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Technical Reports on Changes for the 2026 Census

Report on content changes for the 2026 Census of Population: General health

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Report on content changes for the 2026 Census of Population: General health

Why is this question asked?

Including the general health question in the 2026 Census will help fill critical data gaps for population groups and presents an opportunity to predict and model future health care services and social program needs. It will also contribute to painting a well-rounded picture for understanding Canadian society in all aspects. While Canada is already grappling with the impact of its aging population, improved insight on the perceived health of Canadians will provide a better understanding of future developments in workforce availability and the need for health resources. This will in turn impact planning exercises currently underway, including those related to access to health care across the country.

Current trends and data gaps for this topic

Further to consultation and extensive testing, Statistics Canada has added a new question on the 2026 Census of Population to measure the perceived health of Canadians. The health data currently collected from surveys are limited for producing insights on Canadians with unique sociodemographic characteristics because of the small sample sizes and geographic coverage of some surveys, which restrict the ability to produce estimates for underrepresented groups. Results of content consultation pointed to a strong need for health-related information from key stakeholders and census data users, especially for underrepresented populations and for smaller area estimations.

Perceived health, also referred to as general health, is a simple, valid and reliable measure and a robust indicator of overall health status and well-being.¹ The single-item perceived health question is proven to be predictive of objective health outcomes, including morbidity and mortality.² Many countries around the world include a perceived health question in their census, including England, Scotland and Ireland.

Changes evaluated in the 2024 Census Test	Resulting approach for the 2026 Census of Population
<ul style="list-style-type: none"> The general health question was included. 	<ul style="list-style-type: none"> The question on general health is now included as part of the long-form questionnaire to collect information on the health status of people in Canada.

1. Benyamini Y., & Idler E.L. (1999). [Community studies reporting association between self-rated health and mortality: Additional studies, 1995 to 1998. Research on Aging, 21\(3\): 392 to 401.](https://doi.org/10.1177/0164027599213002) <https://doi.org/10.1177/0164027599213002>

2. Bond J, Dickinson H, Matthews F, Jagger C, Brayne C. Self-rated health status as a predictor of death, functional and cognitive impairment: a longitudinal cohort study. *European Journal of Ageing*, 2006; 3:193 to 206.



1. Introduction

The next Census of Population will take place in May 2026. To maintain the relevance of the census, Statistics Canada evaluates and reviews the questionnaire content in preparation for each census cycle. This includes several stages of consultative engagement, as well as testing and data evaluation, to recommend questionnaire content for the census.

Approximately 222,000 households from communities across the country were selected to participate in the 2024 Census Test. The test helped to determine whether new or modified questions under consideration could be easily understood and answered by Canadians. Testing census content ensures that high-quality data will be available from the 2026 Census of Population to support a wide variety of programs and services in communities across the country.

Census content is routinely adjusted to the current social and economic climate to ensure that data respond to the needs of decision makers and data users.

This series of reports provides an overview of content changes for the 2026 Census of Population questionnaire. This specific report outlines the steps taken to develop a new question on general health for the 2026 Census questionnaire.

2. Context, background and data needs

Perceived health is a health status indicator used in epidemiologic and population health research and has been used to study trends and inequalities in population health.³ It is a strong predictor of mortality and morbidity and is highly correlated with several other health outcomes, including functional capacity, physical activity, the onset of first chronic disease, physical tiredness, poor physical and mental health, use of health care services, number of hospitalizations, number of chronic conditions, depression, help-seeking behaviours, and lack of social support.^{4,5} Studies have shown that perceived health is also a strong predictor of medical retirement, because poor perceived health is related to mental disorders, musculoskeletal disorders and cardiovascular disorders.³ While Canada is already grappling with the impact of its aging population, improved insight on the perceived health of Canadians will provide a better understanding of future developments in workforce availability and the need for health resources, which will in turn impact planning exercises currently underway, including those related to access to health care across the country.

