In this series of life tables, the actual data were used up to age 90. For Canada as a whole, the detailed life table functions are shown up to age 106, and mortality rates at pivotal ages 92 to 102 were derived from the previous four pivotal values instead of using the conventional procedure as outlined in section 2.1. Hence, the life table functions at ages beyond 90 should be interpreted with caution. For the provinces, the detailed tables were truncated at age 85 with an open ended category for ages 86 and over.

Life Tables

References

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Cancer

Overview of the cancer database

The National Cancer Incidence Reporting System (NCIRS) system was established in 1969 at Statistics Canada in co-operation with the National Cancer Institute of Canada and nine of the ten existing provincial cancer registries. The primary objective was to provide a large database to study cancer patterns and trends and to monitor differences in cancer risks among different populations. The tenth registry, Ontario, joined the national system in 1981.

The patient-oriented Canadian Cancer Registry (CCR) evolved from the event-oriented NCIRS. Beginning with cases diagnosed as early as 1992, incidence figures collected by provincial and territorial cancer registries were reported to the CCR, which is maintained by Statistics Canada. Established as a person-oriented database, the CCR includes mechanisms for updating and clearing death records and is linked to provincial databases to help track patients across Canada who have been diagnosed with tumours.

Cancer

The following table provides the information elements and descriptions of the items included in the cancer component of the *Health Indicators* database.

Item	Description
Statistical activity or survey name	Canadian Cancer Registry (CCR)—Cancer Database.
Characteristic	This is an administrative survey that collects information continuously from all provincial and territorial Canadian Cancer Registries on cancer incidence in Canada.
Purpose	<p>The CCR has been developed to provide Canadian incidence and survival information required for cancer control from a standardized, patient-oriented database.</p> <p>The primary use of the data is statistical, such as in cancer incidence and projections, demographic trend analyses, cancer surveillance and epidemiological research. The data are used extensively by the research community and other health professionals.</p> <p>Data are collected for a variety of purposes within each province, such as to monitor trends and plan operations for the cancer clinics at which the majority of cancer patients are treated, or to use in research studies aimed at improving treatment methods or identifying risk factors for cancer.</p>
Name of sponsors	N/A
Clients	<p>The major clients for cancer data are:</p> <ul style="list-style-type: none"> • Health Canada • provincial health departments • provincial statistical departments • National Cancer Institute of Canada • The Canadian Cancer Society • research organizations • pharmaceutical companies
Type of statistical activity	This is an administrative survey.

Cancer

Item	Description
Type of survey	This is a longitudinal survey.
Reference period	The reference period is the calendar year. The CCR started in 1992; the NCIRS started in 1969.
Frequency of the survey	The data are collected continuously but are submitted to Statistics Canada on an annual basis.
Target population	Persons whose usual place of residence is Canada or who are non-permanent residents.
Population size	Canadian population.
Statistical units	Events from 1969 to 1991. Individuals from 1992 onwards.
Sample size	N/A
Geographic coverage	All Canadian provinces and territories are included.
Coverage—Standard classification	Standard Geographical Code (SGC), census division, census sub-division.

Cancer

Item	Description
Main topics and variables	<p>The main topic is all new cases of primary malignant neoplasms in Canada.</p> <p>The CCR Patient Record contains the following variables:</p> <ul style="list-style-type: none">• reporting province• patient identification number• patient record type• patient name• sex• date of birth• province/country of birth• birth/maiden name• date of death• province/country of death• death registration number• underlying cause of death• autopsy confirming death• date of transmission

Cancer

Item	Description
Main topics and variables (continued)	<p>The CCR Tumour Record contains the following variables:</p> <ul style="list-style-type: none"> • reporting province • patient identification number • tumour reference number • CCR identification number • tumour record type • place of residence at time of diagnosis • postal code • coded place of residence at diagnosis • census tract • health insurance number • method of diagnosis • date of diagnosis • ICD-9 • ICD-O-2 (International Classification of Diseases for Oncology, 2nd Edition) topography • ICD-O-2 morphology • ICD-O-2 M behaviour code • ICD-10 (International Classification of Diseases, 10th Revision) • laterality • multifocal tumour

Cancer

Item	Definition
Province of residence	For cancer incidence and mortality data, this is the province or territory of the individual's permanent residence at time of diagnosis or death, which may or may not be identical to the province in which the new malignant neoplasm or the cancer death was registered.
Age	The age of the patient (in completed years) at the time of diagnosis or death.
Cancer incidence	The number of new cases of primary malignant neoplasms diagnosed during the year. The basic unit of reporting is a new primary malignant neoplasm rather than an individual person. The incidence figures should be considered provisional as some cases diagnosed in one year will be registered and reported in subsequent years.
Malignant neoplasms (Cancers)	Tumours characterized by unrestrained growth of cells that invade local tissues and may spread (metastasize) to other parts of the body through the blood or lymph system.
Primary malignant site	The tissue or organ in which a malignant neoplasm originates.
Secondary site	The site at which a malignant neoplasm develops as a result of metastatic extension from a primary site. Data for newly diagnosed secondary sites or for deaths due to a malignant neoplasm at a secondary site (ICD-9, codes 196 to 198) are included only if the primary site of the malignant neoplasms is unknown.
Carcinoma in situ	A neoplasm confined to the site of origin without the invasion of neighbouring tissues.
Cause of death	This is based on the concept of the underlying cause of death; the disease or injury which initiated the sequence of events leading to death.

Cancer

Item	Definition
Method of diagnosis	For most registries this represents the most confirmed method which was used to diagnose the reported malignant neoplasm. Exceptions are Manitoba and Quebec where this is the first method .
• Microscopically confirmed	A diagnosis based on microscopic examination of tissues to determine abnormalities in their structure, composition and function. Autopsies, histopathological, and cytological diagnoses are included in this category.
• Radiological	A diagnosis made using X-rays, or other investigations involving radioactive materials.
• Clinical	A diagnosis based on symptoms shown, irrespective of morbid changes producing them.
• Surgical	Diagnosis during or by surgery.
• Death certificate only (DCO)	As of 1986, all registries except Quebec and Yukon use this data source to ensure complete registration, since a proportion of persons with cancer are not diagnosed during their lifetime or if diagnosed, are not reported to the registry and are therefore discovered only from this source.

Cancer

Item	Definition
Crude rates	The number of new cases of cancer or cancer deaths during the year expressed as a rate per 100,000 population. This rate includes those persons whose age is unknown.
Age-specific rates	The number of new cases of cancer or cancer deaths during the year expressed as a rate per 100,000 persons in a given age group.
Age-standardized rates	The number of new cases of cancer or cancer deaths that would have occurred during the year in a given province if the actual age-specific rates observed in the province had prevailed in a standard population. This rate is based only on cases whose age is known and has not been adjusted for persons of unknown age.
Mean and median	The arithmetic mean (average) and the median are measures of central tendency. The <i>mean</i> is calculated by summing observations weighted by their relative frequency. The <i>median</i> is the point in a frequency distribution where half of the observations fall above it and half below it.
Adjusted population estimates	<p>New population estimates were introduced by Statistics Canada in 1993. They differ from the previous ones by:</p> <ul style="list-style-type: none"> • including adjustments for net census undercoverage • including estimates for non-permanent residents • establishing the reference date for the annual estimates at July 1 <p>These adjusted population estimates are used as denominators in the calculation of all the rates presented since data years 1992.</p>
Net census undercoverage	Net census undercoverage is the difference between census undercoverage and census overcoverage. The former refers to persons not enumerated in the census but who were part of the census universe, the latter to persons either enumerated more than once or enumerated but not part of the census universe.

Cancer

Item	Description
Non-permanent residents	<p>Non-permanent residents are persons who:</p> <ul style="list-style-type: none"> • claim refugee status • hold a student authorization • hold an employment authorization • hold a minister's permit • are non-Canadian-born dependants of the above individuals
Data affected by population adjustments	<p>The new population estimates series for provinces and territories comprises annual population estimates by single year of age, sex and marital status going back to 1971. For census divisions and census metropolitan areas, annual estimates by age group and sex are available as of 1986.</p> <p>Note that the adjustments to the census data are provided only by Statistics Canada's population estimation program. Census data are not adjusted. Thus, for census years, two types of population counts are available: adjusted population estimates as of July 1, and unadjusted census counts as of the census reference date.</p>
Impact of adjustments	<p>The impact of the adjustment varies by year, province and territory, and by demographic characteristic. In 1991 for instance, these adjustments altogether added about one million individuals to the postcensal estimates based on the 1986 census. The increase in the estimate for young adult males is higher than for other age-sex categories. Therefore, rates involving this group will be affected more than others. In general, the rates decrease with adjustment, but the underlying trends remain valid.</p>
Health Statistics Division policy on the population estimates	<p>The policy of the Health Statistics Division is to use the adjusted population estimates for its standard data products and publications.</p>

Cancer

Item	Description
Survey frame or frame sources	Canadian Cancer Registry, new primary cancer registrations.
Collection methods	<p>Under a federal-provincial agreement, the registration of cancer cases is the responsibility of the provinces and territories.</p> <p>Sources of data include pathology, radiology and cytology reports, death certificates, autopsy reports, hospital separation records, out-patient records, and cancer treatment centre files.</p>
Collection period	Continuous, January to December
Overview of processing system	<p>The provincial-territorial cancer registries provide data to Statistics Canada. Subsequent changes to registrations due to errors or omissions are transmitted to Statistics Canada as the information becomes available.</p> <p>From 1969 to 1992 provincial-territorial cancer registries sent Statistics Canada a notification for each newly diagnosed case of cancer. As of 1992, each registry supplies this information for each new patient and each new tumor in a standard, pre-edited format, on magnetic tape or diskette.</p> <p>Revised data for previous years are periodically provided by registries to replace data on the NCRS (1969 to 1991). Also late registration for cases diagnosed in previous years have been added from time to time. The CCR can be updated with new records or changes to previous records, as part of regular submissions from registries to Statistics Canada; but most versions are now complete</p> <p>Data for all reported carcinomas in situ (ICD-9, codes 230 to 234) are not included with malignant neoplasms for the same site.</p>

Cancer

Item	Description
Cleaning operations (edit and imputation)	Records are loaded onto a patient oriented database and those failing edits are rejected and returned to the province for verification or correction. Begun in 1992, an internal record linkage is done annually and regular national death clearances are planned.
Weighting procedures	Unweighted
Standard classifications used for coding the micro-data	Standard Geographical Classification (SGC).
Coding documentation used	Malignant neoplasms are classified according to the International Classification of Diseases, 9 th Revision (ICD-9) which came into effect in Canada in 1979. In the case of diagnoses for new cases of cancer, which were for the most part reported in the more detailed International Classification of Diseases for Oncology (ICD-O-2), the tabulated ICD-9 codes are based on a conversion from the ICD-O-2 for most provinces. The Standard Geographical Classification (SGC) is used for geographical classification.

Cancer

Item	Description
Response rate	Coverage of registration at the Canada level is currently thought to be at or above 95%.
Response rate unit	New primary cancers.
Response rate weighting	Unweighted.
Variable response rate	The response rate of reporting core statistical data items varies by item, reporting province and year.
Estimation procedures	N/A
Sampling errors	N/A
Coverage errors	<p>Comparability of data are affected by both under- and over-registration.</p> <p>Sources of under-registration include: not using important sources such as death certificates, cytology reports, or other health records; not reporting cancer cases treated in a province other than the province or territory of residence; and not reporting late registrations (or cases diagnosed after a registry has already reported that year's cases to Statistics Canada).</p> <p>Over-registration can result from several factors including: presence of duplicate records for the same case of cancer; and inconsistent definitions for multiple primary cancers. For example, a patient resident in one province but treated in another could be reported by both. Duplicates may also appear within a provincial registry if records are not examined regularly for records pertaining to the same person.</p> <p>An internal record linkage process removes duplicate records.</p>
Non-response errors	N/A
Response errors	N/A
Processing errors	<p>All data are edited by computer to ensure validity of each field and to check on the compatibility of different data elements within a record.</p> <p>Queries are resolved by consulting the reporting provinces. In general the proportions of records queried in any one province is 2% or less.</p>

Cancer

Item	Description
Other non-sampling errors	N/A
Suppression and other confidentiality restrictions	<p>Occurrences of less than three are suppressed when tables on the number of deaths due to cancer are run.</p> <p>There is no suppression for tables on new primary sites of cancer, age-standardized rates of death due to cancer and ratio of deaths due to cancer.</p>
Coefficients of variations	N/A
More information on definitions	More information on definitions used, coding instructions and procedures is available from the CCR Procedures Manual upon request from Statistics Canada.
More information on data quality	More information on data quality and completeness is available from Statistics Canada. In particular, "item-by-item" tables of availability have been prepared, while a comprehensive examination of major quality indicators has also been undertaken. Data quality indicators over time are included in "The Making of the Canadian Cancer Registry."

Therapeutic Abortion

Overview of the therapeutic abortion database

Statistics Canada began collecting therapeutic abortion statistics in 1970 to monitor the effects of the 1969 amendments to the *Criminal Code of Canada*, which permitted therapeutic abortions under specific circumstances.

The province of Prince Edward Island has not furnished reports on therapeutic abortions since 1983, though some residents of this province have been reported to have obtained abortions in other provinces.

Between 1970 and 1988—when the Supreme Court struck down the 1969 abortion law—hospitals were required to report abortions they performed. Beginning in 1988, some hospitals did not provide Statistics Canada with information about the demographic and medical characteristics of women who obtained abortions. A number of hospitals in Quebec and British Columbia stopped filing the therapeutic abortion individual case report form prescribed by Statistics Canada. Lack of information, such as gestation period at the time of abortion, previous deliveries and abortions, abortion complication(s) seriously affects the data quality, analysis and use of this information in planning and evaluation of abortion services.

In 1993, British Columbia discontinued supplying therapeutic abortion individual case reports for all hospitals. However, they continue to provide counts of therapeutic abortions by five-year age groups of women at the time of abortion and by procedure(s) used for induced abortions.

For the two territories and the remaining seven provinces, the coverage pertaining to selected demographic and medical items of information has been almost complete.

Therapeutic Abortion

**Overview of
the
therapeutic
abortion
database
(continued)**

Before the January 1988 Supreme Court decision, abortion clinics operated only in Quebec. In response to users' requests, data collection was extended to abortion clinics beginning in 1990, though this information for Quebec has been available since 1978.

By the end of 1994, abortion clinics were operating in every province except Prince Edward Island and Saskatchewan and the two territories. While the number of abortions performed in clinics increased rapidly, demographic and medical data were available for only about half of those persons using Canadian abortion clinics, and none was available from those persons using facilities in the United States.

Starting with the 1995 data year, responsibility for the collection and processing of Therapeutic Abortion data was transferred to the Canadian Institute for Health Information (CIHI). Statistics Canada will receive the clean data file and continue to analyse the data and produce the annual publication, Therapeutic Abortions, 82-219-XPB.

Therapeutic Abortion

The following table provides the information elements and descriptions of the items included in the therapeutic abortion component of the *Health Indicators* database.

Item	Description
Statistical activity or survey name	Therapeutic Abortion Database.
Characteristic	<p>This is an administrative survey that collects and compiles the numbers and rates of therapeutic abortions as well as selected demographic and medical information about women obtaining therapeutic abortions performed in hospitals in Canada.</p> <p>Counts of abortions performed in clinics in the 10 provinces and states along the Canada-United States border are also available.</p>
Purpose	<p>In Canada, the primary use of the data is statistical, such as in examining trends in abortion numbers and rates.</p> <p>Data are collected for a variety of purposes within each province such as for payment to doctors and hospitals, and to monitor trends in abortion rates, or to use in research studies.</p>
Name of sponsors	N/A
Clients	<p>The major clients for abortion data are:</p> <ul style="list-style-type: none"> • Health Canada • provincial health departments • statistical departments • research organizations • pro-choice and anti-abortion groups • national and provincial legislators • schools and universities

Therapeutic Abortion

Item	Description
Type of statistical activity	This is an administrative survey.
Type of survey	This is a cross-sectional survey.
Reference period	The reference period is the calendar year. The survey started in 1970.
Frequency of the survey	The data are collected continuously but are submitted to Statistics Canada on an annual basis.
Target population	Women whose usual place of residence is in Canada or who are non-permanent residents.
Population size	Canadian women.
Statistical units	Individuals.
Sample size	N/A
Geographic coverage	<p>The current information about therapeutic abortions performed in hospitals is based on reports from the two territories and nine of the ten provinces. Prince Edward Island has not furnished reports on this subject since 1983, though there have been reports of some residents obtaining abortions in other provinces.</p> <p>Clinics in eight of the ten provinces also report; Newfoundland, Nova Scotia, New Brunswick, Quebec, Ontario, Manitoba, Alberta and British Columbia.</p>
Coverage—Standard classification	Standard Geographical Code (SGC)

Therapeutic Abortion

Item	Description
Main topics and variables	<p>The main topics are counts and detail pertaining to therapeutic abortion for abortions performed in hospitals in Canada. Counts of abortions obtained in clinics in Canada and some states are also reported.</p> <p>The following variables are reported by hospitals:</p> <ul style="list-style-type: none"> • age • marital status • first day of last normal menses • date fetus removed • number of previous deliveries • number of previous spontaneous abortions • number of previous induced abortions • days of in-patient care • initial surgical procedure(s) • subsequent surgical procedure(s) • sterilization procedure(s) • therapeutic abortion complication(s) • month, year and province of report

Therapeutic Abortion

Item	Definition
Province of residence	The province of usual residence of the patient.
Age	The age of the woman (in completed years) at the time of the therapeutic abortion.
Marital status	<p>Hospital data are provided by all categories of marital status including separated and common-law.</p> <p>Women who were separated or living in common-law unions are included in the "married" category in abortion rates tabulations. (See note on impact of revised population estimates.)</p>
<ul style="list-style-type: none"> • Single 	A person who has never been married, or a person whose marriage has been annulled and who has not remarried.
<ul style="list-style-type: none"> • Married 	A person who is legally married.
<ul style="list-style-type: none"> • Widowed 	A person whose spouse has died and who has not remarried.
<ul style="list-style-type: none"> • Divorced 	A person who has obtained a legal divorce and who has not remarried.
<ul style="list-style-type: none"> • Separated 	<p>A person who is legally married, who is not living with his or her spouse because the couple no longer wants to live together, but who has not obtained a divorce.</p> <p>A person who is separated is included in the "married" category in abortion rates tabulations.</p>
<ul style="list-style-type: none"> • Common-law 	<p>A person whose legal conjugal status is single, widowed or divorced or who is separated and is living in a common-law union at the time of the event.</p> <p>A person who is in a common-law union is included in the "married" category in abortions rates tabulations.</p>

Therapeutic Abortion

Item	Definition
Collection definitions	Listed below
<ul style="list-style-type: none"> • First day of last normal menses 	The day, month and year the woman had her last normal menses. In case of non-availability, the doctor in attendance records a clinical estimation of the gestation period under this item.
<ul style="list-style-type: none"> • Date fetus removed 	The day, month and year on which the therapeutic abortion was performed and the fetus expelled or extracted from the woman.
<ul style="list-style-type: none"> • Number of previous deliveries 	Number of deliveries for the woman prior to this induced abortion.
<ul style="list-style-type: none"> • Number of previous spontaneous abortions 	Number of previous abortions as a result of natural causes.
<ul style="list-style-type: none"> • Number of previous induced abortions 	Number of previous abortions whether induced medically or otherwise.
<ul style="list-style-type: none"> • Initial surgical procedure(s) 	A surgical procedure or a combination of two or more procedures used to terminate the pregnancy.
<ul style="list-style-type: none"> • Subsequent surgical procedure(s) 	A surgical procedure or a combination of two or more procedures used to treat complication(s) arising out of the pregnancy termination.
<ul style="list-style-type: none"> • Sterilization procedure(s) 	The surgical procedure used for sterilization of the woman, concurrent with therapeutic abortion.
<ul style="list-style-type: none"> • Therapeutic abortion complication(s) 	A morbid condition resulting from the pregnancy termination. The report form has provision to report up to three therapeutic abortion complications. Information about abortion complication relates to hospitalization period for purpose of abortion only.
<ul style="list-style-type: none"> • Out-patient (day surgery) cases 	Women with less than a 24-hour stay in hospital when obtaining a therapeutic abortion.

Therapeutic Abortion

Item	Definition
Gestation period	The difference in days (rounded to nearest week) between the date of removal of fetus from the mother and the first day of last normal menses. For cases with unknown date of last normal menses, gestation period is based on clinical estimation.
Abortion rate	Can be calculated in two ways. Check footnotes to the statistical tables for method used: (a) number of therapeutic abortions per 1,000 females ages 15 to 44 years at the time of pregnancy termination, (b) number of therapeutic abortions per 100 live births.
Age-specific abortion rate	Number of therapeutic abortions per 1,000 females of the same age.
Teenage abortion rate	Number of therapeutic abortions to females under 20 years of age per 1, females aged 15 to 19 years.
Abortion complication rate	Number of women with abortion complications per 100 therapeutic abortion cases. The abortion complications relate only to period of hospitalization following therapeutic abortions.
Mean and median	The arithmetic mean (average) and the median are measures of central tendency. The <i>mean</i> is calculated by summing observations weighted by their relative frequency. The <i>median</i> is the point in a frequency distribution where half of the observations fall above it and half below it.

