Catalogue 82-567

National Population Health Survey Overview 1994-95

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Foreword

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The National Population Health Survey (NPHS), a new longitudinal survey on the health of Canadians, represents a milestone for Statistics Canada. This overview illustrates the breadth of data available and describes some of the findings from the survey. It includes components on health status, use of health services, risk factors, and demographic and socioeconomic status.

We thank the many individuals who contributed to the success of this survey, particularly the members of Statistics Canada's NPHS project team who created the database. The NPHS Advisory Committee, consisting of representatives from each provincial health ministry and from Health Canada, provided invaluable contributions throughout the survey development and implementation phases. In addition, many experts in various fields of health research freely assisted us during our deliberations on content. Lastly, this survey would not have been possible without the cooperation of our respondents who volunteered their time and information.

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NATIONAL POPULATION HEALTH SURVEY OVERVIEW

INTRODUCTION

Statistics Canada's National Population Health Survey (NPHS) has been designed to measure the health status of Canadians, and in so doing, to expand knowledge of the determinants of health. The NPHS is a longitudinal survey, and will collect information from the same panel of respondents every two years for up to two decades. Data collection for the first wave began in June 1994 and finished in June 1995 (see *NPHS sample design*).

This overview is part of the first release of NPHS data. It illustrates the variety of information available by presenting data on perceived health, chronic conditions, injuries, depression, smoking, alcohol consumption, physical activity, consultations with medical professionals, use of medications, and use of alternative medicine. A section on immigrant health shows the potential for analyzing sub-populations. More detailed analyses of these topics will be published in upcoming issues of *Health Reports,* Statistics Canada's quarterly publication on health. The data in this report pertain to the non-institutional population in the ten provinces. Information on the territories will be released at a later date. Except where stated, the information presented here refers to people aged 15 and over.

HEALTH STATUS

It is well accepted that health is more than the absence of disease. The state of well-being that is associated with being healthy reflects not only physical capacity, but also the resources available to cope successfully with life's challenges. Thus, the approach taken by the NPHS is multidimensional, encompassing physical, mental and social components.

Self-rated health

The majority of Canadians aged 15 and over describe their health in positive terms. In 1994, 62% of adults rated their health as excellent or very good, while just 11% reported fair or poor health.

NPHS sample design

The target population of the National Population Health Survey consists of household residents in all provinces and territories, except persons living on Indian reserves, on Canadian Forces bases, or in some remote areas. An institutional component covers long-term residents of hospitals and residential care facilities.

The survey collects most of the information from a single household member. Interviewing one respondent simplifies the longitudinal follow-up. Each time the respondent is re-surveyed, the same basic health-related information will also be collected from all members of the household in which he or she is then living.

To enhance the representativeness of the panel, a rejective technique was applied. If households had been randomly selected, an individual's chances of being included in the panel would be inversely related to the number of persons in that household. The panel would thus tend to underrepresent people in large households, typically parents and dependent children, and overrepresent people in small households, who are often single or elderly. The rejective approach was applied by identifying a portion of the sample households for screening, and dropping those that did not have at least one member under age 25.

The NPHS surveyed a sample of 20,000 households. A minimum of 1,200 households in each province was needed to ensure reliable estimates by sex and age groups. Subject to this restriction, the base sample sizes for each province were determined by using an allocation which balances the reliability requirements at national and regional levels. Some provinces chose to increase the sample size to increase the utility of the survey. This resulted in a final sample size of 26,430 households after including provincial buy-ins and households eligible to be rejected. The final response rate was approximately 88% of households.

Not surprisingly, the proportion of people who describe their health as excellent or very good declines with age. In 1994, 72% of 15- to 24-year-olds rated their health in either of these two categories; at age 75 and over, the figure was 36%.

The 1994 NPHS shows a strong positive association between self-rated health and socioeconomic status, as measured by educational attainment and income adequacy. Whereas 72% of people with a postsecondary degree or diploma reported excellent or very good health, the figure was 49% for those with less than secondary completion.

Similarly, people with higher incomes were more likely to report excellent or very good health than those in lower income groups (see *Household income groups*). In 1994, 77% of men and 74% of women in the highest household income group reported excellent or very good health, compared with 52% of men and 51% of women in the lowest income group (Chart 1).