At the federal level, the Public Health Agency of Canada, Health Canada and the Canadian Institute for Health Information use health data to meet their reporting requirements, monitor population health and health inequalities, and assess health care needs. A few specific examples include the [Mental Health Promotion Innovation Fund](#); the [Action Plan on Palliative Care](#); the [Shared Health Priorities](#); and the Pan-Canadian Health Inequalities Reporting Initiative, which creates products such as the [Key Health Inequalities in Canada](#) report. Health data also play a crucial role in supporting core responsibilities related to infectious and chronic diseases and help address changes and challenges within the health care system.

Health data are also used by many other departments, including Employment and Social Development Canada, the Canadian Institutes of Health Research, Crown-Indigenous Relations and Northern Affairs Canada, and Indigenous Services Canada—in particular the First Nations and Inuit Health Branch. These data help support targeted initiatives and provide the opportunity to advance many health research domains, including population health, local health system planning and equity science.

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3. Karpansalo M, Manninen P, Kauhanen J, Lakka TA, Salonen JT. Perceived health as a predictor of early retirement. *Scandinavian Journal of Work, Environment & Health* 2004; 30(4): 287 to 292.
 4. Falconer J. *The Predictive Power of Self-rated Health for Mortality across National, Epidemiologic, and Socioeconomic Contexts*. 2016. Department of Sociology, McGill University, PhD.
 5. Zajacova A, Beam Dowd J. Reliability of Self-rated Health in US Adults. *American Journal of Epidemiology* 2011; 174(8): 977 to 983.



Health data are used extensively by all levels of government and are critical for supporting efficient and effective health care program development and delivery. Health care costs are a major concern in Canada and continue to rise.⁶ The Conference Board of Canada has highlighted that population health and economic performance are closely linked; the health of Canadians has significant implications both for the cost of the health care system and for economic performance more broadly.⁷ Responses to the perceived health question have been shown to be a good predictor of future demands on health services.

Key stakeholders and data users have a strong need for the inclusion of a health question on the census. The Census of Population is the only data source that collects consistent demographic and socioeconomic statistics for all people in private dwellings in Canada. Adding the health status indicator to the long-form questionnaire makes it possible to (1) estimate health for specific population groups, (2) enhance the opportunity for small area estimation, (3) augment the value of existing health data, (4) support health care planning, and more.

Specific population groups that may be considered more vulnerable are often those most difficult to sample through existing surveys and also tend to be the groups with more disadvantaged health outcomes. In support of the [Disaggregated Data Action Plan](#), census data fill the gaps for targeted population groups (e.g., children and youth, seniors, Indigenous people). The census's coverage also provides an enhanced opportunity for small area estimation, including at the health region level, and for First Nations reserves and settlements. Small area estimation helps with the planning of regional health care services (hospitals and other health care facilities)—a key issue for provincial, territorial and municipal partners.

The inclusion of the general health question on the census would provide the ability to show how health status has changed, both retrospectively and prospectively, enabling researchers to predict health and social outcomes. Through data linkage (e.g., the [Canadian Census Health and Environment Cohorts](#)), the data collected will also provide more opportunities to examine associations between perceived health and mortality, hospitalization and cancer rates, the findings of which may then be used as inputs for modelling small area or priority population estimates.

3. Definitions

Perceived health refers to the perception of a person's health in general, either by the person themselves or, in the case of proxy response, by the person responding. Health means not only the absence of disease or injury, but also physical, mental and social well-being.

The [perceived health](#) definition used in Statistics Canada's standard⁸ conforms to the recommendations of the World Health Organization. The question appears on many Statistics Canada surveys, including the [Canadian Community Health Survey \(CCHS\)](#), the [Canadian Health Survey on Children and Youth \(CHSCY\)](#), the [Canadian Social Survey \(CSS\)](#), and the [Survey Series on People and their Communities](#), among others. Additionally, this is a headline indicator in the [Quality of Life Framework for Canada](#) and aligns with the [Sustainable Development Goals](#) and the [Federal Sustainable Development Strategy](#).