Therapeutic Abortion

Item	Definition
Adjusted population estimates	<p>Statistics Canada introduced new population estimates in 1993. They differ from the previous ones by:</p> <ul style="list-style-type: none"> • including adjustments for net census undercoverage • including estimates for non-permanent residents • establishing the reference date for the annual estimates at July 1 <p>These adjusted population estimates are used as denominators in the calculation of all the rates.</p>
Net census undercoverage	<p>Net census undercoverage is the difference between census undercoverage and census overcoverage. The former refers to persons not enumerated in the census but who were part of the census universe, the latter to persons either enumerated more than once or enumerated but not part of the census universe.</p>
Non-permanent residents	<p>Non-permanent residents are persons:</p> <ul style="list-style-type: none"> • claiming refugee status • holding a student authorization • holding an employment authorization • holding a minister's permit • all non-Canadian-born dependants of the above individuals
Data affected by population adjustments	<p>The new population estimates series for provinces and territories comprises annual population estimates by single year of age, sex and marital status going back to 1971. For census divisions and census metropolitan areas, annual estimates by age group and sex are available as of 1986.</p> <p>Note that the adjustments to the census data are provided only by Statistics Canada's population estimation program. Census data are not adjusted. Thus, for census years, two types of population counts are available: adjusted population estimates as of July 1, and unadjusted census counts as of the census reference date.</p>

Therapeutic Abortion

Item	Description
<p>Impact of adjustments</p>	<p>The impact of the adjustment varies by year, province or territory, and by demographic characteristic. In 1991 for instance, these adjustments altogether added about one million individuals to the postcensal estimates based on the 1986 census. The increase in the estimate for young adult males is higher than for other age-sex categories. Therefore, rates involving this group will be affected more than others. In general, the rates decrease with adjustment, but the underlying trends remain valid. Health Statistics Division examined the impact of the adjusted populations on a number of vital statistics and health indicators. Results of this study were presented in Health Reports, Winter 1997, vol. 9, No. 3. (Catalogue no. 82-003-XPB)</p>
<p>Health Statistics Division policy on the population estimates</p>	<p>The Health Statistics Division uses the adjusted population estimates for its standard data products and publications.</p>
<p>Impact of adjustments on therapeutic abortion rates</p>	<p>Revised population estimates were used to calculate total abortion rates. In breakdowns of these population estimates by age and marital status, persons who were separated or living common-law were included in the "married" category.</p> <p>As a result, abortion rates for women who were separated or living in a common-law union are not available.</p>

Therapeutic Abortion

Item	Description
Survey frame or frame sources	Therapeutic Abortion Survey.
Collection methods	<p>Information on the numbers of therapeutic abortions performed in hospitals is reported to Statistics Canada annually, either through provincial health departments, or in some cases by the hospitals, based on individual case reports.</p> <p>The clinics in Newfoundland, Nova Scotia, New Brunswick, Manitoba and British Columbia report abortion information directly to Statistics Canada. Provincial authorities in Quebec, Ontario and Alberta co-ordinate the data collection from clinics under their jurisdictions and send the desired information to Statistics Canada.</p> <p>The reports about abortions performed in clinics are simple counts of induced abortion.</p>
Collection period	Continuous, January to December
Overview of processing system	N/A

Therapeutic Abortion

Item	Description
<p>Cleaning operations (edit and imputation)</p>	<p>A complex editing and validating process was introduced in the early 1970s, and is reviewed and updated periodically. The system checks for internal consistencies, compatibilities and completeness for each item reported.</p> <p>Some of the quality control measures that form part of the computer edits specifications are compatibility checks for the following:</p> <ul style="list-style-type: none"> • reporting hospitals in relation to the provinces in which they are located • ages of women in relation to the number of previous deliveries and/or previous abortions • days of hospitalization in relation to the surgical procedure(s) used for therapeutic abortion • presence or absence of therapeutic abortion complication(s) <p>In some instances, respondents are contacted to clarify peculiar situations for the reported therapeutic abortion cases. For example, women in the following categories are sometimes contacted:</p> <ul style="list-style-type: none"> • women under 20 years of age with four or more previous deliveries or abortions • women over 24 weeks pregnant at pregnancy termination; • women under 20 years of age with concurrent sterilization • women with more than 10 days of hospitalization without a therapeutic abortion complication <p>Beginning in 1993, complete demographic and medical data became available for those women who had obtained abortions in Ontario and Alberta clinics. However, complete data were not available for women who had abortions in other Canadian provinces and territories or those who had abortions in the United States. The demographic characteristics reported by these clinics are similar to those reported by hospitals.</p> <p>Consequently, to estimate numbers and rates for all abortions, marital status and age were imputed for clinic abortions and American data, based on the distributions from hospital records.</p>

Therapeutic Abortion

Item	Description
Weighting procedures	N/A
Standard classifications used for coding the micro-data	Standard Geographical Classification (SGC).
Coding documentation used	N/A

Therapeutic Abortion

Item	Description
Response rate	Because provincial and territorial health insurance commissions reimburse physicians for performing abortions, the response rate for the number of abortions from Canadian hospitals and clinics is estimated to be 99.9%. Although reporting abortions that took place in the United States is voluntary, the fact that there have not been large year-to-year fluctuations in the numbers suggests that these counts are complete.
Response rate unit	Therapeutic abortions.
Response rate weighting	Unweighted.
Variable response rate	The response rate of reporting core statistical data items varies by item, reporting province and year.
Estimation procedures	N/A
Sampling errors	N/A

Therapeutic Abortion

Item	Description
Coverage errors	Abortion cases treated in hospital reported as "other than therapeutic abortions" are excluded. The majority of these cases are spontaneous abortions (miscarriages), other and unspecified abortions. A small number of patients in clinics pay for abortions themselves. As such, these abortions are not included in the counts because they are not reimbursed by health insurance commissions.
Non-response errors	N/A
Response errors	N/A
Processing errors	N/A
Other non-sampling errors	N/A
Suppression/confidentiality restrictions	Occurrences of less than three are suppressed when tables are run.
Coefficients of variations	N/A

Annual Hospitals

Overview of the annual hospitals survey

The survey of Health Care Facilities—Hospitals is a mandatory annual survey, included under the jurisdiction of the Statistics Act in 1918, encompassing all facilities in Canada licensed to operate as hospitals. These facilities are licensed by provincial ministries of health and federal government departments. The survey was made annual in 1932 and periodically reviewed at the request of Health Canada and the provinces to meet new requirements for administration, analysis, policy planning and decisions on new programs. Statistics Canada is responsible for designing the forms and for processing and disseminating the data and updating and maintaining the program

Quebec, Alberta, British Columbia, and Ontario use their own reporting form. Hospitals in other provinces complete a 28-page document which is returned to Statistics Canada via the provincial ministries of health. Forms are mailed to the provinces who in turn send them to the hospitals. This takes place in mid-March. By the end of June the first complete reports are returned to Statistics Canada. It can take up to 24 months to receive all the data. Provinces have the option of returning the reporting forms to Statistics Canada or sending the data on magnetic tape. At the present time, Quebec, Ontario, Alberta and British Columbia choose to report on tape.

Beginning with the 1995–96 data year, the Canadian Institute for Health Information (CIHI) assumed responsibility for collecting the Survey of Health Care Facilities—Hospitals and for the producing and holding the clean data files. Prior to that time, Statistics Canada was responsible for the survey.

All provinces co-operate in forwarding the data to CIHI, which contain information on hospital utilization, operating and capital finances and audited financial statements.

Annual Hospitals

The following table provides the information elements and descriptions of the items included in the annual hospitals component of the *Health Indicators* database.

Item	Description
Statistical activity or survey name	Health Care Facilities—Hospitals Database.
Characteristic	This is a census administrative survey that collects information on hospital utilization, operating and capital finances and audited financial statements.
Purpose	<p>Hospital statistics constitute part of the essential requirements of several federal departments as well as the various provincial departments of health and welfare.</p> <p>Hospital expenditures represent a significant component of the gross domestic product figures. The data are further used for the administration, evaluation and planning of major provincial and federal programs as well as for satisfying many of the needs of hospital administrators, researchers and large special interest groups in the community to assist in policy planning and research.</p>
Name of sponsors	N/A
Clients	<p>The major clients for annual hospital statistics are:</p> <ul style="list-style-type: none"> • Health Canada • provincial health departments • statistical departments • Economic Council • employment and labour departments • research organizations • universities • Demography Division of Statistics Canada • international organizations (United Nations, World Health Organization)

Annual Hospitals

Item	Description
Type of statistical activity	This is a census survey that uses administrative sources of information in the provinces.
Type of survey	This is a cross-sectional survey.
Reference period	In 1977, the survey switched from a calendar year to a fiscal year (April-March). For the transition period, data were collected for a 15-month period from January 1977 to March 1978 and for a 12-month period from April 1977 to March 1978.
Frequency of the survey	The data are collected once a year.
Target population	The target universe is all public, private and federal hospitals operating in the 10 provinces and 2 territories.
Population size	All Canadian hospitals.
Statistical units	Hospitals.
Sample size	N/A
Geographic coverage	All Canadian provinces and territories are included.
Coverage-Standard Classification	Standard Geographical Code (SGC), census division, census sub-division.

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Item	Description
Main topics and variables	<p>Data collected are on beds and patient movement, ambulatory care, diagnostic and therapeutic services, administrative and support services, personnel, expenditures and income.</p> <p>The statistical data collected adheres to the Instructions and Definitions Parts I and II developed for the reporting of hospitals to Statistics Canada. Uniform accounting information is available from hospitals as a result of the acceptance of the Canadian Hospital Accounting Manual (CHAM) for reporting under the federal and provincial hospital insurance program.</p> <p>The following variables are reported by all jurisdictions:</p> <ul style="list-style-type: none"> • type of hospital • type of service offered by hospital • size of hospital • ownership of the hospital • group responsible for hospital operations • number of beds and cribs (or bassinets for newborns) • distribution of beds and cribs (or bassinets for newborns) and patient-days by type of unit by type of accommodation • movement of in patients • patient days by responsibility for payment • patients by types of care • deaths, stillbirths, dead on arrivals, referred in bodies and autopsies

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Item	Description
Main topics and variables (continued)	<ul style="list-style-type: none"> • number and type of hospital personnel • laboratory workload • radiology workload • physical medicine and rehabilitation workload <p>Operating income, including:</p> <ul style="list-style-type: none"> • gross income • net income • operating expenses • salaries • employee benefits • supplies-medical, surgical and drugs <p>Number of:</p> <ul style="list-style-type: none"> • patients • separations • patient-days • out-patients • laboratory units

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Item	Definitions
Hospital	An institution where patients are accommodated on the basis of medical need and are provided with continuing medical care and supporting diagnostic and therapeutic services. It must be licensed or approved as a hospital by a provincial government, or operated by the Government of Canada. This definition includes mental institutions.
Type of hospital	See definitions below.
<ul style="list-style-type: none"> • Public (voluntary, provincial, municipal) 	A hospital recognized by the province as a "public hospital." Such a hospital generally is not operated for profit.
<ul style="list-style-type: none"> • Proprietary 	A hospital owned by an individual or by a private organization, operated for a profit and recognized by the province as a "proprietary hospital."
<ul style="list-style-type: none"> • Federal 	A hospital owned by a department or agency of the Government of Canada and operated on a non-profit basis.
Type of unit	See definitions below.
<ul style="list-style-type: none"> • Short-term—Adults and children 	In-patient units provided for those who, at the time of admission, require diagnostic and therapeutic services and/or skilled nursing care and medical attention.
<ul style="list-style-type: none"> • Long-term—Adults and children 	In-patient units provided for those who, at the time of admission, require medical assessment and continuing nursing care.

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Item	Definitions
Type of service	See definitions below.
<ul style="list-style-type: none"> <li data-bbox="196 485 461 842">• General 	<p data-bbox="461 485 1409 632">No long-term units. Refers to a hospital that primarily provides diagnosis and short-term treatment for patients having a wide range of diseases or injuries. The services of a general hospital are not restricted to a specific age group or sex.</p> <p data-bbox="461 663 1409 842">With long-term units. Refers to a general hospital with a group of beds or rooms or a separate wing or building for long-term care that is recognized as a distinct and separate treatment unit of the hospital. Admission normally requires formal admission procedures even when a patient is transferred from another part of the hospital.</p>
<ul style="list-style-type: none"> <li data-bbox="196 842 461 1024">• Teaching hospital 	A hospital that provides medical education programs to undergraduate medical students in their final two years. These programs have to be approved by the appropriate authorities and usually include the essential components of major clinical instruction in the medical disciplines of internal medicine and general surgery.
Allied special hospitals	See definitions below.
<ul style="list-style-type: none"> <li data-bbox="196 1094 461 1203">• Specialty 	A hospital that primarily provides diagnosis and short-term treatment for a limited range of diseases or injuries, or provides a broad range of services to a specific age group.
<ul style="list-style-type: none"> <li data-bbox="196 1203 461 1272">• Pediatric 	A hospital that provides diagnosis and short-term treatment to pediatric patients, generally 14 years of age and under.
<ul style="list-style-type: none"> <li data-bbox="196 1272 461 1346">• Psychiatric 	A hospital that provides diagnosis and short-term treatment to patients with psychiatric conditions.
<ul style="list-style-type: none"> <li data-bbox="196 1346 461 1455">• Other 	Cancer hospitals, cardiology hospitals or institutes, maternity hospitals, neurological institutes, orthopedic hospitals, etc. are included in this category.
<ul style="list-style-type: none"> <li data-bbox="196 1455 461 1564">• Rehabilitation (including convalescent) 	A hospital that primarily provides continuing assessment and treatment to patients whose condition is expected to improve significantly through the provision of physical medicine and other rehabilitative services.
<ul style="list-style-type: none"> <li data-bbox="196 1564 461 1675">• Extended care (including chronic) 	A hospital that primarily provides continuing treatment for patients with long-term illness or with a low potential for recovery and who require regular medical assessment and continuing nursing care.

Annual Hospitals

Item	Definition
• Psychiatric (long term)	A hospital that primarily provides continuing assessment and long-term treatment of patients with psychiatric conditions.
• Other	This category includes nursing stations and outpost hospitals.
Ownership and operation	The ownership and operation of the hospital are separate aspects of hospital functioning as listed below.
Ownership	The owner of the hospital is the person, group of persons, agency, or corporate body that is the registered owner according to the deed.
Operation	Refers to the person, group of persons, agency or corporate body that bears the day-to-day responsibility for ensuring that the hospital is able to function and provide services.
• Voluntary	Applies to a hospital owned and/or operated by a non-governmental organization.
• Lay corporation	A voluntary hospital owned and/or operated by a voluntary lay group.
• Religious organization	A voluntary hospital owned and/or operated by a religious organization.
• Red Cross	A voluntary hospital owned and/or operated by the Canadian Red Cross Society or one of its provincial divisions.
• Municipal (union or hospital district)	A hospital owned and/or operated by a city, county, municipality, or other municipal government, or by a union or combination of municipal governments, or by a district or other body which is empowered to levy taxes or to otherwise operate like a municipality. Municipal operation, as well as ownership, would be indicated if the members of the governing body of the hospital are appointed, elected or otherwise controlled by the municipal body or electorate.
• Provincial	A hospital owned and/or operated by a branch, division, agency or department of a provincial or territorial government.
• Federal	A hospital owned and/or operated by a department or agency of the Government of Canada and operated on a nonprofit basis. Operation will generally be by one of the following agencies: Veterans' Affairs, Health Canada, National Defence or Solicitor General Canada.
• Proprietary	A hospital owned and/or operated by an individual or by a private organization and operated for a profit.

Annual Hospitals

Item	Definition
Utilization	See definitions below.
<ul style="list-style-type: none"> • Approved bed complement 	The number of beds and cribs (or bassinets for newborns), approved by the provincial authorities for the hospital, or a unit of the hospital, at year-end of the reporting year.
<ul style="list-style-type: none"> • Beds staffed and in operation 	The distribution of beds and cribs (or bassinets for newborns), at the year-end of the reporting year, that are actually available for patient accommodation, with staff available to provide the required level and type of care, whether or not actually occupied by a patient at that time.
In-patient	A person who has been admitted to a hospital for medical and hospital services and who has been assigned an in-patient bed, crib, or bassinet.
Separation	The discharge or death of an in-patient
Discharge	A discharge is defined as the official departure of a live patient from the hospital or from a provincially recognized unit of the hospital.
Death	A death is defined as the cessation of life of an in-patient after admission and before discharge.
Patient-day	The period of service to an in-patient between the census-taking hours on two successive days; the day of admission is counted as a patient-day but the day of separation is not.
Out-patients	Patients who have been formally accepted by a hospital and who received diagnostic and therapeutic services without being admitted as in-patients. This category includes patients attending a day or night care unit.
Laboratory unit	A measure of the workload of the laboratory—one unit is equivalent to one minute of composite technical, clerical and aide time spent actively engaged in the production of patient answers.

Annual Hospitals

Item	Description
Radiology	<p>A radiology examination is defined as a single diagnostic procedure performed during one attendance of the patient, making use of any of the following:</p> <ul style="list-style-type: none"> • fluoroscopy or examination by image intensifier • production of one or more exposed films • an integrated combination of (a) and (b) • procedures using other equipment such as ECG when done by the staff of the radiology department
Surgical suite/ ambulatory therapy care units	<p>A visit is defined as one attendance of a patient, for a continuous period of time, during which operation(s), treatment(s), or examination(s) are performed.</p>
Physiotherapy and occupational therapy attendances	<p>An attendance day is only recorded when the patient receives direct patient care on that day. Where a patient was provided only indirect care on a given day, no attendance day is recorded for that patient that day. (Indirect patient care are those activities which support or supplement diagnosis, evaluation or treatment for which the presence of the patient is not required.) Each patient is assigned only one attendance day for each 24 hour treatment day, even though the patient:</p> <ul style="list-style-type: none"> • may have attended the department more than once during the day • may have been treated on the in-patient unit more than once during the day • may have been treated both in the department and on an in-patient unit during the one day • may have been treated during the day in several areas of the department by several staff members, for example, in the pool, gymnasium, and electrotherapy area

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Item	Definitions
Personnel	See definitions of personnel below.
<ul style="list-style-type: none"> • Full time 	Persons employed on a full-time basis; they are regularly employed throughout the department's full workweek.
<ul style="list-style-type: none"> • Part time 	Persons employed on a part-time basis; they are regularly employed on selected days or partial days in the department's workweek.
<ul style="list-style-type: none"> • Paid hours 	Include all full-time, part-time and casual employees excluding the medical staff of the hospital who, during the year, have had salaries or wages payable to them by the hospital. Hours covering paid holiday time and other paid leave are to be included for all categories of personnel.
Operating expense	The cost, on an accrual basis of operating and maintaining the hospital during the year
<ul style="list-style-type: none"> • Gross salaries/wages including all medical staff remuneration 	These are distributed to two sub-categories: <ul style="list-style-type: none"> • Medical staff—Includes all types of hospital remuneration such as salaries, wages, fees, contract rates and honorarium, earned during the year by paid medical staff (interns, residents and students).. • Other gross salaries and wages—Includes gross salaries and wages earned during the year by all other staff including non-medical teaching staff and regular employees involved in extramural or on-the-job training.
<ul style="list-style-type: none"> • Employee benefits 	The facility's contribution to the cost of various fringe benefits provided to its employees. These do not include perquisites such as room and board provided for employees, which are a part of salaries and wages.

Annual Hospitals

Item	Definition
<ul style="list-style-type: none"> • Supplies and other expenses 	<p>These are distributed to three sub-categories:</p> <ul style="list-style-type: none"> • Supplies and other expenses (excluding medical and surgical supplies and drugs)—Includes all of the hospital's operating expenses other than gross salaries and wages and excluding the cost of medical and surgical supplies, drugs and employee benefits. • Medical and surgical supplies—Items such as prosthesis and instruments used in the treatment and examination of patients such as sutures, dressings, clinical thermometers, sterile supplies, catheters, needles and syringes, etc. • Drugs—All drugs, as well as medicines, certain chemicals, anesthetic gases, oxygen and other medical gases, intravenous solutions, etc.
<p>Operating income</p>	<p>Operating income is the revenue that accrues during the year to operate and maintain the hospital.</p>
<ul style="list-style-type: none"> • Gross income 	<p>This includes the amounts earned by the hospital for the rendering of services to patients. These amounts are represented by the regular income earned by the hospital for such services, regardless of the terms of any special contract, agreement, or understanding as to the basis of rates to be paid.</p>
<ul style="list-style-type: none"> • Net income 	<p>Net income comprises the difference between gross income and deductions (such as courtesy, rebates and free service, and bad debts) less recoveries.</p>

Annual Hospitals

Item	Description
Survey frame or frame sources	Health Care Facilities—Hospitals Database.
Collection methods	<p>Quebec, Alberta, British Columbia and Ontario use their own reporting form. Hospitals in other provinces complete a 28-page document which is returned to Statistics Canada via the provincial ministries of health.</p> <p>Forms are mailed to the provinces which in turn send them to the hospitals. This takes place in mid-March. By the end of June, the first complete reports are returned to Statistics Canada. It can take up to 24 months to receive all the data. Provinces have the option of returning the reporting forms to Statistics Canada or sending the data on magnetic tape.</p>
Collection period	April to March

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Item	Description
Overview of processing system	<p>Included under the jurisdiction of the <i>Statistics Act</i> in 1918, the survey of Health Care Facilities—Hospitals encompasses all facilities in Canada licensed to operate as hospitals. These facilities are licensed by provincial ministries of health and federal government departments. The survey was made annual in 1932.</p> <p>Statistics Canada designs the forms and processes and disseminates the data and updates and maintains the program.</p> <p>The data collection, data capture, editing of the information and finally the release of the data, cover a two-year period.</p> <p>All financial data reported by public hospitals undergo a professional audit.</p> <p>Private and federal hospitals are not required to report financial information on this survey. The only data available for these hospitals are on beds and hospital utilization.</p>
Cleaning operations (edit and imputation)	<p>Once captured, data undergo a series of extensive edits and queries are generated when values fall outside a specified range. Queries are handled by contacting the facility or provincial contact.</p>
Weighting procedures	<p>N/A</p>

Annual Hospitals

Item	Description
Standard classifications used for coding the micro-data	Standard Geographical Classification (SGC).
Coding documentation used	Standard Geographical Classification (SGC), is used to promote data reliability and consistency. The reporting form was last revised in 1976 with the introduction of a supplement to the Canadian Hospital Accounting Manual and the identification of new user requirements.

Annual Hospitals Component

Item	Description
Response rate	The Annual Hospital reporting form was the document accepted by the federal and provincial governments for hospital insurance purposes and thus ensured completeness of response. Response to this survey has always been very high, over 85% for most years usually representing 95% of the beds.
Response rate unit	Hospitals.
Response rate weighting	Unweighted.
Estimation procedures	N/A
Sampling errors	N/A
Coverage errors	<p>No attempt is made to adjust the data to account for hospitals not responding to the survey or for item non-response.</p> <p>In order to indicate more precisely what the data represent, the number of hospitals reporting the particular variables being tabulated are incorporated into the tables.</p>
Non-response errors	Hospital data are used by other Statistics Canada divisions and government departments such as Input-Output Division, Labour Division and Health Canada. Many of these departments will use their own calculations to adjust for non-response so care should be taken if comparing their final output with reported data.
Response errors	N/A
Processing errors	Processing errors are usually discovered and queried when editing the data.
Other non-sampling errors	N/A
Suppression and other confidentiality restrictions	Occurrences of less than three in a table are suppressed. Information about individual hospitals is not released.
Coefficients of variations	N/A

Residential Care Facilities

Overview of the residential care facilities survey

The collection of data on residential care facilities began with an inventory in 1974 using an address list from Health Canada based on facilities receiving benefits from the Canada Assistance Plan (CAP). Statistics Canada has expanded this inventory. The target universe now includes all residential care facilities in Canada. Provinces and territories are annually requested to update the inventory of residential care facilities.

The term "residential care facilities" refers to facilities which are approved, funded or licensed by provincial/territorial departments of health and/or social services. Among the facilities included are homes for the aged (including nursing homes), persons with physical disabilities, persons who are developmentally delayed, persons with psychiatric disabilities, persons with alcohol and drug problems, emotionally disturbed children, transients, young offenders and others.

Generally, only facilities which have four beds or more are surveyed. The exception is some composite reporting, where a head office reports on all of its residential care facilities, some of which may have fewer than four beds.

Some of these facilities (homes for the aged, most facilities for the physically disabled, developmentally delayed and psychiatrically disabled) are maintained for chronically ill or disabled people who reside there more or less permanently. This is in contrast to, for example, a hospital where patients are accommodated on the basis of medical need and are provided with continuing medical care and supporting diagnostic and therapeutic services. Generally, residential care facilities provide a level of care that is below that found in hospitals, although there is some overlap. Some psychiatric hospitals are included in the inventory of residential care facilities. The remainder are included in the inventory of hospitals and complete the Annual Return of Health Care Facilities—Hospitals.

