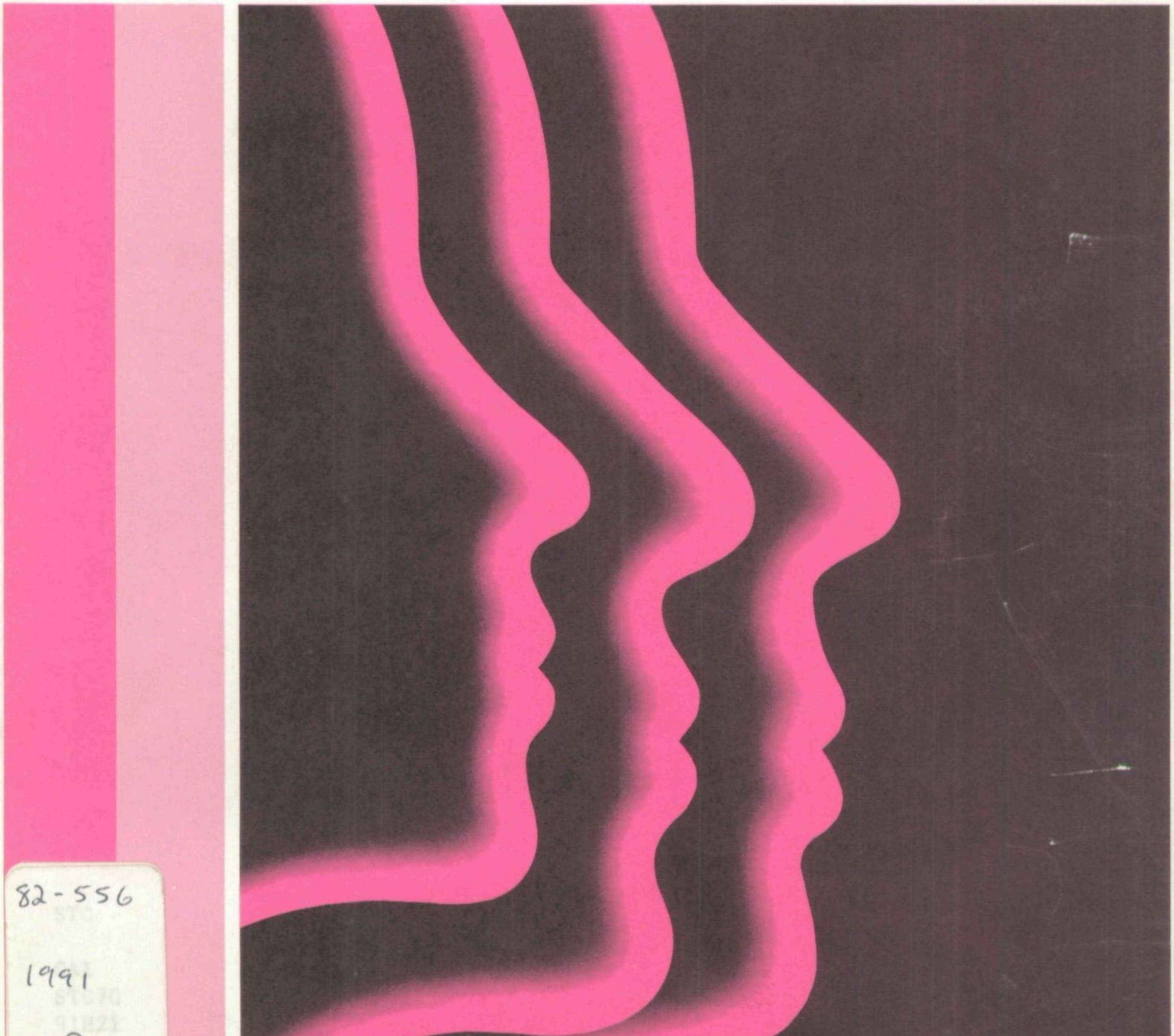
Canadian Centre for Health Information

HEALTH ACTIVITIES IN STATISTICS CANADA

AN OVERVIEW



Statistics Canada Statistique Canada

Canada

C.2

HEALTH ACTIVITIES IN STATISTICS CANADA
AN OVERVIEW

Prepared by

The Canadian Centre for Health Information

Edited by: D.F. Bray

July, 1991

TABLE OF CONTENTS

TABLE OF CONTENTS - Concluded

OVERVIEW

At the heart of Statistics Canada's health statistics program is the Canadian Centre for Health Information (CCHI).

The CCHI works to meet the demand for up-to-date, comprehensive information on health and health care. To this end, it runs two major information programs, one on health status and one on health care.

The **Health Care Program** covers health-care institutions -- such as hospitals and residential care facilities -- in Canada and the use of their services. It also profiles those employed in institutional settings and, in cooperation with the Canadian Nurses Association, it describes the nursing resources available and how they are used in both institutional and non-institutional settings.

In addition, the program maintains in-patient hospital data on surgical procedures and patient diagnoses (morbidity), mental health statistics, and data on medical and demographic characteristics of in-patients treated in general and psychiatric hospitals. As a research activity, the health care program has been operating a pilot project over the past three years to explore the creation of patient records from physician claims and hospital separation records. The patient records could provide incidence information for specific diseases as well as health service information.

The **Health Status Program** covers the social and risk factors that influence health. Information from the census and other surveys is used to investigate how personal behaviour and characteristics such as age, sex and income relate to health. The program maintains vital statistics, which include data on births, marriages and deaths. The Canadian Mortality Database, which contains the underlying cause of death for each individual, is used for environmental and occupational health research.

Analyses generated by the health status and health care programs are featured in **Health Reports**, Catalogue 82-003, a quarterly journal published by the CCHI. Data tabulations are published in 18 supplements released with **Health Reports**.

Most of the CCHI's administrative health data is supplied by the provinces. The resulting databases form the basis of many publications and are used in responding to requests for detailed information.

In addition to the CCHI, a number of other projects and activities throughout Statistics Canada contribute to the agency's health statistics program. These include:

- the Health and Activity Limitation Survey (HALS), a follow-up to the 1986 Census, produced extensive information on the health status and capacities of disabled Canadians. A modified HALS has recently been run as a follow-up to the 1991 Census.

- the General Social Survey provides data on social characteristics with a focus on health information every 5 years.

- A number of special surveys undertaken on behalf of specific clients provide valuable health data.

Immediately following this section will be found a page or two providing a description of each of the components of the major programs and activities operated by the Canadian Centre for Health Information as well as descriptions of each of the related activities undertaken by other organizational elements of Statistics Canada.

For each project, a description of the coverage and data source, if appropriate, is provided, together with a thumbnail sketch of each data set maintained, an indication of the specialized clientele, and a description of the value of the project.

Four annexes provide: a summary list of data providers, a summary list of information users, a list of standard tables and special tabulations available from the Centre and How to Order Health Reports.

HEALTH CARE, Canadian Centre for Health Information

HOSPITAL FACILITIES & OPERATIONS

The hospital statistics program consists of four surveys that collect data concerning hospital services utilization and expenditure information. The data are collected by survey questionnaires and in some cases by using administrative data direct from provincial ministries of health. All surveys are carried out in cooperation with the provinces who provide some direction for hospitals and editing support for the Annual survey.

Users of hospital data include other divisions of Statistics Canada, (Input-Output, Labour, Public Institutions Income and Expenditure Account), Health and Welfare Canada, Veterans Affairs Canada, provincial ministries of health, hospitals, the Canadian Hospital Association, provincial hospital associations, Canadian Medical Association, university researchers, students and private industry.

At Statistics Canada the hospital expenditures data form an important component of the System of National Accounts. With expenditures nationally expected to be 20.8 billion dollars for fiscal 1989/90, the commodity breakdowns of expenses and income are essential inputs into the SNA. Historical data are being supplied to Input-Output Division for research purposes.

Data Sets Maintained:

Annual Hospital Statistics

Number of Hospitals Responding: 1,129
Number of Data Elements per hospital: 2,000
Time Lag from reference period: 24 months
Most Current Data: 1988/89
Data Source: Questionnaire and Administrative
Number of Publications: 2 Annuals

With the participation of virtually all Canadian hospitals, this database includes statistics and indicators (ratios) covering a wide range of hospital services utilization and expenditure activities. This information is usually tabulated by province and hospital type and size, and can be quantified at the "small area" level (e.g. CMA's). More than two thousand data elements or variables are maintained in the database. These variables can be grouped into six broad categories:

1. Beds and Patient Movement

   Approved and staffed bed complements, patient-days, separations, admissions, average length of stay, occupancy rates for short term (acute) and long term chronic beds.

2. Ambulatory Care

Data elements include out-patient activities such as visits to emergency units, hospital clinics, day/night care programs and surgical day care. Utilization data are available on specific types of clinics (e.g. allergy, cancer, family medicine, etc.) and day night/care programs (e.g. diabetic day care, psychiatric day care etc.).

3. Diagnostic and Therapeutic Services

These data concern the various hospital departments that provide diagnostic and therapeutic services such as laboratory, radiology, physiotherapy, nuclear medicine, respiratory therapy, etc. Data items include the number of services provided (i,e, exams, treatments), costs of these services and the number of paid hours required to generate them. Indicators using standardized work units (as defined by various Workload Measurement Systems) are also available.

4. Administration and Support Services

Information on hospital departments providing services not directly related to patient care. These departments include housekeeping, dietetics, central supply, hospital administration, laundry and linen. Data items include paid hours, costs, and in some cases production (e.g. meal-days, KG of laundry).

5. Personnel

Data include the number of full time and part time staff, average salary rates, turnover of full time staff and calculated full time equivalents (FTE's). Information is available on many of the occupation categories common to hospitals such as nurses (RN's, RNA's etc.), lab technicians, pharmacists, psychologists etc.

6. Income and Expenditures

Detailed financial information compiled from hospital financial statements is supplied to STC such as the income statement and balance sheet. Income data include dollar amounts for various categories of hospital income (provincial plan, authorized charges, etc.). Expense data include information on salaries and wages, medical surgical-supply costs, drug costs, employee benefits, non-medical supply costs and other expenses. Balance sheet data including details relating to assets, depreciation and liabilities are also available.

Preliminary Annual Statistics

Number of Hospitals Responding: 1,063
Number of Data Elements per hospital: 56
Time Lag from reference period: 9 months
Most Current Data: 1989/90
Data Source: Questionnaire and Administrative
Number of Publications: 1 Annual

A small database consisting of key data items based on information supplied by most Canadian hospitals. The purpose is to make hospital information available in a timely manner, generally six months from the end of the reference year. The data elements include utilization figures such as patient-days, admissions, separations, average length of stay, % occupancy, paid hours and expenditure statistics including wages and salaries, medical surgical supply costs employee benefits and other expenses. It is planned to discontinue the Preliminary collection effective with reference year 1991/92.

