

December 2007

A Synthesis of Health and Social Surveys in Canada, the United States, France, and the United Kingdom from 1995 to 2005

By JACINTHE AUBIN, JOCELYNE CAMIRAND, MAXIME BOUCHER and ROBERT COURTEMANCHE,
Institut de la statistique du Québec

There are a substantial number of health surveys in Canada. These surveys are widely used by federal and provincial health authorities as well as by the research community. Within the context of the formulation of a ministerial plan regarding health and social surveys¹, the Institut de la statistique du Québec has released a report which provides a critical review and inventory of the surveys conducted in Canada and abroad in order to identify trends and open up new opportunities for survey projects in Québec² (see box on page 16).

This article is an excerpt from this report and serves as an overview. It lists the number of health and social surveys conducted over a 10-year span, namely from 1995 to 2005, in four countries: Canada, the United States, France, and the United Kingdom. Other recensions have dealt with Canadian

surveys from 1950 to 1997³, European surveys^{4,5,6,7} or with a selection of general or longitudinal surveys in anticipation of evaluating their capacity for the surveillance of the health of populations and for research on the same subject^{8,9}. This article presents an update of the information on Canadian surveys and a comparative analysis between the Canadian provinces, Canada, and three other countries, on themes and populations having been the subject of cross-sectional and longitudinal surveys. The periodicity of the surveys is also addressed.

Methods

To be inventoried, the surveys had to:

- deal chiefly with health or feature a substantial health component;
- include the collection of information from individuals;

- feature a methodology that was deemed adequate (e.g.: response rate, selection method);
- be representative of the population of the country or territory or of some of its sub-groups (age groups, cultural groups, professions, etc.). In Canada, were also inventoried those surveys provincial in scope and in the United Kingdom, the surveys taking a territorial perspective were included (England, Scotland, Wales, and Northern Ireland).

The bulk of the data was extracted from the Web sites of organizations that produce statistics, of the governments of the targeted countries, and of their health departments. Some surveys may have eluded the Web search, in particular one-time or less recent surveys as well as those using other means of dissemination. A small bias may exist in favour of surveys

1. The ministerial plan regarding health and social services is developed by the ministère de la Santé et des Services sociaux du Québec.
2. Jacinthe AUBIN, Maxime BOUCHER, Jocelyne CAMIRAND and Robert COURTEMANCHE (2007). *Recension et synthèse critique des enquêtes sociosanitaires 1995-2005*, Québec, Institut de la statistique du Québec, 261 p.
3. O. KENDALL, T. LIPSKIE and S. MACÉACHERN (2000). Canadian Health Surveys, 1950-1997, *Chronic Diseases in Canada*, Vol. 18, N° 2, p. 79-101, [On line]: www.phac-aspc.gc.ca/publicat/cdic-mcc/18-2/b_e.html (page consulted on December 20, 2006).
4. C. HUPKENS (1997). *Coverage of health topics by surveys in the European Union*. Eurostat Working Papers, European Commission, coll. Population and social conditions, 3/1998/E/N° 10.
5. N. DUPORT (2004). *Recensement des principales études et enquêtes réalisées en France au cours des 5 dernières années et collectant des données dans le domaine de la nutrition*, Paris, Institut de Veille Sanitaire (InVS)/Institut Scientifique et Technique de la Nutrition et de l'Alimentation (ISTNA-CNAM), 50 p.
6. T. BARNAY, F. JUSOT, T. ROCHEREAU and C. SERMET (2005). *Are measures of health and economic activity comparable in European surveys?*, Issues in health economics, IRDES, N° 96, June.
7. T. BARNAY, F. JUSOT, T. ROCHEREAU and C. SERMET (2005). *Comparability of health surveys in Europe: France, United Kingdom, Russia, Poland, Czech Republic, Germany, Greece, Italy, Spain and Sweden*, Paris, Institut de recherche et documentation en économie de la santé, 56 p., appendix, 381 p.
8. G.J. UMPHREY, O. KENDALL and I.B. MACNEILL (2001). *Assessing the Surveillance Capability of Canada's National Health Surveys*, *Chronic Disease in Canada*, Vol. 22, N° 2, [On line]: www.phac-aspc.gc.ca/publicat/cdic-mcc/22-2/index.html (page consulted on November 19, 2007).
9. P. BERNARD, M. LEMAY and, M. VÉZINA (2004). *Perspectives de recherche en santé des populations au moyen de données complexes*, Québec, Institut national de santé publique du Québec, 72 p.

conducted in Québec and in Canada which were retrievable through other means. Finally, some surveys released in 2005 may have been omitted as research activities ceased at the end of August 2005.

Results

Overall, 187 surveys were inventoried in the four countries. Table 1 presents the number of cross-sectional and longitudinal surveys inventoried according to three types of surveys: general surveys among the general population, general surveys conducted among specific populations (categorized per population group), and thematic surveys (categorized according to the principal theme of the survey). Tables 2 through 4 present the detailed list of cross-sectional and longitudinal surveys inventoried per country or territory and their periodicity, namely the years of their release within the 1995-2005 period. These surveys are presented per country (Table 2), per population group and country (Table 3), or per theme and country (Table 4), depending on their type.