Household income groups

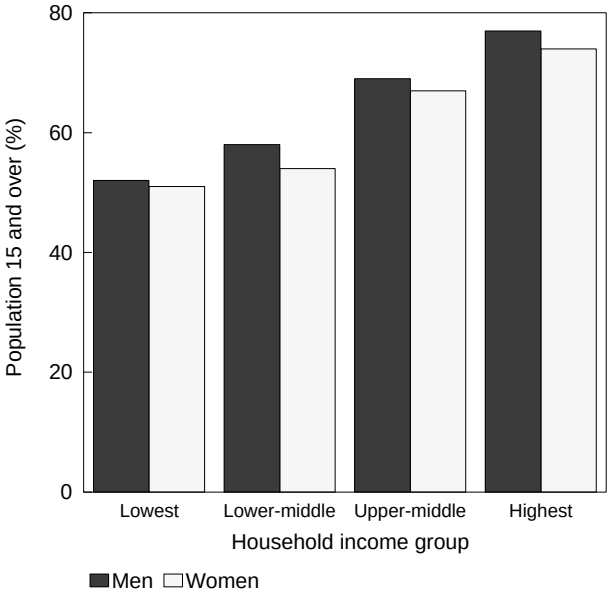
Households were grouped into four categories based on the number of persons in that household and their combined income.

	Number of persons per household		
Household income group	1 or 2	3 or 4	5 or more
Lowest	Less than $15,000	Less than $20,000	Less than $30,000
Lower-middle	$15,000 to $29,999	$20,000 to $39,999	$30,000 to $59,999
Upper-middle	$30,000 to $59,999	$40,000 to $79,999	$60,000 to $79,999
Highest	$60,000 or more	$80,000 or more	$80,000 or more

Provincial differences in self-rated health were less pronounced than those based on socioeconomic status. Prince Edward Island (67%), Newfoundland (66%), and Alberta residents (66%) were the most likely to report excellent or very good health. The proportion of the population rating their health at these levels was lowest in New Brunswick and Saskatchewan (both 55%) and in Nova Scotia (58%).

Chart 1

Reporting excellent or very good health, by household income and sex, Canada, 1994



Source: *National Population Health Survey, 1994*

Chronic conditions and pain

Despite generally high levels of self-assessed health, over half (55%) of all adults – 12.5 million people – had at least one chronic condition in 1994: 28% reported one; 13%, two; and 13%, three or more. The most common conditions were allergies (20% of all adults), back problems (15%), arthritis and rheumatism (13%), and high blood pressure (9%). The prevalence of most conditions was higher among women than among men. Women were also more likely to report multiple chronic conditions.

Chronic pain is directly associated with chronic conditions. Overall, 17% of adults reported chronic pain or discomfort in 1994. However, among those with arthritis/rheumatism or non-arthritic back problems, the proportions were 47% and 42%, representing about 1.4 million individuals in each category. While fewer people had diabetes or heart disease, a relatively high percentage suffered chronic pain: 43% and 41%, respectively.

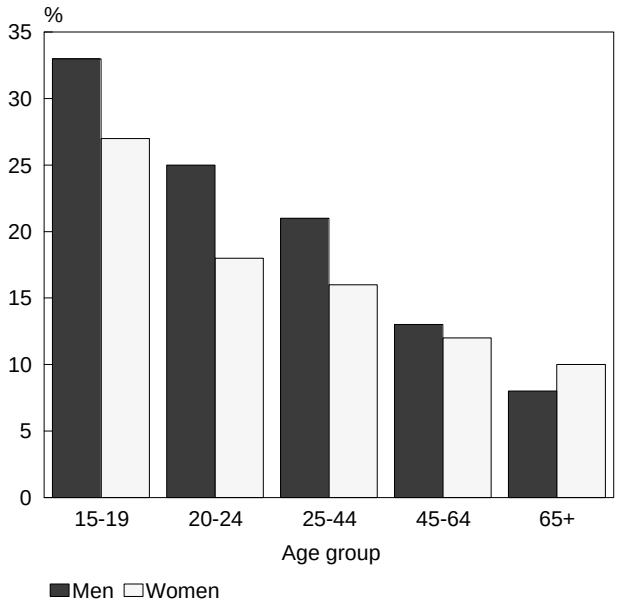
Injuries

Approximately 3.8 million Canadians aged 15 and over – 17% of the adult population – had experienced an injury severe enough to limit their daily activity during the 12 months before the NPHS interview. Sprains and strains were the most common type of injury, accounting for 45% of the total.

Young people were the most likely to have suffered an injury. In 1994, 30% of 15- to 19-year-olds reported experiencing at least one injury. By age 25, the figure was less than 20%. Under age 65, men had a higher injury rate than did women; at age 65 and over, women's rate exceeded that of men (Chart 2).

Chart 2

Injured in previous year, by age group and sex, Canada, 1994



Source: *National Population Health Survey, 1994*

Injury rates varied by province, with generally higher levels in the west. Rates ranged from 13% in Quebec and 12% in Newfoundland to 21% in British Columbia.

Long-term activity limitation

One in five adults had a long-term activity limitation that restricted the kind or amount of activity that they could perform at home, work or school, or during their leisure time. In 1994, over 4.8 million people, 21% of the population aged 15 and over, reported such a limitation. There was little difference between men and women in the prevalence of long-term activity limitation. The likelihood of having a limitation, however, rose with age from 13% at ages 15 to 19 to 39% at age 65 and over.