Quarterly Hospital Information System

Number of Hospitals Responding: 405
Number of data Elements per hospital: 700
Time Lag from reference period: 4 months
Most Current Data: 4th QTR 1990/91
Data Source: Questionnaire
Number of Publications: 1 Quarterly

A voluntary survey of Canadian hospitals that had participation of 33% of public hospitals. Hospital that choosed to respond to the seven page quarterly questionnaires received indicator reports based on the data provided. These reports also contained information on other hospitals of similar type and size so that each hospital was able to analyze its performance in comparison with others. The data were used to generate aggregate quarterly estimates of hospital expenditures and utilization, which with some of the key indicators were presented in the quarterly publication. The survey was discontinued effective with the fourth quarter of reference year 1990/91.

List of Canadian Hospitals

Number of Hospitals Responding: 1,237
Number of Data Elements per hospital: 50
Time Lag from reference period: 9 months
Most current data: 1990
Data Source: Administrative
Number of Publications: 1 Annual

A list of hospitals operating in Canada, updated annually by provincial ministries of health. This list defines the Canadian hospital "universe" and is used as the sample frame for all hospital surveys. Data elements maintained on this list include tombstone information (name, address, ID #), number of approved beds, category and service codes, geography codes, ownership and operation classification codes, and other descriptive variables.

RESIDENTIAL CARE FACILITIES

Data Source and Coverage:

An inventory of residential care facilities is updated annually by the provincial/territorial ministries of health and/or social services. This inventory is composed of homes for the aged, (including nursing homes) facilities for physically and developmentally delayed, mentally retarded, emotionally disturbed children, people with alcohol/drug problems and various other programs. In addition an annual survey is conducted by Statistics Canada of approximately 6,500 institutions to collect demographic and financial statistical information.

Data Sets Maintained:

The data set contains information on the number of beds, movement of residents, full and part-time staff, paid hours, salary and wages, total expenditures and income, by principal characteristics of the predominant group of residents and by type of care.

Research and Analysis:

The Laboratory Centre for Disease Control (HWC) is undertaking a survey on Alzheimer's Disease in residential care facilities in Canada. The data collected by this survey will be integrated with the Statistics Canada data and will examine and estimate the incidence, prevalence and utilization patterns of persons afflicted with this disease particularly among the elderly.

CCHI together with CCJS and HWC will develop and expand the Residential Care Facility Survey to provide national data on services provided through Transition Homes and details on the characteristics of the residents including information on family violence.

Value of Project:

Residential care facilities are an integral part of the health care delivery system and represent approximately one quarter ($5 billion) of the total expenditures for institutional and hospital care and account for 60 per cent of the beds. The data are used as input for the system of National Accounts. This data base is the only national resource of information on residential care facilities.

HOSPITAL INPATIENT MORBIDITY

Data Source and Coverage:

The provincial departments of health forward to Statistics Canada admission/separation information on persons hospitalized as inpatients in general and allied special hospitals (acute, convalescent and chronic) in Canada. All provinces forward computer tapes to Statistics Canada containing medico-demographic information on patients including age, sex, diagnosis, surgical operation, length of stay and condition on discharge.

Data Sets Maintained:

Hospital Morbidity

The data set contains medical, demographic and utilization information on patients including age, sex, diagnosis, surgical procedures, length of stay, condition on discharge, residence of patient and other relevant information. Numbers of cases separated from hospitals, the number of days of hospital care given to these cases and the rates per 100,000 population, organized according to the Canadian Diagnostic List of Diseases, by age, sex, and province.

Surgical Procedures and Treatments

Numbers of cases separated from hospitals involving surgery or treatment, the number of days of hospital care given to these cases, and the rates per 100,000 population, organized according to the Canadian Surgical List of Diseases, by age, sex, and province.

Accidents

The data on accidents are based on the ICD Supplementary Classification of External Causes and Injury and Poisoning. The supplementary classification is used in addition to a ICD code indicating the condition. In most instances this condition is an ICD code found in Chapter XVII on Injuries, Poisonings and Violence. Data are available by age, sex, province, length of stay and residence of the patient.

Research and Analysis

Crohn's Disease and Ulcerative Colitis

A research study analyzing hospital morbidity and mortality due to Crohn's disease and ulcerative colitis was completed. This study covered the period 1971-1986 and a comparison of hospital trends for these diseases was examined for Canada, England-Wales, and the United States.

Cardiovascular Diseases in Canada

Analysis of Cardiovascular Disease mortality and morbidity trends in Canada during the last 30 years. Inter-provincial and inter-national comparisons of Ischemic Heart Disease, Acute Myocardial Infarction and Cerebrovascular Disease and all Cardiovascular Diseases.

Nova Scotia/Saskatchewan Cardiovascular Study

A comparison of morbidity and mortality due to Acute Myocardial Infarction among Canadian provinces show considerable variation. This study investigates the use of administrative records to measure the Incidence of AMI in Nova Scotia and Saskatchewan. The validation study, methodology, and overview have been completed. Planing for ongoing surveillance systems in Nova Scotia and Saskatchewan. Alberta and British Columbia are in the developmental phase of implementing a similar surveillance system.

Heart and Stroke Foundation Study

A collorative study between the Heart and Stroke Foundation and Canadian Centre for Health Information in Canada produced a report entitled Cardiovascular Disease in Canada.

MENTAL HEALTH

Data Source and Coverage:

The provincial departments of mental health in the ministries of health extract from their mental health information systems admission/separation data on patients in psychiatric hospitals and submit these data on computer tape. The data are subsequently merged with psychiatric separations from hospital morbidity to produce national data on psychiatric inpatient care in general hospitals and psychiatric hospitals.

Data Sets Maintained:

The data sets contain information on the number of cases separated from psychiatric and general hospitals using the diagnostic listing of Chapter V of the International Classification of Diseases by hospital days, age, sex and provinces.

Research and Analysis:

Analysis of the psychiatric morbidity data base is being extended to cover financial data on psychiatric hospitals and general hospitals as well as data on the residential care facilities for mental disorders. In addition data from the ten provincial medical care files will be analysed showing service utilization by psychiatric consultations, psychotherapy, counselling and electro-convulsive therapy.

Value of Project:

The mental health project collects and disseminates statistical information on a wide range of disparate conditions as listed under the rubrics of Chapter V of the ICD, viz: drug dependence, alcoholism, Alzheimer's Disease, childhood and adolescent disorders, psychotic conditions, depression, mental retardation, etc. This data base is the only national source of statistical information on patients hospitalized for these many types of mental disorders.

PERSON ORIENTED HEALTH INFORMATION SYSTEM

Data Sources and Coverage:

This pilot project is investigating five years of hospital separations and physician claims data from Manitoba. Mortality data and data from other provinces are being negotiated.

Data Set Development:

The development of a Person Oriented Health Information System is composed of creating a data base by restructuring routinely collected hospital separation and physician claim health data. It will contain diagnostic and therapeutic information on the patient, the frequency of consumption, the distribution of services and the outcome of interventions. This approach represents a fundamental change in how to structure and analyze data, moving from an episode-based system to an individual person based system. It also makes the data sets more accessible, user friendly and adds value to the data.

Research and Analysis:

A study on persons in Manitoba who were diagnosed with Acute Myocardial Infarction (Heart Attack) was published in Health Reports. Other studies using data from this database are in progress on topics such as Psychiatric Disease, Bone and Joint Disease and Chronic Obstructive Pulmonary Disease.

Value of Project:

In a climate of scarce health resources optimum use of health information is needed more than ever. Statistics of this type are valuable in policy development, in ascertaining the level of new and ongoing illnesses, in evaluating health care service utilization, in epidemiological research, in assessing regional differences in health care and health status and in investigating the economics of the health care delivery system.

HUMAN RESOURCES: REGISTERED NURSES

Data Source and Coverage:

Data are obtained through the registration process in each of the ten provinces and the Northwest Territories and include all nurses who register within the first 4 months of the registration period.

Data Sets Maintained:

The data set provides information on the socio-economic characteristics of Registered Nurses in Canada, ie., age, sex, education, employment status, type of employer, position and primary area of responsibility.

Research and Analysis:

Recent analysis highlighted demographic and employment trends in the nursing profession for the period 1982-86 as well as data on registration, nursing education and nursing faculty.

Value of Project:

This is the only national data base on all Registered Nurses including standardized definitions for areas relating to employment, education, etc. Major users are the Canadian Nurses Association, provincial nursing associations, schools of nursing and Health and Welfare Canada.

HEALTH STATUS, Canadian Centre for Health Information

POPULATION-BASED SURVEYS

Statistics Canada conducts, or is involved in a number of population-based surveys which relate to health, or have substantial health components.

The Health Survey data bases maintained by CCHI: are described below.

Canada Health Survey

Occasional survey conducted in 1978-1979, which collected data on risk factors, health status and the consequences of health status from approximately 32,000 people. The population described in this sample survey excludes the institutionalized, residents of Indian Reserves, full-time members of the armed forces and people living in the Northwest and Yukon Territories.

Canadian Health and Disability Survey

Occasional survey, sampling nearly 186,000 persons, conducted as a supplement to the monthly Labour Force Survey in October 1983 and June 1984. It identified the prevalence of disability among the non-institutionalized population living in the ten provinces. It excluded residents of Indian reserves and full-time members of the armed forces. Linked with Labour Force Survey data.

In addition, the Health Status Analysis Section carries out or participates in the analysis of health survey data bases maintained by other areas of Statistics Canada. These surveys include the General Social Survey and the Health and Activity Limitation Survey. These surveys are briefly described below but more information about them can be found in their respective sections of this report. Survey results are analysed and published via occasional reports. Examples of publications are listed.

General Social Survey

An ongoing sample survey, with a sample size of 11,200 persons, conducted annually, of social trends and issues including education, culture, public safety, family life and health. The sample frame and resulting exclusions may vary from cycle to cycle. The first cycle of the General Social Survey which was conducted in 1985 was designed to monitor changes in the health of Canadians and to examine social support for persons 55 years and older. Topics included: barriers and bridges to improving health status (smoking, alcohol use, physical activity); current health status (happiness, activity limitation, health problems, etc.); and support networks and social participation of the elderly. The sample of 11,200 was restricted to persons age 15 and over, and excluded residents of institutions and persons living in the Yukon and Northwest Territories.

Cycle III of the General Social Survey, carried out in January and February 1988, collected information on two types of personal risk, accidents and criminal victimization from 9,870 persons age 15 and over. The sample covered the non-institutionalized population throughout the 10 provinces. The data were collected by telephone. The response rate was 82%.

The 1988 General Social Survey collected the following types of information: perception of risk from accidents, accident prevalence, nature of injury, region of body injured, characteristics of persons who experience an accident, and conse- quences of accidents.