General surveys conducted among the general population: each country has at least one general survey targeting its population

General surveys are those that address many themes and aim to draw a general profile of the health status and health determinants of a population. Each of the four countries studied has one cross-sectional survey that is intended for the total population (or the greater part of the population) living at home, as shown in Table 1. These surveys are quite frequent: they are conducted annually in the United Kingdom and in the United States and every two to five years elsewhere. Some countries have more than one general cross-sectional survey, for instance France and the

United Kingdom. As regards the latter, each territory part of the United Kingdom conducts its own survey. In Canada, the province of Québec and four other Canadian provinces conducted one general cross-sectional survey but none of them repeated this survey within the 10-year period (Table 2).

Moreover, three countries, including Canada, have one longitudinal survey that is considered general in scope (on account of the range of covered themes) and representative of its total population. These surveys often serve to provide a cross-sectional profile at their starting point and afterwards, during certain collection waves. Two household panel surveys are included (the United States and the United Kingdom) making it possible to monitor the households on a number of social and economic aspects, including health.

General surveys conducted among specific populations: children or adolescents and seniors are mainly targeted

General surveys conducted among specific populations are those that feature a wide range of themes specific to a particular population. Most cross-sectional surveys of this type were conducted one time over the 10-year period. Longitudinal surveys were often repeated annually or every second year, or sometimes repeated over a variable period (Table 3).

More often than not, these surveys study child and adolescent populations (Tables 1 and 3). Each country repeated at least one cross-sectional survey on youth. Furthermore, these countries, as well as the province of Québec, all have one longitudinal survey on youth, with the exception of France. Half of the 14 inventoried surveys on youth were of longitudinal nature¹⁰.

General surveys conducted among seniors are most of the time longitudi-

nal surveys. This article contains six longitudinal surveys for this population group, including four from the United States.

Included among the other specific populations surveyed are cultural communities and Aboriginal communities. Canada conducted two general longitudinal surveys among its Aboriginal population over the 10-year period. As regards the province of Québec, one survey was conducted among the Inuit population of Nunavik. In addition, Québec carried out a cross-sectional survey on four of its cultural communities while the United Kingdom conducted a similar survey on six of its communities. Finally, both Québec and France carried out one cross-sectional survey on homeless persons seeking assistance.

Thematic surveys

Thematic surveys explore a theme or a group of themes that are closely related to one another; they target the general population as well as specific groups. They vary in scope, ranging from the simple opinion poll to a survey with complex physical measures, and to such an extent that the boundaries between this type of survey and the general survey are not always clear. The thematic surveys are categorized per principal theme (Table 4).

Thematic cross-sectional surveys are carried out once or repeated at different intervals. Themes likely to change rapidly, such as immunization or psychoactive substance use, are well-suited for frequent collection and are the subject of annual surveys in most countries (Table 4). Such is the case of health care in the United States and the working conditions of health personnel in the United Kingdom. The frequency of other themes generally varies between two years (health user satisfaction, body weight) and ten years (nutrition).

10. Some of the longitudinal studies targeting youth started a long time ago and the population surveyed between 1995 and 2005 may have reached adulthood now. For instance, in 1999-2000, the children from the 1970 *British Cohort Study* were 29 years old.

Table 1
Number of cross-sectional¹ and longitudinal surveys² per country or territory and per population group or theme – 1995-2005

		Québec	Other Can. provinces	Canada	United States	France	United Kingdom	TOTAL
General surveys among the general population	Cross-sect.	1	4	1 ^R	2 ^R	4 ^R	5 ^R	17 ^R
	Longit.			1	1		1	3
General surveys among specific populations								
Children and adolescents	Cross-sect.	1	1 ^R	1 ^R	1	2 ^R	1 ^R	7 ^R
	Longit.	1	1	1	1		3	7
Seniors	Cross-sect.						1	1
	Longit.		1		4		1	6
Cultural and Aboriginal communities	Cross-sect.	2					1	3
	Longit.			2				2
Homeless population	Cross-sect.	1				1		2
Thematic surveys								
Health care	Cross-sect.	4	2 ^R	4 ^R	8 ^R	7 ^R	8 ^R	33
	Longit.				2			2
Tobacco/alcohol/drugs/gambling	Cross-sect.	1 ^R	7 ^R	4 ^R	6 ^R	2 ^R	3 ^R	23
	Longit.			1	1			2
Nutrition/obesity/overweight	Cross-sect.	2	5	2 ^R		4 ^R	2 ^R	15
Occupational health	Cross-sect.			1		3 ^R		4
	Longit.	1			1	3		5
Perinatal/abortion/contraception/STIs	Cross-sect.	1 ^R		1 ^R	1 ^R	1 ^R	1 ^R	5
	Longit.				2		1 ^R	3
Mental health	Cross-sect.			1			5 ^R	6
	Longit.						2	2
Social issues	Cross-sect.	3 ^R		2 ^R		1		6
	Longit.						1	1
Vaccination	Cross-sect.	1 ^R		2 ^R	4 ^R			7
Incapacity/ageing/caregivers	Cross-sect.	1		1	1	2		5
	Longit.					1		1
Prevention	Cross-sect.	2 ^R		1	1 ^R	1 ^R	1	6
Health status	Cross-sect.				2 ^R		1 ^R	3
	Longit.			1				1
Oral health	Cross-sect.	3 ^R					1 ^R	4
Physical activity	Cross-sect.	1	1 ^R	1 ^R				3
School-based health policies/programs	Cross-sect.				2 ^R			2
TOTAL		26	22	28	40	32	39	187

1. The number of cross-sectional surveys listed in the table does not factor in the cross-sectional component of longitudinal surveys.