Disease and injury were the primary causes of long-term activity limitation. Activity limitation rates were over 80% among people reporting stroke, urinary incontinence, Alzheimer's Disease, and heart disease. Among people aged 15 to 44, 37% of all long-term activity limitation was associated with injury; for the 45 and over age group, the corresponding figure was 22%, reflecting the growing importance of disease as a cause of activity limitation at older ages.

Depression

It is widely acknowledged that depression is one of the most common psychiatric disorders. In 1994, 5.7% of the population aged 15 and over reported having had a major depressive episode in the previous 12 months (see *Major depressive episode*). The proportion of women reporting depression (7.6%) was twice that of men (3.7%).

Major depressive episode

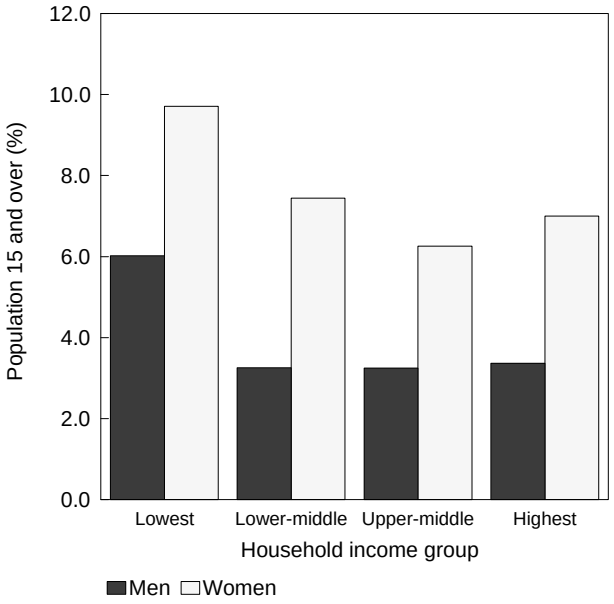
The NPHS, utilizing the methodology of Kessler et al., measures a major depressive episode (MDE) with a subset of questions from the Composite International Diagnostic Interview. These questions cover a cluster of symptoms for depressive disorder, which are listed in the Diagnostic and Statistical Manual of Mental Disorders. Responses to these questions are scored on a scale and transformed into a probability estimate of a diagnosis of MDE. If this estimate is 0.9 or greater, that is, 90% certainty of a positive diagnosis, then the respondent is considered to have experienced an MDE in the previous 12 months.

As expected, for both sexes, a high level of chronic stress was associated with depression. The distribution of the population aged 18 and over by chronic stress level was divided into quartiles. Those in the highest quartile were considered to have a high level of chronic stress, and those in the lowest quartile, a very low level. The prevalence of depression was around 13% among those with high stress, compared with 2% among those with very low stress.

Income was associated with depression. Overall, the prevalence of depression among people in the lowest household income group was 8%, compared with about 5% for those in the other three income groups.

Chart 3

Prevalence of depression, by household income and sex, Canada, 1994



Source: *National Population Health Survey, 1994*

Among men in the lowest income group, the prevalence of depression was double that of men in higher income households. The rates for women were higher, but the relative difference was not as great. This suggests that the protective edge provided by income is less pronounced for women (Chart 3).

DETERMINANTS OF HEALTH

The NPHS measured many lifestyle factors considered to be determinants of health, including smoking, alcohol consumption, weight, and physical activity.

Smoking

Overall, 6.9 million Canadians – 31% of the population aged 15 and over – were smokers in 1994: 25% smoked daily, and 5% smoked occasionally. Men were more likely than women to be smokers: 33% versus 29%. This difference held at all ages except 15 to 19, at which women's smoking rate was higher than that of men (30% compared with 28%).

Smokers were slightly more likely than non-smokers to describe their health as fair or poor: 12% versus 10%. While this pattern was consistent across all age groups, there were differences between the sexes. Men who smoke or who had smoked were three times more likely than men who never smoked to report poor health. By contrast, there was only a small difference in the proportions of women reporting poor health: 3% of smokers, 2% of former smokers, and 2% of non-smokers.