The data on accidents in the 1988 General Social Survey are unique because they complement statistics on accidents from hospital morbidity data, workers' compensation data, and vital statistics. The data provide insight into the social and demographic characteristics of Canadians who experienced an accident in the home, at work, at play or on the road during the year preceding the survey. Many of the incidents are not recorded elsewhere. Consequently, the information is potentially useful for policy makers, legislators, academics and persons involved with prevention programs.

Cycle 6 of the General Social Survey which was conducted in 1991 is repeating much of the core content that was contained in Cycle 1. Changes to the content of the survey include the addition of questions on delays in obtaining health care, flu immunizations, retirement and disability benefits; work related stress, and selected occupational hazards.

Health and Activity Limitation Survey

Occasional survey conducted in 1986 which sampled 200,000 persons in households and health care institutions in Canada. It measured the prevalence of disability all across Canada both for the institutionalized population and those persons living in households. There were virtually no exclusions. These data have been linked to Census household data.

The 1991 Health and Activity Survey (HALS) was designed to extend the coverage of the Canadian Health and Disability Survey to include disabled persons in the Yukon, Northwest Territories, on Indian reserves and in institutions; to interview a sufficient number of disabled persons to enable the release of data for sub-provincial areas (such as large municipalities) as well as data on disabilities such with low prevalence. A survey objective was to extend the definition of disability to include individuals whose disability was due solely to the presence of psychiatric condition.

Publications:

Statistics Canada, Health and Social Support 1985. Housing, Family and Social Statistics Division, Catalogue 11-612, No. 1, Minister of Supply and Services, Ottawa, 1987.

Millar WJ, Adams O. Accidents in Canada. Statistics Canada, Household, Family and Social Statistics Division. (General Social Analysis Series; No. 3) Catalogue 11-612E, No. 3 Minister of Supply and Services, Ottawa, 1991.

Statistics Canada. The Health and Activity Limitation Survey. Selected Data for Canada, Provinces and Territories. Disability database program, Ottawa, May, 1988. (No catalogue number).

Dunn PA. Barriers confronting seniors with disabilities in Canada. Statistics Canada, Post-Censal Surveys Program, Catalogue 82-615, Vol. 1, Ottawa, August 1990.

Harvey EB, Tepperman L. Selected socio-economic consequences of disability for women in Canada. Statistics Canada, Post-Censal Surveys Program, Catalogue 82-615, Vol. 2, Ottawa, September 1990.

Haeyaert K. Blindness and visual impairment in Canada. Statistics Canada, Post-Censal Surveys Program, Catalogue 82-615, Vol. 3, Ottawa, September 1990.

Statistics Canada. Highlights: Disabled Persons in Canada. Post-Censal Surveys Program, Catalogue 82-602, Ottawa, March, 1990.

Lavigne M, Morin JP. Leisure and Lifestyles of persons with disabilities in Canada. Statistics Canada, Post-Censal Surveys Program, Catalogue 82-615, Vol. 4, Ottawa, 1991.

Adams O, Dowler J, Lafleur L, et al. Profile of Persons with disabilities residing in Health Care Institutions in Canada. Statistics Canada. Post-Censal Surveys Program, Catalogue 82-615, Vol. 6, Minister of Supply and Services, Ottawa, 1991.

Hamilton M. The Health and Activity Limitation Survey: Disabled Aboriginal Persons in Canada, Health Reports 1990; Vol. 2, No. 3: 279-287.

Specialized Clientele:

Policy makers and researchers whose interests lay in the area of health status and the determinants of health attitudes and behaviour would be the principal consumers of this type of analytic output.

Value of Project:

The activity assisted the informed members of the general public to keep abreast with demographic issues relating to health status and health care. It also assists the clientele to keep abreast of other related current and emerging issues.

VITAL STATISTICS

Data Sources and Coverage:

Each province and territory provides micrographic copies of registrations of births, deaths, marriages and stillbirths and legal amendments there-to. In addition, all provinces except the Atlantic Provinces and Territories provide machine readable abstracts of this information.

The machine readable abstracts together with the micrographic copies of registration documents are used to generate national statistics on mortality, fertility, nuptiality and life expectancy. These data are also used for analytic and research activity.

The Department of Justice supplies machine readable abstracts of each decree absolute, annulment or discontinuance of divorce proceedings for statistical purposes.

Consultation:

In 1943, in order to support the anticipated social programmes emanating from national reconstruction, agreement was reached between provincial and federal governments for the establishment of the Vital Statistics Council for Canada. The Council's mandate is to advise the respective governments in legal, administrative and statistical matters as pertaining to vital statistics. At the present time it is reviewing data elements on registration forms with a view to updating its commitments.

Data Bases Maintained:

Computerized data bases are maintained for statistical purposes for each of births, deaths, marriages and stillbirths since 1950. Tabular data are available back to 1921. The divorce data base is available since 1969. These data bases are used to support research in and analysis of social, demographic and epidemiologic phenomena. A derivative of the mortality data is the Canadian Mortality Data Base which is used to detect delayed health effects of exposure to radiation, chemicals and other health hazards.

OCCUPATIONAL AND ENVIRONMENTAL HEALTH RESEARCH

Data Source and Coverage:

Statistics Canada is the sole custodian of many of the confidential national files required for long-term medical follow-up studies in Canada (e.g. the Mortality Data Base of all deaths in Canada since 1950, the Census of Population, and the Census of Agriculture). A variety of other existing administrative data sources (e.g. vital statistics records, the social insurance number index, income tax data, cancer registry data, hospital admission/separation records), survey data (e.g. Canada Health Survey, Nutrition Canada), occupational nominal rolls (e.g. INCO, Dow Chemical) as well as ad hoc files are used to carry out and evaluate the accuracy of the methods used for these studies. The data sources and coverage of the files vary depending on the research proposal, but to date most studies are carried out utilizing computerized records linkage and the Mortality Data Base. Most studies are carried out on a cost recovery basis. Assistance is provided in planning projects; relevant data sources are investigated; legal and ethical issues are addressed; and new methodologies developed for the preparation of a co-ordinated national statistics program. Socio-economic inequalities in health among Canadians are examined.

Occasional Publications:

Research papers are prepared for the scientific literature, conferences, workshops, seminars, vital statistics and cancer registry meetings and international working groups. Technical papers are prepared describing the files and methodology developed.

Over 70 publications relating to record linkage and various users of the Mortality Data Base have been prepared since 1979, when this project was initiated.

Reference Material:

Related internal research papers and contract outputs.

Specialized Clientele:

Federal departments and crown corporations, provincial governments, cancer registries, non-profit organizations, the private sector, labour unions, universities, international agencies.

Value of Project:

This project is directed at the measurement and monitoring of socio-economic, occupational and environmental health problems in the Canadian population; developing and evaluating the files, facilities and methods of carrying out long-term medical follow-up studies; undertaking basic research; plus developing and analyzing of existing data files, particularly administrative data sources to reduce the cost and respondent burden for health research. The data are used for planning, investigating health problem areas; carrying out research and analysis; as input to decision makers and health workers for the establishment and evaluation of health policy and programmes; for evaluating alternative sources for future energy production; for setting regulatory standards for substances; for developing worker compensation criteria; for examining mortality and births by income in urban Canada; for the preparation of statistics regarding mortality by occupation as well as examining the health expectancy of seniors. Human data is required in the evaluation of the efficacy of preventive, control and treatment measures for improving the quality of health care.

Comprehensive health indices such as "health expectancy", "disability - free life expectancy" and "active life expectancy" are being developed and used to look at various states of health and ill-health using health survey and institutional data in addition to mortality data.

CANCER INCIDENCE STATISTICS

Data Sources and Coverage:

In 1968 arrangements were made for the transmittal of basic demographic and medical data for each new primary site of cancer from provincial registries to Statistics Canada. Data are now included for all provinces and territories from 1969. However only summary data are available for Ontario prior to 1981 and revised data for the NWT for 1969 to 1985 have been supplied.

Consultation:

Until the early 1980s, the National Cancer Institute of Canada sponsored bi-annual meetings between cancer registry directors and Statistics Canada staff, as well as occasional workshops for the technical staff. More recently, provincial directors met regularly with Statistics Canada staff to develop a formal agreement which would enable the establishment of the Canadian Council of Cancer Registries and would provide for the exchange of data necessary for the development of the Canadian Cancer Registry.

Agreements are undergoing final review in the provinces, and four provinces have now signed their agreements with Statistics Canada. A data dictionary for the new registry has been developed and is undergoing final review in the provinces. Committees have been established for Data Quality and Standardization, and for Publications. Three issues of a bilingual newsletter for technical staff (The Cancer Record) have been developed and distributed.

Data Bases Maintained:

At the present time a data base (the National Cancer Incidence Reporting System) is maintained at Statistics Canada containing personal identifying information, demographic and medical information, on each new primary site reported.

Current development is directed towards the establishment of the Canadian Cancer Registry and the development of a patient-oriented data base which will contain mortality information on all deceased patients. The Registry is expected to commence operations in January of 1992.

Use of Data Base:

At the present time the data base is used to generate descriptive statistics and to produce current year estimates of cancer incidence. With the future developments it will be possible to generate survival statistics and support in-depth epidemiological studies.

THERAPEUTIC ABORTION STATISTICS

Data Sources and Coverage:

As a result of the 1969 Criminal Code Amendment regarding therapeutic abortions the Department of Justice requested Statistics Canada to develop the statistical means to monitor the operation of the amendment. Accordingly first therapeutic abortion data were supplied to Statistics Canada by performing hospitals for 1969. With the cooperation of participating organizations the reporting system was improved to generate data on selected demographic and medical characteristics of the women concerned.

Data Bases Maintained:

Data on selected demographic and medical characteristics of Canadian Women who obtained therapeutic abortions in Canadian hospitals since 1975 are available in machine readable form to support research and analytic activity counts and rates of therapeutic abortions by provinces date back to 1970.

TUBERCULOSIS STATISTICS

Data Sources and Coverage:

Each province and territory maintains an active tuberculosis control programme. This programme generates an incident report for each new active or reactivated case which is provided to Statistics Canada.

Consultation:

Statistics Canada consults with the Canadian Lung Association, provincial/territorial departments of tuberculosis control and the Disease Surveillance Division at HWC on the relevance of the data contents of the Tuberculosis Reporting System.

Data Bases Maintained:

Historical data are available either in tabular or machine readable form going back to 1937. The system was revised in 1990 to provide more information on high risk groups, TB surveillance of immigrants, methods of TB detection, and, on an optional basis, treatment and treatment compliance.

Data Uses:

The data are used to monitor the incidence of tuberculosis in high risk groups including the aboriginal populations, the poor and elderly, and immigrants. They are also used to monitor the effectiveness of health screening programmes for immigrants.

NOTIFIABLE DISEASES

Data Sources and Coverage:

In 1924 a programme for collecting incidence data for certain infectious diseases and poisonings was instituted. The data are generated through the offices of provincial and territorial epidemiologists. Since April 1988, the data are collected by the Laboratory Centre for Disease Control at Health and Welfare Canada.