2. The numbers listed in the table represent the number of different surveys conducted over a 10-year period and do not take into account the number of times a given survey was repeated over this period. The R symbol indicates that at least one of the concerned surveys was repeated over the 1995-2005 period. This symbol does not apply to the data collection waves of longitudinal surveys (only one longitudinal survey was repeated during this period). The reader may refer to the tables 2 to 4 to find out when and where these surveys were conducted or repeated.

Table 2

Summary of general surveys conducted among the general population per country or territory – 1995-2005

Country or territory	Name of survey	Collection year	Survey type
Canada	National Population Health Survey (NPHS)	Cross-sectional component: 1994-1995, 1996-1997, 1998-1999 Longitudinal component: Started in 1994, follow-up every second year	Longitudinal
Canada	Canadian Community Health Survey (CCHS)	2000-2001, 2003, 2005	Cross-sectional
Québec	1998 Québec Health and Social Survey (ESS)	1987, 1992-1993, 1998	Cross-sectional
Ontario	Ontario Health Survey (OHS) (NPHS over- sample) 1996-1997	1996-1997	Cross-sectional
Manitoba	NPHS over-sample	1996-1997	Cross-sectional
Alberta	NPHS over-sample	1996-1997	Cross-sectional
Nova Scotia	Nova Scotia Health Survey 1995	1995	Cross-sectional
United States	National Health Interview Survey (NHIS)	1995 to 2005 (annual)	Cross-sectional
United States ¹	Behavioral Risk Factor Surveillance System (BRFSS)	1995 to 2004 (annual)	Cross-sectional
United States	Panel Study of Income Dynamics (PSID)	Annual from 1968 to 1997 and every second year afterwards	Longitudinal (house- hold panel study)
France	Baromètre Santé 2000	2000	Cross-sectional
France	Enquête nationale sur la santé et les soins médicaux	2002-2003	Cross-sectional
France	Enquête permanente sur les conditions de vie des ménages (EPCV) – Volet Santé	1999, 2001	Cross-sectional
France	Enquête Santé et Protection sociale (ESPS)	Annual from 1988 to 1998, 2000, 2002, 2004, 2006	Cross-sectional
United Kingdom	British Household Panel Survey	Started in 1991, annual follow-up	Longitudinal (house- hold panel survey)
Great Britain	General Household Survey (GHS)	Continuous from 1995-1996 to 2003-2004 (except in 1997-1998 and 1999-2000)	Cross-sectional
England	Health Survey for England (HSE)	1995 to 2003 (annual)	Cross-sectional
Scotland	Scottish Health Survey	1995, 1998, 2001	Cross-sectional
Wales	Health in Wales Survey	1996	Cross-sectional
Wales	Welsh Health Survey	1995, 1998, 2003-2005	Cross-sectional

1. In the United States, the State and Local Area Integrated Telephone Survey (SLAITS) is a survey program that, over the studied period, released only surveys on specific themes or populations. That is why it does not appear in this table.

Health care first

The most frequently surveyed thematic studies focus on health care (Table 1). The great diversity of health care surveys clearly demonstrates the multi-dimensional nature of this theme. Thematic surveys are smaller in number and narrower in scope in Canada than in other countries as they only explore access to services and medical practices. The provinces of Ontario and Alberta both have one survey that covers the many aspects of health care while the three surveys from the province of Québec cover a specific aspect or service.

Aside from the practices of general practitioners and pharmacists, France shows an interest in the care given to particular groups: diabetics, convicts, drug users, and at-risk segments of the population (Table 4). Both Anglo-Saxon countries have a survey program that targets a wide range of health care services and health institutions. In the United States, there are two longitudinal surveys covering this theme: one explores health expenses and the other ambulatory care for veterans.

Tobacco, alcohol, drugs, and gambling: behaviours under surveillance

In Canada, psychoactive substance use and gambling are themes that are covered by many surveys. These themes are regularly explored among youth and adults from a cross-sectional perspective and are also the subject of one longitudinal survey among adults. Most provinces have one repeated survey covering these themes which focuses on the student population. Ontario stands out from other provinces because it has conducted regular surveys among both the student and adult populations since 1977. Two provinces also have one survey on gambling that focuses on the adult population.

The country that has led the most behaviour monitoring surveys among the general and student populations is the United States. It also has one longitudinal survey on alcohol. The two surveys inventoried in France only target youth while the United Kingdom has three annual or biennial surveys targeting adults (tobacco and alcohol) and youth (tobacco, alcohol, and drugs).

Nutrition, obesity, and overweight: recurrent themes

All the countries and the Canadian provinces prominently feature themes closely related to weight and nutrition, using surveys that generally include a 24-hour diet recall and anthropometric measures. France has three surveys on nutrition and one on obesity and overweight. In the United Kingdom, a structured program enables to survey four age groups alternately and one survey targets the low-income population. There is no specific American survey on this theme but the *National Health Nutrition and Examination Survey* (NHNES), listed under the health status category, devotes a large section to nutrition and obesity and includes physical measurements.

Other themes

Occupational health is the subject of widely divergent surveys. Canada and Québec focus their attention on the work and health of nurses (Table 4) while the United States studies the relation between military service and health in a longitudinal survey. As for France, it reserves a prominent place for occupational health with three cross-sectional surveys (occupational hazards including musculo-skeletal disorders) and three longitudinal surveys (the work of nurses and formal caregivers, their level of work satisfaction, and their health; relation between work, ageing, and health; various occupational hazards).