The general health question asks the respondent: **"In general, how is your health?"**

The response categories are excellent, very good, good, fair and poor.

The response categories used in this standard are compatible with those used in the United States' National Health Interview Survey and Medical Outcomes Study. The same question and answer categories are used in

6. Canadian Institute for Health Information. (2022). [National health expenditure trends, 2022 — Snapshot](https://www.cihi.ca/en/national-health-expenditure-trends-2022-snapshot). <https://www.cihi.ca/en/national-health-expenditure-trends-2022-snapshot>

7. Conference Board of Canada. (n.d.). [Population health and economic performance](http://www.conferenceboard.ca/hcp/health.aspx-2/). <http://www.conferenceboard.ca/hcp/health.aspx-2/>.

8. [Perceived health of person](#).



Australia and other international instruments. Since many international censuses are now using this general health question among their populations, Canada can align with comparability from a health concept-level perspective.

To view the question layout that will be used for the 2026 Census of Population, see [Appendix 1 – 2024 Census Test question on general health](#).

4. Methodology and approach

The country relies on high-quality information from the census. Statistics Canada uses the best standards and scientific methodology to design content for the Census of Population questionnaire. The longstanding and well-established process to determine census content begins with broad consultation with data users, followed by qualitative tests and, finally, a quantitative content test.

During content consultation for the 2026 cycle, key stakeholders and census data users shared the need for information on the general health of Canadians to support research in the health of small populations identified through the census, and to disaggregate the data to inform resource allocation, service planning and policy making at all levels of government. This was the most frequently reported data gap perceived in census content.⁹

With the findings from consultation and testing, Statistics Canada's general health of person question—with a slight change to allow for proxy reporting in the census—was tested qualitatively in 2023 through cognitive and one-on-one interviews conducted across Canada in both official languages.

Based on the results of qualitative testing, the census questionnaires were further revised and tested quantitatively and operationally among 222,000 households during the 2024 Census Test. The general health question was included on the 2024 test panel of the long-form¹⁰ questionnaire. Responses were collected through both the electronic questionnaire (EQ) and paper questionnaire formats.

The data sources used to assess the comparability of 2024 Census Test general health estimates included three Statistics Canada sources, representing the most recent data available at the time of certification. The 2023 CCHS, which covers the population aged 18 and over, was used as the primary source for comparison, since it is the flagship source of population health data because of its coverage and large sample size. The 2023 CHSCY (longitudinal component) was used to compare estimates for children and youth aged 5 to 17. The CSS, which covers the population of provinces aged 15 and over, was used to compare the aforementioned data with estimates derived from a social survey that also focuses on a variety of non-health-related topics. To maximize estimate comparability, only EQ responses were used from the census test. Data from the territories were excluded from the CCHS and CHSCY when calculating estimates, because these regions were not covered during the census test, nor by the CSS.

5. Key findings or results

Note that, among other differences, data from the census test do not undergo the same processing as those from the census, since they are collected for testing and research purposes only. The results from the 2024 Census Test were produced to evaluate the data quality of the new question. These observations are solely used as a benchmark for evaluation purposes and do not represent perceived health estimates for the Canadian population, nor are they intended to be used as official estimates of perceived health.

The results from the 2024 Census Test for the perceived health variable were dichotomized into an excellent, very good or good category and a fair or poor category. The fair or poor category is the category of interest from the census data because it will highlight the populations and areas with populations that are experiencing

9. [2026 Census of Population Content Consultation Results: What we heard from Canadians](#).

10. See Question 18: [2024 Census Test: Form 2A-L.1](#).



poorer health. Poorer perceived health is associated with increased morbidity and mortality. Therefore, this analysis strategy is to identify areas or populations that may require additional health care service and program interventions.