Consultation:

Health and Welfare Canada's Advisory Committee on epidemiology periodically reviews the current list of notifiable diseases and modifies it as appropriate.

Data Bases Maintained:

Data are available in tabular form from CCHI going back to 1924. They are also available from CANSIM from the mid-1970's to 1989. Current data are available from the Laboratory Centre for Disease Control.

Uses:

The statistical outputs are used to monitor the incidence of certain rare infectious/communicable diseases and controllable poisonings. They are also used to monitor the effectiveness of vaccination programmes.

INFORMATION DEVELOPMENT, Canadian Centre for Health Information

SYSTEMS REVIEW AND DEVELOPMENT

Data Source and Coverage:

This activity encompasses the development of a comprehensive plan for the collection and dissemination of health statistics, the coordination of programs and systems in health between the Centre and federal/provincial agencies. Five major projects have been initiated:

1. The identification, definition and preparation of 50 global indicators to describe the Canadian Health Care Delivery System and the Health Status of Canadians have resulted in the release of both hard copy and diskette versions in addition to that available on CANSIM.

2. CCHI, in cooperation with Health and Welfare Canada, other federal departments, the provinces and territories is developing a reference guide of various health information data collection systems. The inventory would form four parts: a summary including sources, outputs and plans; a listing by system/survey name with medium of dissemination; a listing of data elements with contact names and telephone numbers; and a glossary of concepts and definitions. It should eventually contain reference to all federal/provincial/territorial health related information systems in the country.

3. A Quality Assurance strategy, which will cover the full range of activities associated with the collection, processing and dissemination of vital statistics data, is being prepared for the Vital Statistics Program. It will encompass both the activities performed in the offices of the provincial/territorial Vital Statistics Registrars, as well as those done at Statistics Canada. The objectives are to ensure a minimum quality level for information generated from the Vital Statistics data base, and to provide the appropriate descriptions which would enable users to ascertain whether the quality levels are sufficient for their needs.

4. The existing Vital Statistics data sets are being analyzed with a view to expanding uniform reporting of information on vital events. This review takes into consideration the need for improved mechanisms to link mortality and morbidity data files for analysis and research purposes.

5. A Cancer Registry is being developed, and to this end, data elements have been identified and defined, and the appropriate edit specifications developed. The structure and functioning of the Registry are being examined, as well as the linkage activities facilitating a person-oriented data base. The Canadian Cancer Registry will be operational with the input of cancers diagnosed in 1992.

The first project will allow for a further degree of integration of some of the Centre's data files on health status of the population as well as providing a picture of the resources and their utilization within the Canadian health care delivery system. Project 3 is intended to insure data quality in the Vital Statistics database, Project 4 will provide for standardization in concepts, and project 5 will also include the same features and provide for incidence rates of various types of cancer. All activities will contribute to a timely collection and distribution of health information to a variety of users/customers.

Working Documents:

To date, data have been collected and assembled for parts of the Inventory Project. The summary and list by system/survey name listings have been produced for Statistics Canada, Health and Welfare, other federal departments, non-governmental organizations and provinces and territories. Data element listings have been completed for CCHI.

It is anticipated that the Inventory will permit automated retrievals, useful as a single source user's guide, appropriate for general use, displaying availability and location as well as to identify gaps in health information in general and assist toward the development of harmonized health information systems for a variety of users in policy analysis and planning, and program analysis.

A major draft of the Canadian Cancer Registry (CCR) Data Dictionary was circulated to the provincial/territorial registries in May 1991. It provided a detailed description of the inputs into the CCR both conceptually and how they relate to each other. This will be reviewed and finalized, and will serve as the principal documentation of the input components of the CCR.

Value of Project:

The work carried out on the Inventory at present is under the auspices of the National Health Information Council. The early prototype documents have assisted the work of NHIC and the activities of the Mapping, Gaps and Systems Team of the National Health Information Task Force by documenting known health data collection at the national and provincial level. Further work is needed to ensure completeness, accuracy and consistency of all entries. In CCHI the project will greatly assist Information Requests to locate sources of health information and refer/assist clients as required.

SURVEY STATISTICS

Data Source and Coverage:

By participating in a variety of committees at the national level, the Centre is in a position to learn about the priorities from the user community and to assist in the design of survey frameworks and contents.

Activities in this area focus on the development of population-based, health-related surveys. The Centre provides expert advice and assistance in all phases of health-related surveys: their planning, conduct, validation and the analysis of their results. This is done in consultation or conjunction with other subject-matter specialists in the Canadian Centre for Health Information, Health and Welfare Canada, and experts outside governments. Over the past 13 years, there has been major involvement in:

i) Canada Health Survey (1978)
ii) Canadian Health and Disability Survey (1983-1984)
iii) General Social Survey (1985, 1991)
iv) Health and Activity Limitation Survey (1986, 1991)

Value of Project:

Close to 9% of the Canadian G.N.P. is spent on health, but it is only with population-based surveys that the effectiveness of these expenditures can be analyzed. Any other source of data would not be without exclusions of segments of the population, nor would the range of information necessary to describe health risks, status and consequences be available. Population-based surveys are the most direct means of describing those units which are the focus of the health care system viz individual Canadians.

NOSOLOGY REFERENCE CENTRE

Data Source and Coverage:

Medical classification systems are used in all Canadian hospitals for the collection of diagnostic and procedural information, by physicians as companions to the fee schedules, and by registrars of vital events for the collection of cause of death information. This information is used by hospitals and medical doctors and reported to provincial departments and to the federal government. The Nosology Reference Centre's activities include assisting with the revision of international classification systems (e.g. W.H.O.'s International Classification of Diseases or ICD-10), developing national classifications (e.g. the Canadian Classification of Diagnostic, Therapeutic and Surgical Procedures), ensuring correct interpretation of existing classification systems, providing trainning courses in the proper use of these systems, and standardizing their application.

Occasional Publications:

Canadian Classification of Diagnostic, Therapeutic and Surgical Procedures (82-562)

A classification of procedures used in Canadian hospitals as a companion volume to the World Health Organization's International Classification of Diseases.

Reference Materials:

Instructional materials are produced for use in both classroom and self-administered training activities, for example: Medical Classification by ICD-9 & CCP; Achieving Accuracy and Consistency in Medical Classification, and Guidelines on Common Classification Problems.

Information Requests:

The Centre handles over 60 queries per month providing advice and assistance both in the proper use and interpretation of various medical classification systems. There is no charge made for this service. In addition, Centre staff provide training courses, workshops, seminars, and presentations on the classifications and their proper application on an as-requested basis. These currently average 10-12 per year. Travel and accommodation expenses are generally recovered from the requesting agencies.

Specialized Clientele:

Requests for assistance are received from persons employed in the health records field in Canadian hospitals, from provincial departments of health, from vital statistics registries, from cancer registration agencies, from data processing companies, from institutions training health records personnel, and from various associations. Requests are also received from within Statistics Canada and from other federal departments.

Value of Project:

The Centre is the only one of its kind in Canada and it serves as the focal point for communication and liaison with the World Health Organization on medical classification issues. Over the past two to three years, the involvement of Centre staff with W.H.O., its various collaborating centres for disease classification and its International Agency for Research on Cancer has increased significantly. Centre staff have been intimately involved in the W.H.O. revision process of the ICD and with the development of related training materials. Within Canada, the increased used of diagnostic and procedural information at all levels has reinforced the necessity for accurate and consistent medical classification and the Centre's importance has become increasingly recognized as a resource in this area. As plans are being formulated for the introduction of the ICD-10 over the coming few years, the Centre will be central to federal-provincial implementation plans and activities.

HEALTH AND ACTIVITY LIMITATION SURVEY

The 1991 Health and Activity Limitation Survey (HALS) was conducted by Statistics Canada to continue building a national database on disability, a task first started with the 1983-84 Canadian Health and Disability Survey. To define the content of HALS, Statistics Canada carried out extensive consultations with government departments, agencies, crown corporations, and associations for and of persons with disabilities. HALS identifies persons with disabilities, the nature and severity of disabilities, and the barriers that these persons face in day-to-day activities, such as employment, education, transportation, accommodation, and leisure. HALS also includes questions on assistive devices used and needed, as well as expenses incurred as a result of disability.

Data Source and Coverage:

The target population of HALS consisted of all persons with a physical or psychological disability who were living in Canada at the time of the 1991 Census. Depending on place of residence, this target population was divided into two categories: persons living in households became part of the **Household Survey**, while those residing in health-care institutions were included in the **Institutions Survey**.

The sample design of the **Household Survey** was a multi-stage stratified sample using the geographic information from the 1991 Census of Population. Respondents were selected based on their age (under 15, 15-34, 35-54, 55-64, and 65 and older) and their response to the Census questions on disability. Approximately 150,000 individuals were selected and of those 34,000 indicated some level of disability. The survey included a representative sample from all ten provinces and the two territories, excluding Indian reserves and remote areas. Information on persons with disabilities residing on Indian Reserves was collected in the Aboriginal Peoples Survey.

Field staff from the 1991 Census, who received training on survey content and procedures, carried out the interviews, most of which were done by telephone and some in person.

Since the household portion of the HALS sample was drawn form the 1991 Census forms, it is possible to link the two databases and thereby provide more comprehensive information on each selected person. Available Census data include person, as well as, household and family-level variables for each respondent. Comparison of the disabled and non-disabled population variables is also possible.

The sample design of the **Institutions Survey** was a stratified sample based on institution type and size. The 1991 Census of Population provided the list of institutions, from which six types were chosen for inclusion in HALS.

From lists of residents provided by institutions, 11,000 individuals from across Canada have been selected to represent persons living in these facilities. Whenever possible, personal interviews were conducted with the selected individuals; when the condition of the respondent prevented a personal interviews, a next-of-kin or an institutional staff answered on their behalf.

Products and Publications from HALS

Initial data from the 1991 HALS will become available in September 1992. The products and services are expected to be similar in scope and nature to those of the 1986 HALS, listed below.

- **Users' guide**, available at no charge, provides background information about the survey, copies of questionnaires and information on ordering custom tabulations.

- **Disability and the labour market** - An analysis of disabled persons not in the labour force, by Gary L. Cohen, ($15.00) outlines the main factors associated with the high level of non-participation among persons with disabilities who face work limitations. The text (without tables) is also available on audio cassette.

- **A profile of three disabled populations**, by Gary L. Cohen ($15.00) provides profiles and comparisons on persons not limited in their ability to work, those who are limited but able to work, and those unable to work. The text (without tables) is available on audio cassette.

- **Highlights: Disabled persons in Canada** is a presentation of HALS data at the Canada, province and territory level for various age groups. Catalogue No. 82-602, $25.00 ($30.00 outside Canada).