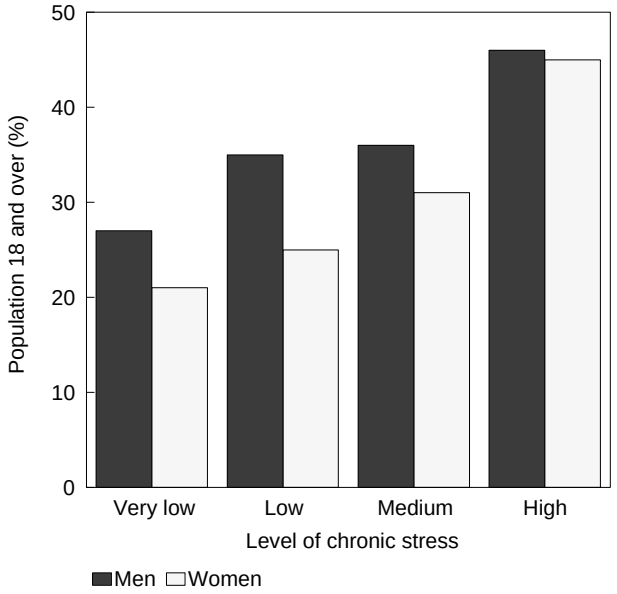
Smoking is associated with stress. For example, 46% of men who experienced high levels of chronic stress were smokers in 1994, close to double the rate for men with a very low level of chronic stress (27%) (Chart 4). The relationship was even more pronounced for women, whose smoking rates ranged from 21% among those with a very low stress level to 45% for those with high stress.

Alcohol consumption

In 1994, over half (58%) of adult Canadians – 13.0 million people – reported that they were current drinkers: that is, they consumed alcoholic beverages at least once a month. An additional 21% drank on occasion, 12% were former drinkers, and 10% had never consumed alcohol.

Chart 4

Proportion who are smokers, by level of chronic stress and sex, Canada, 1994



Source: *National Population Health Survey, 1994*

Drinking is related to both sex and age. Men were more likely than women to be current drinkers (69% compared with 47%). As well, for both sexes, drinking was most common at younger ages. In 1994, the prevalence of current drinking peaked at ages 25 to 29 among men (79%). For women, the peak rate was 54% at ages 20 to 24, 35 to 39, and 40 to 44. By age 65 and over, the rates were much lower: 52% for men and 31% for women.

The highest rates of current drinking were in Quebec (62%) and British Columbia (60%), and the lowest, in Prince Edward Island (44%) and New Brunswick (46%).

Alcohol consumption was associated with the likelihood of having had an injury. In 1994, 20% of men who were current drinkers reported that they had experienced an injury in the previous year, compared with 15% of former drinkers and 16% of men who had never consumed alcohol. Women's rates were lower, but the pattern was similar: 17% of current drinkers, 14% of former drinkers, and 8% of abstainers had been injured.

There was also a relationship between alcohol consumption and smoking. The prevalence of smoking was higher among current (35%), occasional (30%), and former drinkers (27%) than among people who never drank (10%). In 1994, 20% of the adult population were both current drinkers and smokers: 25% of men and 16% of women.

Weight

The NPHS used the Body Mass Index to determine the proportion of people aged 20 to 64 who were deemed to be overweight, based on their self-reported height and weight (see *Body mass index*). In 1994, approximately 3.9 million Canadians (23%) were overweight, and another 23% had some excess weight. The weight of 43% of adults was in the acceptable range, and 9% were underweight.

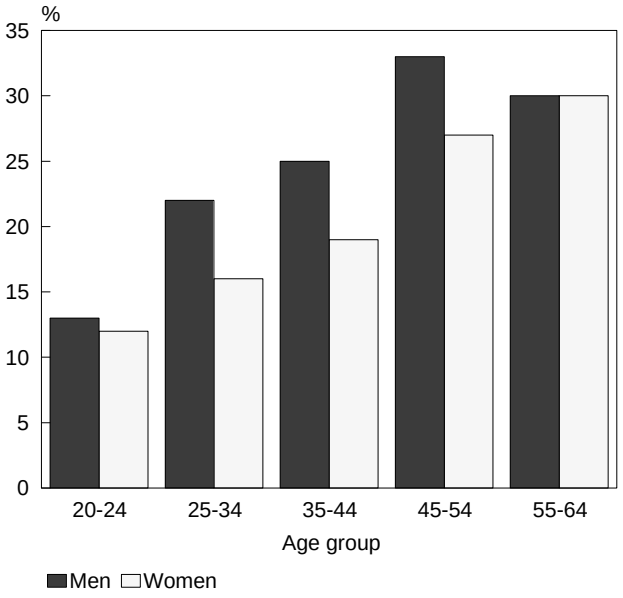
Men were more likely than women to be overweight: 25% compared with 20%. And for both sexes, the likelihood of being overweight increased with age (Chart 5).

Body mass index

To calculate if the weight of respondents aged 20 to 64 (excluding pregnant women) was suitable for their height, their weight in kilograms was divided by the square of their height in metres. A value less than 20 indicates that the respondent was underweight; between 20 and 24, an acceptable weight; between 25 and 27, some excess weight; and 28 and over, overweight.