The other categories of residential care facilities (for emotionally disturbed children, persons with alcohol and drug problems, delinquents, transients and others) provide shelter for a shorter period of time, often combined with a program of service.

Residential Care Facilities

**Data years
available**

Data are not available for the years 1994–95 and 1995–96. Responsibility for the collection of the Residential Care Facilities survey was transferred from Statistics Canada to the Canadian Institute for Health Information beginning with the 1994–95 data year. Poor response from the facilities resulted in the transfer of the responsibility for the survey back to Statistics Canada beginning with the 1996–97 data year.

Data are available for 1975 through 1993–94 and for the 1996–97 data year (the latest year available).

Residential Care Facilities

The following table provides the information elements and descriptions of the items included in the residential care facilities component of the *Health Indicators* database.

Item	Description
Statistical activity or survey name	Residential Care Facilities
Characteristic	This is a survey that collects information concerning residential care facilities in Canada that began in 1975.
Purpose	<p>Institutional statistics are an essential requirement of several federal departments as well as of the various provincial and territorial departments of health and social services. The data are used for the administrative evaluation and planning of provincial and federal programs as well as satisfying many of the needs of administrators, researchers and large special interest groups in the community.</p> <p>Within Statistics Canada, financial data from the survey are provided to the System of National Accounts, Labour Division for economic analysis. Hospital statistics constitute part of the essential requirements of several federal departments as well as the various provincial departments of health and welfare.</p>
Name of sponsors	N/A
Clients	<p>The major clients for annual hospital statistics are:</p> <ul style="list-style-type: none"> • System of National Accounts • Health Canada • provincial health departments • statistical departments • Economic Council • employment and labour departments • research organizations • Demography Division of Statistics Canada

Residential Care Facilities

Item	Description
Type of statistical activity	This is a combination survey of self-completed mail-out/mail-back questionnaire and administrative data.
Type of survey	This is a cross-sectional survey.
Reference period	Fiscal year.
Frequency of the survey	The data are collected and submitted to Statistics Canada on an annual basis.
Target population	The target universe is all public, private and federal residential care facilities operating in the ten provinces and two territories.
Population size	All Canadian residential care facilities.
Statistical unit	Establishments and individuals.
Sample size	N/A
Geographic coverage	All Canadian provinces and territories are included.
Coverage—Standard classification	Standard Geographical Code (SGC), census division, census sub-division.
Coding documentation used	"Instructions and Definitions for the Annual Return of Residential Care Facilities" describe the data definitions and are mailed out annually to facilities with the survey forms.

Residential Care Facilities

Item	Description
Main topics and variables	<p>The main topics include: income and expenditures, utilization, resident characteristics, type of facility and ownership, personnel and level of care.</p> <p>The following variables are reported by all jurisdictions:</p> <ul style="list-style-type: none"> • type of residential care facility • ownership of the residential care facility • days of care by responsibility for payment • type of care • level of care • the number of beds • number and type of personnel • number of residents • admissions • separations • movement of residents • age and sex of residents • characteristics of residents • operating income by source • operating expenses

Residential Care Facilities

There are two survey forms: long and short. The short form is a subset of the long form. The following definitions cover the data collected on the long survey form. The descriptions of the long and short forms are included under the Data Collection Methods.

Item	Definition
Ownership	The person, group of persons, agency or corporate body that is the registered owner according to the deed as defined below.
• Proprietary	A facility owned by an individual. This also applies to private organizations and/or corporations operating for a profit.
• Religious	A facility owned and operated by a religious organization on a non-profit basis.
• Lay	A facility owned and operated by a voluntary lay body on a non-profit basis. This category excludes facilities maintained by industrial or commercial corporations (<i>see proprietary</i>).
• Municipal	A facility owned and operated by a city, county, municipality or other municipal government, or another body which is empowered to levy taxes or to otherwise operate like a municipality.
• Provincial or territorial	A facility owned by a branch, division, agency or department of a provincial or territorial government.
• Federal	A facility operated by a department or agency of the Government of Canada, such as Veterans' Affairs, Health Canada or National Defence.
• Other	A facility that does not fit into any of the categories described above.
Beds—Approved complement	The number of beds licensed or approved by provincial or municipal authorities.
Beds—Staffed and in operation	The number of beds available for use. They include those occupied and any vacant beds to which residents could be admitted immediately. This amount does not have to agree with the approved complement.

Residential Care Facilities

Item	Definition
Total days of care during reporting period by responsibility for payment	A <i>day of care</i> is the period of service to a resident between the census taking hours on two successive days. The total days of care are the number of days of care in the reporting period or year. A facility of four beds and 100% occupancy would report total days of care as (4 x 365) 1,460. A facility of four beds in which one bed was not occupied for 31 days during the year would report total days of care as 1,429. This could be calculated as (4 x 365)-31 or counting each day that each bed was occupied (1 x 365)+(1 x 365)+(1 x 365)+(1 x 334). If unable to provide a breakdown, facilities report days under major funding agency.
Movement of residents	See definitions of movement of residents below.
<ul style="list-style-type: none"> • In facility as of April 1 	The number of residents who were assigned a bed as at 00:01, April 1. Included is any resident who was temporarily absent from the facility on this date, for example, those visiting relatives, or residents transferred to other institutions such as a hospital, but not formally discharged from facility.
<ul style="list-style-type: none"> • Admission 	The official acceptance of a resident into the facility. Reception involves the allocation of a bed to a resident. An admission is registered each time a person is formally admitted.
<ul style="list-style-type: none"> • Total under care 	The total of those on the books April 1 plus all admissions during the year.
<ul style="list-style-type: none"> • Discharge 	The official departure from the facility of a live resident.
<ul style="list-style-type: none"> • Death 	The cessation of life of a resident after admission and before discharge.
<ul style="list-style-type: none"> • Total separations 	The total of discharges and deaths.
<ul style="list-style-type: none"> • In facility as of March 31 	The number of residents registered in the facility at 24:00 hours, March 31 including residents temporarily out of the facility but not formally discharged.
Age and sex of residents	Each resident is to be counted only once and assigned to the appropriate age and sex grouping.

Residential Care Facilities

Item	Definition
Types of care	The level of care required by the resident as outlined below.
<ul style="list-style-type: none"> • Room and board 	Those residents paying only for a room. No services or care are received.
<ul style="list-style-type: none"> • Room and board with guidance counselling 	Minimum amount of care possible in a facility—usually basic counselling and assistance with social problems. Most children's and alcohol and drug facilities will fall in this category.
<ul style="list-style-type: none"> • Room and board with custodial care 	Minor supervision required.
<ul style="list-style-type: none"> • Type I care 	Care required by a person who is ambulant and/or independently mobile, who has decreased physical and/or mental faculties, and who requires primarily supervision and/or assistance with activities of daily living and provision for meeting psycho-social needs through social and recreational services. The period of time during which care is required is indeterminate and related to the individual condition but is less than 90 minutes in a 24-hour day.
<ul style="list-style-type: none"> • Type II care 	Care required by a person with a relatively stabilized (physical or mental) chronic disease or functional disability, who, having reached the apparent limit of his recovery, is not likely to change in the near future. The person has relatively little need for the diagnostic and therapeutic services of a hospital but requires personal care for 1 1/2 to 2 1/2 hours in a 24-hour day. Medical and professional nursing supervision and provision for meeting psycho-social needs are present.
<ul style="list-style-type: none"> • Type III care 	Care required by a person who is chronically ill and/or has a functional disability (physical or mental) and whose acute phase of illness is over. Vital processes may or may not be stable, and potential for rehabilitation may be limited. A range of therapeutic services, medical management and skilled nursing care plus provision for meeting psycho-social needs are necessary. A minimum of 2 1/2 hours of individual therapeutic and/or medical care is required in a 24-hour day.

Residential Care Facilities

Item	Definition
<ul style="list-style-type: none"> • Higher type care 	Substantially more nursing and/or medical care than described above. It is assumed there would be very few residents who would be receiving care of this type. Care above Type III is usually provided in a hospital setting.
Principal characteristics of residents	Principal characteristics of the residents are listed below.
<ul style="list-style-type: none"> • Aged 	Residents are in the facility mainly because of old age (65+). They may have some other disabilities associated with aging.
<ul style="list-style-type: none"> • Physically disabled 	Residents are in a facility primarily because of bodily dysfunctions (for example, blindness, deafness, loss of limbs, quadriplegia, paralysis).
<ul style="list-style-type: none"> • Developmentally delayed 	Residents who are limited in intellectual or emotional development or academic progress.
<ul style="list-style-type: none"> • Psychiatrically disabled 	Includes ex-psychiatric patients, individuals with chronic mental illness or those convalescing from mental illness.
<ul style="list-style-type: none"> • Emotionally disturbed children 	Children with behaviour disorders who require specialized treatment.
<ul style="list-style-type: none"> • Alcohol/drug users 	Residents who require treatment for problems with alcohol or drug addiction.
<ul style="list-style-type: none"> • Young offenders 	Young persons whose conduct is out of accord with accepted behaviour under the law. The emphasis is placed on social maladjustment rather than criminal intent.
<ul style="list-style-type: none"> • Transients 	Persons requiring short-term respite who are without a home due to an emergency or a continuing situation.
<ul style="list-style-type: none"> • Others 	Includes residents who do not fit in any of the other categories, such as unmarried mothers, battered women and their children or children requiring shelter who do not fit in any of the other categories.

Residential Care Facilities

Item	Definition
Personnel	Types of personnel are defined below.
<ul style="list-style-type: none"> • Persons employed as of March 31 	<p>Persons on the payroll of the facility as of March 31.</p> <p>Voluntary workers are excluded. Persons paid on a fee for services basis (for example, doctors or dentists on call) are also excluded.</p> <p>The owner/operator of a small facility may be the only person working full time. In this case he/she is recorded under "other care staff not included above" and the hours of the individual should be split to reflect the approximate time spent in direct care services and general services.</p> <p>When a person on the staff fills more than one position, that individual is recorded only once under the category of employment in which he/she spends the major portion of his/her time.</p>
<ul style="list-style-type: none"> • Full time 	Persons employed on a full-time basis; they are regularly employed throughout the facility's full workweek.
<ul style="list-style-type: none"> • Part time 	Persons employed on a part time basis; they are regularly employed on selected days or partial days in the facility's workweek.
<ul style="list-style-type: none"> • Casual employees 	Persons employed on a non-continuing or irregular basis. Those who temporarily relieve regular employees on vacation or sick leave or office overload, or those who are hired temporarily for such jobs as snow removal, are not included in the personnel totals.
Personnel paid hours	Total accumulated paid hours during reporting period which include total paid hours for all full-time, part-time and casual employees who have had salaries or wages paid to them by the facility. Hours covering paid holiday time and other paid leave are to be included for all categories of personnel.

Residential Care Facilities

Item	Definition
Direct care to residents	All personnel whose time is spent mainly with the residents, giving assistance, nursing care, guidance or any other forms of help.
<ul style="list-style-type: none"> • Registered nurse 	A person who has graduated from a recognized formal nursing educational program and has qualified to practise nursing as a registered nurse according to appropriate provincial legislation.
<ul style="list-style-type: none"> • Registered qualified nursing assistant—licensed practical nurses 	Persons authorized to function as nursing assistants according to appropriate provincial legislation
<ul style="list-style-type: none"> • Physiotherapists 	Persons qualified to practise by meeting the requirements of the Canadian Physiotherapy Association or equivalent standards and who maintain and improve the functional capacity of a resident through procedures including exercise, massage and manipulation.
<ul style="list-style-type: none"> • Occupational therapists 	Persons qualified to practise by meeting the requirements of the Canadian Association of Occupational Therapists and is responsible for maintaining and improving the functional capacity of the resident through the practice of activities of daily living and the development of vocational and manual skills.
<ul style="list-style-type: none"> • Other therapists 	These would include speech therapists, behaviour therapists, group therapists, etc.
<ul style="list-style-type: none"> • Activity and recreation staff 	Staff involved in setting up or maintaining a program of social activities, recreation, or hobbies for the residents.
<ul style="list-style-type: none"> • Other care staff 	Staff such as nursing aides, health care aides, counsellors, child care workers, orderlies, social workers, etc.

Residential Care Facilities

Item	Definition
General services	All other personnel of the facility who provide indirect services and are not shown in direct care to residents.
<ul style="list-style-type: none"> • Administration 	Person(s) providing administrative direction and also carrying out such functions as admitting, personnel and payroll, accounting, purchasing, switchboard, public relations, etc.
<ul style="list-style-type: none"> • Dietary 	Person(s) involved in the requisitioning, storage, preparation and distribution of food to meet the normal and therapeutic nutritional needs of residents and for other food services provided by the facility. This will include the operation of a cafeteria.
<ul style="list-style-type: none"> • Housekeeping, laundry 	Person(s) involved in maintaining a sanitary environment, processing soiled linen, and receiving, repairing, storing, distributing, controlling and supplying clean linen and wearing apparel as required for residents and staff of the facility.
<ul style="list-style-type: none"> • Plant operation, maintenance and security 	Person(s) involved in the provision, distribution and monitoring of water, light, heat, power and other building service systems throughout the physical plant, and in the protection of property, persons and residents, and responsible for the servicing and repairing of the physical plant. This includes services of a janitor.
<ul style="list-style-type: none"> • Other general services personnel 	Other general services personnel and hours not provided for above. Included are outreach workers employed by the facility but providing services outside of the facility in the community.
Costs by types of services	Costs by the types of services are defined below.
<ul style="list-style-type: none"> • Expenses 	The total cost of operating and maintaining the facility for the twelve months ending March 31. Capital costs are excluded.
<ul style="list-style-type: none"> • Direct care to residents 	Includes the cost of direct care to residents, drugs, medical and surgical supplies, and other supplies.

Residential Care Facilities

Item	Definition
<ul style="list-style-type: none"> • General services 	<p>Expenses relating to administration (including employee benefits), dietary, housekeeping and laundry, plant operation (including utilities, maintenance and security and all other costs of indirect services which cannot be allocated to direct care of residents).</p> <p>Where the facility has arranged for any service, for example, dietary, to be provided by an independent, outside company as a "purchased service." The total costs for such services should be given including salaries and wages.</p>
<p>Other</p>	<p>This section includes:</p> <ul style="list-style-type: none"> • any interest on loans, notes, mortgages, etc; • business taxes, land and realty taxes, etc. • overhead charged to the facility for head office management, • depreciation for the 12-month period for buildings, furniture and equipment, land improvements, automobiles, etc. • rent or leased costs of building and/or equipment, insurance premiums, licences and fees paid to government or other regulatory bodies, etc.
<p>Income</p>	<p>The total income of the facility for the 12 months ending March 31. Because the usual basis of income is the charging of a set rate for accommodation, this will represent the majority of the income</p>

Residential Care Facilities

Item	Definition
Source of earnings for accommodation	Listed below are the sources of earnings for accommodati
<ul style="list-style-type: none"> • Provincial health insurance plan 	Where provincial health insurance provides coverage for standard ward accommodation for an eligible resident, the income earned from such a plan, for example, Ministry or Department of Health or long-term care.
<ul style="list-style-type: none"> • Provincial social services plan 	All amounts earned from provincial government social service programs or departments, for example, Department of Social Services, De artment of Social Services and Community Health (Alberta), Ministry o Community and Social Services, (Ontario), Community Services and Corrections (Manitoba), etc.
<ul style="list-style-type: none"> • Other provincial department or ministry 	Amounts earned from a provincial department or agency other than Health or Social Services for example, crown agencies such as alcohol/drug commissions.
<ul style="list-style-type: none"> • Municipalities, regional or district administrations 	All amounts earned from municipalities, regional or district administrations on behalf of residents.
<ul style="list-style-type: none"> • All other 	Amounts for accommodation earned from sources such as federal government agencies, Department of Veterans' Affairs, Worker's Compensation, etc. Also included are any grants or donations received by the facility.
<ul style="list-style-type: none"> • Residents co-insurance or self-pay 	All amounts to be paid by residents personally or by private insurance companies as their share of the standard ward rate.

Residential Care Facilities

Item	Definition
<ul style="list-style-type: none"> • Differential-preferred accommodation 	<p>All amounts earned from persons occupying semi-private and private rooms for which an additional charge over and above standard ward rate is charged.</p>
<ul style="list-style-type: none"> • Sundry earnings 	<p>All other earnings not attributable to basic accommodation. Where applicable, this would include such items as: physical therapy, special duty nursing, hairdressing or barber services, laundry, dry cleaning, employee or guest meals, vending machines, telephone, day care, sale of crafts, etc.</p>
<p>Principal characteristics of residents</p>	<p>Residents are classified into one of nine principal characteristic categories. The category of a facility is the principal characteristic of the predominant group that comprises the largest number of residents in the facility.</p> <ul style="list-style-type: none"> • aged residents who require care principally because of the aging process • physically handicapped and/or disabled, including blind and deaf • psychiatrically disabled • developmentally delayed • emotionally disturbed children • alcohol/drug addiction • young offenders • transients • other (such as unwed mothers and children who do not fall in any other category)

Residential Care Facilities

Item	Description
Survey frame	Residential care facilities
Collection methods	<p>Generally, only facilities which have four beds or more are surveyed. The exception is some composite reporting, where a head office reports on all of its residential care facilities, some of which may have fewer than four beds.</p> <p>Facilities providing self sufficient, minimal or Type I care with 10 beds or less receive an abbreviated form. These facilities represent 50% of the universe. These facilities report totals for personnel (direct care services and general services) and expenses (direct care services, general services and other expenses).</p> <p>The remainder of facilities—those providing Type II care or higher and ten beds or more— receive the standard form. These facilities report totals and detailed breakdown for personnel (direct care services and general services) and expenses (direct care services, general services and other expenses).</p> <p>The forms are mailed out annually in April. At the end of May, thank-you/reminder cards are sent to facilities from which a survey form has not been received. During the summer, calls are made to the facilities that have not returned a form. Again in the fall, telephone calls are made to those facilities who have not returned a form. At this point, an attempt is made to complete the form over the telephone. There are written instructions outlining the procedures for telephone reminder and form completion.</p>

Residential Care Facilities

Item	Description
Collection methods	<p>Quebec collects data from facilities for its own information and provides Statistics Canada with the data on tape. Alberta provides information on nursing homes on tape. The tapes are reformatted and loaded so that the data appears in the same format as the survey forms and is subjected to the same editing as the survey forms received directly from facilities. Starting in 1990-91, the auxiliary hospitals in Alberta, which previously reported in the Annual Hospital Survey were included in the Residential Care Facilities survey.</p> <p>About 80% of the data are received through annual returns completed by individual facilities. The provinces of Quebec and Alberta send data directly to Statistics Canada. The data from Alberta are from nursing homes and auxiliary hospitals only (which make up about one-third of residential care facilities in Alberta on the Statistics Canada inventory); the remainder of the residential care facilities in the province are surveyed directly.</p>
Collection period	April to March.
Overview of processing system	N/A

Residential Care Facilities

Item	Description
<p>Cleaning operations (edit and imputation)</p>	<p>Survey forms are edited in groups by province, principal characteristic and the number of beds in the facility to ensure consistency in reporting. Each form is compared section-by-section to previous years' reports from the facility. Significant changes such as an increase or decrease of 20% with no change in the number of beds are referred to the supervisor. If there is no indication that there has been a change in funding in the province, the supervisor arranges for a follow-up call to the facility. If a financial statement is included with the survey return, an effort is made to use the information in the editing.</p> <p>The Alberta and Quebec data on tape are reformatted into individual files which are then submitted to the same manual editing procedures as the survey forms.</p> <p>There are a number of on-line edits, most relating to an acceptable range for the cell and/or its relationship to data in another cell. Columns are automatically summed so that they can be compared with the total provided by the facility. Consistency checks are also built in to the process.</p> <p>A query is produced when a value falls outside the range specified in the edits. The supervisor handles queries by contacting the facility, or provincial contact.</p> <p>Once the editing is completed the data are produced in 32 standard tables by principal characteristic and type of care. These tables are manually compared with the previous year's tables.</p>
<p>Weighting procedures</p>	<p>N/A</p>
<p>Standard classifications used for coding the micro-data</p>	<p>Standard Geographical Classification (SGC).</p>

Residential Care Facilities

Item	Description
Coding documentation used	Standard Geographical Classification (SGC).

Residential Care Facilities Component

Item	Description
Response rate	Completion of the survey is a legal requirement under the <i>Statistics Act</i> . The response to the survey is about 80% of the facilities, containing 82% of the beds in the universe.
Response rate unit	Residential care facilities
Response rate weighting	Unweighted.
Estimation procedures	N/A
Sampling errors	N/A
Coverage errors	No attempt is made to adjust the data to account for facilities not responding to the survey or for item non-response for those facilities which did report.
Non-response errors	Since no weighting of the data is done to account for non-response, caution must be used in interpreting the data.
Response errors	N/A
Processing errors	Processing errors are usually discovered and queried during the editing of the data.
Other non-sampling errors	N/A
Suppression and other confidentiality restrictions	Occurrences of less than three in a table are suppressed. Information about individual hospitals is not released.
Coefficients of variations	N/A

Hospital Morbidity/Surgical Procedures

Overview of the hospital morbidity/surgical procedures database

The Royal Commission on Health Services (the Hall Commission of 1961) recommended that the then Dominion Bureau of Statistics (Statistics Canada) collect and publish national hospital morbidity statistics including in-patient procedures. These were first published in 1964 for the data year 1960. These statistics have been published for every year since 1960 except for 1963 and 1965.

The data consist of a count of in-patient cases, separated during the data year from general and allied special hospitals in Canada. Separations involving surgery or treatment are included in the database.

The basic source of in-patient hospital morbidity information is the admission/separation form completed by general and allied hospitals. Beginning with the data year 1994-95, the Canadian Institute for Health Information (CIHI) assumed the responsibility for the collection of the Hospital Morbidity/Surgical Procedures and for the production and custody of the clean data files. Prior to the 1994-95 data year, Statistics Canada was responsible for the survey.

All provinces co-operate in forwarding computer tapes to CIHI, containing patient medico-demographic information, such as age, sex, diagnosis, surgical operations, external causes of injuries and poisonings (E-codes), length of stay, etc. The information published is the only national source of the hospital experience of the Canadian population in terms of diseases and surgical procedures.

The data do not contain cases treated as out-patients or patients in mental hospitals.

CIHI provides Statistics Canada with a clean file for data analysis.

Hospital Morbidity/Surgical Procedures

The following table provides the information elements and descriptions of the items included in the hospital morbidity and surgical procedures component of the *Health Indicators* database.