- **Special Topic Reports** - a series of six reports that cover in detail specific areas of disability. Each report is available on audio cassette. Catalogue No. 82-615, $35.00 ($42.00 US in U.S.A., $49.00 US other countries).

    1. Barriers confronting seniors with disabilities in Canada

    2. Selected socio-economic consequences of disability for women in Canada

    3. Blindness and visual impairment in Canada

4. Leisure and lifestyles of persons with disabilities in Canada
5. Canadians with impaired hearing
6. Profile of persons with disabilities residing in Health Care Institutions in Canada

- **Custom data service** enables users to identify, and transform into tables, specific data requirements about persons with disabilities.
- **Microdata Files** - three files, containing records of adults residing in households, adults with disabilities residing in health-related institutions, and children residing in households. The cost of these microdata files is $3,000, $1,500 and $1,000 respectively.

Data users:

HALS data may be used by various levels of government as well as private sector associations to design programs and services for persons with disabilities. The data may also be used to support initiatives such as employment equity.

Value of Project:

This survey provides a comprehensive database which will enable the generation of estimates for all provinces, both territories and selected large cities. Conducting the survey immediately after the 1991 Census - and hence making use of Census resources and already completed questions - increased efficiency by reducing costs and respondent burden.

THE NATIONAL WORK INJURIES STATISTICS PROGRAM

Data Source and Coverage:

The National Work Injuries Statistics Program collects data from eleven Workers' Compensation Boards. These Boards administer workers' compensation legislation in their jurisdictions. Each Board is an independent agency governed by its own legislation and having its own operating procedures. Although the laws and regulations administered by the Boards are similar, they are not identical. Consequently, the data tend to be consistent within provinces, but show differences when comparisons are made between provinces. These differences arise from a number of factors, for example, from unique operating and data collection practices, and the populations covered in each province.

The information collected by the National Work Injuries Statistics Program includes all time-loss injuries and illnesses accepted by the Boards. Thus, the data represent a census of all work related injuries and illnesses resulting in compensation for wage loss and/or permanent disability. Almost 621,000 records, each representing one injury or illness, were received from provincial Workers' Compensation Boards by Statistics Canada for the year 1989.

Data Base Maintained:

The National Work Injuries Statistics Program uses the following three standards:

Occupation	Occupational Classification Manual, 1971 Census of Canada, Statistics Canada, Catalogue 12-537
Industrial Activity	Standard Industrial Classification, 1980, Statistics Canada, Catalogue 12-501
Injuries and Illnesses	Canadian Work Inquiries Standard, 1990

Under the existing arrangement the Workers' Compensation Boards code all data according to these standards prior to transferring the information to Statistics Canada. For each time-loss injury or illness the Boards provide the following data items:

- province, sex, occupation, industry, month and year of the injury
- nature of injury (identifies the principal characteristics of an injury, e.g., sprains or fractures)
- part of body injured
- source of injury (identifies the object, substance, exposure or bodily motion which resulted in the injury, e.g., noise or chemicals)
- accident type (identifies the event which directly resulted in the injury, e.g. fall or struck by)

All data suppliers attempt to follow the Program's standards as closely as possible. However, in certain cases, operational constraints cause variations.

Data Availability:

The current issue of the Program's publication, Work Injuries 1987-1989 (Catalogue 72-208), was released in January 1991. It contains fifty seven pages of data and text and is available from Statistics Canada for $25.00.

Except for the month of injury, data for all variables are shown in the publication. To address specific areas of interest, custom retrievals from the Work Injuries Data Base are also offered on a cost-recovery basis.

Highlights from the Data:

In 1989, there were 620,979 work-related injuries and illnesses in Canada for which eleven Workers Compensation Boards accepted claims for time-loss and permanent disability. This number is virtually unchanged from the previous year.

- Of the total number of injuries and illnesses reported, the most frequent injuries were sprains and strains (42%); contusions, crushing and bruises (17%); and cuts, lacerations and punctures (12%).
- The back was the part of body most frequently injured (27%); followed by the wrist, hand or fingers (22%); and the ankle, foot or toes (10%)
- Working surfaces (including floors, ramps and plantforms) and bodily motion (12% each) were the most frequent sources of injury. Next at 11% were metal items (for example, nails, nuts, bolts, metals plates and rods).
- Most frequently the injury was caused by overexertion (28%), a worker being struck by an object (17%), or falls (14%).

Publication:

Statistics Canada. Work injuries 1987-1989. Labour Division. Catalogue 72-208. Minister of Supply and Services, Ottawa, 1991.

GENERAL SOCIAL SURVEYS

FEATURES AND STATUS REPORT

1. Introduction

For some time Statistics Canada has been aware of gaps in the national statistical information system with respect to data on socio-economic trends. These gaps cannot be filled through existing data sources or vehicles because of the level of detail required or the population to be covered. For example, there are no large scale household surveys in areas such as health, education, and criminal victimizations.

In 1985, Statistics Canada initiated the General Social Survey (GSS) which over five years would cover major topics of importance. The GSS has two principal objectives: first, to gather data with a degree of regularity on social trends in order to monitor changes in Canadian society over time, and secondly, to provide information on specific policy issues of current or emerging interest. GSS is a continuing program with a single survey cycle each year.

2. Features

This section briefly describes basic features of the GSS which are common across all survey cycles.

2.1 Content

To meet the stated objectives, the content of GSS is made up of three components: Classification, Core and Focus.

Classification content consists of variables which provide the means of delineating population groups and for use in the analysis of Core and Focus data. Examples of classification variables are age, sex, education and income.

Core content is intended to obtain information which monitors long-term social trends or measures temporal changes in society related to living conditions or well-being. General topic areas for core content include health, education, social environment and personal risk. All Core content areas cannot be treated adequately in each survey cycle. Instead, each cycle covers a specific Core content area, which will recur on a periodic basis once every five years. Figure 1 shows the content by cycle until 1992.

Within a survey cycle, data related to both the status of the content area as well as barriers and bridges to improving status are collected. For example Cycle 1 Core content included disability and health problems (health status measures) and smoking, alcohol use, and physical activity (barriers and bridges to improving health status).

Figure 1: GSS content coverage

Cycle	Data collection	Main Core content	Focus issue
1	1985	Health	Social support
2	1986	Time use, social mobility	Language
3	1988	Personal risk	Victim services
4	1989	Education and work	No focus issue
5	1990	Family and friends	No focus issue
6	1991	Health	Flu vaccination and other topics
7	1992	Time use	Culture, sport and unpaid work activities

Focus content is aimed at meeting the second objective of GSS, namely to provide information touching directly on a specific policy issue or social problem, for example, youth unemployment. This does not imply that Core content has little relevance to policy questions and social issues. However, in comparison to Focus content, Core content is not principally driven by short term policy issues, but rather provides the means for monitoring and analysis of important aspects of behaviour and living conditions of Canadians over the longer term. Focus content, in general, is not expected to be repeated on a periodic basis.

While resources for Classification and Core content are included as part of Statistics Canada's budget, costs associated with Focus content are recovered from sponsors.

2.2 Collection Methodology

Telephone interviewing plays a major role in collection of data by GSS. This collection methodology is attractive because of lower collection, sample design and maintenance costs, as well as considerable flexibility with respect to sample design and size changes. Furthermore, centralized data collection should allow better monitoring and control of costs and data quality. About three percent of households in the ten provinces do not have phones.

Nevertheless, phone interviewing does have drawbacks: non-coverage of households, while low, is concentrated in population groups with low education attainment or income; response rates tend to be lower than for face-to-face interviews, and there are limitations on the amount or type of data which can be collected. Alternative collection methods may be more appropriate than phone interviewing for particular population groups and for particular types of data. Thus, GSS is not being confined to a single collection methodology.

The sample size of each cycle of the GSS is approximately 10,000 households, with the majority of data collected in non-proxy mode from one person per household.[1] This sample is allocated across the ten provinces so as to improve the scope of regional estimates, even at some expense to national estimates. In some cycles sample size has been increased to better focus on a particular group or region. The sample size was increased for cycles 1, 2, 5 and 6.

2.3 Outputs

The GSS provides four main types of outputs.

a) A series of publications which present national and some regional level summary data, primarily in the form of tables and charts, as well as initial analyses and findings. An important goal of this series is to display the range of survey data and to indicate the potential for further data analysis and research by others.

b) Public use microdata files, together with supporting documentation, which will facilitate the use of General Social Survey data by governments, universities, institutes, business, media and the general public. These files contain individual records, screened to ensure confidentiality, which permit detailed analyses, for example, by occupation, by education or by five-year age groups. Files are available on 9-track tape, tape cartridge and in some cases microcomputer diskettes.

c) Special request tabulations and analyses, primarily on a cost recovery basis. These are intended for users who do not have suitable computer facilities for manipulating the microdata files, do not wish to purchase the microdata files, or have specific requests not satisfied by the public use microdata files alone.

d) Special studies which illuminate aspects of the system used to develop, collect, process and analyses the General Social Survey data.

---

(1) Cycle 6 is an exception and allowed proxy responding in cases of illness or disability or where language problems exist.

3. Status

This section summarizes progress to date for Cycles 1 to 6 as well as expected activities over the next year.

3.1 Cycle 1

Initial work on Cycle 1 started in August 1984. Classification content to be used for this and subsequent cycles was identified. Core content on health covered short and long term disability, well-being, height and weight, health problems, smoking, alcohol use, physical activity, sleep and use of health care services. Focus content, concentrating on the elderly, included potential support networks, support received and given and social activities.

Questionnaires, procedures and manuals were produced for a pilot survey in March 1985, which was carried out through Toronto and Vancouver Regional Offices. A small field test to assess French versions of the questionnaires was mounted in May in Montreal. Interviewing for the main Cycle 1 sample took place across the ten provinces in September and October 1985. Persons aged 15 to 64 years old were interviewed by phone, with persons 65 years and older interviewed face-to-face.

Cycle 1 outputs

Output	Date released	Cost
Questionnaire package	October 1985	No charge
Public use microdata file plus user documentation (9-track tape - all ten provinces)	January 1987	$750
"Health and Social Support, 1985" (GSS Analysis Series 11-612, No.1)	January 1988	$30
"Family and Friendship Ties Among Canada's Seniors", by L.O. Stone Catalogue 89-508	July 1988	$20

3.2 Cycle 2

Core content development for Cycle 2 was initiated in August 1985, when the topic of "personal risk" was proposed. This topic covers risk from accidents, crime and the environment, that is, risk to a person from outside (the person) sources. However, in December 1985, a decision was taken to delay the personal risk Core content component. Core content on time use and social mobility, intended for a later Cycle, was moved forward as a replacement. This new Core content covers the topics of daily activities done on own and with others, inter- and intra- generational mobility, and personal well-being. A consortium of clients sponsored language knowledge and use as the topic for Focus content.