Chart 5

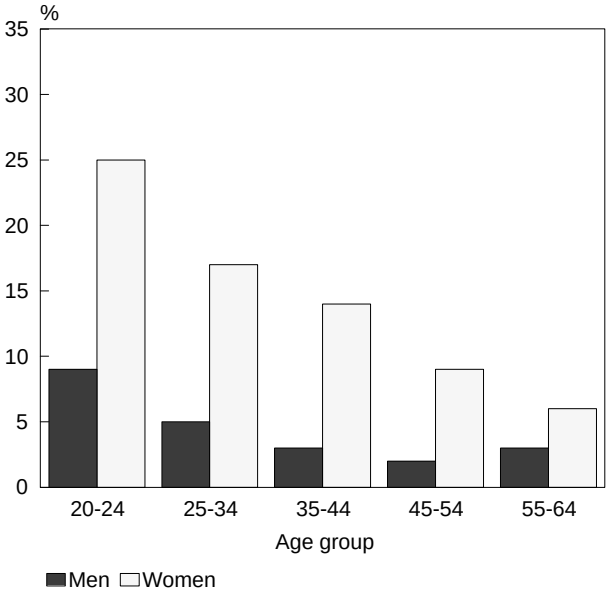
Proportion overweight, by age group and sex, Canada, 1994



Source: *National Population Health Survey, 1994*

Chart 6

Proportion underweight, by age group and sex, Canada, 1994



Source: *National Population Health Survey, 1994*

On the other hand, women, particularly young women, were more likely than men to be underweight. One in four (25%) women aged 20 to 24 was underweight in 1994, compared with 9% of their male counterparts (Chart 6).

Weight was associated with self-reported health. In 1994, while 71% of people in the acceptable weight range reported excellent or very good health, the figure was 55% among those who were overweight. Two-thirds (66%) of people who were underweight or who had some excess weight rated their health as excellent or very good.

Leisure time physical activity

In 1994, the majority of Canadians (56%) reported that they were inactive during their leisure time (see *Physical activity index*). A larger share of women (61%) than men (51%) spent their leisure in sedentary pursuits. As well, inactive leisure became more common with advancing age (Chart 7).

In fact, just 17% of the population aged 15 and over (3.9 million) were physically active in their leisure time. Men were more likely than women to be physically active: 20% versus 15%. For both sexes, physical activity peaked at ages 15 to 19, and was much less common at older ages (Chart 8).

The physically active proportion of the population varied by province, with generally higher levels in the west. The figures range from 12% in Prince Edward Island and 13% in Newfoundland and Quebec to 26% in British Columbia.

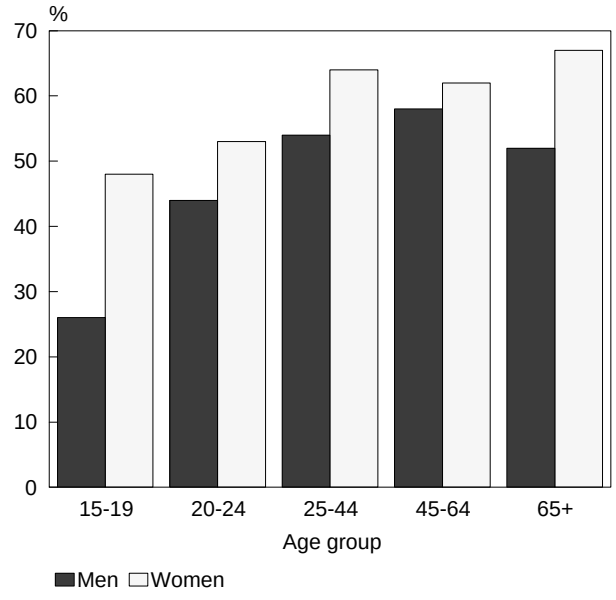
Physical activity index

To derive the level of physical activity of respondents, their energy expenditure (EE) was estimated for each activity they engaged in during their leisure time. EE was calculated by multiplying the number of times the respondent engaged in an activity over a 12-month period, by the average duration in hours, and by the energy cost of the activity (expressed in kilocalories expended per kilogram of body weight per hour of activity). To calculate an average daily EE for the activity, the estimate was divided by 365. This calculation was repeated for all leisure-time activities reported, and the resulting estimates were summed to provide an aggregate average daily EE.

Respondents with an estimated EE below 1.5 kcal/kg/day are considered physically inactive. A value between 1.5 and 2.9 kcal/kg/day indicates moderate physical activity. Respondents with an estimated EE of 3.0 or more kcal/kg/day are considered physically active.