Item	Description
Statistical activity or survey name	Hospital Morbidity/Surgical Procedures Survey.
Characteristic	<p>This is an administrative survey that collects information from all provincial general and allied hospitals on patients who have been separated from hospitals in Canada by discharge, transfer or death.</p> <p>The data consist of a count of in-patient cases separated during the data year from general and allied special hospitals in Canada, excluding Yukon and Northwest Territories. The data do not contain cases treated as out-patients or as patients in mental hospitals.</p> <p>The source of these data is the admission/separation form, which records one continuous stay in hospital for each patient. At the end of each stay the patient is separated as a discharge or death, or is transferred to another institution. Because a patient may be admitted to, and discharged from, a hospital several times during the year, the statistics are a count of cases rather than of unique persons or patients.</p> <p>The statistics provide a count of cases separated from hospital by primary diagnoses. A full count of other diagnoses on the cases separated may be extracted from the computer file. Information relating to surgery and treatment is included in the database.</p>

Hospital Morbidity/Surgical Procedures

Item	Description
Purpose	<p>The Hospital Morbidity survey was developed to provide statistics on national morbidity and presents a profile of the Canadian population in terms of diseases and surgical procedures for those treated on an in-patient basis.</p> <p>In Canada, the primary use of the data is statistical, projections, demographi trend analyses, surgical procedure surveillance and epidemiological research. The data are used extensively by the research community and other health professionals.</p> <p>Data are collected for a variety of purposes within each province, such as to monitor trends or to use in research studies aimed at improving treatment methods or identifying risk factors for disease.</p>
Name of sponsors	N/A
Clients	<p>The major clients for hospital morbidity data are:</p> <ul style="list-style-type: none"> • Health Canada • provincial health departments • statistical departments • research organizations • universities • professional associations • media • public
Type of statistical activity	This is an administrative survey.
Type of survey	This is a cross-sectional survey.

Hospital Morbidity/Surgical Procedures

Item	Description
Reference period	The reference period is the fiscal year. The survey started in 1960.
Population size	Approximately 4,000,000 per year.
Statistical units	Hospital patient separations—discharges and deaths from hospitals.
Sample size	N/A
Frequency of the survey	The data are collected continuously but are submitted to Statistics Canada on an annual basis.
Target population	All in-patients by province of hospitalization.
Geographic coverage	All provinces are included—the Northwest Territories since 1993–94, and the Yukon since 1994–95.
Coverage—Standard classification	Standard Geographical Code (SGC), census division, census sub-division.

Hospital Morbidity/Surgical Procedures

Item	Description
Coding documentation used	<p>Statistics Canada provides provinces with manuals, such as the Standard Geographical Classification (SGC), to promote data reliability and consistency.</p> <p>For the 1979–80 fiscal year and subsequent years, diagnosis is coded according to the International Classification of Diseases, 9th Revision (ICD-9) produced by the World Health Organization.</p> <p>Surgical procedures and treatments are coded according to the Canadian Classification of Diagnostic, Therapeutic and Surgical Procedures (CCP). The CCP, originally produced by Statistics Canada in 1978 to meet Canadian needs for a procedural classification to be used in conjunction with the ICD-9, includes a tabular list divided into 18 chapters of categories and subcategories, and an alphabetical index</p>

Hospital Morbidity/Surgical Procedures

Item	Description
Main topics and variables	<p>The main topics are hospital morbidity/surgical procedures statistics:</p> <ul style="list-style-type: none"> • hospitalization, by cause, International Classification of Diseases, 9th Revision (ICD-9) codes • hospital total separations, and separations involving surgical, diagnostic and therapeutic procedures • E-codes, days of hospital care and average length of stay • hospital separations and average days per separation, by ICD-9 codes and, by the Canadian Diagnostic List (CDL) • hospital separations and average days per separation for operations and treatments, by Canadian Classification of Procedures (CCP) and the corresponding Canadian Procedure Short List • hospital utilization, trends in major indicators • leading causes of hospitalization, by ICD-9 chapter, by separations and by days of care <p>The variables provided for each separation are:</p> <ul style="list-style-type: none"> • primary diagnosis • secondary and associated diagnosis up to 16 diagnosis • primary surgery/procedure • secondary and associated surgeries up to 10 surgeries • age • sex • days stay, plus admission/separation dates • discharge condition • residence • accident code and location (up to five accident codes) • morphology codes (up to three codes)

Hospital Morbidity/Surgical Procedures

Item	Definition
Hospital	An institution which is operated for the medical, surgical and obstetrical care of in-patients, and which is licensed or approved as a hospital by federal, provincial or municipal governments, the latter being duly authorized under the laws of the province.
Separation	The discharge or death of an in-patient. The frequency counts show individual cases separated, not persons separated.
Surgical procedure	The procedures are based on the principal procedure. In most provinces this refers to the procedure considered the most significant during the patient's hospital stay.
Population	For all provinces, Statistics Canada census and post-censal population estimates are used in calculating rates.
Per 100,000	The number of separations or days of care expressed as a rate per 100,000 population in each age group, total and province.
Adults and children	All in-patients except newborns.
Newborn	An infant in-patient born alive in the hospital or post natal newborn, born outside the hospital and admitted with mother for maternal care. Newborns are not included in these tables.
Diagnoses	The diagnoses in these tables are according to 211 categories of the Canadian Diagnostic List. The diagnoses selected for the published tables are based on the primary diagnoses. In the provinces this refers to the diagnosis which describes the most significant condition of a patient which causes his stay in hospital or the diagnosis which consumes the greatest amount of medical resources.
Province	The province of hospitalization of the in-patient.
Age	Age of the patient in completed years at the time of separation.

Hospital Morbidity/Surgical Procedures

Item	Definition
Adjusted population estimates	<p>In 1993, Statistics Canada introduced new population estimates. They differ from the previous ones by:</p> <ul style="list-style-type: none"> • including adjustments for net census undercoverage • including estimates for non-permanent residents • establishing the reference date for the annual estimates at October 1 <p>These adjusted population estimates are used as denominators in the calculation of all the rates presented.</p>
Net census undercoverage	<p>Net census undercoverage is the difference between census undercoverage and census overcoverage. The former refers to persons not enumerated in the census but who were part of the census universe, the latter to persons either enumerated more than once or enumerated but not part of the census universe.</p>
Non-permanent residents	<p>Non-permanent residents are persons:</p> <ul style="list-style-type: none"> • claiming refugee status • holding a student authorization • holding an employment authorization • holding a minister's permit • all non-Canadian-born dependants of the above individuals
Data affected by population adjustments	<p>The new population estimates series for provinces and territories comprises annual population estimates by single year of age, sex and marital status going back to 1971. For census divisions and census metropolitan areas, annual estimates by age group and sex are available as of 1986.</p> <p>Note that the adjustments to the census data are provided only by Statistics Canada's population estimation program. Census data are not adjusted. Thus, two types of population counts are available for census years: adjusted population estimates as of October 1 and unadjusted census counts as of the census reference date.</p>

Hospital Morbidity/Surgical Procedures

Item	Description
Impact of adjustments	The impact of the adjustment varies by year, province and territory, and demographic characteristic. In 1991 for instance, these adjustments altogether added about one million individuals to the postcensal estimates based on the 1986 census. The increase in the estimate for young adult males is higher than for other age-sex categories. Therefore, rates involving this group will be affected more than others. In general, the rates decrease with adjustment, but the underlying trends remain valid.
Health Statistics Division policy on the population estimates	The Health Statistics Division uses the adjusted population estimates for its standard data products and publications.

Hospital Morbidity/Surgical Procedures

Item	Description
Survey frame or frame sources	The data are based on the separation forms completed by the hospital and record one continuous stay in hospital for each patient. At the end of each hospital stay, the patient is separated by either discharge or death.
Collection methods	<p>100% extraction from administrative files.</p> <p>Separation forms are completed by the staff of the medical records department of the hospital and sent to their respective provincial Ministry of Health.</p> <p>The information is captured on a computer file and a copy of this file is subsequently sent to CIHI by the provincial Ministries of Health. The statistics are from institutions which are, acute care, convalescence and chronic hospitals, and represent the province in which the patient was treated, which in about 2% of cases is not the province of the patient's residence.</p> <p>The data consist of a count of in-patient cases separated during the data year from general and allied special hospitals in Canada, (excluding Yukon and Northwest Territories until the 1994-95 data year at which time they began to report). The data do not contain cases treated as out-patients or as patients in mental hospitals.</p> <p>The statistics published provide a count of cases separated from hospital by primary diagnoses. A full count of other diagnoses on the cases separated may be extracted from the computer file.</p>
Collection period	Continuous, April to March

Hospital Morbidity/Surgical Procedures

Item	Description
<p>Overview of processing system</p>	<p>Each of the provincial hospital insurance commissions sends computer tapes containing records of the hospital separations of their respective populations to CIHI on an annual basis.</p> <p>The data are on a fiscal year basis. The content and format of these records vary by province and by year.</p> <p>In order to process the data, CIHI prepares a standard record and a set of standard codes for the most common elements of the data including age, sex, diagnosis, therapeutic and surgical procedures, length of stay, residence and hospital identification. The records are then submitted to a two-phase quality editing system.</p>
<p>Cleaning operations (edit and imputation)</p>	<p>All separation records received from the provinces are edited at CIHI. The edit consists of a validity edit and a correlation edit.</p> <p>The validity edit checks that the necessary data elements are present, are consistent and are not duplicated. It also eliminates extraneous elements such as out-patient cases when these are present.</p> <p>The correlation edit, called the Medical Edit, checks that reported diagnoses and procedures are reasonably consistent with reported age and sex. A total of 74 automatic edits are built into this phase of the processing system. In addition to the automatic computer edits there are a series of manual checks to ensure that diagnostic and surgical information are both internally compatible and consistent with age and sex.</p> <p>Missing items are imputed according to a module based on past experience with the data.</p> <p>The provincial data files are edited separately. After all the provincial files are checked, they are merged into a single data set which is used to generate the tabulations for publication.</p>

Hospital Morbidity/Surgical Procedures

Item	Description
Weighting procedures	N/A
Standard classifications used for coding the micro-data	<p>Standard Geographical Classification (SGC).</p> <p>Canadian Classification of Diagnostic, Therapeutic and Surgical Procedures (CCP).</p> <p>International Classification of Diseases, 9th Revision (ICD-9).</p>
Coding documentation used	<p>The International Classification of Diseases, 9th Revision (ICD-9) which came into effect in Canada in 1979 is used for coding diagnosis. Data are published using the Canadian Diagnostic List which is an abridged list grouping ICD-9 three-digit codes.</p> <p>For the 1979-80 fiscal year and subsequent years, procedures are coded according to the Canadian Classification of Diagnostic, Therapeutic and Surgical Procedures (CCP and published on the Surgical Short List—an abridged list—grouping the CCP codes.</p> <p>More detailed codes for the ICD-9 and CCP, and conversion tables for previous versions of the ICD and International Classification of Disease Adapted, 8th Revision (ICDA-8) operations codes are available from the Health Statistics Division, Statistics Canada.</p> <p>The Standard Geographical Classification (SGC) is used for geographical classification.</p>

Hospital Morbidity/Surgical Procedures

Item	Description
Response rate	100%
Response rate unit	Hospital separations.
Response rate weighting	Unweighted.
Estimation procedures	N/A
Sampling errors	N/A
Coverage errors	<p>The data refer to separations or cases and not to persons. One individual could be admitted to, and discharged from, a hospital several times during the year; the statistics are a count of cases rather than of unique persons or patients.</p> <p>The data do not contain cases treated as out-patients, in day surgery or as patients in mental hospitals. However, they do contain patients treated in psychiatric units of general and allied special hospitals.</p> <p>The data cannot be used as a measure of period prevalence because the number of cases separated during the year may be both undercounted and overcounted. The number of cases separated may be undercounted because, under the terms of diagnosis-linked separation, a more serious diagnosis may override a less serious one. The number of cases separated may be overcounted by multiple separations of the same patient for the same diagnosis during a year.</p> <p>The number of procedures may be undercounted because a less serious procedure, such as the procedure of separation, may be over-ridden by a more serious procedure. The counts cannot be used as an approximation of total occurrence of procedures because the number of procedures performed during a year may be undercounted.</p>

Hospital Morbidity/Surgical Procedures

Item	Description
Non-response errors	N/A
Response errors	N/A
Processing errors	All data are edited by computer to ensure validity of each field and to check on the compatibility of different data elements within a record.
Other non-sampling errors	N/A
Suppression and other confidentiality restrictions	Occurrences of less than three are suppressed when tables are run.
Preliminary estimates released	N/A
Coefficients of variations	N/A

National Population Health Survey (NPHS)

Overview of the National Population Health Survey database

In the fall of 1991, the National Health Information Council recommended that an ongoing national survey of population health be conducted. This recommendation was based on the economic and fiscal pressures on the health care system and the commensurate requirement for information with which to improve the health of the Canadian population. Existing sources of health data were unable to provide a complete picture of the health status of the population and the myriad of factors that have an impact on health.

Statistics Canada received funding for the development of a National Population Health Survey (NPHS) beginning in April 1992. The survey was designed to be flexible and to produce valid, reliable and timely data. Also, it was to respond to changing requirements, interests and policies.

The NPHS is designed to collect information related to the health of the Canadian population. The first cycle of data collection began in 1994, and continues every second year thereafter. The survey collects not only cross-sectional information, but also data from a panel of individuals at two-year intervals.

It is composed of three parts: the survey of households, the survey of institutions and the survey of the North.

The household component includes household residents in all provinces, with the principal exclusion of populations on Indian Reserves, Canadian Forces Bases and some remote areas in Quebec and Ontario. The institutional component includes long-term residents (expected to stay longer than six months) in health care facilities with four or more beds in all provinces with the principal exclusion of the Yukon and the Northwest Territories. The northern component includes household residents in both the Yukon and the Northwest Territories with the principal exclusion of populations on Indian Reserves, Canadian Forces Bases and some of the most northerly remote areas of the Territories.

Only the household component is relevant to *Health Indicators*; therefore, this documentation will not cover the institution or the northern components of NPHS.

National Population Health Survey (NPHS)

Overview of the National Population Health Survey database (continued)

In each household, some limited information was collected from all household members and one person, aged 12 years and over, in each household was randomly selected for a more in-depth interview. The questionnaire included sections on health status, use of health services, risk factors and demographic and socio-economic status.

The selected person in each household will be followed at two year intervals as part of the longitudinal component. Interviewing one respondent simplifies the longitudinal follow-up. Each time the respondent is re-surveyed, the same basic health-related information will also be collected from all members of the household in which he or she is then living.

A minimum of 1,200 households in each province was needed to ensure reliable estimates by sex and age groups. Some provinces chose to increase the sample size to increase the utility of the survey.

The NPHS has been conducted by Statistics Canada for two cycles, 1994-95 and 1996-97. The documentation for the two cycles will be presented separately.

The NPHS documentation in *Health Indicators* provides a basic overview the household survey. To facilitate the manipulation of the micro-data file of the survey results, an in-depth manual has been produced that provides detail for such things as the sampling design, data processing, sampling variability tables and weighting.

The NPHS Public Use Micro-data Documentation (Catalogue no. 82M0009GPE) is available from Health Statistics Division. Also available is the National Population Health Survey Overview for 1994-95 and 1996-97 (Catalogue no. 82-567-XPB).

National Population Health Survey (NPHS)

The following table provides the information elements and descriptions of the items included in the NPHS–Households 1994–95 component of the *Health Indicators* database.

Item	Description
Statistical activity or survey name	National Population Health Survey—Households, 1994–95
Characteristic	<p>The NPHS is designed to collect information related to the health of the Canadian population. The first cycle of data collection began in 1994, and takes place every two years thereafter. The survey will collect not only cross-sectional information, but also data from a panel of individuals at two-year intervals.</p> <p>It is composed of three parts: the survey of households, the survey of institutions and the survey of the North.</p> <p>The household component is an ongoing national population health survey of individuals residing in households in Canada. In each household, some limited information was collected about all household members (the general component) and one person, aged 12 years and over, was randomly selected for a more in-depth interview (the health component) and will be followed every two years as part of a panel.</p>

National Population Health Survey (NPHS)

Item	Description
Purpose	<p>The objectives of the NPHS are to:</p> <ul style="list-style-type: none">• aid in the development of public policy by providing measures of the level, trend and distribution of the health status of the population• provide data for analytic studies that will assist in understanding the determinants of health• collect data on the economic, social, demographic, occupational and environmental correlates of health• increase the understanding of the relationship between health status and health care utilization, including alternative as well as traditional services• provide information on a panel of people who will be followed over time to reflect the dynamic process of health and illness• provide the provinces and territories and other clients with a health survey capacity that will permit supplementation of content or sample <p>In Canada, the primary use of the data is statistical, such as in prevalence of disease and projections, demographic trend analyses and research. The data are used extensively by the research community and other health professionals.</p>

National Population Health Survey (NPHS)

Item	Description
Name of sponsors	N/A
Clients	The major clients for NPHS data are: <ul style="list-style-type: none"> • Health Canada • provincial, regional and local health departments • statistical departments • research organizations
Type of statistical activity	This is a direct sample survey.
Type of survey	This is both a cross-sectional and longitudinal survey.
Reference period	The reference period is 1994–95. Data collection took place between June 1994 and June 1995.
Frequency of the survey	Every two years.
Target population	The target population of the NPHS includes household residents in all provinces, with the principal exclusion of populations on Indian Reserves, Canadian Forces Bases and some remote areas in Quebec and Ontario.
Population size	The population of Canada aged 12+.
Statistical units	Individuals
Sample size	17,626 individuals (selected respondents for the health component); 58,439 individuals (all household members for the general component).
Geographic coverage	All provinces were included in the survey.
Coverage—Standard classification	Standard Geographical Code (SGC), census division, census sub-division.

National Population Health Survey (NPHS)

Item	Description
Main topics and variables	<p>The main topic is the health status of individuals residing in households in Canada. A variety of information has been collected on perceived health, chronic conditions, injuries, depression, smoking, alcohol consumption, physical activity, consultations with medical professionals, use of medicines and use of alternative medicine.</p> <p>In addition, each cycle of the NPHS contains a special focus component. In 1994–95, the focus content was psychosocial factors that may influence health, such as stress, self-esteem, mastery and social support.</p> <p>The extensive number of variables makes listing them for this documentation impractical. The list of variables is available on the Statistics Canada web site, <http://www.statcan.ca> or from Health Statistics Division.</p> <p>A supplementary survey was sponsored by Health Canada. The Health Promotion Survey data were collected as an additional separate component of the NPHS.</p>

National Population Health Survey (NPHS)

Item	Description
<p>Survey frame or frame sources</p>	<p>Labour Force Survey (LFS) for provinces outside of Quebec and the Enquête sociale et de santé (ESS) for Quebec.</p> <p>The frame source for some supplemental samples, such as Prince George, B.C., was Random Digit Dialing (RDD).</p>
<p>Collection methods</p>	<p>Computer Assisted Interview (CAI): face-to-face collection, telephone and Random Digit Dialing (RDD).</p> <p>The NPHS questions were designed for CAI, which meant that as the questions were developed, the associated logical flows into and out of the questions were programmed. This included specifying the type of answer required, the minimum and maximum values, on-line edits associated with the question and what to do in case of item non-response.</p> <p>Collection operations were divided in four quarters (June, August and November 1994, and March 1995) with a follow-up in June 1995. Interviews were conducted by Statistics Canada Labour Force Survey (LFS) interviewers, who are part-time employees hired and trained specifically to carry out the LFS, using the computer-assisted interviewing method.</p> <p>All respondents were first contacted in person except for a small sample in British Columbia that was conducted by telephone using the RD approach. Some of the interviews were finished on the telephone either because the selected respondent was not available at the time of the initial visit or because the long interview time prevented the completion of the interview in one contact. The total interview took an average of one hour in each household.</p>

National Population Health Survey (NPHS)

Item	Description
Collection methods (continued)	<p>In all dwellings, information about all household members is obtained from a knowledgeable household member—usually the person at home at the time of the interviewer visit. Such proxy reporting, which accounts for approximately 55% of the information collected for this part of the interview, is used to avoid the high cost and extended time requirements that would be involved in repeat visits or calls necessary to obtain information directly from each respondent.</p> <p>Proxy reporting was allowed for the selected respondent only for reasons of illness or incapacity. Such proxy reporting accounts for 4% of the information collected.</p>
Collection period	<p>June, August and November 1994 and March 1995 with a follow-up in June 1995.</p>
Overview of processing system	<p>Because NPHS used CAI, capture was part of the data collection process. The data collected during the interview were recorded directly onto a laptop computer. Each question is represented by a screen on the computer. After the answer to each question is entered, the next question appears automatically on the screen.</p> <p>Several questions allowing write-in responses had the write-in information coded into either new unique categories, or to a listed category if the write-in information duplicated a listed category. Where possible, such as in the categories of occupation, industry and diseases, the coding followed either the standard classification systems as used in the Census of the Population or in other Statistics Canada Surveys such as the Health and Activity Limitation Survey and General Social Survey—cycle 6.</p> <p>A number of variables on the file have been derived by using items found on the NPHS questionnaires in order to facilitate data analysis. In some cases, the derived variables are straightforward and involve collapsing of categories. In other cases, several variables have been combined to create a new variable.</p>

National Population Health Survey (NPHS)

Item	Description
<p>Cleaning operations (edit and imputation)</p>	<p>Some editing, usually done at head office, was performed during data collection on-line in the CAI application. The editing to deal with out of range values and flow errors was controlled through the use of CAI by not allowing invalid values to be entered as responses, and by not allowing incorrect question paths to be followed. For example, CAI ensured that questions that did not apply to the respondent, and therefore should not have been answered, were not asked. In other situations, warning messages were invoked, but no corrective action was taken if an interviewer entered contradictory responses between questions. Because no corrective action was taken in such instances, edits were developed to be performed after data collection at head office. Inconsistencies were usually corrected by setting one or both of the variables in question to "not stated."</p> <p>No imputation was performed.</p>
<p>Weighting procedures</p>	<p>The principle behind estimation in a probability sample such as the NPHS is that each person in the sample "represents" several other persons not in the sample besides himself or herself. For example, in a random 2% sample of the population, each person in the sample represents 50 persons in the population. In the terminology used here, it can be said that each person has a weight of 50.</p> <p>The weighting phase is a step which calculates what the associated weight is for each person. This weight appears on all NPHS files, and must be used to derive meaningful estimates from the survey. For example, if the number of individuals who smoke daily is to be estimated, it is done by selecting the records referring to those individuals in the sample having that characteristic and summing the weights entered on those records.</p> <p>Details of the method used to calculate these weights are presented in NPHS Micro-data Users Manual.</p>

National Population Health Survey (NPHS)

Item	Description
Standard classifications used for coding the micro-data	Standard Geographical Classification (SGC). Standard Occupational Classification (SOC). International Classification of Diseases, 9 th Revision (ICD-9). Census of the Population.
Coding documentation used	International Classification of Diseases, 9 th Revision (ICD-9). Several questions allowing write-in responses had the write-in information coded into either new unique categories, or to a listed category if the write-in information duplicated a listed category. Where possible, for example, in the categories of occupation, industry, and diseases, the coding followed either the standard classification systems as used in the Census of the Population or in other Statistics Canada Surveys such as the Health and Activity Limitation Survey and General Social Survey—cycle 6.