A pilot survey in July and August 1986 was carried out through the Montreal and Winnipeg Regional Offices. Interviewing for the main Cycle 2 sample (10,000 households across 10 provinces) was done, solely by telephone, in November and December 1986. An additional sample of approximately 6,000 households was interviewed by telephone during the same period and using the same questionnaires, except for the exclusion of the section on daily activities. This additional sample was concentrated in areas of New Brunswick, Québec and Ontario where there are significant proportions of both official language groups. Both samples selected only persons who were 15 years of age or older.

Cycle 2 outputs

Output	Date released	Cost
Questionnaire package	December 1986	No charge
Preliminary data: Language module	January 1989	No charge
Preliminary data: Time Use module and Social Mobility module	February 1989	No charge
Public Use Microdata File Tape	December 1989	$750
"Where does time go?" (GSS Analysis Series 11-612, No. 4)	August 1991	$40
"Ups and downs on the ladder of success: Social mobility in Canada" (GSS Analysis Series 11-612, No.5)	December 1991	$40

3.3 Cycle 3

Core content for Cycle 3 is on personal risk, with primary emphasis on exposure to accidents and crime. Focus content, sponsored by the Department of Justice, is on services to victims of crime.

A pilot survey was carried out through Halifax and Montreal Regional Offices in June and July 1987. Interviewing by telephone for the main Cycle 3 sample, of approximately 10,000 households, was done in January and February 1988. As in previous cycles, only persons 15 years of age or older were selected.

A small scale reinterview survey was introduced in Cycle 3 in order to obtain some consistency measures, primarily for Classification content variables.

Cycle 3 outputs

Output	Date released	Cost
Questionnaire package	February 1988	No charge
Preliminary data (Tables)	April 1989	No charge
"Patterns of Criminal Victimization in Canada" (GSS Analysis Series 11-612, No. 2) by Vincent F. Sacco and Holly Johnson	April 1990	$30 Canada $38 Other
"Accidents in Canada" (GSS Analysis Series 11-612, No.3)	February 1991	$40 Canada US $48 United States US $56 Other
Public use microdata file tape	May 1990	$750

3.4 Cycle 4

Development of Core content for Cycle 4, targeted at work and education. Three main themes underlie this content: work and education in the service economy, new technologies and human resources, and emerging trends in education and work. A small module on knowledge and attitudes to science and technology is also included.

A pilot survey was carried out through Halifax and Montreal Regional Offices in July and August 1988. Interviewing by telephone for the main Cycle 4 sample survey, of approximately 10,000 households, was done in January and

February, 1989. In March a reinterview survey, containing a small subset of the questions asked in the main survey, was conducted in two regional offices. The primary aim of this reinterview survey was to obtain consistency measures for selected Core content variables.

Cycle 4 outputs

Output	Date released	Cost
Questionnaire package	January 1989	No charge
Preliminary data (Tables)	January 1990	No charge
Working paper on the design of the survey	January 1990	No charge
Public use microdata file tape	July 1990	$750

Two GSS Analysis Series reports should appear during the first half of 1992.

3.5 Cycle 5

Core content for Cycle 5 concentrated on the respondent's family and friends and the relationships and interactions with them. The content draws heavily on the 1984 Family History Survey for birth and marriage/cohabitation history questions and on the social support sections of GSS Cycle 1 (1985 Survey). Some comparisons will be possible with both of these earlier surveys.

A pilot survey was carried out in Halifax and Montreal in August 1989 and the main survey was conducted over the January to March 1990 period. The Seniors Secretarial, Health and Welfare Canada and the Ontario Department of Community and Social Services have funded additional sample for the population 65 and over across Canada and for the entire population in Ontario. Total sample size is approximately 14,000.

Cycle 5 outputs

Output	Date released	Cost
Questionnaire package	February 1990	No charge
Preliminary data (Tables)	January 1991	No charge

An analysis report from the survey is in preparation and should be available late in 1992.

3.6 Cycle 6

Cycle 6 marks the first repeat of the GSS core subject areas. Most of the core content of Cycle 6 repeats that of Cycle 1(1985). As well, much of the core content was included in the Canada Health Survey(1978/79). The three surveys can be used to measure changes in health status over time.

Focus content is diffuse: flu vaccinations, job benefits, old age and disability pension sources of income, and emotional health measures sponsored by various divisions of Health and Welfare Canada and a health state classification system sponsored internally by Analytical Studies Branch.

Data collection began the third week of January 1991 and continued to the second week of December 1991. The sample was evenly distributed over the 12 months to counterbalance seasonal variation. Data collection took place from 5 regional offices - Halifax, Montreal, Sturgeon Falls, Winnipeg and Vancouver. The sample size was approximately 11,500 respondents. This includes an oversample of 1,500 respondents, 65 years and over selected from Labour Force Survey rotate-outs. The additional sample was sponsored by the Seniors Secretariat of Health and Welfare Canada. All interviewing was done by telephone.

The questions and associated procedures were successfully field tested in August, in Halifax, Montreal and Toronto.

Cycle 6 outputs

Output	Date released	Cost
Questionnaire package	March 1991	No charge

Preliminary data is expected in early 1992 and a microdata file should be available by June 1992.

3.7 Cycle 7

Core content for Cycle 7 is again time use, final revised in the 1986 GSS. The diary approach used in Cycle 2 will be repeated. A special focus of the survey is the measurement unpaid work including domestic work, children, volunteer work, etc. Also included are modules of questions to measure participation in sport and cultural activities. The sample size for the survey is 10,000 and interviewing will continue throughout 1992 with the interviews spread equally over the 12 months. The questions and field procedures for the survey were tested in Montreal and Halifax in August 1991.

For further information: Contact GSS project 613-951-2572

LABOUR FORCE SURVEY (LFS)

Data Source and Coverage:

The LFS is a monthly household survey, interviewer administered, covering approximately 98% of the population 15 years of age and older. Excluded are the populations of the Yukon and Northwest Territories, residents of Indian reserves, full-time members of the armed forces and inmates of institutions.

The selection of households for the sample is done on the basis of area sampling, but in fact it is the dwelling not the household that is the final step of sample selection. Each dwelling is retained in the sample for six consecutive months, with no substitution permitted. Should the household composition of the dwelling change during the course of the six months, the new or remaining members continue to be included in the sample for the balance of time remaining.

The rotation of dwellings in the sample is carried out so that one-sixth of the sample is changed each month, thereby facilitating the conduct of representative supplementary surveys using from one to five rotation groups.

Demographic information, such as age, sex, educational attainment, is collected for all residents of the dwelling, regardless of age. Labour force characteristics such as labour force status, industry and occupation, are collected monthly over the six-month term. Finally, there are usually one or more supplements each month - each being a de-facto separate survey, but sharing in that pool of available demographic and labour force data, and exploiting a common survey frame.

Labour force supplements are conducted, for the most part, on a cost recovery basis for clients both within and outside the federal government, and they address a number of issues, one of which is health. Besides the Canadian Health and Disability Survey, which was sponsored by the Canadian Centre for Health Information, health related supplement include the Absence From Work Survey, and the Survey of Smoking Habits, the Ontario Child Health Study longitudinal follow-up, the Survey on Drinking and Driving, and the Labour Market Activity Survey. The LFS has also been used as the vehicle for the Health and Employment Status Survey, a survey to test a revised set of questions to identify the disabled. The Labour Force Survey is also being used to conduct The Survey of Aging and Independence. The main objective of the survey is to identify the factors that contribute to the healthy aging of older Canadians. The identification of these factors will be made by examining the characteristics of today's seniors as well as those who are currently preparing for their older years.

Publications

A report called **The Labour Force** (Catalogue 71-001) is issued for each month of data collection. Various volumes of historical series are produced as well.

ABSENCE FROM WORK SURVEY

Coverage:

This supplementary survey is conducted annually on 3 rotation groups for a total of 25,000 households on 55,000 individuals. It is administered to everyone 15 years of age and older, and was designed to obtain information about absences from work during the previous calendar year which were due to illness, accident or pregnancy, and about the financial compensation received for such absences. The data are used to calculate premium rates for the federal government. Qualified Wage Lost Replacement Program.

Occasional Publication:

Results from the Absence from Work Surveys, 1978-1981, Research Paper, Labour Force Activity Section, Statistics Canada. Absence from Work 1978-1986, forthcoming, Statistics Canada.

Micro data file available.

Specialized Clientele:

This survey is sponsored by the Actuarial Services Branch of Employment and Immigration Canada.

Value of Project:

There is currently no other source of this type of information, and should this survey not be conducted, another population-based survey would have to be instituted to collect equivalent information. The results permit a monitoring, by those areas involved in the conditions of employment and income support, of the pattern of work absences and the economic effects this has on labour. Furthermore, this data provide information needed by actuaries determining the risks and costs of work absence due to sickness, accidents or pregnancy.

Contact: Mike Sivyer
Dissimination and User Support
Re Special Survey Group
Statistics Canada
5A6 Jean Talon Bldg., Tunney's Pasture
Ottawa, Ontario
K1A 0T6

Telephone: (613)951-4598 - (613)951-0562

THE LABOUR MARKET ACTIVITY SURVEY

Coverage:

This supplementary survey was conducted for the first time in January 1987, using 5 LFS rotation groups, yielding data on the 1986 calendar year for approximately 70,000 individuals aged 16-69.

In January 1988, the entire original sample of dwellings was recontracted and any movers traced to their new dwelling. In addition, a small number of dwellings constructed during 1987 were also contacted to render the 1986 sample representative. As a result, the 1987 survey will allow for the generation of cross-sectional estimates for the 1987 reference year, and longitudinal estimates for the 1986/87 period.

In January 1989 a new sample of 5 LFS notation groups was contacted. This sample was traced and interviewed for three consecutive years. Yielding a cross-sectional file for each year 1988-1989 and 1990 and a longitudinal file for the period 1988-1990 inclusive.

The Main Survey Objectives were:

1. to provide measures of participation patterns in the Canadian Labour Market - for each individual surveyed, it is possible to reconstruct the allocation of time spent working, not working and looking for work, or not working but wanting work over the survey period;

2. to supplement information available from the Labour Force Survey on the characteristics of jobs held - for all jobs (up to 5 jobs) the industry, occupation and class of worker is available, for paid worker jobs information on usual work schedule, (weeks/month, days/week, hours/day), collective agreement coverage, pension coverage, union membership, wage rate and firm size is collected;

3. to develop socio/economic/demographic profiles of market segments for specific programs offered by Employment and Immigration Canada - the survey captures information on labour market adjustment difficulties encountered by each individual during the survey period such as supply mismatches (lack of skills, lack of experience, lack of education, under utilization), excessive turnover, lack of information about available jobs, lack of job, difficulties with occupational choice and job dissatisfaction;

4. to identify actual participants in Employment and Immigration Canada's Canadian Jobs Strategy (CJS), Labour Exchange (LE), and Unemployment Insurance (UI) programs are in provincial/ municipal welfare program - it will be possible to identify the participation of each individual in CJS, UI, LE and Welfare programs during each reference period.