Chart 7

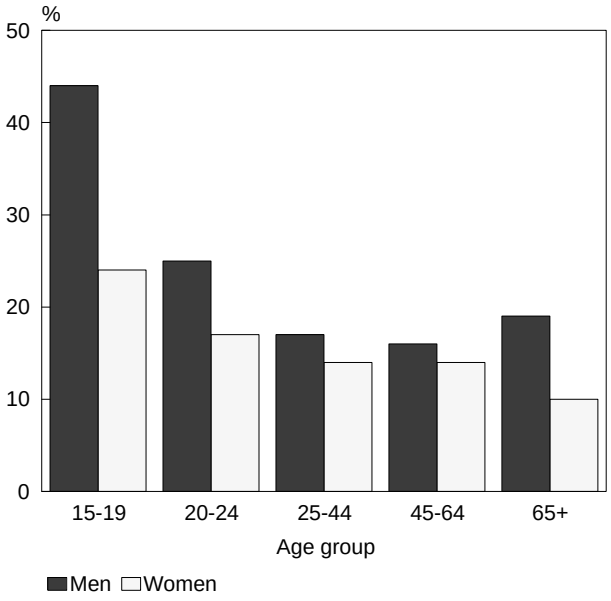
Proportion sedentary, by age group and sex, Canada, 1994



Source: *National Population Health Survey, 1994*

Chart 8

Proportion physically active, by age group and sex, Canada, 1994



Source: *National Population Health Survey, 1994*

Not unexpectedly, weight was related to levels of physical activity. Just 17% of people who were physically active were overweight, compared with 22% of the moderately active, and 25% of those who were sedentary.

USE OF HEALTH CARE SERVICES

The NPHS provides information on topics such as contact with health care professionals, medications, and the use of alternative medicine. This information is not usually available at the national level from administrative sources of data.

Contact with health care professionals

Physicians and dentists are the most frequently consulted health care professionals. In 1994, 77% of Canadian adults reported that they had consulted a physician in the previous year, and 55%, a dentist. Just over a third (35%) had been to an eye specialist, and 27% saw other types of specialist.

Women were more likely than men to consult physicians, other specialists, and nurses. For instance, 83% of women had consulted a physician, compared with 72% of men. By contrast, relatively small differences existed between the proportions of men and women who contacted dentists, physiotherapists, psychologists, and occupational therapists.

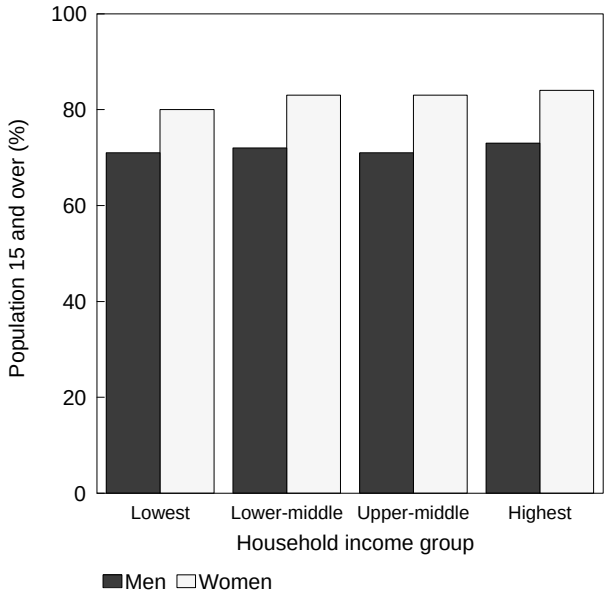
Since the prevalence of chronic conditions increases with age, it is not surprising that the frequency of consulting physicians is greatest at older ages. For example, 72% of 15- to 19-year-olds consulted a physician at least once in the previous year, compared with 89% of those aged 75 and over.

Use of the services of health care professionals varies by province. Rates of physician consultation ranged from 70% in Quebec to 82% in Prince Edward Island. The proportion of the population who visited a dentist varied from 35% in Newfoundland to 62% in Ontario. Ontario residents were also most likely to report having consulted an eye specialist (38%).

There was little relationship between income and the likelihood of having visited a physician in the previous year (Chart 9). By contrast, the proportion who had visited a dentist tended to rise with their household income (Chart 10).

Chart 9

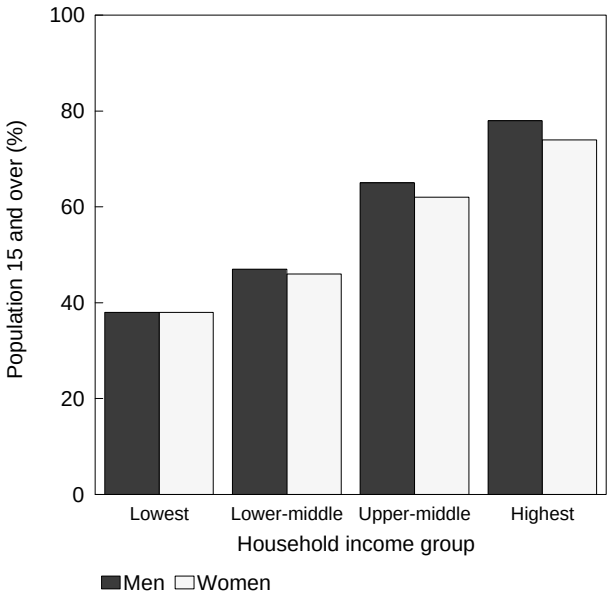
Visited a physician in previous year, by household income and sex, Canada, 1994



Source: *National Population Health Survey, 1994*

Chart 10

Visited a dentist in previous year, by household income and sex, Canada, 1994



Source: *National Population Health Survey, 1994*

If the health care system serves those most in need, poor health should be related to the frequency of consultations with health professionals. And according to the NPHS, the presence of a chronic condition was a powerful predictor of the number of physician consultations. People with one or more such conditions reported an average of 6 consultations in the previous year, compared with 3 for those with no chronic health problems. As well, the average number of consultations increased with the number of chronic conditions.