National Population Health Survey (NPHS)

Item	Description
Response rate	<p>The household response rate at the Canada level was 88.7%. At the provincial level, this rate varied from 85.2% in Ontario to 93.2% in Alberta.</p> <p>The selected person response rate for NPHS was 91.1% at the Canada level, and ranged from 94.7% in Nova Scotia to 97.6% in Saskatchewan.</p>
Response rate unit	Households and individuals.
Variable response rate	The response rate of reporting core statistical data varies by item.
Estimation procedures	<p>The survey produces estimates based on information collected from and about a sample of individuals.</p> <p>Since it is an unavoidable fact that estimates from a sample survey are subject to sampling error, sound statistical practice calls for researchers to provide users with some indication of the magnitude of this sampling error.</p> <p>The basis for measuring the potential size of sampling errors is the standard error of the estimates derived from survey results.</p> <p>However, because of the large variety of estimates that can be produced from a survey, the standard error of an estimate is usually expressed relative to the estimate to which it pertains. This resulting measure, known as the coefficient of variation (C.V.) of an estimate, is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percentage of the estimate.</p>

National Population Health Survey (NPHS)

Item	Description
Rounding guidelines	<p>Estimates in the main body of a statistical table are rounded to the nearest hundred units using the normal rounding technique. If the first or only digit dropped is zero to four, the last digit retained is not changed. If the first or only digit dropped is five to nine, the last digit retained is raised by one.</p> <p>Marginal sub-totals and totals in statistical tables are derived from their corresponding unrounded components and then are rounded themselves to the nearest 100 units using normal rounding methods.</p> <p>Averages, proportions, rates and percentages are computed from unrounded components (for example, numerators and/or denominators) and then are rounded themselves to one decimal using normal rounding. In normal rounding to a single digit, if the final or only digit dropped is zero to four, the last digit retained is not changed. If the first or only digit dropped is five to nine, the last digit retained is increased by one.</p> <p>Sums and differences of aggregates (or ratios) are derived from their corresponding unrounded components and then are rounded themselves to the nearest 100 units (or the nearest one decimal) using normal rounding.</p> <p>Under no circumstances are unrounded estimates, published or otherwise, released. Unrounded estimates imply greater precision than actually exists.</p>

National Population Health Survey (NPHS)

Item	Description
Sampling errors	The sampling error is the difference between the estimate derived from a sample and the result that would have been obtained from a census. This error has been estimated; unreliable data have not been published and those that should be used with caution are properly identified.
Non-sampling errors	<p>Non-sampling errors include errors due to a difference between the target population and the sample population, non-response, response and processing. They are more difficult to identify and measure than sampling errors.</p> <p>Errors which are not related to sampling may occur at almost every phase of a survey operation. Interviewers may misunderstand instructions, respondents may make errors in answering questions, the answers may be incorrectly entered on the questionnaire and errors may be introduced in the processing and tabulation of the data. These are all examples of non-sampling errors.</p> <p>Interviewers are instructed to make all reasonable attempts to obtain NPHS interviews with members of eligible households. For individuals who at first refuse to participate, a letter is sent from the regional office stressing the importance of the survey and requesting the household's cooperation. This is followed by a second call (or visit) from the interviewer. For cases in which the timing of the interviewer's call (or visit) is inconvenient, an appointment is arranged to call back at a more convenient time. For cases in which there is no one home, numerous callbacks are made. Under no circumstances are sample dwellings replaced by other dwellings for reasons of non-response.</p> <p>Each quarter, after all attempts to obtain interviews have been made, a small number of non-responding households remain.</p> <p>Actions have been taken to reduce non-sampling errors to a minimum. More information on these actions and on the subject of data quality can be found in the NPHS Public Use Micro-data Documentation, available from Health Statistics Division.</p>

National Population Health Survey (NPHS)

Item	Description
Suppression and other confidentiality restrictions	<p>Data relating to fewer than 30 respondents in a given cell are not released under any circumstances.</p> <p>Data are suppressed following the guidelines outlined in the table below.</p>
Coefficients of variations	<p>In order to provide a means of assessing the quality of tabulated estimates, Statistics Canada has produced a set of Approximate Sampling Variability Tables (commonly referred to as "C.V. Tables" because they refer to the coefficient of variation) for the NPHS. These tables can be used to obtain approximate coefficients of variation for categorical-type estimates and proportions.</p> <p>Before releasing and/or publishing estimates, the number of sampled respondents who contribute to the calculation of the estimate must be determined.</p> <p>If this number is less than 30, the weighted estimate should not be released regardless of the value of the coefficient of variation for this estimate. For weighted estimates based on sample sizes of 30 or more, users should determine the coefficient of variation of the rounded estimate and follow the guidelines below.</p> <p>The sampling variability guidelines for NPHS are provided in the table below.</p>

National Population Health Survey (NPHS)

National Population Health Survey Sampling Variability Guidelines

Type of estimate	C.V. (in %)	Guideline
1. Unqualified	0.0–16.5	Estimates can be considered for general unrestricted release. Requires no special notation.
2. Qualified	16.6–25.0	Estimates can be considered for general unrestricted release but should be accompanied by a warning cautioning subsequent users of the high sampling variability associated with the estimates. Such estimates should be identified by the letter Q (or in some other similar fashion).
3. Confidential	25.1–33.3	Estimates can be considered for general unrestricted release only when sampling variabilities are obtained using an exact variance calculation procedure. Unless exact variances are obtained, such estimates should be deleted and replaced by three hyphens (---) in statistical tables.
4. Not for release	33.4 or greater	Estimates cannot be released in any form under any release or circumstances. In statistical tables, such estimates should be deleted and replaced by two hyphens (--).

National Population Health Survey (NPHS)

The following table provides the information elements and descriptions of the items included in the NPHS—Households, 1996-97 component of the *Health Indicators* database.

Item	Description
Statistical activity or survey name	National Population Health Survey—Households, 1996-97.
Characteristic	<p>The NPHS is designed to collect information related to the health of the Canadian population. The second cycle of data collection began in 1996, and takes place every two years thereafter. The survey will collect not only cross-sectional information, but also data from a panel of individuals at two-year intervals.</p> <p>It is composed of three parts: the survey of households, the survey of institutions and the survey of the North.</p> <p>The household component is an ongoing national survey of population health conducted on individuals residing in households in Canada. In the first cycle, the sample was created by first selecting households and then choosing one member to be the longitudinal respondent within each household. For the second cycle, the distinction is made between the sample selected for longitudinal purposes and the sample selected for cross-sectional purposes. Only the longitudinal respondent chosen in 1994-95 was traced, using contact information collected at that time.</p> <p>For cross-sectional purposes, all household members currently living with the longitudinal respondent were interviewed. The selected longitudinal respondent's data will be used for longitudinal purposes and cross-sectional purposes.</p> <p>NPHS children who were under the age of 12 in cycle 1 and previously interviewed as part of the 1994-95 National Longitudinal Survey of Children and Youth (NLSCY), were included in the NPHS sample in 1996-97 and are on the cross-sectional and longitudinal files.</p>

National Population Health Survey (NPHS)

Item	Description
Purpose	<p>The objectives of the NPHS are to:</p> <ul style="list-style-type: none"> • aid in the development of public policy by providing measures of the level, trend and distribution of the health status of the population • provide data for analytic studies that will assist in understanding the determinants of health • collect data on the economic, social, demographic, occupational and environmental correlates of health • increase the understanding of the relationship between health status and health care utilization, including alternative as well as traditional services • provide information on a panel of people who will be followed over time to reflect the dynamic process of health and illness • provide the provinces and territories and other clients with a health survey capacity that will permit supplementation of content or sample • allow the possibility of linking survey data to routinely collected administrative data such as vital statistics, environmental measures, community variables, and health services utilization <p>In Canada, the primary use of the data is statistical, such as in prevalence of disease and projections, demographic trend analyses and research. The data are used extensively by the research community and other health professionals.</p>

National Population Health Survey (NPHS)

Item	Description
Name of sponsors	N/A
Clients	The major clients for NPHS data are: <ul style="list-style-type: none"> • Health Canada • provincial, regional and local health departments • statistical departments • research organizations
Type of statistical activity	This is a direct sample survey.
Type of survey	This is both a cross-sectional and longitudinal survey
Reference period	The reference period is 1996-97. Data were collected from June 1996 to August 1997.
Frequency of the survey	Every two years.
Target population	The target population of the NPHS includes household residents in all provinces, with the principal exclusion of populations on Indian Reserves, Canadian Forces Bases and some remote areas in Quebec and Ontario.
Population size	The population of Canada, all ages for both cross-sectional and longitudinal components.
Statistical units	Individuals.
Sample size	81,804 health components and 210,377 individuals which includes 17,276 longitudinal sample and supplementary sample from Ontario, Manitoba and Alberta.
Geographic coverage	All Canadian provinces and territories are included.
Coverage—Standard classification	Standard Geographical Code (SGC), census division, census sub-division.

National Population Health Survey (NPHS)

Item	Description
<p>Main topics and variables</p>	<p>The main topic, or core component, is the health status of individuals residing in households in Canada. A variety of information has been collected on perceived health, chronic conditions, injuries, depression, smoking, alcohol consumption, physical activity, consultations with medical professionals, use of medicines and use of alternative medicine.</p> <p>In addition, each cycle of the NPHS contains a special focus component. In 1996-97 the focus was on access to services. For various health services, questions on the frequency of use, barriers encountered, and reasons for non-use or less frequent use than recommended by the Canadian Medical Associations were probed. These services included the following tests: blood pressure check, pap smear test, mammography, physical check-up, flu shots, dental visits and eye exams.</p> <p>Health Canada sponsored an asthma supplement and the Health Promotion Survey (HPS). The HPS was not conducted as a separate survey; the questions for the HPS were integrated with the NPHS.</p> <p>The extensive number of variables makes listing them for this documentation impractical. The list of variables is available on the Statistics Canada web site, <http://www.statcan.ca> or from Health Statistics Division.</p>

National Population Health Survey (NPHS)

Item	Description
Survey frame or frame sources	<p>Labour Force Survey (LFS) for provinces outside of Quebec and the Enquête sociale et de santé (ESS) for the province of Quebec.</p> <p>The frame source for supplement sample in Ontario, Manitoba and Alberta was RDD.</p>
Collection methods	<p>Computer Assisted Interview (CAI): telephone (95%), face-to-face collection, and Random Digit Dialing (RDD).</p> <p>The NPHS questions were designed for CAI, which meant that as the questions were developed, the associated logical flow into and out of the questions were programmed. This included specifying the type of answer required, the minimum and maximum values, on-line edits associated with the question and what to do in case of item non-response.</p> <p>Collection operations were divided in four quarters (June, August and November 1996, and February 1997) and interviews were conducted by part-time employees hired and trained specifically to carry out surveys using the CAI method. An additional collection was held in June 1997 and further attempts to trace non-respondents from previous quarters were made.</p> <p>Collection for the RDD samples was carried out monthly, with survey start and end dates depending upon provincial funding. For Alberta, collection ran from June 1996 to March 1997. For Ontario, collection ran from October 1996 to August 1997. In Manitoba, collection ran from November 1996 to August 1997. Interviews were conducted by part-time employees, usually experienced in telephone interviewing, who were hired and trained specifically to carry out the RDD portion using CAI.</p> <p>Respondents in the core sample, which does not include the supplemental sample, were first contacted by telephone, and 95% of the interviews were conducted in this manner. Personal visits were made if the respondent did not have a telephone, if it was required in the course of tracing a respondent, or upon request by the respondent. For the RDD collection, no personal interviews were allowed.</p>

National Population Health Survey (NPHS)

Item	Description
Collection methods (continued)	In all dwellings, information about all household members was obtained from the person at home at the time of the interviewer call. Such proxy reporting accounted for approximately 55% of the information collected for this part of the interview. Proxy reporting was allowed for the selected respondent health component only for reasons of illness or incapacity. Such proxy reporting accounts for 2% of the information collected for respondents aged 12 and over. All interviews for selected respondents under 12 years old were done by proxy.
Collection period	June, August and November 1996 and February 1997. An additional collection was held in June 1997 and further attempts to trace non-respondents from previous quarters were made.
Overview of processing system	<p>Because NPHS used CAI, capture was part of the data collection process. The data collected during the interview were recorded directly onto a laptop computer. Each question is represented by a screen on the computer. After the answer to each question is entered, the next question appears automatically on the screen.</p> <p>Several questions allowing write-in responses, had the write-in information coded into either new unique categories, or to a listed category if the write-in information duplicated a listed category. Where possible (for example in the categories of occupation, industry, diseases), the coding followed either the standard classification systems as used in the Census of the Population or in other Statistics Canada Surveys such as the Health and Activity Limitation Survey and General Social Survey—cycle 6.</p>

National Population Health Survey (NPHS)

Item	Description
<p>Cleaning operations (edit and imputation)</p>	<p>Editing is performed on-line in the CAI application during data collection. It is not possible to enter out-of-range values and flow errors are controlled through the use of CAI. Invalid values cannot be entered and the correct question paths are automatically followed. For example, CAI ensured that questions that did not apply to the respondent were not asked. In other situations, warning messages were invoked, but no corrective action was taken (for example, if an interviewer entered contradictory responses between questions). Because no corrective action was taken in such instances, edits were developed to be performed after data collection at head office. Inconsistencies were usually corrected by setting one or both of the variables in question to "not stated."</p> <p>No imputation was performed.</p>
<p>Weighting procedures</p>	<p>The principle behind estimation in a probability sample such as the NPHS is that each person in the sample "represents," besides himself or herself, several other persons not in the sample. For example, in a random 2% sample of the population, each person in the sample represents 50 persons in the population. In the terminology used here, it can be said that each person has a weight of 50.</p> <p>The weighting phase is a step which calculates, what the associated weight is for each person. This weight appears on the micro-data file, and must be used to derive meaningful estimates from the survey. For example, if the number of individuals who smoke daily is to be estimated, it is done by selecting the records referring to those individuals in the sample having that characteristic and summing the weights entered on those records.</p> <p>Details of the method used to calculate these weights are presented in NPHS Micro-data Users Manual.</p>

National Population Health Survey (NPHS)

Item	Description
Standard classifications used for coding the micro-data	Standard Geographical Classification (SGC). Standard Occupational Classification (SOC). International Classification of Diseases, 9 th Revision (ICD-9). Census of the Population.
Coding documentation used	International Classification of Diseases, 9 th Revision (ICD-9). Several questions allowing write-in responses had the write-in information coded into either new unique categories, or to a listed category if the write-in information duplicated a listed category. Where possible (for example, in the categories of occupation, industry and diseases), the coding followed either the standard classification systems as used in the Census of the Population or in other Statistics Canada surveys such as the Health and Activity Limitation Survey and General Social Survey—cycle 6.

National Population Health Survey (NPHS)

Item	Description
Response rate	<p>The core household response rate at the Canada level was 94.3%.</p> <p>The core selected person response rate for NPHS was 98.7% at the Canada level, and ranged from 93.8% in Quebec to 99.3% in New Brunswick and Alberta.</p> <p>The response rate for household RDD was 80.0%; for selected persons, excluding RDD—Child, 95.6%; and for selected persons, RDD—Child only, 98.2%.</p> <p>The overall response rate, core plus RDD, was 82.6% for households and 95.6% for selected persons, excluding RDD-Child.</p>
Response rate unit	Households and individuals.
Variable response rate	The response rate of reporting of core statistical data items varies by item.
Estimation procedures	<p>The survey produces estimates based on information collected from and about a sample of individuals.</p> <p>Since it is an unavoidable fact that estimates from a sample survey are subject to sampling error, sound statistical practice calls for researchers to provide users with some indication of the magnitude of this sampling error.</p> <p>The basis for measuring the potential size of sampling errors is the standard error of the estimates derived from survey results.</p> <p>However, because of the large variety of estimates that can be produced from a survey, the standard error of an estimate is usually expressed relative to the estimate to which it pertains. This resulting measure, known as the coefficient of variation (C.V.) of an estimate, is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percentage of the estimate.</p>

National Population Health Survey (NPHS)

Item	Description
Rounding guidelines	<p>Estimates in the main body of a statistical table are rounded to the nearest hundred units using the normal rounding technique. If the first or only digit dropped is zero to four, the last digit retained is not changed. If the first or only digit dropped is five to nine, the last digit retained is raised by one.</p> <p>Marginal sub-totals and totals in statistical tables are derived from their corresponding unrounded components and then are rounded themselves to the nearest 100 units using normal rounding procedures.</p> <p>Averages, proportions, rates and percentages are computed from unrounded components, such as numerators and/or denominators, and then are rounded themselves to one decimal using normal rounding methods. In normal rounding to a single digit, if the final or only digit dropped is zero to four, the last digit retained is not changed. If the first or only digit dropped is five to nine, the last digit retained is increased by one.</p> <p>Sums and differences of aggregates (or ratios) are derived from their corresponding unrounded components and then are rounded themselves to the nearest 100 units (or the nearest one decimal) using normal rounding.</p> <p>Under no circumstances are unrounded estimates, published or otherwise, released. Unrounded estimates imply greater precision than actually exists.</p>

National Population Health Survey (NPHS)

Item	Description
Sampling errors	The sampling error is the difference between the estimate derived from a sample and the result that would have been obtained from a census. This error has been estimated; unreliable data have not been published and those that should be used with caution are properly identified
Non-sampling errors	<p>Non-sampling errors include errors due to a difference between the target population and the sample population, non-response, response and processing. They are more difficult to identify and measure than sampling errors.</p> <p>Errors which are not related to sampling may occur at almost every phase of a survey operation. Interviewers may misunderstand instructions, respondents may make errors in answering questions, the answers may be incorrectly entered on the questionnaire and errors may be introduced in the processing and tabulation of the data. These are all examples of non-sampling errors.</p> <p>Interviewers are instructed to make all reasonable attempts to obtain NPHS interviews with members of eligible households. For individuals who at first refuse to participate, a letter is sent from the regional office stressing the importance of the survey and requesting the household's cooperation. This is followed by a second call (or visit) from the interviewer. For cases in which the timing of the interviewer's call (or visit) is inconvenient, an appointment is arranged to call back at a more convenient time. For cases in which there is no one home, numerous callbacks are made. Under no circumstances are sample dwellings replaced by other dwellings for reasons of non-response.</p> <p>Each quarter, after all attempts to obtain interviews have been made, a small number of non-responding households remain.</p> <p>Actions have been taken to reduce non-sampling errors to a minimum. More information on these actions and on the subject of data quality can be found in the NPHS Public Use Micro-data Documentation, available from Health Statistics Division.</p>

National Population Health Survey (NPHS)

Item	Description
Suppression and other confidentiality restrictions	<p>Data relating to fewer than 30 respondents in a given cell are not released under any circumstances.</p> <p>Data are suppressed following the guidelines outlined in the table below.</p>
Coefficients of variations	<p>In order to provide a means of assessing the quality of tabulated estimates, Statistics Canada has produced a set of Approximate Sampling Variability Tables (commonly referred to as "C.V. Tables") for the NPHS. These tables can be used to obtain approximate coefficients of variation for categorical-type estimates and proportions.</p> <p>Before releasing and/or publishing estimates the number of sampled respondents who contribute to the calculation of the estimate must be determined.</p> <p>If this number is less than 30, the weighted estimate should not be released regardless of the value of the coefficient of variation for this estimate. For weighted estimates based on sample sizes of 30 or more, users should determine the coefficient of variation of the rounded estimate and follow the guidelines below.</p> <p>The sampling variability guidelines for NPHS are provided in the table below.</p>

National Population Health Survey (NPHS)

National Population Health Survey Sampling Variability Guidelines

Type of estimate	C.V. (in %)	Guideline
1. Acceptable	0.0–16.5	Estimates can be considered for general unrestricted release. Requires no special notation.
2. Marginal	16.6–33.3	Estimates can be considered for general unrestricted release but should be accompanied by a warning cautioning subsequent users of the high sampling variability associated with the estimates. Such estimates should be identified by the letter M (or in some other similar fashion).
3. Unacceptable	Greater than 33.4	<p>Statistics Canada recommends not releasing estimates of unacceptable quality. However, if the user chooses to do so, then estimates should be flagged with the letter U (or in some other fashion) and the following warning should accompany the estimates:</p> <p>“The user is advised that ...(specify the data)... do not meet Statistics Canada's quality standards for this statistical program. Conclusions based on these data will be unreliable and most likely invalid. These data and any consequent findings should not be published. If the user chooses to publish these data or findings then this disclaimer must be published with the data.”</p>

Health and Activity Limitation Survey (HALS)

Overview of the health and activity limitation survey database

The Health and Activity Limitation Survey (HALS) was instituted in 1986 at Statistics Canada as a post-censal survey used to identify the numbers and distribution of persons with disabilities in Canada residing in households and in health related non-penal institutions and the barriers face by them. HALS was conducted in 1986 and 1991.

HALS was designed to collect data for a national database on disability.

Beginning with the 1986 Census of Population, two questions were added to the Census form to identify the population that experienced some activity limitation or that had a long-term disability or handicap.

Interviews were conducted, with a sample of selected individuals aged 15 and older who answered "Yes" to questions 18 and 19. A sample of individuals who answered "No" to questions 18 and 19 or who did not answer these questions was also selected. Approximately 5% converted from a "No" to a "Yes."

Interviews for selected individuals aged 14 and younger were conducted mainly by proxy. Two questionnaires were used: one for adults, 15 years of age and over, and one for children, under 15 years of age.

HALS is divided into two separate components:

- households—individuals residing in private households
 - institutions—individuals residing in health-related, non-penal institutions
-

Health and Activity Limitation Survey (HALS)

The following table provides the information elements and descriptions of the items included in the HALS—Households component of the *Health Indicators* database.

Item	Description
Statistical activity or survey name	Health and Activity Limitation Survey—Households, 1986.
Characteristic	<p>This is a post-censal survey conducted on individuals residing in households in Canada, who were pre-identified in the Census as having an activity limitation or long-term disability. HALS identified barriers faced by these individuals with disabilities.</p> <p>There are two separate questionnaires:</p> <ul style="list-style-type: none"> • one for children, under 15 years of age • one for adults, 15 years of age and over
Purpose	<p>HALS was developed to provide, in a national database, the number and distribution of disabled persons in Canada, according to the nature and severity of disability, and the barriers faced by them in such areas as housing, employment, transportation, education and community support.</p> <p>In Canada, the primary use of the data is statistical, such as in prevalence of disability and projections, demographic trend analyses and research. The data are used extensively by the research community and other health professionals.</p>
Name of sponsors	N/A
Clients	<p>The major clients for HALS data are:</p> <ul style="list-style-type: none"> • Health Canada • provincial health departments • statistical departments • research organizations • hospitals

Health and Activity Limitation Survey (HALS)

Item	Description
Type of statistical activity	This is a direct sample survey.
Type of survey	This is a cross-sectional survey.
Reference period	The reference period is fall 1986.
Frequency of the survey	Every five years.
Target population	Individuals with disabilities residing in private households.
Population size	3,070,000
Statistical units	Individuals.
Sample size	200,000
Geographic coverage	All Canadian provinces and territories are included.
Coverage—Standard classification	Standard Geographical Code (SGC), census division, census sub-division.