In terms of health, the survey will allow the generation of estimates of the number of hours of employment lost due to illnesses of a week or more, the number of persons having to leave a job because of own illness or disability, and the number of persons who are prevented from working desired additional hours by their own illness or disability.

Survey also includes a series of questions to identify disabled individuals.

Publication:

Several reports have been published based on the survey. These include:

Canada's Women: A Profile of their 1986 Labour Market Experience (71-205)
Canada's Men: A Profile of their 1986 Labour Market Experience (71-206)
Canada's Youth: A Profile of their 1986 Labour Market Experience, (71-207) and
Canada's Older Workers: A Profile of their 1986 Labour Market Experience (71-208).

Cross-sectional microdata files for each calendar year 1986-1990 are available. Longitudinal microdata files for 1986-87, 1988-89 and 1988-90 are also available.

Special Clientele:

The 1986 survey was sponsored under the Data and Monitoring Program of the Canadian Jobs Strategy administered by Employment and Immigration Canada. The 1987 survey was jointly sponsored by Employment and Immigration Canada, the Canadian Human Rights Commission, and Statistics Canada. Subsequent Surveys have been sponsored jointly by Statistics Canada and Employment and Immigration Canada.

Value of Project:

There is currently no other source of this type of information. It is believed that the survey will be indispensable in identifying socio-demographic profiles of 'market segments' for specific Canadian Jobs Strategy Programs, and to compare these profiles to the actual patterns of CJS participation.

- Labour Market Activitiy of Groups Designated Under the Employment Equity Act 1988-1989 Statistics Canada, 1992.

- The Economic Well Being and Labour Market Activities of Persons with Disabilities: - Canada Housing Family and Social Statistics Division, Statistics Canada, 1992.

- Employment Disadvantage Among Women Who are Members of Visible Minority Groups, Statistics Canada, 1991.

SURVEY OF SMOKING HABITS

This supplementary survey is conducted occasionally since 1965, the last time being in December 1986. All household members, aged 15 years or older, contained in two LFS rotations are included in the survey - approximately 37,000 persons. The survey examines the smoking habits of the Canadian population identifying both smokers and ex-smokers, and looking at both what they smoke and the frequency of smoking.

Occasional Publications:

Smoking Habits of Canadians, 1965-1974, Research Bureau, Non- Medical Use of Drugs Directorate, Health Protection Branch, Health and Welfare Canada, 1976.

Smoking Behaviour of Canadians, 1981, Health Promotion Directorate, Health Services and Promotion Branch, Health and Welfare Canada, 1983, Cat. No. H39-66/1983 E/F.

Smoking Behaviour of Canadians, 1983, Diane Jossa, Health Promotion Directorate, Health Services and Promotion Branch, Health and Welfare Canada, 1985, Cat. No. H39-66/1985 E/F.

The Smoking Behaviour of Canadians, 1986 by W.J. Millar, Health and Welfare Canada, H39-66/1988, 1988.

A micro data file is available from the Special Surveys Group at Statistics Canada.

Specialized Clientele:

This survey is sponsored by the Health Promotion Directorate of Health and Welfare Canada, is a valuable source of information to epidemiologists, program planners and evaluators, who are concerned about health risks in general and smoking in particular.

Value of Project:

This survey provides the best source of information on the change of smoking habits over time. It provides information to planners on the success of information programs about smoking, identifies target for publicity, and highlights high risk groups with respect to diseases associated with smoking such as lung cancer and heart disease.

ONTARIO CHILD HEALTH STUDY - FOLLOW-UP

Data Source and Coverage:

This was a follow-up on families included in the 1984 Ontario Child Health Study. The original survey was a sample of approximately 2,000 households with children aged 4-16 years of age. The response rate to the original survey was 93% and approximately 80% of these were traced and re-interviewed with parents of children currently 8 to 16 and self-completed documents for both parents and children. Those traced from the original survey who were now aged 17-20 responded to both the face-to-face and the self-completed documents for themselves. The children and youth currently in elementary or secondary school also were the subject of a questionnaire completed by a teacher. The follow-up will provide data on the natural history of disorders in 1984, with information about those that are persistent after four years.

Publications:

The results from the original survey were published widely in medical and psychiatric journals as well as in several overview reports from the Ontario Ministry of Community and Social Services. Data from the follow-up was published in early fall, 1990.

Specialized Clientele:

The survey was conducted under Section 11 of the Statistics Act allowing for the sharing of data with McMaster University. The data are particularly important for community and social programs in Ontario.

Value of Project:

The survey is unique in Canada and has received wide international interest due to the quality of the sampling and data collection.

SURVEY ON DRINKING AND DRIVING

Coverage:

This survey was conducted by Statistics Canada on behalf of Health and Welfare Canada in March, 1988. A follow-up survey is planned in several years. The survey was conducted by telephone across Canada resulting in nearly 1000 interviews per province. The random digit dialling technique was employed to select the sample persons in Yukon, Northwest Territories, residents of institutions and collectives of 15 persons or more and households having no telephone were excluded. One member between the ages of 16 to 69 was randomly selected in each household. The questionnaire collected information on a voluntary basis on drinking habits, drug use, driving behaviour and risks, and behaviour and attitudes on driving while impaired.

Occasional Publication:

Findings from the survey were published in Health and Welfare Canada. National Survey on Drinking and Driving 1988. Overview Report. Catalogue H-39-163/1989E, Minister of Supply and Services, Ottawa, 1989.

A Public Use Micro Data File is available from the Special Surveys Group of Statistics Canada.

Specialized Clientele:

The survey was sponsored by the Health Promotion Studies Unit of Health and Welfare Canada. It is also on considerable interest to program planners and evaluators in other federal and provincial governments as well as many private researchers who are concerned with this important issue.

Value of the Project:

This survey is the first one of its kind to address this issue at a national level. Baseline information will be collected and useful at both provincial and national levels. The survey strives to both identify and describe populations at which programs can be aimed but also provides information on the success or failure of present programs. As well, attitudinal information is collected that can be linked to behaviour.

NATIONAL ALCOHOL AND OTHER DRUGS SURVEY

The National Alcohol and Other Drugs Survey was carried out by Statistics Canada on behalf of Health and Welfare Canada in March, 1989. Almost 12,000 Canadians aged 15 and over from the 10 provinces were interviewed by telephone. The main focus of this survey was on the use of alcohol and other drugs. One of the main purposes of the survey has been to establish an information base as part of the National Drug Strategy, which was initiated in 1987. Among the specific objectives of the survey have been: to examine national and regional patterns of alcohol and drug use; to describe the context/circumstances in which such usage typically occurs; and to examine attitudes and beliefs among Canadians about alcohol and other drug use.

Publications

Eliany M, Giesbrecht N, Nelson M et al. (eds). National Alcohol and Other Drugs Survey (1989) Highlights Report. Catalogue No. H39-175/1990E, Health and Welfare Canada, Minister of Supply and Services, Ottawa, 1990. A Public Use Micro Data File is available from the Special Surveys Group at Statistics Canada.

Specialized Clientele:

This survey is sponsored by the Health Promotion Branch of Health and Welfare Canada. As well, there is a broadly-based interest in a survey which is oriented to a more in-depth exploration of the alcohol/drug topics appearing in other surveys, and focusing on new topics as well.

Value of the Project:

The survey will provide baseline information for long range evaluation of changes in alcohol and other drug experiences of Canadians and facilitate various longitudinal analyses. The survey will document, describe and analyze the alcohol and other drug experiences (behaviours and attitudes) of a representative set of Canadians from all provinces.

HEALTH PROMOTION SURVEY 1985

Random Digit Dialling

While the ongoing LFS provided a cost efficient capacity for many surveys, there are certain topics or survey designs that cannot be addressed using this methodology. For this reason, a system for drawing representative samples using the techniques of random digit dialling was developed.

The universal coverage of the telephone for personal use - about 90% of households in urban areas, and 95% in rural areas - makes it possible to draw efficient samples which can represent Canada, the provinces or specific sub-provincial areas such as metropolitan areas.

Data Source and Coverage:

The Health Promotion Survey was conducted by Statistics Canada on behalf of Health and Welfare Canada in June, 1985. This occasional sample survey of approximately 11,000 persons conducted using the random digit dialling technique. The telephone survey excluded the population of the Northwest Territories and residents of institutions and collectives of 15 persons or more, and of course, households having no telephone. Households were contacted and all their members, aged 15 years and over were listed; one person from each household was subsequently randomly selected. The survey was conducted by telephone and aimed at getting information about the knowledge, attitudes and behaviour of Canadians with respect to health, and addressed such subjects as lifestyle, physical disability, smoking, alcohol and drug use.

Publications

The first results of the Health Promotion Survey were published in the **Active Health Report**, which was released in April, 1987. This has been followed by a series of Active Health Reports dealing with topics such as seniors, fitness, nutrition and safety and on alcohol and drug use.

The more detailed **Canada's Health Promotion Survey: Technical Report** (eds. Irving Rootman, Reg Warren, Thomas Stephens and Larry Peters) was released in the fall of 1988. This has been followed by a technical report series that has addressed topics such as: guidelines for community-based health promotion surveys, persons with activity limitation, social networks, youth, disadvantaged persons and labour force groups.

A Public Use Micro Data File is available from the Special Surveys Group of Statistics Canada.

Specialized Clientele:

Data are particularly relevant to those areas inside and outside government responsible for public education and health promotion.

Value of the Project

This survey is particularly unique in that not only does it aiming at educating the public with respect to their health and the factors affecting it. It is the only source which directly links attitude with behaviour.

HEALTH PROMOTION SURVEY 1990

Background

In 1981, the Health Promotion Directorate of Health and Welfare Canada was given a mandate by the Government of Canada to implement a national health promotion program. One of the element of that program was the development of a national survey of the prevalence and distribution of a broad range of health practices which influence the health promotion and disease prevention prospects of Canadians.

Planning for "Canada's Health Promotion Survey" (HPS) began in 1982 and culminated in a national survey conducted by Statistics Canada and involving 11,000 adult Canadians in June of 1985. The intention of the 1985 HPS was to establish a national database on health practices and conditions closely related to the health and well-being of our adult population. It established both national and provincial baseline data on the knowledge attitudes, beliefs, intentions and behaviours of adult Canadians on a wide range of health promotion issues (e.g., fitness, nutrition, safety and use of tobacco, alcohol and drugs).

In order to update the HPS database, a second cycle of the survey was scheduled for June 1990. As in 1985, Health and Welfare is the sponsoring department and Statistics Canada is the collection agency.