Canada and the United Kingdom are the only countries that conducted surveys on mental health between 1995 and 2005. Cycle 1.2 of the *Canadian Community Health Survey* addresses this theme. The United Kingdom features this topic prominently with five cross-sectional surveys dedicated to various groups (adults, natural caregivers, convicts, ethnic minorities, and children under the responsibility of local authorities) and two longitudinal surveys (children and adolescents, adults).

Parental and conjugal violence stand out among the social issues. In Canada, many social issues are addressed alternately in repeated surveys: giving, volunteering, and participating; mutual help and social support; social support and ageing; and social capital. In the area of incapacity, France stands out with one longitudinal survey and two cross-sectional surveys.

Some thematic surveys explore specific health problems such as asthma or degenerative diseases. Surveys focusing on vaccination were only inventoried in North American countries, particularly in Canada. In Canada, therapeutic abortions are the subject of annual surveys while other countries focus on perinatal, contraception, or breastfeeding. These themes are also explored in the United Kingdom with one annual survey on sexuality and contraception among men and women of reproductive age and one longitudinal survey on breastfeeding repeated every three years. Prevention is also the subject of many different surveys with one survey per country and two in Québec. Surveys on physical activity were only conducted in Canada with one national survey and two provincial ones whereas surveys on school-based health policies and programs were only carried out in the United States.

Conclusion

This article presents an inventory of 187 surveys conducted between 1995 and 2005 in Canada and in three other countries noticeably active in the production of statistics: the United States, France, and the United Kingdom. Thematic surveys play a leading role when compared with general surveys, representing three quarters of the surveys. Cross-sectional surveys also play a predominant role. However, the fact that approximately one survey out of five is longitudinal shows the interest for this type of survey taking into account the high number of resources that these surveys require. Longitudinal surveys play an important role when specific populations (youth, seniors, etc.) are surveyed; they account for half of the surveys conducted.

The listing and reviewing of such a large number of surveys has required the use of general indicators to provide the reader with a general view, but these indicators do have their limits. This is the case of the number of surveys and of the principal theme explored by them. First, let us remember that the number of surveys conducted (in one country) includes surveys that vary widely in scope: cross-sectional surveys carried out once or repeated periodically, and even annually, as well as longitudinal surveys (which by definition extend over a period of time). Also included in the summary are the surveys containing only a few questions and those exploring many themes and comprising many questions. Therefore, one must refrain from drawing conclusions based solely on the number of surveys conducted: this indicator provides a comprehensive view that must be weighted against the detailed information of these studies,

for instance, their periodicity. It is also important to remember that the thematic surveys (which are numerous) that were inventoried in this recension were selected based solely on their principal theme. To get a comprehensive view of the principal themes covered by the surveys, the reader may refer to the inventory report (see box).

This recension has made it possible to list the surveys conducted in Québec over the specified time period. The analysis, based on the number of surveys despite the limitations that it contains, suggests that the province of Québec and Canada are significantly active in the field of health and social surveys when compared to the other three countries, considering the size of their respective populations. However, it is important to remind the reader that a certain bias in the selection process may be an issue as the Québec-based surveys were more easily accessible to the authors through other means than the Web. Such being the case, the number of surveys conducted in Québec undoubtedly arises out of the strong inclination of provincial health authorities to have data from recurrent surveys at their disposal enabling them to monitor the health status of the Québec population, as stipulated in the *Québec Public Health Act* (R.S.Q., c. S-2.2).

This recension provides a general view of the health and social surveys conducted in these developed countries while highlighting some of their similarities and differences. The information contained in this review constitutes a base document that is useful in the preparation of any survey or survey program. Of course, it is not the only tool available. Considering the existence, among others, of alternative data

sources, a preliminary thought process on the priority public health problems and on the survey data needs must stand behind the decision to lead a survey or the choice of themes that will be tackled in it; this process will also take place in accordance with the particular context of each of the countries.

Table 3

Summary of general surveys conducted among specific populations per population group and per country or territory – 1995-2005

Country or territory	Name of survey	Collection year	Specific population targeted	Survey type
Children and adolescents				
Canada	Health Behavior in School-aged children (HBSC) ¹	1993-1994, 1997-1998, 2001-2002	Students aged 11, 13, and 15 years	Cross-sectional
Canada	National Longitudinal Survey of Children and Youth (NLSCY)	Started in 1994, follow-up every second year	Children (from civilian population) aged from 0 to 11 years at the time of their selection in 1994	Longitudinal
Québec	Longitudinal Study of Child Development in Québec (ELDEQ)	Started in 1998, annual follow-up	Children born in 1997-1998 (single births)	Longitudinal
Québec	Enquête sociale et de santé auprès des enfants et des adolescents québécois (ESSEA)	1999	Young people aged 9, 13, and 16 years	Cross-sectional
Ontario	Ontario Child Health Survey (OCHS)	1983, 1987, 2001, discontinued	Children between the ages of 4 and 16 years in 1983	Longitudinal
British Columbia	Adolescent Health Survey (AHS-III)	1998, 2003	High school students from grade 7 to grade 12	Cross-sectional
United States	National Survey on Children's Health	2003	Young people aged between 0 and 17 years	Cross-sectional
United States ²	National Longitudinal Study of Adolescent Health (Add Health)	1994-1995, 1996, 2001-2002	Students from grade 7 to grade 12	Longitudinal
France	Enquête sur la santé des enfants de 6 à 11 ans scolarisés en France	1999-2000, 2000-2001, 2001-2002, new cycleb started in 2003	Children from kindergarten (1999-2000), grade 3 (2000-2001) and MC2 (2001-2002)	Cross-sectional
France	Baromètre Santé Jeunes	1997-1998	Young people aged between 12 and 19 years	Cross-sectional
United Kingdom	Health Survey for England (HSE) 2002	2002 (1997)	Population aged 0-24 years and mothers of babies aged under one year (Population aged 2 to 24 yrs)	Cross-sectional
United Kingdom	National Child Development Study	1965, 1969, 1974, 1981, 1985, and 1999	Children aged 7 years in 1965 (born in 1958)	Longitudinal
United Kingdom	1970 British Cohort Study (BCS70)	1970, 1975, 1980, 1986, 1996, 1999	Children born in 1970	Longitudinal