Table 5.1 presents overall estimates from the census test for all ages, those aged 18 and over, and for males and females. Overall, 7.4% reported fair or poor health. Consistent with previous surveys, the proportion was higher for adults (8.9%) compared with children and youth (1.9%), and for females (9.2%) compared with males (8.5%). Table 5.2 compares the estimates for fair or poor perceived health across the age categories with those from the 2023 CCHS and 2023 CHSCY. The estimate for children and youth's fair or poor health is highly comparable across sources (1.9% from the census test vs. 2.0% from the CHSCY). The estimate for fair or poor health among adults is higher in the CCHS compared with the census test but follows the same pattern by age. Although not represented in the table, similar patterns were observed in the CCHS when comparing the census test estimates with those from the CSS for those aged 15 years and over.

Table 5.1
Perceived health (fair or poor), overall (all ages), by age and sex, 2024 Census Test

Age and sex	Percentage reporting fair or poor health
Overall (all ages)	7.4
5 to 17 years	1.9
18 years and over	8.9
Males (18 years and over)	8.5
Females (18 years and over)	9.2

Note: Estimates from the census test represent responses from the electronic questionnaire.

Source: Statistics Canada, Census Test, 2024.

Table 5.2
Perceived health (fair or poor), comparisons with other sources, overall and by age group, 2024 Census Test, 2023 Canadian Community Health Survey (CCHS) and 2023 Canadian Health Survey on Children and Youth (CHSCY)

Age group	2024 Census Test	2023 CHSCY (longitudinal component)	
		2023 CCHS	percent
5 to 17 years	1.9	..	2.0
18 to 34 years	4.6	9.1	..
35 to 49 years	6.2	11.1	..
50 to 64 years	10.6	16.3	..
65 years and over	15.6	21.1	..

.. not available for a specific reference period

CHSCY = Canadian Health Survey on Children and Youth

CCHS = Canadian Community Health Survey

Notes: Estimates from the census test represent responses from the electronic questionnaire. CCHS and CHSCY data exclude the territories. Variance can occur between estimates from different data sources because of differences in reference periods, modes of collection and targeted or sampled populations. Comparisons of estimates from the census test aim only to provide a basic evaluation to determine whether they align with estimates from existing data sources.

Sources: Statistics Canada, Census Test, 2024; CCHS, 2023; and CHSCY, 2023 (longitudinal component).



6. Discussion

To assess the accuracy and reliability of data for the general health question on the census test, objective-based assessments were pre-determined based on relevant criteria. The objectives included the following: (1) evaluating whether proxy responses could be obtained for members within a household, (2) assessing response burden, (3) assessing overall estimates in comparison with other Statistics Canada surveys and (4) determining whether there is any impact on existing census questionnaire content by adding the general health question to the 2026 Census.

The overall evaluation demonstrated that proxy reporting was completed with ease. Qualitative testing and evaluation of feedback to the 2024 Census Test confirmed that respondents had little to no difficulty answering the general health question on behalf of members of their household. In terms of burden, the general health question took on average 27 seconds to complete, which is relatively low compared with other census test questionnaire content.

The patterns displayed by the overall health ratings were comparable to other Statistics Canada sources. For adults, the estimates for fair or poor health from the census test were lower than estimates from the CCHS. This difference by source reflects a mode difference in response: while CCHS responses are self-response, the census test includes both self-response and proxy responses. It is known that parents tend to rate more positive health when proxy reporting on behalf of their children.¹¹ It is therefore not surprising that, for children and youth, where responses were provided via proxy (i.e., a parent or guardian responding on behalf of the children in the residence), the census test rating was similar to that in the 2023 CHSCY. Interestingly, this proxy effect is not seen in some studies for healthy older adults,^{12,13} while it can be both negative and positive when it concerns severely ill adults.^{14,15,16} Another study shows that proxy reporting tends to be more accurate when health conditions are well-defined and observable.¹⁷ Nonetheless, in all cases, proxy and non-proxy responses for health are predictive of health outcomes, since they both show consistent patterns in terms of the spread of fair or poor responses and excellent, very good or good responses. The utility of the question for identifying population groups of interest is thus the same regardless of the proxy effect. Indeed, in terms of evaluating whether the question would be able to identify differences between population groups or areas with greater need for health resources, there were consistent patterns for these groups (e.g., gender, Indigenous groups, racialized groups and provinces) across the sources of comparison (CCHS, CHSCY and CSS), although not included in this report. Lastly, the question placement of the general health module in the census test had no impact on responses to other content within the questionnaire, including the existing questions on activities of daily living as evaluated using census test paradata.