Health and Activity Limitation Survey (HALS)

Item	Description
Main topics and variables	<p>The main topic is individuals residing in households who report activity limitation or long-term disability, according to the nature and severity of disability, and the barriers they face in such areas as housing, employment, transportation, education and community support.</p> <p>The following information is reported by:</p> <ol style="list-style-type: none">1. Children with disabilities under 15 years of age living in private households:<ul style="list-style-type: none">• statistical profiles, by age, sex and disability-related characteristics2. Persons with disabilities 15 years and over, living in private households:<ul style="list-style-type: none">• statistical profiles, by socio-economic and disability related characteristics

Health and Activity Limitation Survey (HALS)

Main topics and variables (continued)	<p>3. Persons with disabilities:</p> <ul style="list-style-type: none">• income related to disability and out-of-pocket expenses related to health problem, by type of expense• requiring or using special aids and assistive devices, by age group, sex and by type of special aid or device• having activity limitations, by age group, sex and by type of activity limitation• barriers to local transportation, by type of service and by type of problems using public transportation system• requiring special modification to accommodation, by type of special modification• aged 15 to 64, by sex, by labour force status• aged 15 to 64, by education-related issues <p>Information concerning specific variables is available from Statistics Canada.</p>
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Health and Activity Limitation Survey (HALS)

Item	Description
Survey frame or frame sources	1986 Census of Population.
Collection methods	Face-to-face collection recorded on paper.
Collection period	August to October 1986.
Overview of processing system	<p>Questions 18 and 19 on the Census 2B questionnaire were included in the 1986 Census of Population to identify the population that experienced some activity limitation or that had a long-term disability or handicap.</p> <p>Interviews were conducted, by Statistics Canada, with a sample of selected individuals aged 15 and older who answered "Yes" to questions 18 and 19. A sample of individuals who answered "No" to questions 18 and 19 or who did not answer these questions was also selected. Approximately 5% converted from a "No" to a "Yes." Interviews for selected individuals aged 14 and younger were conducted mainly by proxy. Two questionnaires were used: one for adults 15 years and over and one for children under 15 years of age.</p> <p>Completed questionnaires were returned to Statistics Canada for data capture and processing.</p>

Health and Activity Limitation Survey (HALS)

Item	Description
Standard classifications used for coding the micro-data	Standard Geographical Classification (SGC). International Classification of Diseases, 9 th Revision (ICD-9).
Coding documentation used	International Classification of Diseases, 9 th Revision (ICD-9).

Health and Activity Limitation Survey (HALS)

Item	Description
Variable response rate	The response rate of reporting of core statistical data items varies by item.
Estimation procedures	Post-stratification methods were employed for the modification of the design weights, using the 1986 Census of Population results.
Sampling errors	The sampling error is the difference between the estimate derived from a sample and the result that would have been obtained from a census. This error has been estimated; unreliable data have not been published and those that should be used with caution are properly identified.
Non-sampling errors	<p>Non-sampling errors include errors due to a difference between the target population and the sample population, non-response, response and processing. They are more difficult to identify and measure than sampling errors.</p> <p>Actions have been taken to reduce these errors to a minimum. More information on these actions and on the subject of data quality can be found in the publication available from Household Surveys Division, Statistics Canada.</p>

Health and Activity Limitation Survey (HALS)

The following table provides the information elements and descriptions of the items included in the HALS—Institutions 1986 component of the *Health Indicators* database.

Item	Description
Statistical activity or survey name	Health and Activity Limitation Survey—Institutions, 1986.
Characteristic	This is a post-censal survey conducted on individuals residing in health related, non-penal institutions who were pre-identified in the Census as having an activity limitation or a long-term disability. HALS identified barriers faced by these individuals with disabilities.
Purpose	<p>HALS was developed to provide, in a national database, the number and distribution of disabled persons in Canada, according to the nature and severity of disability, and the barriers faced by them.</p> <p>In Canada, the primary use of the data is statistical, such as in prevalence of disability and projections, demographic trend analyses and research. The data are used extensively by the research community and other health professionals.</p>
Name of sponsors	N/A
Clients	<p>The major clients for HALS data are:</p> <ul style="list-style-type: none"> • Health Canada • provincial health departments • statistical departments • research organizations • hospitals

Health and Activity Limitation Survey (HALS)

Item	Description
Type of statistical activity	This is a direct sample survey.
Type of survey	This is a cross-sectional survey.
Reference period	The reference period is March 1987.
Frequency of the survey	Every five years.
Target population	Individuals residing in health-related, non-penal institutions for six months or longer.
Population size	250,000
Statistical units	Individuals.
Sample size	18,000
Geographic coverage	All Canadian provinces and territories are included.
Coverage—Standard classification	Standard Geographical Code (SGC). International Classification of Diseases, 9 th Revision (ICD-9).

Health and Activity Limitation Survey (HALS)

Item	Description
Main topics and variables	<p>Disabled persons living in health related institutions report the following information:</p> <ul style="list-style-type: none"> • statistical profiles, by age, sex and disability related characteristics • out-of-pocket expenses related to health problem, by type of expense • special aids and assistive devices, by age group, sex and by type of special aid or device • activity limitations, by age group, sex and by type of activity limitation • barriers to local transportation, by type of service and by type of problems using public transportation system • special modification to accommodation, by type of special modification • aged 15 to 64, by sex, by labour force status • aged 15 to 64, by education-related issues <p>Information concerning specific variables is available from Health Statistics Division, Statistics Canada.</p>

Health and Activity Limitation Survey (HALS)

Item	Description
Survey frame or frame sources	1986 Census of Population
Collection methods	100% face-to-face collection recorded on paper.
Collection period	March to April 1987.
Sample design and procedures	<p>The 1986 Census of Population provided a list of institutions and from this list, six types were chosen for inclusion in the Health and Activity Limitation Survey (HALS):</p> <ul style="list-style-type: none"> • nursing homes • residences for senior citizens • hospitals: general, maternity, etc. • chronic care hospitals • psychiatric institutions • treatment centres and institutions for persons with physical disabilities <p>A sample of institutions was selected based on type and by size—the number of permanent residents at the time of the 1986 Census. Within each selected institution, a sample of residents was chosen based on a listing provided by the institution. The preferred collection method was a personal interview; a proxy interview was conducted for all selected individuals aged 14 and under.</p> <p>Two questionnaires were used: one for adults 15 years of age and over and a second for children 14 years of age and under.</p>

Health and Activity Limitation Survey (HALS)

Item	Description
Cleaning operations (edit and imputation)	N/A
Weighting procedures	Weights are assigned to each record. These weights when summed, add to the total institutional population. The weighting is based on the sample design with adjustments for non-response.
Standard classifications used for coding the micro-data	Standard Geographical Classification (SGC). International Classification of Diseases, 9 th Revision (ICD-9).
Coding documentation used	International Classification of Diseases, 9 th Revision (ICD-9).

Health and Activity Limitation Survey (HALS)

Item	Description
Response rate	97%
Response rate unit	Individuals
Response rate weighting	N/A
Variable response rate	The response rate of reporting core statistical data varies by item.
Estimation procedures	Post-stratification methods were employed for the modification of the design weights, using the 1986 Census results.
Sampling errors	<p>The sampling error is the difference between the estimate derived from a sample and the result that would have been obtained from a census. This error has been estimated; unreliable data have not been published and those that should be used with caution are properly identified. When the sampling error is between 16.5% and 33.3%, the corresponding estimate is accompanied by the symbol "*" in a table. Such estimates should be used with caution. Finally, all estimates with a sampling error of less than 16.5% can be used without restriction.</p>
Non-sampling errors	<p>All other types of errors (observation, response, processing and non-response errors) are called non-sampling errors. Identifying and evaluating the importance of many of these errors can be difficult.</p> <p>Observation errors arise when there is a difference between the target population and the sample population. Observation errors should not have a significant influence on the HALS data.</p> <p>All statistical surveys are susceptible to a certain percentage of non-response among the selected sample. With respect to HALS, the response rate (97%) compares favourably with the rate generally observed for this type of survey. In addition, various methods have been used to reduce the bias caused by any total non-responses, notably by adjusting the data to reflect the distribution of certain demographic characteristics obtained by the census. As well, response rates were higher for most specific questions. In tables non-responses appear in the column labelled: "Unknown" or "Not Stated." More information on these actions and on the subject of data quality can be found in HALS publications.</p>

Health and Activity Limitation Survey (HALS)

The following table provides the information elements and descriptions of the items included in the HALS—Households 1991 component of the *Health Indicators* database.

Item	Description
Statistical activity or survey name	Health and Activity Limitation Survey—Households, 1991.
Characteristic	<p>This is a post-censal survey conducted on individuals residing in households in Canada, who were pre-identified in the Census as having an activity limitation or long-term disability. HALS identified barriers faced by these individuals with disabilities.</p> <p>There are two separate questionnaires:</p> <ul style="list-style-type: none"> • one for children, under 15 years of age • one for adults, 15 years of age and over
Purpose	<p>HALS was developed to record, in a national database, the number and distribution of disabled persons in Canada, according to the nature and severity of disability, and the barriers faced by them in such areas as housing, employment, transportation, education and community support.</p> <p>In Canada, the primary use of the data is statistical, such as in prevalence of disability and projections, demographic trend analyses and research. The data are used extensively by the research community and other health professionals.</p>
Name of sponsors	N/A
Clients	<p>The major clients for HALS data are:</p> <ul style="list-style-type: none"> • Health Canada • provincial health departments • statistical departments • research organizations • hospitals

Health and Activity Limitation Survey (HALS)

Item	Description
Type of statistical activity	This is a direct sample survey.
Type of survey	This is a cross-sectional survey.
Reference period	The reference period is fall 1991.
Frequency of the survey	Every five years.
Target population	Individuals with disabilities residing in private households.
Population size	3,922,000
Statistical units	Individuals.
Sample size	150,000
Geographic coverage	All Canadian provinces and territories are included.
Coverage—Standard classification	Standard Geographical Code (SGC).

Health and Activity Limitation Survey (HALS)

Item	Description
Main topics and variables	<p>The main topic is individuals residing households who report activity limitation or long term disability, according to the nature and severity of disability, and the barriers they face in such areas as housing, employment, transportation, education and community support.</p> <p>The following information is reported by:</p> <ol style="list-style-type: none">1. Children with disabilities under 15 years of age living in private households:<ul style="list-style-type: none">• statistical profiles, by age, sex and disability-related characteristics2. Persons with disabilities 15 years and over, living in private households:<ul style="list-style-type: none">• statistical profiles, by socio-economic and disability related characteristics

Health and Activity Limitation Survey (HALS)

Item	Description
Main topics and variables (continued)	<p>3. Persons with disabilities:</p> <ul style="list-style-type: none"> • income related to disability and out-of-pocket expenses related to health problem, by type of expense • special aids and assistive devices, by age group, sex and by type of special aid or device; • activity limitations, by age group, sex and by type of activity limitation • barriers to local transportation, by type of service and by type of problems using public transportation system • requiring special modification to accommodation, by type of special modification • aged 15 to 64, by sex, by labour force status • aged 15 to 64, by education-related issues <p>Information concerning specific variables is available from HSD, Statistics Canada.</p>

Health and Activity Limitation Survey (HALS)

Item	Description
Survey frame or frame sources	1991 Census of Population.
Collection methods	Most interviews were conducted by telephone. In special cases, personal interviews were carried out.
Collection period	August to October 1991.
Overview of processing system	<p>Questions 18 and 19 on the Census 2B questionnaire were included in the 1991 Census of Population to identify the population that experienced some activity limitation or that had a long-term disability or handicap.</p> <p>Interviews were conducted, by Statistics Canada, with a sample of selected individuals aged 15 and older who answered "Yes" to questions 18 and 19. A sample of individuals who answered "No" to questions 18 and 19 or who did not answer these questions was also selected. Approximately 5% converted from a "No" to a "Yes." Interviews for selected individuals aged 14 and younger were conducted mainly by proxy. Two questionnaires were used: one for adults, 15 years of age and over and a second for children, under 15 years of age.</p> <p>Completed questionnaires were returned to Statistics Canada for data capture and processing.</p>

Health and Activity Limitation Survey (HALS)

Item	Description
Cleaning operations (edit and imputation)	N/A
Weighting procedures	Weights are assigned to each record. These weights when summed, add to the total Canadian population. The weighting is based on the sample design with adjustments for non-response.
Standard classifications used for coding the micro-data	Standard Geographical Classification (SGC).
Coding documentation used	International Classification of Diseases, 9 th Revision (ICD-9).

Health and Activity Limitation Survey (HALS)

Item	Description
Response rate	96%
Response rate unit	Individuals
Response rate weighting	N/A
Variable response rate	The response rate of reporting of core statistical data items varies by item.
Estimation procedures	Post-stratification methods were employed for the modification of the design weights, using the 1991 Census of Population results.
Sampling errors	The sampling error is the difference between the estimate derived from a sample and the result that would have been obtained from a census. This error has been estimated; unreliable data have not been published and those that should be used with caution are properly identified.
Non-sampling errors	<p>Non-sampling errors include errors due to a difference between the target population and the sample population, non-response, response and processing and are more difficult to identify and measure.</p> <p>Actions have been taken to reduce these errors to a minimum. More information on these actions and on the subject of data quality can be found in the publication.</p>
Suppression and other confidentiality restrictions	N/A
Coefficients of variations	N/A

Health and Activity Limitation Survey (HALS)

The following table provides the information elements and descriptions of the items included in the HALS—Institutions 1991 component of the *Health Indicators* database.

Item	Description
Statistical activity or survey name	Health and Activity Limitation Survey—Institutions, 1991.
Characteristic	This is a post-censal survey conducted on individuals residing in health related, non-penal institutions. HALS identified barriers face by these individuals with disabilities.
Purpose	<p>HALS was developed to provide, in a national database, the number and distribution of disabled persons in Canada, according to the nature and severity of disability, and the barriers faced by them.</p> <p>In Canada, the primary use of the data is statistical, such as in prevalence of disability and projections, demographic trend analyses and research. The data are used extensively by the research community and other health professionals.</p>
Name of sponsors	N/A
Clients	<p>The major clients for HALS data are:</p> <ul style="list-style-type: none"> • Health Canada • provincial health departments • statistical departments • research organizations • hospitals

Health and Activity Limitation Survey (HALS)

Item	Description
Type of statistical activity	This is a direct sample survey.
Type of survey	This is a cross-sectional survey.
Reference period	The reference period is January 1992.
Frequency of the survey	Every five years.
Target population	Individuals residing in health-related, non-penal institutions for six months or longer.
Population size	262,000
Statistical units	Individuals.
Sample size	18,000
Geographic coverage	All Canadian provinces and territories are included.
Coverage—Standard classification	Standard Geographical Code (SGC).

Health and Activity Limitation Survey (HALS)

Item	Description
Main topics and variables	<p>Disabled persons living in health related institutions report the following information:</p> <ul style="list-style-type: none"> • statistical profiles, by age, sex and disability related characteristics • out-of-pocket expenses related to health problem, by type of expense • special aids and assistive devices, by age group, sex and by type of special aid or device • activity limitations, by age group, sex and by type of activity limitation • barriers to local transportation, by type of service and by type of problems using public transportation system • special modification to accommodation, by type of special modification • aged 15 to 64, by sex, by labour force status • aged 15 to 64, by education-related issues <p>Information concerning specific variables is available from Health Statistics Division, Statistics Canada.</p>

Health and Activity Limitation Survey (HALS)

Item	Description
Survey frame or frame sources	1991 Census of Population.
Collection methods	Face-to-face collection recorded on paper.
Collection period	January to March 1992.
Design and procedures	<p>The 1991 Census of Population provided a list of institutions and from this list, six types were chosen for inclusion in the Health and Activity Limitation Survey (HALS):</p> <ul style="list-style-type: none"> • nursing homes • residences for senior citizens • hospitals: general, maternity, etc. • chronic care hospitals • psychiatric institutions • treatment centres and institutions for persons with physical disabilities <p>A sample of institutions was selected based on type and by size (the number of permanent residents at the time of the 1991 Census). Within each selected institution, a sample of residents was selected based on a listing provided by the institution. The preferred collection method was a personal interview.</p> <p>One questionnaire was used: that for adults 15 years and over.</p>

Health and Activity Limitation Survey (HALS)

Item	Description
Cleaning operations (edit and imputation)	N/A
Weighting procedures	Weights are assigned to each record. These weights when summed, add to the total institutional population. The weighting is based on the sample design with adjustments for non-response.
Standard classifications used for coding the micro-data	Standard Geographical Classification (SGC).
Coding documentation used	International Classification of Diseases, 9 th Revision (ICD-9).

Health and Activity Limitation Survey (HALS)

Item	Description
Response rate	96%
Response rate unit	Individuals.
Response rate weighting	N/A
Variable response rate	The response rate of reporting of core statistical data items varies by item.
Estimation procedures	Post-stratification methods were employed for the modification of the design weights, using the 1991 Census of Population results.
Sampling errors	The sampling error is the difference between the estimate derived from a sample and the result that would have been obtained from a census. This error has been estimated; unreliable data have not been published and those that should be used with caution are properly identified. When the sampling error is between 16.5% and 33.3%, the corresponding estimate is accompanied by the symbol "*" in a table. Such estimates should be used with caution. Finally, all estimates with a sampling error of less than 16.5% can be used without restriction.

Health and Activity Limitation Survey (HALS)

Item	Description
Non-sampling errors	<p>All other types of errors (observation, response, processing and non-response errors) are called non-sampling errors. Identifying and evaluating the importance of many of these errors can be difficult.</p> <p>Observation errors arise when there is a difference between the target population and the sample population. Observation errors should not have a significant influence on the HALS data.</p> <p>All statistical surveys are susceptible to a certain percentage of non-response among the selected sample. With respect to HALS, the response rate (97%) compares favourably with the rate generally observed for this type of survey. In addition, various methods have been used to reduce the bias caused by any total non-responses, notably by adjusting the data to reflect the distribution of certain demographic characteristics obtained by the census. As well, response rates were higher for most specific questions. In tables, non-responses appear in the column labeled: "Unknown" or "Not Stated." More information on these actions and on the subject of data quality can be found in HALS publications.</p>
Suppression and other confidentiality restrictions	N/A
Preliminary estimates released	N/A
Coefficients of variations	N/A

General Social Survey (GSS)

Overview of the General Social Survey database

The General Social Survey (GSS) was initiated by Statistics Canada in order to reduce gaps in the statistical information system, particularly in relation to socio-economic trends. Many of these gaps could not be filled through existing data sources because of the range or periodicity of the information required, or the lack of capacity of relevant vehicles.

The GSS was conducted by Housing, Family and Social Statistics Division, Statistics Canada.

The GSS has two principal objectives:

- to gather data on trends in Canadian society over time
- to provide information on specific policy issues of interest

To meet these objectives, the GSS was established as a continuing program with a single survey cycle each year.

The GSS has three components: Core, Focus and Classification.

Core

Core content is directed primarily at monitoring long-term social trends by measuring temporal changes in living conditions and well-being. Main topics within Core content include health, education, social environment and personal risk. A single cycle covers one of these specific topics and recurs on a periodic basis.

The Core content of the cycles in 1985, 1991 and 1996, relevant to *Health Indicators*, is health.

General Social Survey (GSS)

**Core
(continued)**

Core content is aimed at meeting the second objective of the GSS, namely to provide information touching directly on a specific policy issue or social problem such as youth unemployment.

The Core content for the 1985 cycle was on social support and the elderly. In 1991, the Core content was health status and occupational health, and in 1996, the Core content was social and community support.

Classification

Classification content provides the means of delineating population groups and is used in the analysis of Core and Focus data. Examples of classification variables are age, sex, education and income.

General Social Survey (GSS)

The following table provides the information elements and descriptions of the items included in the GSS, 1985 component of the *Health Indicators* database.

Item	Description
Statistical activity or survey name	General Social Survey—1985. (Cycle 1)
Characteristic	This quinquennial survey monitors changes in the health of Canadians and examines social support related to persons 55 years and older, covering their lifestyle, health problems, health services utilization, active kinship, social activity, participation, etc.
Purpose	This survey is used to guide policy formation, to evaluate the effectiveness of health programs, to act as a national baseline against which local area health data can be compared and to stimulate further in depth research.
Clients	<p>The major clients for GSS data are planners, policy makers, scholars and researchers in:</p> <ul style="list-style-type: none"> • federal, provincial and local governments • universities • agencies and associations representing individuals • corporations associated with the health care field
Type of statistical activity	This is a direct sample survey.
Type of survey	This is a cross-sectional survey.

General Social Survey (GSS)

Item	Description
Reference period	The reference period varies; it may be one week or greater.
Frequency of the survey	This is an annual survey with specific subject areas such as health, recurring quinquennially.
Target population	All persons 15 years of age and over, living in the 10 provinces of Canada, excluding full-time residents living in institutions.
Population size	19,668,000
Statistical units	Individuals.
Sample size	11,200 aged 15 to 64, 3,130 persons aged 65 and over
Geographic coverage	Provinces only.
Coverage— Standard classification	Standard Geographical Code (SGC). Standard Industrial Classification (SIC-E 1980) for all industries.

General Social Survey (GSS)

Item	Description
Main topics and variables	<p>The main topics for persons 15 years and over by age group and sex are:</p> <ul style="list-style-type: none"> • quality of life and social status, by lifestyle habits, education, labour force status, occupation and household income • current health status by prevalence of major health problems and chronic diseases, by various risk factors or health measures • health care services utilization, by type of health professional, by main reason for consultation, household income • self-rated health status, reported happiness with life, satisfaction with health, and socio-economic characteristics • short-term or long-term activity limitation (disability), by nature and degree of activity limitations (disability), and socio-economic characteristics <p>The main topics for persons 55 years and older by age group and sex are:</p> <ul style="list-style-type: none"> • active kinship and close friendship ties and social support networks, by primary potential social support group structures, and living arrangement • receiving social support, by living arrangement, age group, sex and type of social support • providing social support, by self-rated health status, and type of social support • social activity participation by type of social activity

General Social Survey (GSS)

Item	Description
Survey frame or frame sources	Random Digit Dialing (RDD) for the 10 provinces for those aged 15 to 64 years; Labour Force Survey Frame for 65 years and over.
Collection methods	28% face-to-face collection recorded on paper; 72% by telephone, recorded on paper.
Collection period	September and October 1985.
Design and procedures	Persons 15 to 64 years of age were selected using RDD of telephone numbers and then interviewed by phone. Persons 65 years of age and older were selected from an earlier Labour Force Survey sample and interviewed face-to-face.