Table 3 (continued)

Summary of general surveys conducted among specific populations per population group and per country or territory – 1995-2005

Country or territory	Name of survey	Collection year	Specific population targeted	Survey type
United Kingdom	Millennium Cohort Study (MCS)	Started in 2001 (9 months), second cycle in 2003 (3 years) and a last cycle in 2006 (5 years)	Children born between Sept. 1, 2000 and Aug. 31, 2001 in England and in Wales; between Nov. 22, 2000 and Jan. 11, 2002 in Scotland and in Northern Ireland	Longitudinal
Seniors				
Manitoba	Aging in Manitoba	1971, 1976, 1983, 1990, 1996, 2001	Persons aged 65 years or more living in a private household or in an establishment	Longitudinal
United States	National Long Term Care Survey (NLCS)	1984, 1989, 1994, 1999, 2004	Population aged 65 years or more	Longitudinal
United States	Longitudinal Study of Aging (LSOA II)	1994, 1997, 1999	Population aged 70 years or more	Longitudinal
United States	Health and Retirement Study (HRS)	1992, annual follow-up	Persons aged between 51 and 61 years living in a private household	Longitudinal
United States	Assets and Health Dynamics Among the Oldest Old (AHEAD)	1994, annual follow-up	Persons aged 70 years or more living in a private household	Longitudinal
United Kingdom	Health Survey for England (HSE) 2000	2000	Population aged 65 years or more (living in private households or in residential care centres)	Cross-sectional
United Kingdom	English Longitudinal Study of Ageing (ELSA)	2002, follow-up every second year	Persons aged 50 years or more living in a private household	Longitudinal
Cultural and Aboriginal communities				
Canada	National Population Health Survey (NPHS) – North Component	Cross-sectional component: 1994-1995, 1996-1997, 1998-1999 Longitudinal component: 1994-1995, 1996-1997	Yukon and Northwest Territories populations	Longitudinal
Canada	First Nations Regional Longitudinal Health Survey	Started in 2002, follow-up every four years	First Nations population	Longitudinal
Québec	Enquête auprès des communautés culturelles	1998-1999	Recent immigrants from four cultural communities	Cross-sectional
Québec	2004 Nunavik Health Survey	2004	Persons aged 15 years or more from Inuit households in Nunavik	Cross-sectional ³

Table 3 (continued)

Summary of general surveys conducted among specific populations per population group and per country or territory – 1995-2005

Country or territory	Name of survey	Collection year	Specific population targeted	Survey type
United Kingdom	Health Survey for England (HSE) 1999	1999	Population from six cultural communities	Cross-sectional
Homeless population				
Québec	Enquête auprès de la clientèle des ressources pour personnes itinérantes des régions de Montréal-Centre et de Québec	1998-1999	Homeless persons seeking assistance	Cross-sectional
France	Enquête auprès des personnes fréquentant les services d'hébergement ou les distributions de repas chauds	2001	Homeless persons	Cross-sectional

1. HBSC is part of an international survey under the aegis of the World Health Organization (WHO).
2. Since 1997, a supplement of the PSID survey is devoted to the development of children and their families (Child Development Supplement). This supplement is not factored in as an independent survey. Moreover, the NLSY79 Children survey is not included as it studies the children born to female respondents of the National Longitudinal Survey of Youth 1979 and focuses on labour market participation.
3. Participants aged 18 years or more were invited to take part in a longitudinal study on the circumpolar population of many countries (The Inuit Health in Transition: The Nunavik Study).

Table 4

Summary of thematic surveys per theme and per country or territory – 1995-2005

Country or territory	Name of survey	Collection year	Survey type
Health care			
Canada	National Family Physician Survey (NFPS)	1997, 2001	Cross-sectional
Canada	National Physician Survey (NPS)	Triennial since 2004	Cross-sectional
Canada	Health Services Access Survey	2001, 2003	Cross-sectional
Canada	National Public Opinion Poll on Aboriginal Health and Health Care in Canada, National Aboriginal Health Organization	2002	Cross-sectional
Québec	Info-Santé CLSC : L'Accessibilité, la qualité et l'efficacité reconnues	1997	Cross-sectional
Québec	La connaissance du service téléphonique Info-Santé CLSC chez les usagers des services d'urgence	1997-1998	Cross-sectional
Québec	Sondage sur la satisfaction des clientèles des hôpitaux et des clientèles des CLSC	2001-2002	Cross-sectional
Québec	Profil des médecins du réseau public en santé au travail	1994-1995	Cross-sectional
Ontario	Ontario Hospital Report Acute Care	Annual since 1999	Cross-sectional
Alberta	Alberta Health Survey	Annual since 1995	Cross-sectional
United States	National Survey of Children with Special Health Care Needs	2000, 2002	Cross-sectional
United States	National Survey of Early Childhood Health	2000	Cross-sectional

Table 4 (continued)