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11. Waters, E., Stewart-Brown, S., & Fitzpatrick, R. (2003). [Agreement between adolescent self-report and parent reports of health and well-being: results of an epidemiological study](https://doi.org/10.1046/j.1365-2214.2003.00370.x). *Child: Care, Health and Development*, 29(6), 501 to 509. <https://doi.org/10.1046/j.1365-2214.2003.00370.x>
 12. Neumann, P.J., Araki, S.S., Gutterman, E.M. [The Use of Proxy Respondents in Studies of Older Adults: Lessons, Challenges, and Opportunities](https://doi.org/10.1111/j.1532-5415.2000.tb03877.x). *Journal of the American Geriatrics Society* 2000, 48(12), 1646 to 1654. <https://doi.org/10.1111/j.1532-5415.2000.tb03877.x>
 13. Nathalie Bouscaren, Laureen Dartois, Marie-Christine Boutron-Ruault, Marie-Noël Vercambre. [How do self and proxy dependency evaluations agree? Results from a large cohort of older women](https://doi.org/10.1093/ageing/afy071), *Age and Ageing*, Volume 47, Issue 4, July 2018, Pages 619 to 624. <https://doi.org/10.1093/ageing/afy071>
 14. Magaziner, J., Zimmerman, S.I., Gruber-Baldini, A.L., Hebel, J.R., Fox, K.M. [Proxy Reporting in Five Areas of Functional Status: Comparison with Self-Reports and Observations of Performance](https://doi.org/10.1093/oxfordjournals.aje.a009295). *American Journal of Epidemiology* 1997, 146(5), 418 to 428. <https://doi.org/10.1093/oxfordjournals.aje.a009295>
 15. Roychoudhury, J.K., Gutman, R., Keating, N.L., Mor, V., Wilson, I.B. [Proxy and patient reports of health-related quality of life in a national cancer survey](https://doi.org/10.1186/s12955-017-0823-5). *Health and Quality of Life Outcomes* 2018, 16(1), 6. <https://doi.org/10.1186/s12955-017-0823-5>
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 17. Shields, M. [Proxy reporting in the National Population Health Survey](https://doi.org/10.1186/1745-6215-12-1). *Health Reports* 2000, 12(1), 21 to 39.



7. Conclusion

The general health question is a standard question that is widely recognized and used on various Canadian and international surveys and censuses. The question has minimal response burden and can be answered quickly and confidently by the respondent, as well as for other members of the household. The question is not overly sensitive in nature, and during qualitative testing, there were no reports of respondents feeling that the question was intrusive. The results from the census test indicate that the patterns of reporting fair or poor general health are consistent with population health surveys across geographies and population groups.

The addition of the general health question to the 2026 Census questionnaire will help with the development of health programs and policies aimed at supporting vulnerable populations, as well as aid remote geographical regions by highlighting the need for groups that may require additional support.

After evaluating the results of testing and considering factors such as costs, operations, respondent relations and safeguards against quality loss, Statistics Canada recommended the addition of the general health question to the 2026 Census to the Cabinet of Canada for approval.



Appendix 1 – 2024 Census Test question on general health

Test version question (2024 Census Test)

The following question is about the general health status of members of this household.

In general, how is this person's health?

Health means not only the **absence of disease or injury** but also **physical, mental and social well-being**.

Person 1 Name:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

Help text (2024 Census Test)

How to answer question 18

Please answer question 18 to the best of your knowledge by selecting the most appropriate option.

Reasons why we ask question 18

This question seeks information on the health status of people in Canada to help plan policies, programs and services for the health care system.

General health is an indicator of overall health status. General health refers to the perception of a person's health in general, either by the person, or by the person in the household who is completing the census questionnaire.