General Social Survey (GSS)

Item	Description
Cleaning operations (edit and imputation)	Data for cycle 1 were collected using Computer Assisted Telephone Interviewing (CATI) and Computer Assisted Personal Interviewing (CAPI) using Computer Assisted Survey Execution System software (CASES). All responses entered were subject to built-in edits during the interview. The head office edit system performed the same kind of checks as in the CATI system as well as more complex verifications.
Weighting procedures	Each cycle of the GSS is viewed as being composed of independent surveys—one collection per month. Therefore wherever possible, each monthly survey is weighted independently so that data collected for a particular month would contribute equally to the estimates. Where the sample size for a particular month was not large enough, records for two or more months were grouped at certain stages of the weighting process.
Standard classifications used for coding the micro-data	<p>Standard Geographical Classification (SGC).</p> <p>Standard Industrial Classification (SIC) CODING OF MICRO-DATA SIC-E 1980, three-digit.</p> <p>Standard Occupational Classification (SOC) CODING OF MICRO-DATA, SOC 1980, three-digit.</p> <p>International Classification of Diseases, 9th Revision (ICD-9).</p>
Coding documentation used	International Classification of Diseases, 9 th Revision (ICD-9).

General Social Survey (GSS)

Item	Description
Response rate	85%
Response rate unit	Individuals...
Response rate weighting	N/A
Variable response rate	The response rate of reporting of core statistical data items varies by item.
Estimation procedures	N/A
Sampling errors	By using the standard error from the sample data and ignoring the effects of non-sampling error, confidence intervals for estimates may be obtained under the assumption that the estimates are normally distributed about the true population value. The chances are about 68 out of 100 that the difference would be less than one standard error, 95 out of 100 that the difference would be less than two standard errors and it is virtually certain the differences would be less than three standard errors.
Non-sampling errors	Non-sampling error was reduced through quality assurance and adjustment for total non-response. Quality assurance measures were implemented at each step of the data collection and processing cycle to monitor the quality of the data. These measures included the use of highly skilled interviewers, extensive training of the interviewers, observation of interviews to detect questionnaire design problems, procedures to ensure that data capture errors were minimized and coding and editing quality checks to verify the processing logic.
Suppression and other confidentiality restrictions	When the number of respondents to the weighted estimate is less than 15, the weighted estimate should not be released regardless of the value of the approximate coefficient of variation.

General Social Survey (GSS)

The following table provides the information elements and descriptions of the items included in the CSS 1991 component of the *Health Indicators* database.

Item	Description
Statistical activity or survey name	General Social Survey—1991.
Characteristic	<p>This quinquennial survey monitors changes in the health of Canadians.</p> <p>The focus content covers health status indicators and occupational health.</p>
Purpose	The purpose of the survey is to gather data with a degree of regularity on social trends in order to monitor changes in Canadian society, and to provide information on specific policy issues of current and emerging issues.
Clients	<p>The main clients of the survey are planners, policy makers, scholars and researchers in:</p> <ul style="list-style-type: none"> • all levels of government • universities • agencies and associations representing individuals or corporations associated with the health care field.

General Social Survey (GSS)

Item	Description
Type of statistical activity	This is a direct sample survey.
Type of survey	This is a cross-sectional survey.
Reference period	The reference varies; it may be one week or greater.
Frequency of the survey	Every five years.
Target population	All persons 15 years of age and older living in the 10 provinces of Canada, excluding full-time residents of institutions.
Population size	20,980,862
Statistical units	Individuals
Sample size	11,924
Geographic coverage	Provinces only.
Coverage—Standard classification	Standard Geographical Code (SGC). Standard Industrial Classification—E, 1980, all industries, three-digit. Standard Occupational Classification (SOC).

General Social Survey (GSS)

Item	Description
Main topics and variables	<p>The main topics for cycle 6 of the GSS are:</p> <ul style="list-style-type: none"> • disability, short and long term, measures • emotional health measures and satisfaction • health care utilization • health status indicators • life style and risk factors • occupational health measures <p>Variables included in cycle 6 of GSS are:</p> <ul style="list-style-type: none"> • health status, by prevalence of major health problem and by selected health measures • short-term activity limitation because of disability, by type • health care service utilization, by type of health professional • health care delays, by type of care • health care delays, by duration • health status indicators, by type • smoking, by type of smoker • alcohol use, by type of drinker and weekly volume • health status, by health risk factors • activity limitation (long term), by nature • main activity, by selected characteristics

General Social Survey (GSS)

Main topics and variables (continued)	Health status, health care utilization, lifestyle risk factors by: <ul style="list-style-type: none">• age, sex, marital status• household characteristics• country of birth• first language• home language• education• religious background• ethnic background• personal income by sources of retirement such as pension, old age security, disability• household income and number of contributors
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General Social Survey (GSS)

Item	Description
Survey frame or frame sources	Random Digit Dialing (RDD) for all telephone numbers in 10 provinces.
Collection methods	100% by telephone.
Collection period	January to December 1991.
Design and procedures	Persons 15 years of age and older were selected using RDD of telephone numbers and then interviewed by phone.
Cleaning operations (edit and imputation).	Data for Cycle 6 were collected using Computer Assisted Telephone Interviewing (CATI) and using Computer Assisted Survey Execution System software (CASES). All responses entered were subject to built-in edits during the interview. The head office edit system performed the same kind of checks as in the CATI system as well as verifications of greater complexity.
Weighting procedures.	Each cycle of the GSS is viewed as being composed of independent surveys—one collection per month. Therefore, wherever possible, each monthly survey is weighted independently so that data collected for a particular month would contribute equally to the estimates. Where the sample size for a particular month was not large enough, records for two or more months were grouped at certain stages of the weighting process.
Standard classifications used for coding the micro-data	Standard Geographical Classification (SGC). Standard Industrial Classification (SIC—E), 1980, all industries, three-digit. Standard Occupational Classification(SOC)—1980, four-digit.
Coding documentation used	N/A

General Social Survey (GSS)

Item	Description
Response rate	80%
Response rate unit	Individuals.
Sampling errors	By using the standard error from the sample data and ignoring the effects of non-sampling error, confidence intervals for estimates may be obtained under the assumption that the estimates are normally distributed about the true population value. The chances are about 68 out of 100 that the difference would be less than one standard error, 95 out of 100 that the difference would be less than two standard errors and it is virtually certain the differences would be less than three standard errors.
Non-sampling errors	Non-sampling error was reduced through quality assurance and adjustment for total non-response. Quality assurance measures were implemented at each step of the data collection and processing cycle to monitor the quality of the data. These measures included the use of highly skilled interviewers, extensive training of the interviewers, observation of interviews to detect questionnaire design problems, procedures to ensure that data capture errors were minimized and coding and editing quality checks to verify the processing logic.
Suppression and other confidentiality restrictions	When the number of respondents to the weighted estimate is less than 15, the weighted estimate should not be released regardless of the value of the approximate coefficient of variation.

General Social Survey (GSS)

The following table provides the information elements and descriptions of the items included in the GSS 1996 component of the *Health Indicators* database.

Item	Description
Statistical activity or survey name	General Social Survey—1996.
Characteristic	This quinquennial survey monitors changes in the health of Canadians. The focus content covers health status indicators and occupational health.
Purpose	The purpose of the survey is to gather data with a degree of regularity on social trends in order to monitor changes in Canadian society, and to provide information on specific policy issues of current and emerging issues.
Clients	The main clients of the survey are planners, policy makers, scholars and researchers in: <ul style="list-style-type: none">• all levels of government• universities• agencies and associations representing individuals or corporations associated with the health care field

General Social Survey (GSS)

Item	Description
Type of statistical activity	This is a direct sample survey.
Type of survey	This is a cross-sectional survey.
Reference period	The reference varies; it may be one week or greater.
Frequency of the survey	Every five years.
Target population	All persons 15 years of age and older living in the 10 provinces of Canada, excluding full-time residents of institutions.
Population size	23,604,792
Statistical units	Individuals
Sample size	12,756
Geographic coverage	Provinces only
Coverage—Standard classification	Standard Geographical Code (SGC). Standard Industrial Classification (SIC)—E, 1980, all industries, three-digit. Standard Occupational Classification (SOC), 1980.

General Social Survey (GSS)

Item	Description
<p>Main topics and variables</p>	<p>The main topics for cycle 11 of the GSS are</p> <ul style="list-style-type: none"> • long-term health or physical limitation • temporary difficult time • help received by respondent • help given by respondent • unmet needs (help received by respondent) • impact of help given by respondent • family and closest friend contact • paid and unpaid work • health indicators <p>Variables included in cycle 11 of GSS are:</p> <ul style="list-style-type: none"> • help received by person by formal/informal care, type of assistance, person or organization (formal/informal care), amount of time • help given by reason, person, activities assisted with • unmet needs by adequacy, amount of help and information • impact of help by type of impact and perception of burden • family and friends by proximity, number and sex • paid and unpaid work, by selected characteristics • long-term activity limitation by nature • tobacco use, amount smoked, type of smoker.

General Social Survey (GSS)

Item	Description
Main topics and variables (continued)	<p>Health status, health care utilization, lifestyle risk factors by:</p> <ul style="list-style-type: none">• age, sex, marital status• household characteristics• country of birth• first language• home language• education• religious background• ethnic background• personal income by sources of retirement (such as pension, old age security, disability)• household income and number of contributors

General Social Survey (GSS)

Item	Description
Survey frame or frame sources	<p>RDD with 25% of the regular sample from seniors in the Labour Force Survey rotate outs.</p> <p>Supplemental sample from the Labour Force Survey rotate outs.</p> <p>All telephone numbers in 10 provinces:</p>
Collection methods	100% by telephone.
Collection period	February to December 1996.
Design and procedures	Persons 15 years of age and older were selected RDD of telephone numbers and then interviewed by phone.
Cleaning operations (edit and imputation)	Data for cycle 11 were collected using Computer Assisted Telephone Interviewing (CATI) using Computer Assisted Survey Execution System software (CASES). All responses entered were subject to built-in edits during the interview. The head office edit system performed the same kind of checks as in the CATI system as well as more complex verifications.
Weighting procedures	Each cycle of the GSS is viewed as being composed of independent surveys—one collection per month. Therefore wherever possible, each monthly survey is weighted independently so that data collected for a particular month would contribute equally to the estimates. Where the sample size for a particular month was not large enough, records for two or more months were grouped at certain stages of the weighting process.
Standard classifications used for coding the micro-data	<p>Standard Geographical Classification (SGC).</p> <p>Standard Industrial Classification (SIC—E), 1980, all industries, three-digit.</p> <p>Standard Occupational Classification (SOC)—1980, four-digit.</p>
Coding documentation used	N/A

General Social Survey (GSS)

Item	Description
Response rate	85%
Response rate unit	Individuals
Response rate weighting	N/A
Variable response rate	The response rate of reporting of core statistical data items varies by item.
Estimation procedures	Each monthly collection was weighted separately. Cycle 11 consisted of two parts derived from two independent sources—the RDD households and the LFS households—and it had to be weighted so that the respondents in each part were appropriately represented. They were combined at the very end of the process.
Sampling errors	By using the standard error from the sample data and ignoring the effects of non-sampling error, confidence intervals for estimates may be obtained under the assumption that the estimates are normally distributed about the true population value. The chances are about 68 out of 100 that the difference would be less than one standard error, 95 out of 100 that the difference would be less than two standard errors and it is virtually certain the differences would be less than three standard errors.
Non-sampling errors	Non-sampling error was reduced through quality assurance and adjustment for total non-response. Quality assurance measures were implemented at each step of the data collection and processing cycle to monitor the quality of the data. These measures included the use of highly skilled interviewers, extensive training of the interviewers, observation of interviews to detect questionnaire design problems, procedures to ensure that data capture errors were minimized and coding and editing quality checks to verify the processing logic.
Suppression and other confidentiality restrictions	When the number of respondents to the weighted estimate is less than 15, the weighted estimate should not be released regardless of the value of the approximate coefficient of variation.

General Social Survey (GSS)

Coefficients of variations	Approximate sampling variability tables (unofficial) are included in the Public Use Micro-data File Documentation and User's Guide (12M0011GPE).
For more detailed information	For more detailed information concerning data quality for GSS cycle 11, see Public Use Micro-data File Documentation and User's Guide (12M0011GPE).

Labour Force Survey

The following table provides the information elements and descriptions of the items included in the Labour Force Survey (LFS) component of the *Health Indicators* database.

Item	Description
Statistical activity or survey name	Labour Force Survey
Characteristic	The Labour Force Survey (LFS) is a monthly household sample survey which collects data on the labour market activities of the working age population of Canada. It generates a wide range of estimates relating to the employed, the unemployed, and persons not in labour force.
Purpose	The information obtained in this survey are used to make month-to-month changes in the levels of employment and unemployment in Canada, and to provide key measures to the state of the nation's economy.
Name of sponsors	N/A
Clients	<p>The major clients for LFS data are:</p> <ul style="list-style-type: none"> • federal, provincial and local governments • industries • manufacturers • labour related associations and agencies • institutions • researchers
Type of statistical activity	This is a direct survey.

Labour Force Survey (LFS)

Item	Description
Type of survey	This is a cross-sectional survey.
Reference period	Usually the week containing the 15 th of the month.
Frequency of the survey	The data are collected monthly.
Target population	Population aged 15 years and older, excluding inmates of institutions, full-time members of the Armed Forces and residents of Indian Reserves.
Population size	Approximately 23,352,000.
Statistical units	Individuals.
Sample size	52,000 reporting units (households).
Geographic coverage	Provinces
Coverage— Standard classification	Standard Geographical Code (SGC), census division, census sub-division.

Labour Force Survey (LFS)

Item	Description
Main topics and variables	<p>The main topics in the LFS are:</p> <ul style="list-style-type: none"> • labour forces: selected seasonally adjusted data and unadjusted data, labour force, employment, family, demographic and geographic characteristics; • labour force characteristics by family status and family composition • labour force, employment and unemployment by industry, occupation class of worker and demographic characteristics • part-time employment by reason and by demographic and job characteristics • employment by number of hours actual or usual by demographic and job characteristics • employment by reason of time and number of hours lost, by demographic and job characteristics • unemployment by type of work sought, methods of job search, reason for leaving last job and activity prior to unemployment, by demographic characteristics • multiple job holders by characteristics of main job and demographic characteristics • job tenure by demographic and job characteristics • duration of unemployment by demographic characteristics • persons not in the labour force by reason for leaving last job, by demographic characteristics • persons not in the labour force, wanting to and available for work, by reason for not looking in reference week, by demographic characteristics • wages by demographic and job characteristics • employees by coverage, by demographic and job characteristic • employees by job permanency, by demographic and job characteristics • employees by workplace size, by demographic and job characteristics • weekly paid and unpaid overtime by demographic and job characteristics

Labour Force Survey (LFS)

Item	Description
Survey frame or frame sources	Labour Force Survey Household Frame.
Collection methods	80% telephone interviews, 20% face-to-face using CAPI.
Collection period	Monthly
Design and procedures	<p>The Labour Force Survey (LFS) is conducted by Household Surveys Division, Statistics Canada.</p> <p>The LFS is based on a multistage, stratified, clustered, probability, area sample. The sample is divided into six representative parts with one part being replaced each month. The sample represents all persons 15 years of age and over residing in Canada with the exception of inmates of institutions, full-time members of the Armed Forces, and residents of Indian Reserves, the Yukon, and the Northwest Territories. (These exclusions account for less than 3% of the population.)</p>
Standard classifications used for coding the micro-data	<p>Standard Geographical Classification (SGC).</p> <p>Standard Occupational Classification (SOC).</p> <p>Standard Industrial Classification (SIC).</p>
Coding documentation used	Standard Geographical Classification (SGC) manual.

Labour Force Survey (LFS)

Item	Description
Response rate	The response rate for LFS is approximately 95%.
Response rate unit	Households
Response rate weighting	(Number of responding households in Employment Insurance region by type, by rotation group / Number of in-scope households in employment insurance region by type of rotation group) x 100.
Estimation procedures	<p>The LFS records are weighted using what can be thought of as a three-stage process.</p> <p>During the first stage, each record is assigned the inverse of the design-sampling ratio which is applicable to the geographic area where the respondent represented by that particular record resides.</p> <p>The second stage involves adjusting the weight assigned in the first stage. This includes an adjustment for non-response and an adjustment for unanticipated population growth in particular small areas selected for the sample (clusters) and an adjustment for the fact that the sample size remains constant at 52,000 households, resulting in a slowly declining sampling ratio as the population grows.</p> <p>In the last stage of weighting, the weights calculated in the first two stages are adjusted to agree with population totals derived from sources independent of the LFS. This agreement is obtained for selected age-sex groups by province and also for the major sub-provincial areas defined for the survey such as economic region (ER), census metropolitan area (CMA), and selected cities.</p>

Labour Force Survey (LFS)

Item	Description
Estimation procedures (continued)	<p>The weighting scheme used by the LFS to perform the last stage of weighting was recently enhanced so that each member of a household gets the same weight. This new procedure is called Integrated Family Weighting. The independently derived population totals are obtained as projections from the annual post-censal estimates of population produced by Demography Division with adjustments to reflect the exclusion described under "Design and Procedures" above.</p> <p>Estimates for cross-classified variables are then derived by the summation of the weights from all respondent records with that particular set of cross-classified characteristics.</p>
Sampling errors	<p>The estimates are based on a national sample of approximately half of one percent of the population. The resulting sampling errors vary according to a number of factors, the most important of which is the size of the estimates. Approximate sampling variability tables and release criteria are in the "Guide to the Labour Force Survey," which can be found on the Statistics Canada Web site.</p>
Non-sampling errors	<p>Errors unrelated to sampling can occur at almost every stage of a survey. These non-sampling errors range from the respondent misunderstanding the question to errors introduced during processing. Mechanisms to minimize these errors are in place although the final estimates may still be affected to some degree.</p>

Census Survey

The following table provides the information elements and descriptions of the items included in the Census Survey component of the *Health Indicators* database.

Item	Description
Statistical activity or survey name	1996 Census of Population.
Characteristic	The quinquennial Census of Population collects extensive demographic, social, cultural and economic information such as age, sex, marital status, education, ethnic origin, mother tongue, labour force activity, income, and so on. In addition, data are provided on dwelling, family and household characteristics.
Purpose	Census data are used for a myriad of purposes, such as determining: <ul style="list-style-type: none"> • representation in Parliament • federal transfer payments to the provinces • the amount of money to be allocated to municipalities • business plans and markets • health care needs and costs • labour markets • human resources development • special employment programs • characteristics of women in labour force • projections for school enrolments • measuring food production • activity limitation and long term disability • the situation of Aboriginal peoples • law enforcement requirements • background information on economic, social, cultural and other activities of Canadian society for news media

Census Survey

Item	Description
Clients	<p>The major clients for census data are:</p> <ul style="list-style-type: none">• federal, provincial/territorial and municipal governments• libraries• educational institutions• researchers and academics• private industries researchers• business and labour associations• religious groups• ethnocultural groups• private citizens and public interest groups

Census Survey

Item	Description
Type of statistical activity	This is a direct census survey.
Type of survey	This is a cross-sectional survey.
Reference period	May 14, 1996.
Frequency of the survey	The data are collected every five years.
Target population	Canadian citizens and non-permanent residents.
Population size	28,846,761
Statistical units	All individuals, households, families and dwellings.
Geographic coverage	All Canadian provinces and territories are included.
Coverage—Standard classification	Standard Geographical Code (SGC) 1996. Standard Industrial Classification (SIC) 1980. Standard Occupational Classification (SOC) 1991.

Census Survey

Item	Description
Main topics and variables	<p>The main topics in the census are:</p> <ul style="list-style-type: none">• counts and demographic data• ethnic origin• population group• place of birth, citizenship, immigration• language• Aboriginal peoples• schooling• household activities• labour force• income• families and households• housing• institutions and other collectives• disability <p>The number of variables is too extensive to be listed in this documentation. More information concerning the census is available from Statistics Canada.</p> <p>The items that relate to <i>Health Indicators</i> are counts used in the calculation of rates, family composition and education levels.</p>

Census Survey

Item	Description
Survey frame or frame sources	Census of Population
Collection methods	Face-to-face collection recorded on paper, 2%; self-completion, drop-off, mail-back recorded on paper, 98%.
Collection period	May 6 to July 31, 1996.
Design and procedures	<p>The census collects basic information such as age, sex, legal marital status, common-law status, household activities, mother tongue, agricultural operator, type of dwelling and dwelling ownership from the total population. Supplementary information, such as education, occupation, labour force activity, activity limitations, disability, mobility, housing stock, income, place of work, mode of transportation, immigration, ethnic origin, official languages, non-official languages, home language, place of birth, citizenship, Aboriginal self-reporting, population group, Indian Band/First Nation affiliation, landed immigrant status, registered Indian status, household activities, and characteristics related to the household, family and dwelling is collected from 20% of the population.</p> <p>The 1996 Census used primarily the self-enumeration method where a census representative dropped off a questionnaire which the respondent completed and returned by mail. In some cases, the canvasser enumeration method was used where the census representative asked the questions and the respondents answered.</p> <p>For a more detailed description of design and procedures, please consult the "Procedures Manual—Mail-back Areas," Form 41, and the "Procedures Manual—Canvasser," Form 42. Reference to these and other 1996 Census material may be found in the "Index to Statistics Canada Surveys and Questionnaires, 1996," Catalogue no. 12F0046XPB.</p>
Standard classifications used for coding the micro-data	<p>Standard Geographical Classification (SGC).</p> <p>Standard Occupational Classification (SOC).</p> <p>Standard Industrial Classification (SIC).</p>

Census Survey

Item	Description
Coding documentation used	Standard Geographical Classification (SGC) manual.

Census Survey

Item	Description
Response rate	98–99%
Response rate unit	Household.
Response rate weighting	Unweighted.
Data quality	<p>An assessment of the quality, comparability and limitations of the 1996 Census data is carried out as an integral part of release and dissemination activities. All variables are certified before release by way of a set of brief studies designed to judge the consistency of the data with that of previous censuses and that of alternate data sources.</p> <p>This process is augmented by measures of data quality provided by evaluation studies. The data quality evaluation studies are directed beyond the immediate certification objectives. They provide indications of the quality of the census data from the source of error—coverage, response, non-response, processing and sampling—and of the impact on individual variables. The result of these studies along with the certification analysis, will be integrated into a series of technical reports.</p>
Estimation procedures	The Generalized Least Squares Estimation Procedure (GLSEP) is used to produce the census estimates. The GLSEP reduces the standard errors of the sample estimates and ensures that the estimates agree with known population counts. Weights are calculated at the household level.

University Student Information System (USIS)

The following table provides the information elements and descriptions of the items included in the University Student Information System (USIS)—Enrolment and Degrees Awarded component of the *Health Indicators* database. More detailed information is available from the Education, Culture and Tourism Division in Statistics Canada.

Item	Description
Statistical activity or survey name	University Student Information System (USIS)—Enrolment and Degrees Awarded.
Characteristic	<p>This survey is conducted by Education, Culture and Tourism Division, Statistics Canada.</p> <p>This survey collects annual information from degree-granting universities and affiliated colleges in Canada, highlighting enrolment, degrees/diplomas granted, level, field of study and student characteristics.</p>
Purpose	The information is used for the analysis of the labour force supply, studies of the education system and the participation of special groups such as foreign students and women.
Clients	<p>The major clients for USIS data are:</p> <ul style="list-style-type: none"> • federal government departments and • provincial departments of higher education • related associations • individual researchers
Type of statistical activity	This is an administrative census.
Type of survey	This is a cross-sectional survey.
Reference period	The reference period is the academic year for enrolment and the calendar year for degrees.