Summary of thematic surveys per theme and per country or territory – 1995-2005

Country or territory	Name of survey	Collection year	Survey type
United States	National Hospital Discharge Survey	Annual since 1965	Cross-sectional
United States	National Ambulatory Medical Care Survey	Annual from 1973 to 1981, 1985, annual since 1989	Cross-sectional
United States	National Hospital Ambulatory Medical Care Survey	Annual	Cross-sectional
United States	National Home and Hospice Care Survey	Biennial since 1992	Cross-sectional
United States	National Nursing Home Survey	1973, 1977, 1985, 1995, 1997, 1999	Cross-sectional
United States	National Survey of Ambulatory Surgery	Annual since 1994	Cross-sectional
United States	National Surveys of Veterans Affairs Ambulatory Care Patients	1996, 1998	Longitudinal
United States	Medical Expenditure Panel Survey	Started in 1996, annual follow-up	Longitudinal
France	Échantillon national témoin représentatif des personnes diabétiques	2001-2003, 2005; every five years (3-year cycles)	Cross-sectional
France	La prise en charge des consommateurs de drogues illicites ayant recours au système sanitaire et social	Annual from 1987 to 1997, 1999, 2003	Cross-sectional
France	Enquête sur la prise en charge sanitaire et sociale des personnes détenues présentant une dépendance aux produits licites ou illicites ou ayant une consommation abusive, 2003	2003	Cross-sectional
France	Enquête permanente sur la prescription médicale	Quarterly since 1991; continuous	Cross-sectional
France	Baromètre santé médecins généralistes	1992, 1993, 1994, 1998, 2003	Cross-sectional
France	Baromètre santé : enquête auprès des pharmaciens d'officine	1998, 2003	Cross-sectional
France	Enquête sur les logiques de recours aux soins des personnes en situation de précarité	2000	Cross-sectional
United Kingdom	Coronary heart disease Survey (UK)	1999	Cross-sectional
United Kingdom	National cancer Survey (UK)	1999-2000	Cross-sectional
United Kingdom	Acute Inpatient Survey (UK)	2001-2002	Cross-sectional
United Kingdom	General practice Survey	1998, 2002	Cross-sectional
United Kingdom	Personal Social Services user experience Survey 2001-2002	Annual since 2000-2001	Cross-sectional
United Kingdom	Personal Social Services: Survey of home care users in England aged 65 or over 2002-2003	2002-2003, expected in 2005-2006	Cross-sectional
United Kingdom	Personal Social Services : Survey of physically disabled and sensory impaired users in England aged 18-64, 2003-2004	2003-2004	Cross-sectional
United Kingdom	NHS staff Survey	Annual since 2003	Cross-sectional

Table 4 (continued)

Summary of thematic surveys per theme and per country or territory – 1995-2005

Country or territory	Name of survey	Collection year	Survey type
Tobacco, alcohol, drugs, gambling			
Canada	Canadian Tobacco Use Monitoring Survey	Quarterly since 1999	Cross-sectional
Canada	Canadian Addiction Survey	2003-2004, expected every three to five years	Cross-sectional
Canada	Canadian Campus Survey	2004	Cross-sectional
Canada	Youth Smoking Survey	2002, 2004-2005, irregular	Cross-sectional
Canada	Survey on Smoking in Canada	May 1994, August 1994, November 1994, February 1995	Longitudinal
Québec	Enquête québécoise sur le tabagisme chez les élèves du secondaire	Biennial since 1998	Cross-sectional
Atlantic provinces	Student Drug Use Survey in the Atlantic Provinces	1991 (N.S.) 1996, 1998, 2002 (2003 for NL)	Cross-sectional
Nova Scotia	Nova Scotia Video Lottery Players' Survey	1997-1998	Cross-sectional
Ontario	Ontario Student Drug Use Survey	Biennial since 1977	Cross-sectional
Ontario	CAMH Monitor	Monthly, continuous since 1977	Cross-sectional
Manitoba	Substance Use Among Manitoba High School Students	1995, 1997, 2001	Cross-sectional
Saskatchewan	Gambling and Problem Gambling in Saskatchewan	1993, 2001	Cross-sectional
Alberta	Alberta Youth Experience Survey	2002, biennial	Cross-sectional
United States	Youth Risk Behavior Surveillance Survey	Biennial since 1991	Cross-sectional
United States	National College Health Risk Behavior Survey	Biennial since 1995	Cross-sectional
United States	National Alternative High School Youth Risk Behavior	1998	Cross-sectional
United States	Monitoring the Future	Annual since 1975	Cross-sectional
United States	National Survey on Drug Use and Health	Annual since 1972	Cross-sectional
United States	Gambling Impact and Behavior Study	1975, 1998-1999	Cross-sectional
United States	National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)	2001 and 2004	Longitudinal
France	Conscription	Annual from 1987 to 1996; discontinued	Cross-sectional
France	Enquête sur la santé et les consommations de drogues lors de l'appel de préparation à la défense (ESCAPAD)	2003, annual	Cross-sectional
United Kingdom	Drug use, smoking and drinking among young people in England	Biennial from 1982 to 1998; annual since 1998	Cross-sectional

Table 4 (continued)

