MAJOR RELEASES

National Population Health Survey: Cycle 2

1996/97

In 1996/97, nearly two-thirds of the population reported that their health was excellent or very good, a proportion virtually unchanged from 1994/95.

However, data from the National Population Health Survey (NPHS), the first-ever longitudinal study of the health of Canadians, show that this apparent stability conceals frequent fluctuations that occur in the health of many individuals.

The survey interviewed a panel of 17,276 individuals during 1994 and 1995, then returned to interview them a second time during 1996 and 1997 to determine how they were faring. The results were weighted to represent the entire population. These data show that during the two-year period alone, the health of large segments of the population can change abruptly.

For example, just over 757,000 people who reported not having high blood pressure in 1994/95 reported a new diagnosis of this condition within the two-year period, and about 209,000 people indicated that they had been newly diagnosed with diabetes. New diagnoses of arthritis or rheumatism—a major cause of disability, pain and visits to the doctor—were reported for 1.2 million people who did not have either of these conditions in 1994/95.

In contrast, some individuals (from among those aged 65 and over for example) exhibited considerable powers of recovery. Seniors experienced higher rates of chronic disease and loss of function than younger adults. However, substantial proportions of seniors with physical limitations in 1994/95 reported two years later that their ability to function had improved. One in five seniors who required help with tasks such as meal preparation, grocery shopping and housework no longer needed such assistance two years later. There was a similar improvement among seniors who had depended on others for personal care, such as washing, dressing or eating.

These findings echo American research suggesting that the capacity of individual seniors to function may vary more than can be perceived from snapshot information collected at only one point in time.

Major shifts in the population of home-care recipients may also partly reflect the changing nature of health. In 1994/95, just over half a million people, or 2.4% of the population aged 18 or older, received some type of government-supported home care. Two years later, just over one-third (36%) of these people were still receiving services, and close to half (46%) were still living in their homes but no longer receiving home care.

Among people aged 65 and older in this group of just over half a million, 40% of those who received home care in 1994/95 were still receiving services, while 36% were managing at home without government-supported home care.

Note to readers

This release is based on the second cycle of data collection by the National Population Health Survey (NPHS). The first cycle in 1994/95 examined health status, use of health services, risk factors, and demographic and socio-economic characteristics such as age, sex and household income.

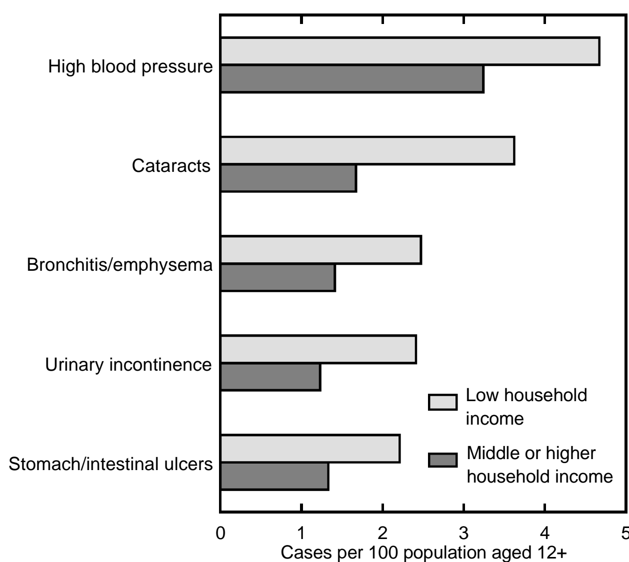
With the second cycle in 1996/97, longitudinal data have become available. These data allow the analysis of various factors that either make Canadians ill or maintain their health. Additional data collected in 1996/97 offer new cross-sectional information on access to health care. The NPHS is designed to enhance understanding, as the survey accumulates additional information, of the processes affecting health.

The NPHS collects information from a panel of 17,276 individuals, re-interviewing them every two years for up to two decades for longitudinal purposes. The response rate for these individuals was 94% in 1996/97. In total, residents of 82,000 households in all provinces (except people on Indian reserves or on Canadian Forces bases) were interviewed in 1996/97 for cross-sectional purposes. Results of separate surveys of the territories and of the institutional population will be released in the summer and fall, respectively.

Low income can predict poor health

Data that track changes in health over time provide clearer information than has been previously available on factors that put people at risk of ill health. For example, NPHS data support the theory that low income gives rise to poor health, rather than the reverse.

Over the two-year period, the rates at which people experienced major chronic diseases—including emphysema, high blood pressure and stomach ulcers—were higher for those in the group with low household income in 1994/95 than for those with more income.



People with low income were also more likely to begin receiving home care over the two-year period, reflecting their poorer health and greater loss of self-sufficiency.

As well as poor health, low income is also predictive of premature death. People under 75 in the low income group in 1994/95 had twice the odds of dying during the next two years than those in the middle or higher income groups. This is true even after taking into account factors such as the sex of the individual, chronic diseases and smoking.