University Student Information System (USIS)

Item	Description
Frequency of the survey	Annual
Target population	All degree-granting institutions.
Population size	N/A
Statistical unit	Degree-granting university.
Sample size	78 institutions
Geographic coverage	Provinces
Coverage—Standard classification	Institution code.
Main topics and variables	<p>The main topics surveyed at universities are:</p> <ul style="list-style-type: none"> • enrolment and degrees granted • university participation rates • foreign student participation in Canadian education • discipline profile trends • sex distribution of Canadian students and graduates <p>The main variables are:</p> <ul style="list-style-type: none"> • program information—level of study (undergraduate, graduate, bachelor, masters, doctorate, etc.) • registration status (full- or part-time) • field of study • year of study • duration of program and type of session (for example, semester, quarter, etc.) • student information—age, sex, marital status, mother tongue, citizenship and province of residence

University Student Information System (USIS)

Item	Description
Survey frame or frame sources	Degree-granting institutions.
Collection methods	100% extraction from administrative files from registrars' offices.
Collection period	<p>The preliminary collection period is from mid-September to mid-October of the survey year while the regular collection period is from the beginning of November to the end of January of the survey year. The regular enrolment-registration forms are collected from July to the end of January of the survey year.</p> <p>The collection months are: September, October, November, December and January.</p>
Weighting procedures	N/A
Standard classifications used for coding the micro-data	Standard Geographical Classification (SGC).
Coding documentation used	<p>University Student Information System (USIS) input manual.</p> <p>University Student Information System (USIS) user guide.</p>

University Student Information System (USIS)

Item	Description
Data quality	<p>Overall, enrolment and degree data are very good. However, certain elements of the data require improvement.</p> <p>Some of these are:</p> <ul style="list-style-type: none"> • number of interns and residents • current enrolment status and activity of students last year • home province • mother tongue • marital status
Response rate	The response rate for universities is 100%.
Response rate unit	Universities
Response rate weighting	Unweighted
Estimation procedures	<p>Enrolment of full- and part-time undergraduates and full-time community college students by sex were based on participation rates. These estimated participation rates were then applied to the population to arrive at enrolment figures. Unlike undergraduate enrolment, graduation enrolment is not closely related to the size of the population.</p> <p>Estimates of university degrees were made by level and sex. The number of bachelor's and first professional degrees was based on full-time and part-time undergraduate enrolment in the year levels from which students may graduate.</p> <p>Masters degrees were estimated as a percentage of total full- and part-time master's enrolment on year earlier and doctoral degrees as a percentage of full- and part-time PhD. enrolment three years earlier.</p>

Community College Student Information System (CCIS)

The following table provides an overview of the Community College Information System (CCIS) component of the *Health Indicators* database. More detailed information is available from the Education, Culture and Tourism Division in Statistics Canada.

Item	Description
Statistical activity or survey name	Full- and Part-time Enrolment and Graduates of Community College Information System (CCIS).
Characteristic	<p>This survey is conducted by Education, Culture and Tourism Division; Statistics Canada.</p> <p>It collects annual information from colleges and related institutions in Canada, highlighting enrolment and graduation statistics, data detail by program and student characteristics.</p>
Purpose	<p>The college and related institutions post-secondary enrolment and graduates survey was developed to meet the information needs of a wide range of organizations, and to support education-related research.</p> <p>The survey data are used by Human Resources Development Canada, the Secretary of State, the Council of Ministers of Education, and other governmental agencies concerned with issues such as labour force supply, college accountability and policy development. In addition, the survey data serve the information needs of various education associations, academics and other public and private researchers. International agencies such as the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Organisation for Economic Cooperation and Development (OECD) also draw from Canadian college statistics.</p>
Clients	<p>The major clients for college programs data are:</p> <ul style="list-style-type: none"> • federal government departments • provincial departments of higher education • related associations • individual researchers • UNESCO • OECD

Community College Student Information System (CCIS)

Item	Description
Type of statistical activity	This is a combined administrative and direct census survey.
Type of survey	This is a cross-sectional survey.
Reference period	The academic year.
Frequency of the survey	Annual.
Target population	All public, non-university, educational institutions which provide post-secondary training.
Population size	285,000 career and 105,000 university transfer educational institutions and associations.
Statistical units	Public post-secondary, non-university, educational institutions.
Sample size	78 institutions
Geographic coverage	Canada
Coverage—Standard classification	Institution code.

Community College Student Information System (CCIS)

Item	Description
<p>Main topics and variables</p>	<p>The following main topics were surveyed at community colleges and similar institutions:</p> <ul style="list-style-type: none"> • enrolment, full-and part-time, by program type, program field, sex, age group, citizenship status, activity prior to enrolment and residence prior to enrolment • enrolment and graduation statistics, data detail, by program and student characteristics, community colleges • community colleges: career programs, university transfer programs, full-time enrolment, by sex, by province and territory • hospital schools: full-time enrolment, by sex, by province and territory <p>In post-secondary career programs, the topics surveyed were:</p> <ul style="list-style-type: none"> • graduates, by sex, by provinces and territories • graduates, by sex, by program field, by subject field • full-time fall enrolments in the first year, percentage distribution by activity and residence during the previous year • full-time fall enrolment, by province of location and institution, by name of foreign students (authorization or visa), full-time fall enrolment and percentage distribution, by program field • full-time enrolment, by sex, by program field, by subject field, by province and territory

Community College Student Information System (CCIS)

Item	Description
Survey frame or frame sources	Educational institutions and associations.
Collection methods	The data are collected in various ways: 44% by electronic file, 40% self completion mail-out/mail-back method, 8% by the Admin centre, 6% by computer printout and 2% by other (such as extraction from USIS data).
Collection period	From November 1 to January 13 (until March for Ministry Data).. The collection months are: January, February, March, November and December.
Design and procedures	Information on enrolment and graduates is requested from individual institutions or from the ministries of education. These data are received as aggregate data on questionnaires or as individual records on diskette and as aggregate data on printouts from the ministry.
Standard classifications used for coding the micro-data	Standard Geographical Classification (SGC).
Coding documentation used	N/A

Community College Student information System (CCIS)

Item	Description
Data quality	As of 1990, data quality varies by degree of variable. Some variables have a very high rate of non-response. For example, marital status, province of residence, current status, previous activity and sponsor all have non-response rates in excess of 45%.
Response rate	The response rate for colleges is 100%.
Response rate unit	Colleges
Response rate weighting	Unweighted
Estimation procedures	None

Survey of Consumer Finances (SCF)

The following table provides the information elements and descriptions of the items included in the Survey of Consumer Finances (SCF) component of the *Health Indicators* database. More detailed information is available from Household Surveys Division in Statistics Canada.

Item	Description
Statistical activity or survey name	Survey of Consumer Finances (SCF)
Characteristic	<p>This survey is conducted by Household Surveys Division, Statistics Canada.</p> <p>This is a household survey that provides data for annual estimates of income distributions by size and of low income rates for individuals and families for the previous calendar year.</p>
Purpose	The purpose of the study is to provide data on income, as well as other statistics on families by size, region and other characteristics. The study is important for planning future policies affecting all Canadians. The data are also used for research and analysis and for the study of trends in current living conditions.
Clients	<p>The major clients for SCF data are:</p> <ul style="list-style-type: none"> • federal, provincial and local departments and • businesses • universities • social agencies • trade unions • other organizations such as the National Council of Welfare, Human Resources Development
Type of statistical activity	This is a direct sample survey.
Type of survey	This is a cross-sectional survey.
Reference period	The calendar year prior to the survey.

Survey of Consumer Finances (SCF)

Item	Description
Frequency of the survey	Annual.
Target population	Individuals aged 15 and over, with and without income and families in private households, excluding residents of the Yukon and Northwest Territories, residents of Indian reserves, residents of military bases, inmates of institutions, residents of collective-type households, private households living in trailers, etc.
Population size	23,700,000 individuals aged 15 and over. The population size is 23.7 million individuals which translates into 7.5 million census families and 4.3 million persons not in families, 8.3 million economic families and 3.9 million unattached individuals, 11.6 million households.
Statistical units	Individuals aged 15 and over with income, census family, economic family and households.
Sample size	34,000 reporting units (households).
Geographic coverage	Provinces.
Coverage—Standard classification	Labour Force Survey primary sampling unit codes which include province, CMA and EA.
Main topics and variables	<p>The main topics are: income, expenditure, wealth and consumer finances. Detail is provided for:</p> <ol style="list-style-type: none"> 1. Families and individuals <ul style="list-style-type: none"> • income profiles and trends, by income groups and by socio-economic and geographic characteristics • percentage distribution, by income groups, family, socio-economic and geographic characteristics 2. Persons not in families <ul style="list-style-type: none"> • income profiles, by income groups and selected characteristics, by urban and rural areas, by size of residence

Survey of Consumer Finances (SCF)

Item	Description
Main topics and variables (continued)	<p>3. Female earners, male earners</p> <ul style="list-style-type: none"> • percentage distribution, by earnings groups and selected characteristics <p>4. Women and men</p> <ul style="list-style-type: none"> • comparison of average earnings and female to male earnings ratios, historical data <p>5. Low income</p> <ul style="list-style-type: none"> • incidence of low income among families, unattached individuals and persons, by selected characteristics <p>6. Families, unattached individuals and individuals with income</p> <ul style="list-style-type: none"> • percentage composition of their income within income quintiles • percentage distribution, by selected characteristics within income quintiles <p>7. Households within household income groups</p> <ul style="list-style-type: none"> • percentage distribution, by household and dwelling characteristics and by household facilities and equipment, for urban and rural areas, by size <p>8. Census families, economic families, unattached individuals and persons not in families</p> <ul style="list-style-type: none"> • percentage distribution, by income groups and their average and median incomes <p>9. Income</p> <ul style="list-style-type: none"> • average family income, distribution of all family types and growth rate of average income, comparative statistics, for selected family unit types • family and individual income in current and constant dollars for selected years

Survey of Consumer Finances (SCF)

Item	Description
Survey frame or frame sources	Labour Force Survey Frame.
Collection methods	The data are collected in two ways: 83% is collected through self-completion using mail-out/call-back with computer assisted interviewing while 17% is collected through self-completion using mail-out/pick up or mail-out/mail-back surveys.
Collection period	From the end of April to early May.
Standard classifications used for coding the micro-data	Standard Geographical Classification (SGC).
Coding documentation used	Sample frame "record identifier" Census population counts of covered universe.

Survey of Consumer Finances (SCF)

Item	Description
<p>Data quality</p>	<p>Published data are accompanied by estimated sampling errors of average income. Generally, these errors range from a minimum of 0.5 to 1.5% of the mean for the major universes published (individuals, families, unattached individuals) to approximately 5% for some small subgroups of the population.</p> <p>Another way of evaluating quality is pursued by reconciling survey estimates by component to National Account aggregates that have been adjusted for conceptual and coverage differences.</p> <p>In total comparable money income components in the survey account for approximately 100% of the corresponding National Account aggregates.</p> <p>A summary of this reconciliation is contained in <i>Income Distributions by Size in Canada</i> (Catalogue no. 13-207-XPB) and a detailed statement is included in the public use micro-data documentation.</p>
<p>Design and procedures</p>	<p>With this survey being a supplement annually to the April Labour Force Survey (LFS), standard survey operations are carried out in respect to the LFS.</p> <p>In 4/6 of LFS households, income questionnaires were mailed to the households prior to the survey. After the administration of the Labour Force Survey, persons 15 years of age and over were asked questions concerning their labour force experience during the previous year and other demographic data. Respondents then gave detailed income information for the previous calendar year from the mailed out questionnaires that they were asked to complete prior to the computer assisted interview (CAI).</p> <p>In 1997 the income questionnaire asked for the reporting of 20 income components plus 4 income tax/tax credit items for the 1996 calendar year. Income estimates are available on the basis of total money income or after tax income.</p>

Survey of Consumer Finances (SCF)

Item	Description
Response rate	In 1995, the response rate was 82.1%. Economic families units had a response rate of 82.1% and individuals had a response rate of 76.6%.
Response rate unit	Households.
Response rate weighting	Unweighted.
Estimation procedures	<p>Individuals who are complete income non-respondents have the entire income record imputed from geographically-nearest respondent records possessing similar characteristics. This categorization is based on significant variables including family relationship, labour force status, education, weeks worked and so on.</p> <p>Partial income respondents have some individual income items imputed from similar respondent records while other individual income items such as Old Age Security, are assigned on the basis of their own family/demographic information.</p> <p>Each record is assigned a weight in two steps: a "simple survey weight" is created, based on the universe of the sampling ratio and a compensation for non-response, and a "final weight" is created by applying a ratio estimation procedure to the simple survey weight.</p> <p>This procedure incorporates independent, census-derived control totals of the population by province, age, sex and subprovincial area.</p>

Tables from Outside Organizations

For the following tabulations included in *Health Indicators*, data are provided by organizations outside of Statistics Canada. Documentation for these tabulations is not available from Statistics Canada. To obtain information concerning these tabulations users may contact the following organizations.

Canadian Institute for Health Information (CIHI)

Telephone: (613) 241-7860

Website: <http://www.cihi.ca>

Table 00060201	Health Expenditures by Type
Table 00060202	Health Expenditures by Use of Funds
Table 00060205	Health Personnel
Table 00060206	Payment for Medical Services

Laboratory Centre for Disease Control (LCDC)

Telephone: (613) 957-1351

Website: <http://www.hc.gc.ca>

Table 00060132	Sexually Transmitted Diseases
Table 00060136	Notifiable Diseases

Association of Workers' Compensation Boards of Canada

Telephone: (905) 542-3633

Website: <http://www.awcbc.org>

Email: awcbc@wowdx.net

Table 00060134	Time-Loss Work Injuries
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Page: 231

[0] It is obvious to the reader that this is a component of the Health Indicators Database; I believe this can be omitted.

Page: 231

[0] When cited in the text, the title *Health Indicators* should be put in italics.

Page: 231

[0] The phrasing for this sentence was taken directly from the 1997 Health Indicators diskette.

Page: 231

[0] I suggest the following wording:

Extensive information is available for surveys conducted by Health Statistics Division. For more information on either surveys conducted by Statistics Canada—other than Health Statistics Division—or on surveys conducted by departments or organizations other than Statistics Canada, a list of contacts is provided.

Page: 231

[0] I suggest reformatting the bullets to better illustrate subdivisions within the files.

Page: 231

[0] I was unable to find this heading in the tables; I would remove it from this list.

Page: 231

[0] Define this term; using the terms “stillbirths” AND “late fetal deaths” makes comprehension more difficult. What is the difference between the two?

Page: 231

[0] Departments of what? Universities? Government

Page: 231

[0] Departments of what? Government? Schools?

Page: 231

[0] idem

Page: 231

[0] Why is Quebec excluded here? Is clarification necessary

Page: 231

[0] Changed wording to conform to wording on page 23.

Page: 231

[0] Where is common-law union in the marital status tables? Clarify.

Page: 231

[0] I suggest changing the subdivisions within the definitions. Delete italics and insert a bullet to illustrate subdivision.

Page: 231

[0] I would put this heading on a separate page to better illustrate the differences between the simple term definitions and the measures definitions.

Page: 231

[0] Which ones are “western?”

Page: 231

[0] One possible suggestion for reworking the sentence... any others

Page: 231

[0] Or a “process?” (A process has been designed to measure data coding and to capture errors.)

Page: 231

[0] see comment no. 8.

Page: 231

[0] See comment no. 9.

Page: 231

[0] See comment no. 10.

Page: 231

[0] Bullets indented at the same point as all other bulleted lists.

Page: 231

[0] Where does common-law union fall within these tables

Page: 231

[0] New page inserted here as for all other “Measures and Indices” categories.

Page: 232

[0] This does not need italics as well as boldtype; one or the other will do.

Page: 232

[0] Which ones

Page: 232

[0] Same as page 16? Verify.

Page: 232

[0] This sentence is difficult to comprehend. Can it be reworked. Maybe the following: When the size of this category is relatively large, the results derived may be biased by differences in the characteristics of individuals with not-stated or valid (should this be invalid?) responses.

Page: 232

[0] Should the italics be kept here and in the following paragraph

Page: 232

[0] Where?

Page: 232

[0] Where is this?

Page: 232

[0] I removed the full justification on this page to keep conformity throughout the text.

Page: 232

[0] If these are to be footnotes or endnotes, the number should be kept. However, if it is only for a bibliography, no numbers should be used as they are to be listed alphabetically.

Page: 232

[0] I have moved all equations to the left of the page and tabbed them in for easier reading; if centred on the page, they are not as easy to read because the eye has to adapt to the different alignments.

Page: 232

[0] Check the bullet style for this particular line. I can't seem to get it in line with the others. Does anyone have any suggestions

Page: 232

[0] I think there is text missing here. Verify.

Page: 232

[0] Text missing? Verify.

Page: 232

[0] Font changed to 12pt Times New Roman instead of 9pt Arial.

Page: 232

[0] What is this supposed to represent

Page: 232

[0] This bulleted list has been moved and bullets set to different tabs.

Page: 232

[0] What is SAS?

Page: 232

[0] The font size and style have been changed from 9pt Arial to 12pt Times New Roman for conformity. However, why do numbers 1 and 2 not have as distinct an introduction as this one

Page: 232

[0] This page needs to be reorganized. See attached document.

Page: 232

[0] I have put these in bold to conform to the table style in the first column.

Page: 232

[0] Where? Are you referring to the next section

Page: 232

[0] Is this a repetition of the previous sentence? I think it can be eliminated here.

Page: 232

[0] Is there text missing here

Page: 232

[0] Text missing?

Page: 232

[0] What are these? Nowhere is the full title given to the reader.

Page: 233

[0] To conform with page 81.

Page: 233

[0] Are you referring to the pages here?

Page: 233

[0] This sentence does not need bold and italics. One of the two will suffice to attract attention.

Page: 233

[0] departments and organizations of what? (government? schools?)

Page: 233

[0] This needs definition. If they reside in Canada yet are not yet classed as "permanent residents" then this needs to be stated in the text

Page: 233

[0] Similarly, this implies that only women who have Canadian citizenship are included in the survey. It may need reworking to read "All women in Canada."

Page: 233

[0] Is it necessary to include "of residence?" See page 68.

Page: 233

[0] Is this row necessary? It's obvious that the definitions are listed below.

Page: 233

[0] This has been put in bold type just as the others have been.

Page: 233

[0] of what?

Page: 233

[0] of what?

Page: 233

[0] Should this be a separate variable?

Page: 233

[0] What makes it a "public hospital?" The fact that it is recognized by the province as such or the fact that it is not operated for profit

Page: 233

[0] Is this precision necessary

Page: 233

[0] idem

Page: 233

[0] Of what? (Provincial statistical departments?)

Page: 233

[0] I would call this "alcohol/drug use" or "... users." As it stands right now, it is ambiguous.

Page: 233

[0] If these cards are only sent to those facilities which have not replied, shouldn't they be changed to "reminder" cards? Thank-you cards seem to be inappropriate to send to these facilities.

Page: 233

[0] Government statistical departments? If not, departments of what

Page: 233

[0] Where are they

Page: 233

[0] This has been put in bold-type.

Page: 233

[0] This is only the second time that this abbreviation occurs. The 211 is the number of categories and I feel it can be omitted from the abbreviation altogether as it is not part of the title. In addition, I think that the entire text between the parentheses can be omitted here as it never occurs again in the text.

Page: 233

[0] How does this differ from the ICD-9? Nowhere are we told what this is. Clarification is needed here.

Page: 233

[0] Why are these areas excluded? Are they included elsewhere? Further explanation is needed for clarification.

Page: 233

[0] See comment 66.

Page: 234
[0] See note 66.
Page: 234
[0] Again, of what? Governmental statistical departments
Page: 234
[0] Again, why were these people not included in the study
Page: 234
[0] Is this supposed to be in the text at this point
Page: 234
[0] I find this sentence extremely unclear. Can it be improved
Page: 234
[0] This term does not need to be underlined.
Page: 234
[0] This needs to be inserted so the reader can clearly understand where the initials C. V. come from.
Page: 234
[0] This word does not need to be underlined.
Page: 234
[0] These headings have been centred in the columns.
Page: 234
[0] Of what? Government?
Page: 234
[0] Why were these excluded from the study
Page: 234
[0] Should this be in the text at this point?
Page: 234
[0] Again; is there any way to clarify this sentence
Page: 234
[0] This term does not need to be underlined.
Page: 234
[0] No underlining is necessary here.
Page: 234
[0] of what?
Page: 234
[0] Is the reference here to non-sampling errors only or to sampling errors as well? If it is referring to both types, can we lump them together under non-sampling errors here? (I believe this also exists elsewhere in the text.)
Page: 234
[0] of ...?
Page: 234
[0] I think this can be omitted; à vérifier.
Page: 234
[0] I think this word choice is inappropriate. I think a verb such as "record" or "establish" should be used here.
Page: 234
[0] of...?
Page: 234
[0] Which ones, the sampling or the non-sampling or both? Needs clarification.
Page: 234
[0] of...?
Page: 234
[0] Is this the reference number
Page: 234
[0] This term does not need to be put in bold type.
Page: 234
[0] We have seen the Core and the Classification; where is the Focus? What does it entail
Page: 234
[0] Why are the territories not included

Page: 235
[0] What does the "E" mean in this abbreviation
Page: 235
[0] Again, where are the territories? Clarify.
Page: 235
[0] Is there an abbreviation for this publication SIC?
Page: 235
[0] What are these? Are they variables, main topics, what? Needs clarification.
Page: 235
[0] The territories are where in this survey
Page: 235
[0] Is there a reference number missing here
Page: 235
[0] Again, what are these?
Page: 235
[0] Where are the official ones
Page: 235
[0] Is this a reference number?
Page: 235
[0] Are these supposed to be inserted for the LFS section as well
Page: 235
[0] Why are these groups excluded?
Page: 235
[0] As opposed to what? Aren't the other SGC references "manuals?"
Page: 235
[0] Is this what is meant here? à vérifier
Page: 235
[0] à vérifier
Page: 235
[0] Should this be inserted here?
Page: 235
[0] As opposed to...?
Page: 235
[0] Related to what? Federal and provincial departments? What kind of associations are they? Needs clarification.
Page: 235
[0] Should this be inserted here?
Page: 235
[0] Are there any other suggestions for improving this sentence
Page: 235
[0] Again, related to what?
Page: 235
[0] Should this be inserted at this point?
Page: 235
[0] What are these? I believe some clarification is needed here.
Page: 235
[0] Idem; clarification is needed.
Page: 235
[0] This is too vague; can you specify which ones, or at least, what types of businesses are involved
Page: 235
[0] To be inserted here
Page: 235
[0] Who else is excluded and more importantly, why are these individuals or groups excluded from the survey
Page: 235
[0] What is a "census family" and how does it differ from an "economic family?"
Page: 235
[0] What is EA? Needs clarification.



c2

dos

Page: 236

[0] Is there a more familiar term to use here? This sentence could be clarified I think.

Page: 236

[0] Check to see that this paragraph is split correctly.

Page: 236

[0] Do we need caps here