Summary of thematic surveys per theme and per country or territory – 1995-2005

Country or territory	Name of survey	Collection year	Survey type
United Kingdom	Drinking: adults' behaviour and knowledge (UK)	1997, 2000, 2002, 2004	Cross-sectional
United Kingdom	Survey on smoking behaviour and attitudes (UK)	Annual since 1995	Cross-sectional
Nutrition/obesity and overweight			
Canada	Canadian Community Health Survey – Nutrition	2004	Cross-sectional
Canada	Tracking Nutrition Trends Survey	1989, 1994, 1997, 2001, 2004	Cross-sectional
Québec	Health and Social Survey of Children and Adolescents. Nutritional component	1999	Cross-sectional
Québec	Nutritional Survey of Québec Four-Year-Olds	2002	Cross-sectional
Newfoundland and Labrador	Nutrition Newfoundland and Labrador	1996	Cross-sectional
Ontario	Ontario Nutrition and Cancer Prevention Survey	2000-2001	Cross-sectional
Manitoba	Manitoba Nutrition Survey 1998-1999	1998-1999	Cross-sectional
Manitoba	Food and Nutrition in Manitoba schools	2001	Cross-sectional
British Columbia	British Columbia Nutrition Survey	1999	Cross-sectional
France	Enquête individuelle et nationale sur les consommations alimentaires	1999	Cross-sectional
France	Baromètre santé nutrition	Triennial since 1996	Cross-sectional
France	Comportements alimentaires des 16 à 30 ans	2001	Cross-sectional
France	Enquête épidémiologique sur l'obésité et le surpoids en France	Triennial since 1997	Cross-sectional
United Kingdom	National Diet and Nutrition Survey	1986-1987, 2000-2001; four surveys targeting four age groups, every three years	Cross-sectional
United Kingdom	Low Income Diet and Nutrition Survey	2003-2005	Cross-sectional
Occupational health			
Canada	National Survey of the Work and Health of Nurses	2005	Cross-sectional
Québec	Job strain, psychological distress and burnout in nurses et Job strain and evolution of mental health among nurses	1998, 1999	Longitudinal
United States	Millennium Cohort Study	Started in 2001, follow-up every three years	Longitudinal
France	Surveillance médicale des risques professionnels	1987, 1994, 2002-2003	Cross-sectional
France	Travail et santé à l'ANPE	1997-1998	Cross-sectional
France	La prévention des TMS dans une usine de l'automobile	1997	Cross-sectional

Table 4 (continued)
Summary of thematic surveys per theme and per country or territory – 1995-2005

Country or territory	Name of survey	Collection year	Survey type
France	La cohorte épidémiologique Gazel	Started in 1989, annual follow-up	Longitudinal
France	Promouvoir en Europe santé et satisfaction des soignants au travail	2002, 2003	Longitudinal
France	Enquête santé, travail et vieillissement (ESTEV)	1990, 1995	Longitudinal
Perinatal/abortion/contraception/sexually transmitted infections			
Canada	Therapeutic Abortion Survey	Annual since 1969	Cross-sectional
Québec	L'accessibilité au condom en milieu scolaire québécois : enquête auprès des CLSC et des directions d'écoles secondaires	1994, 1996	Cross-sectional
United States	National Survey of Family Growth	1973, 1976, 1982, 1988, 1995, 2002	Cross-sectional
United States	Nurses' Health Study	Started in 1976, follow-up every second year	Longitudinal
United States	Nurses' Health Study II	Started in 1989, follow-up every second year	Longitudinal
France	Enquête nationale périnatale	2003, every five years	Cross-sectional
United Kingdom	Survey on contraception and sexual health	Annual since 1997-1998	Cross-sectional
United Kingdom	2000 Infant Feeding Survey	Since 1975, recurring every five years. Three follow-ups per survey	Longitudinal
Mental health			
Canada	Canadian Community Health Survey – Mental Health and Well-being	2001	Cross-sectional
United Kingdom	Survey of Psychiatric Morbidity among Adults in Great Britain	1993, 2000	Cross-sectional
United Kingdom	Survey of the mental health of carers living in England	2001	Cross-sectional
United Kingdom	Survey of psychiatric morbidity among prisoners in England and Wales	1997	Cross-sectional
United Kingdom	Ethnic Minority Psychiatric Illness Rates	1999	Cross-sectional
United Kingdom	National Survey of the mental health of young people looked after by local authorities in England	2001	Cross-sectional
United Kingdom	Better or Worse	2000, 2001, 2002	Longitudinal
United Kingdom	National Survey of the mental health of children and adolescents in Great Britain	1999, 2001, 2002	Longitudinal

Table 4 (continued)

Summary of thematic surveys per theme and per country or territory – 1995-2005

Country or territory	Name of survey	Collection year	Survey type
Social issues			
Canada	General Social Survey	Annual since 1985	Cross-sectional
Canada	National Survey of Giving, Volunteering and Participating	1987, 1997, 2000	Cross-sectional
Québec	Enquête sur les services de pastorale dans les établissements de santé et de services sociaux	2001	Cross-sectional
Québec	Survey on violence against female spouses in Québec couples	1998	Cross-sectional
Québec	La violence familiale dans la vie des enfants du Québec	1999, 2004	Cross-sectional
France	Enquête nationale sur les violences envers les femmes en France (Enveff)	2000	Cross-sectional
United States	Longitudinal Studies of Child Abuse and Neglect et Early Childhood Longitudinal Study (ECLS)	Started in 1998, follow-up every year or second year	Longitudinal
Vaccination			
Canada	National Vaccine Coverage Survey	Annual since 1994	Cross-sectional
Canada	National Health Care Worker Influenza and Hepatitis B Vaccine Coverage Survey	Annual since 2001	Cross-sectional
Québec	Enquête québécoise sur les couvertures vaccinales contre l'influenza et le pneumocoque	Biennial since 2002	Cross-sectional
United States	National Immunization Survey	Annual since 1994	Cross-sectional
United States	National Teen Immunization Survey	Annual	Cross-sectional
United States	National Adult Immunization Survey	Annual	Cross-sectional
United States	Assessing the attitudes, knowledge, and awareness of HIV vaccine research among adults in the United States	2002	Cross-sectional
Incapacity			
Canada	Participation and Activity Limitation Survey	2001, occasional	Cross-sectional
Québec	Enquête québécoise sur les limitations d'activités	1998	Cross-sectional
United States	National Health Interview Survey on Disability	1994-1995	Cross-sectional
France	Personnes handicapées et l'emploi (mars 2002)	2002	Cross-sectional
France	Enquête HID Prisons	2001	Cross-sectional
France	Handicaps, Incapacités, Dépendance (HID)	Institution component: 1998-2000. Home component: 1999-2001	Longitudinal