Income groups used in NPHS*

Household size (number of persons)	Income group	
	Low	Middle or higher
1 or 2	< $15,000	$15,000+
3 or 4	< $20,000	$20,000+
5 or more	< $30,000	$30,000+

* *The measure of household income used for the NPHS takes into account annual income and the number of people in the household.*

Exercise benefited physical and mental health

With only two years of longitudinal data from the 17,276 individuals, the NPHS provides solid evidence that physical activity pays off.

Individuals in 1994/95 who were active, free of heart disease and in excellent or very good health had one-fifth the odds of developing heart disease during the subsequent two years compared with sedentary people who had the same level of health.

Physically active people were also at lower risk of experiencing depression in the two-year period between interviews.

Some people prone to injury

The NPHS also found that if an individual had been injured seriously enough to limit activities in 1994/95, there was a strong likelihood of being injured again within the next two years.

In 1996/97, injuries (other than repetitive strain injuries) affected 2.6 million people. Almost one-quarter of men and 17% of women who had reported an injury in 1994/95 stated that they also experienced injury in 1996/97. Accidental falls were most often the cause for people injured in both periods. The data support the theory of injury proneness, which suggests that behavioural, physical or environmental factors put some people at higher risk of injury.

Specific traits that put people at risk of injury include young age and participation in active physical pursuits. Compared with people aged 35 and older, the odds of sustaining an injury for those aged 12 to 34 are about 50% higher. Being physically active (at any age) adds about the same amount of injury risk as being young.

Repetitive strain injuries becoming a major health problem

Including the longitudinal panel, the NPHS interviewed a total of 82,000 people in all provinces (except for those on Indian reserves or Canadian Forces bases) for a one-time snapshot of their health. The remainder of this report analyses data from this larger group of individuals. Again, the results were weighted to represent the entire population.

According to these snapshot NPHS data, injuries arising from repetitious muscular effort constitute an important health problem. In 1996/97, nearly 2 million people aged 12 and older sustained repetitive strain injuries (RSIs) that were serious enough to hamper their usual activities. These injuries caused by overuse of certain muscles included carpal tunnel syndrome, tennis elbow, other tendinitis and back injury.

Injuries to the back or spine accounted for the greatest share (20%) of RSIs among men. Injuries of the wrist, hand or fingers were the most common of these injuries (25%) among women. Nearly half of all

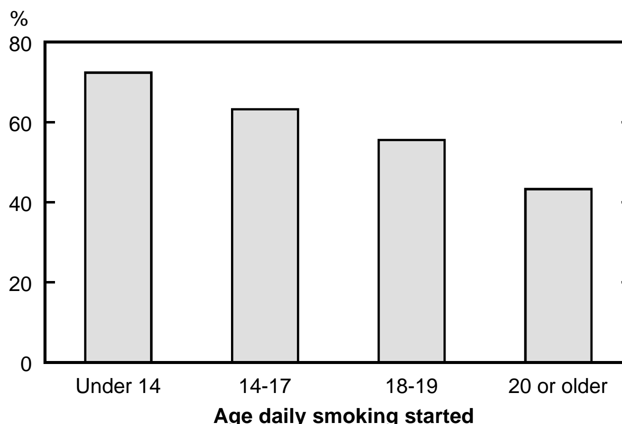
RSIs occurred at work or school. Leisure activities and sports accounted for about 3 out of 10 RSIs.

Childhood experiences—a lasting impact

Childhood experiences have a lasting impact. People who reported growing up with an alcoholic parent had more than twice the odds of reporting that they abuse alcohol themselves. Like many other illnesses, a tendency to alcohol dependence is partly inherited, but it may also be learned.

In addition, individuals who begin smoking in early adolescence tend to be more addicted to smoking than those who start later. One way of measuring the degree to which an individual is dependent on cigarettes involves counting the elapsed time between waking and smoking a cigarette. Smoking within 30 minutes of waking is seen as a sign of profound dependence. NPHS data show that among people who are daily smokers before the age of 14, 72% reported they have the habit of lighting up within 30 minutes of waking, compared with 43% of those who started smoking daily at the age of 20 or older.

Percentage of daily smokers in Canada who smoke within 30 minutes after waking, 1996/97



The 1996/97 *National Population Health Survey Overview* will be released in July, as will the 1996/97 public-use microdata file, the data from the Asthma Supplementary Survey, and the results from the Yukon and Northwest Territories Surveys.

For further information about the National Population Health Survey, contact Larry Swain (613-951-3830; fax: 613-951-4198; *swailar@statcan.ca*), Health Statistics Division. For information about data content, contact Bryan Lafrance (613-951-3285; fax 613-951-4198; *lafrance@statcan.ca*). To request custom tabulations of the data, contact the Client Custom Services Unit (613-951-1746). ■