Objectives

The objectives of the 1990 Health Promotion Survey was to update and expand the national and provincial baseline data on the knowledge, attitudes, beliefs, intentions and behaviours of adult Canadians on a wide range of health promotion issues.

With the 1990 cycle, comparison with findings from earlier surveys (i.e., the 1978 Canada Health Survey, and the 1985 HOS), will be possible for many health promotion issues. National trends will then be plotted over the years to assess their implications for health promotion and disease prevention programming by the Health Promotion Directorate.

Population/Sample

This second cycle was again be a Random Digit Dialling (RDD) telephone survey and was interviewed one person 15 years or older from each household unit.

Based on the experience with the 1985 HPS, Statistics Canada did not attempt an RDD telephone survey in the North with this 1990 cycle. A separate data collection will be scheduled for the Yukon and Northwest Territories, using a more appropriate methodology. Health and Welfare is negotiating with the territorial governments on the logistics of doing this survey in the North.

Content

Although the 1990 questionnaire closely resemble the one used in 1985, modifications have been incorporated to correct for observed deficiencies and to better reflect the new mission statement of the Health Promotion Directorate. This has been achieved by: 1) modifying the survey questionnaire generally to give better recognition to the role of the social and physical environment in determining health; and 2) by adding new sections covering the prevention of sexually transmitted diseases and dental health.

Utilization

Data from the survey will be used by Health and Welfare to evaluate the Health Promotion Program and to provide direct support to the programs of he Health Promotion Directorate. Survey data will also be used by the 10 Provinces to monitor their own efforts in disease prevention and health promotion.

Dissemination

Special Surveys Group of Statistics Canada produced a public use micro data tape from the survey. The information on this tape will comply with the confidentiality provision of the Statistics Act. This survey is conducted under a data sharing agreement as permitted by Section 12 of the Statistics Act. Consequently, a complete record of the information captured (excluding identifiers) will be supplied to the sponsors if explicit consent has been given by respondents.

The department of National Health and Welfare anticipates producing publications and data releases very similar to those done with the 1985 survey. Dissemination of findings from the 1985 HPS by the Department included: a) provision of a free data tape to each province and territory; b) production and dissemination of five reports in an Active Health Series and seven reports in a Technical Series; and c) federal/provincial exchanges to discuss the results of the survey within the larger context of policy and programming for health promotion.

ANNEX A - Summary of List of Data Providers

Data Providers Include:

Provincial Departments of Health/Health Care Institutions

- List of Health Care Facilities
- Hospital Performance Information
- Reasons for Hospital Stay & Procedure Used
- Homes for Special Care
- Mental Health

Provincial Registrars of

- Vital Statistics for Births, Deaths, Stillbirths and Marriages
- Cancer

Provincial Epidemiologists for:

- Tuberculosis

Federal Departments

- NH&W for Notifiable Diseases
- Justice for Divorces

ANNEX B - Summary List of Information Users

Information Users Include:

Provincial Departments of
- Health
- Labour
- Social Services

Federal Departments of
- Environment
- Finance
- Health
- Indian and Northern Affairs
- Justice
- Labour
- Manpower & Immigration
- Statistics Canada (for input to the estimates of Gross National Product)
- Veterans' Affairs

Non-profit National Associations
- Canadian Council on Social Development
- Canadian Kidney Foundation
- Health Economics
- Social Work
- National Cancer Institute of Canada
- Canadian Cancer Society

University and High School Students

Advocacy Groups

Private Companies
- Companies Providing Chronic Care
- Manufacturers of Medical Devices
- Manufacturers of Pharmaceuticals
- Companies Requiring Occupational Health Studies

Crown Corporations
- Atomic Energy of Canada Limited

Research at Universities

How to Order

Special Tabulations

Requests for special tabulations and standard tables should be directed to Information Requests Section Canadian Centre for Health Information, Statistics Canada, R.H. Coats Bldg., 18th floor, Ottawa, Ontario, K1A 0T6.

Comment commander

Totalisations spéciales

Les demandes pour les totalisations spéciales et les tableaux normalisés doivent être adressées a la Section des demandes d'information, Centre Canadien d'Information sur la Santé, Statistique Canada, Édifice R.H. Coats, 18ième étage, Ottawa, Ontario K1A 0T6.

(613) 951-1746

Facsimile number (613) 951-0792 Numéro du télécopieur

Standard Tables

Tableaux normalisés

Supplement number Numéro de supplément	Old catalogue number Ancien numéro de catalogue	Billing number Numéro de la facture	Price Prix	Title Titre	Reference year Année de référence	No. of pages Nº de pages
1	82-206	41017	$ 15	Hospital Morbidity – La morbidité hospitalière	1988-89	52
2	82-208	41019	$ 15	Surgical Procedures and Treatments – Interventions chirurgicales et traitements	1988-89	42
3	83-204	41023	$ 15	Mental Health Statistics – La statistique de l'hygiène mentale	1988-89	17
5	83-217	41024	$ 15	Hospital Statistics: Preliminary Annual Report – La statistique hospitalière: Rapport annuel préliminaire	1989-90	31
6	83-201	41039	$ 15	List of Canadian Hospitals – Liste des hôpitaux canadiens	1991	50
7	83-221	41040	$ 15	List of Residential Care Facilities – Liste des établissements de soins pour bénéficiaires internes au Canada	1990	99
8	82-207	41018	$ 25	Cancer in Canada – Le cancer au Canada	1985-1986	169
9	82-211	41020	$ 10	Therapeutic Abortions – Avortements thérapeutiques	1990	20
10	82-212	41021	$ 10	Tuberculosis Statistics – La statistique de la tuberculose	1989	11
11	84-203	41030	$ 30	Causes of Death – Causes de décès	1989	232
12	84-206	41033	$ 25	Mortality – Summary List of Causes – Mortalité: Liste sommaire des causes	1989	135
13	84-532	41048	$ 15	Life tables, Canada and provinces – Tables de mortalité, Canada et provinces	1985-1987	54
14	84-204	41051	$ 8	Births – Naissances	1989	40
15	84-204	41052	$ 8	Deaths – Décès	1989	36
16	84-205	41053	$ 5	Marriages – Mariages	1990	31
17	84-205	41054	$ 5	Divorces	1990	39
18	83-237	41028	$ 15	Residential Care Facilities – Aged – Établissements de soins spéciaux pour bénéficiaires internes – âgés	1989-90	23
19	83-238	41029	$ 15	Residential Care Facilities – Mental – Établissements de soins spéciaux pour bénéficiaires internes – troubles mentaux	1989-90	23

Standard Tables – Concluded

Tableaux normalisés – fin

Supplement number Numéro de supplément	Old catalogue number Ancien numéro de catalogue	Billing number Numéro de la facture	Price Prix	Title Titre	Reference year Année de référence	No. of pages No de pages
20	83 232	41026	$ 50	Hospital Annual Statistics – La statistique annuelle des hôpitaux		
			$ 15	Volume 1 – Tables/tableaux 1-4 Beds and Patient Movement – Lits et mouvements des malades	1988-89	103
			$ 15	Volume 2 – Tables/tableaux 5, 9-12 Outpatient Services – Service aux malades externes	1988-89	160
			$ 15	Volume 3 – Tables/tableaux 5-9, 11, 13, 14 Diagnostic and Therapeutic Services – Service diagnostique et thérapeutique	1988-89	202
			$ 15	Volume 4 – Tables/tableaux 17-20 Personnel	1988-89	110
			$ 15	Volume 5 – Tables/tableaux 15, 16, 21-25 Administrative and Support Services and Finance – Service d'administration, de soutien et finance Operating Expenses and Income – Dépenses d'exploitation et revenus	1988-89	142
21	83-233	41027	$ 30	Hospital Indicators – Indicateurs des hôpitaux		
			$ 8	Volume 1 – Tables/tableaux 1-64 Nursing Units – Unités des soins infirmiers	1988-89	154
			$ 8	Volume 2 – Tables/tableaux 65-94 Diagnostic and Therapeutic – Diagnostique et thérapeutique	1988-89	84
			$ 8	Volume 3 – Tables/tableaux 95-112 Administrative and Supportive – Administration et soutien	1988-89	58
			$ 8	Volume 4 – Tables/tableaux 113-119 Total Expenses – Dépenses totales	1988-89	36
22	83 226	41056	$ 10	Nursing in Canada – Personnel infirmier au Canada Registered Nurses – Infirmiers(ières) autorisé(s)	1991	19
			$ 10	Nursing Education Program – Profil des programmes d'enseignement en sciences infirmières	1990	17

Other available products

Canadian Health Indicators Database

Publication price (including the diskette database and software) is $600. Additional copies and updates are $250 (billing number 41055).

Autres produits disponibles

Base de données Canadienne sur les indicateurs de santé

Le prix de la publication (y compris la base de données sur disquette et le logiciel) est de $600. Les exemplaires supplémentaires et les mises à jour sont offerts à $250 (numéro de la facture 41055).

HOW TO ORDER HEALTH REPORTS

Data In Many Forms . . .

Statistics Canada disseminates data in a variety of forms. In addition to publications, both standard and special tabulations are offered on computer print-outs, microfiche and microfilm, and magnetic tapes. Maps and other geographic reference materials are available for some types of data. Direct access to aggregated information is possible through CANSIM, Statistics Canada's machine-readable data base and retrieval system.

How to Obtain More Information

Inquiries about this publication and related statistics or services should be directed to:

Information Production Section,
Canadian Center for Health information,

Statistics Canada, Ottawa, K1A 0T6 (Telephone: 951-1637) or to the Statistics Canada reference centre in:

St. John's	(772-4073)	Winnipeg	(983-4020)
Halifax	(426-5331)	Regina	(780-5405)
Montreal	(283-5725)	Edmonton	(495-3027)
Ottawa	(951-8116)	Calgary	(292-6717)
Toronto	(973-6586)	Vancouver	(666-3691)

Toll-free access is provided in all provinces and territories, **for users who reside outside the local dialing area** of any of the regional reference centres.

Newfoundland and Labrador	1-800-563-4255
Nova Scotia, New Brunswick and Prince Edward Island	1-800-565-7192
Quebec	1-800-361-2831
Ontario	1-800-263-1136
Manitoba	1-800-542-3404
Saskatchewan	1-800-667-7164
Alberta	1-800-282-3907
Southern Alberta	1-800-472-9708
British Columbia (South and Central)	1-800-663-1551
Yukon and Northern B.C. (area served by NorthwesTel Inc.)	Zenith 0-8913
Northwest Territories (area served by NorthwesTel Inc.)	Call collect 403-495-3028

How to Order Publications

This and other Statistics Canada publications may be purchased from local authorized agents and other community bookstores, through the local Statistics Canada offices, or by mail order to Publication Sales, Statistics Canada, Ottawa, K1A 0T6.

1(613)951-7277

Facsimile Number 1(613)951-1584

National toll free order line 1-800-267-6677

Toronto
Credit card only (973-8018)