Table 4 (continued)

Summary of thematic surveys per theme and per country or territory – 1995-2005

Country or territory	Name of survey	Collection year	Survey type
Prevention			
Canada	Sun Exposure Survey	1996	Cross-sectional
Québec	Enquête sur le port du casque de sécurité	Annual from 1993 to 2000; Biennial since	Cross-sectional
Québec	Enquête provinciale sur l'herbe à poux : implication du milieu municipal	2001, 2004	Cross-sectional
United States	Veterans Health Survey	1998, 1999	Cross-sectional
France	Enquête noyades	2001, 2002, 2003	Cross-sectional
United Kingdom	Sun exposure adults' behaviour and knowledge	1997	Cross-sectional
Health status			
Canada	Canadian Study of Health and Aging	1991, 1996, 2001	Longitudinal
United States	National Health and Nutrition Examination Survey	Since 1960; periodically between 1971 and 1994; continuously since 1999	Cross-sectional
United States	National Asthma Survey	2003	Cross-sectional
United Kingdom	Carers 2000	2000-2001, every five years since 1985	Cross-sectional
Oral health			
Québec	Étude sur la santé buccodentaire des adultes québécois de 35 à 44 ans	1994-1995	Cross-sectional
Québec	Étude sur la santé buccodentaire des élèves québécois de 5-6 ans et de 7-8 ans	1997-1998	Cross-sectional
Québec	Étude sur la santé buccodentaire des élèves québécois de 11-12 ans et de 13-14 ans	1989-1990, 1996-1997	Cross-sectional
United Kingdom	Adult Dental Health Survey (UK)	1998, every ten years since 1968	Cross-sectional
Physical activity			
Canada	Physical Activity Monitor Survey	Annual since 1997; irregular from 1981 to 1996	Cross-sectional
Québec	Enquête québécoise sur l'activité physique et la santé	1998	Cross-sectional
Alberta	Alberta Survey on Physical Activity	2000, 2002, biennial	Cross-sectional
School-based health policies/programs			
United States	School Health Policies and Programs Study	1994, 2000, expected in 2006	Cross-sectional
United States	School Health Profiles	Biennial since 1996	Cross-sectional

Tools to know and plan surveys

The health and social surveys database (BDESS) is an interactive tool that contains information on approximately 350 surveys or studies and is designed to initiate searches using key words (survey name, territory, theme, etc.). This database, which is supported by Microsoft Access 2003 software (Office suite), will subsequently be available on the ISQ Web site. It will be expanded and updated regularly.

Developed using the BDESS, the critical review and summary of health and social surveys identified in the report *Recension et synthèse critique des enquêtes sociales et de santé, 1995-2005* presents the surveys conducted in Canada, the United States, France, the United Kingdom, Australia, and New Zealand¹¹ as well as the international surveys involving these countries. In addition to providing a description of the surveys, this report features information on the methods and strategies used to review the surveys, such as collection tools and methods, territorial representativeness, survey programs and cycles, etc. It reports on trends and the new opportunities in the field of health and social surveys and presents possible implementation scenarios for Québec in the light of its particular circumstances.

These two tools – the BDESS and the report – were produced at the request of the ministère de la Santé et des Services sociaux du Québec and as a result of its financial support.

This report is available in French only and may be downloaded in its entirety at the following address: www.stat.gouv.qc.ca/publications/sante/recension95_05.htm.

This article is also available in French under the title “Enquêtes sociales et de santé au Canada, aux États-Unis, en France et au Royaume-Uni de 1995 à 2005: une synthèse”. *Zoom Santé*, Québec, Institut de la statistique du Québec, December 2007, 16 p.

11. As regards Australia and New Zealand, the inventory of surveys may have been less comprehensive which explains their exclusion from this article.

This bulletin was designed by Direction Santé Québec

For further information,
please contact:

Jacinthe Aubin
Direction Santé Québec
Institut de la statistique du Québec
1200, avenue McGill College, 5th floor
Montréal (Québec) H3B 4J8

Legal deposit
Library and Archives Canada
Bibliothèque et Archives nationales du Québec
4th Quarter 2007
ISSN 1911-5539 (on-line version)

© Gouvernement du Québec,
Institut de la statistique du Québec, 2006

The PDF version of this bulletin
is available on the web site of
the ISQ at: www.stat.gouv.qc.ca

Téléphone : (514) 873-4749, poste 6102
Télécopieur : (514) 864-9919
Courriel : contactsante@stat.gouv.qc.ca

**Institut
de la statistique**
Québec 