Overall, 13% of the population visited a physician 10 or more times in the previous year, but this differed by province, ranging from 9% in Quebec to 18% in Nova Scotia.

Universal access and equity in the distribution of health care are principles underlying Canada's health care system. And in fact, in 1994, only a small minority – 4% of the population aged 15 and over – reported that there was a time during the previous 12 months when they had needed health care or advice, but did not receive it. This proportion did not vary significantly by age or sex, nor were there marked differences by income or educational attainment.

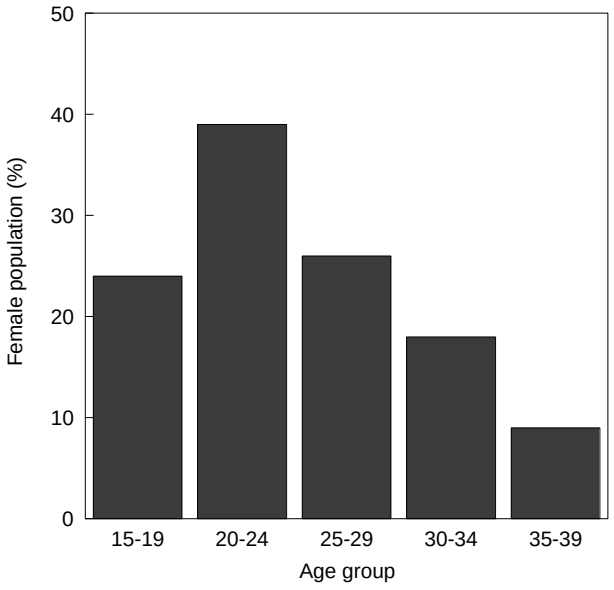
Prescription and over-the-counter medications

More than three-quarters of adult Canadians reported taking some kind of medication in the month prior to being interviewed. In 1994, 17.5 million people, 77% of the population aged 15 and over, reported using at least one prescription or over-the-counter medication in the past month: 71% of men and 83% of women. Pain relievers, such as headache medications or other analgesics, were most commonly used (62%). The next most widely used drugs were cough or cold remedies (15%) and allergy medications (10%).

Women reported using more medications in the previous month than did men: averages of 1.9 and 1.3, respectively. This was still the case after birth control and menopausal hormones were excluded; the average number of medications taken by women in the previous month was 1.7.

Chart 11

Used oral contraceptives in previous month, by age group, Canada, 1994



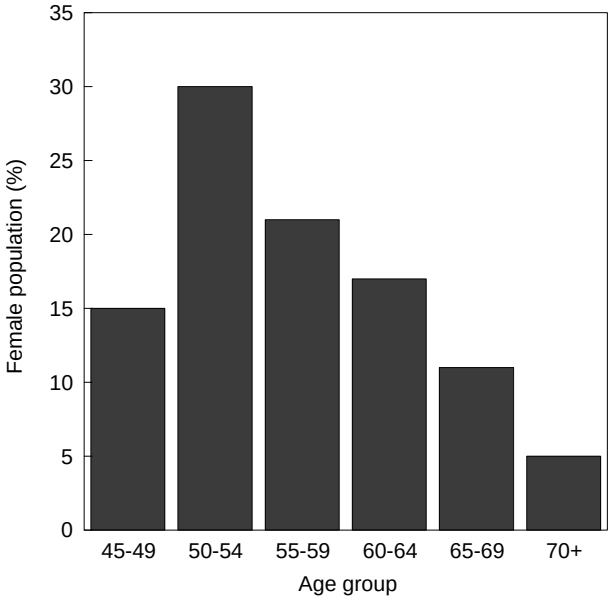
Source: *National Population Health Survey, 1994*

Overall, 21% of women aged 15 to 39 reported using birth control pills in the month prior to the interview. The highest rate of use was among women aged 20 to 24 (38%), followed by those aged 25 to 29 (26%) and 15 to 19 (24%). Among women aged 30 to 34, the proportion using oral contraceptives fell to 18%, and at ages 35 to 39, to just 8% (Chart 11).

Around 15% of women aged 45 and over reported using menopausal hormones. The rate peaked at 31% for women in the 50 to 54 age range (Chart 12).

