

A good deal of valuable statistical material exists in some provinces regarding certain aspects of their health services. Nationally, the only source available so far on general illness, health services, and personal expenditure for health care is the Canadian Sickness Survey 1950-51. Statistics on causes of death are shown in the Chapter on Vital Statistics, pp. 204-5, and statistics of hospitals, mental and tuberculosis institutions are dealt with in Section 4 of this Chapter. Other health statistics collected nationally, deal with notifiable diseases, illness among some 100,000 federal Civil Servants, and home nursing services. Following are some details on the Canadian Sickness Survey and notifiable disease reporting.

Canadian Sickness Survey 1950-51.—The Canadian Sickness Survey, carried out during a twelve-month period commencing in the autumn of 1950, sought to give estimates of the incidence and prevalence of illness and accidents of all kinds, the amount of medical, nursing and other health care received, and the volume of family expenditures for the various types of health services. It was the first nation-wide study of prevalence of illness in the general population of Canada.

Begun by the Department of National Health and Welfare the survey was carried out by the 10 provincial health departments with funds from the federal National Health Program.

The survey was planned and organized jointly by the Dominion Bureau of Statistics and the Department of National Health and Welfare in consultation with the provinces whose health departments gave full co-operation.

The survey method consisted of personal visits, by specially trained enumerators, to a sample of approximately 10,000 households distributed throughout each of the 10 provinces in metropolitan, small urban and rural areas. Less than 5 p.c. of these households refused to participate in the survey. Of the remaining households over 80 p.c. of the individuals involved remained in the sample throughout the survey period. All information, including particulars of income, housing and environment, was obtained by direct interview of a household informant, usually the housewife. Though the starting dates for the survey varied somewhat in different provinces, a total of 14 monthly visits was made to most of the households in the sample. On the first visit the enumerator introduced the survey and left a special calendar designed to help the informant keep a detailed day-to-day record of current sickness and expenditures for each member of the household. During each of the succeeding twelve months, the enumerator interviewed the informant and recorded the sickness experienced by each person since the previous visit. The final visit was made to review the information recorded throughout the whole survey period. Uniformity of practice in the 10 provinces was maintained by frequent consultation among the agencies involved, by uniform instructions to the enumerators and by the use of three standard record forms—a Household Record, an Individual Sickness Record and an Expenditures Form. Auxiliary schedules, also standardized, were used to record permanent physical disabilities and also health services which were desired but not obtained.