Chart 12

Used hormone replacement therapy in previous month, by age group, Canada, 1994



Source: *National Population Health Survey, 1994*

Alternative medicine

Alternative medicine refers to a range of services offered outside the traditional health care system. For this report, chiropractors are included among alternative providers.

In 1994, 15% of adults – 3.3 million people – reported using some form of alternative medicine in the past year. Around 12% of the population consulted both a physician and an alternative medicine practitioner. About 2% of people who did not consult a physician in the past year used some form of alternative medicine.

The most common alternative health care was chiropractic services. Fully 11% of the population had consulted a chiropractor in the previous year; 2% used homeopathy, and 2% received massage therapy.

In general, the use of alternative medicine was more common among women (16%) than among men (13%). This was true at most ages except 15 to 19, at which the proportion of men and women using alternative medicine was about the same (11%). For both sexes, alternative medicine use was highest for 25- to 44-year-olds.

The relationship between alternative medicine use and income was less pronounced. The rate of use rose from 11% among people in the lowest household income group to 18% among those in the households with the highest incomes.

Not surprisingly, the use of alternative medicine varies with the presence of chronic disease. Just 10% of people with no chronic condition used alternative medicine, compared with 16% of those with one condition, 19% with two, and 23% with three or more. Conditions for which there was a relatively high association with alternative medicine use included back problems (34%), food allergies (25%), urinary incontinence (20%), and stomach or intestinal ulcers (17%).

Chiropractors provide the most common type of alternative medicine. Therefore, overall rates of use of alternative medicine vary greatly by province: where chiropractors are registered under a provincial health care plan, rates tend to be higher. Provincial health legislation in British Columbia, Alberta, Saskatchewan, Manitoba, and Ontario allows at least some form of payment for chiropractic services. Accordingly, the use of alternative medicine was highest in the west: 22% in Alberta, 21% in British Columbia, 20% in Manitoba, and 19% in Saskatchewan. Rates in Ontario (12%) and Quebec (14%) were just below the national average (15%). In the Atlantic provinces, the use of alternative medicine was relatively rare: 3% in Newfoundland, 4% in Prince Edward Island and Nova Scotia, and 7% in New Brunswick.

IMMIGRANT HEALTH

The NPHS provides the opportunity to analyze the health characteristics of sub-populations, for example, immigrants. In 1994, immigrants made up about 17% of the total population of Canada, a proportion that has remained fairly constant since the 1950s. The major countries of origin, however, have changed considerably, and continue to do so, reflecting Canada's immigration policy.

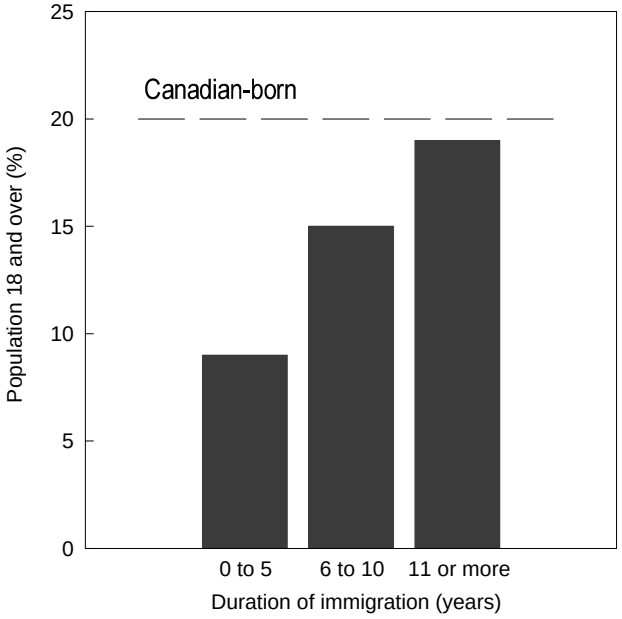
The immigrant population aged 18 and over was classified by duration of immigration: recent (5 years or less), medium-term (6 to 10 years), and long-term (more than 10 years). The data were age-standardized to ensure that the results are not due to the age structure of any particular cohort.

Before they are granted permission to enter Canada, immigrants undergo medical screening. This is reflected in their health status. Overall, immigrants were less likely than the Canadian-born to have a chronic condition: 50% versus 57%. However, as their length of time in Canada increases, so does the reporting of chronic conditions. Just 35% of recent immigrants reported having chronic conditions, compared with 48% of medium- and 55% of long-term immigrants.

The prevalence of allergies illustrates the tendency for immigrants' health status to evolve over time so that it is similar to that of the Canadian-born. In 1994, 20% of the Canadian-born population reported allergies, about twice the figure for recent immigrants (9%). However, the proportion rises to 15% and 19% for medium- and long-term immigrants, respectively (Chart 13).

Chart 13

Proportion with allergies, by immigrant status and duration of immigration, Canada, 1994



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