The health of Northern residents

Brent Diverty and Claudio Pérez

Abstract

Objectives

This article examines differences in health status and health determinants between residents of the North (Yukon and Northwest Territories) and of the provinces, and between Aboriginal and non-Aboriginal territorial residents. The use of health services and medications is also analyzed.

Data source

The data are from the 1994/95 National Population Health Survey (NPHS), both the territorial and provincial components. The population analyzed consists of household residents aged 12 and older.

Main results

Compared with non-Aboriginal Northerners, Aboriginal people in the territories more frequently rated their health poorly. However, they reported fewer injuries and diagnosed chronic conditions. The prevalence of alcohol consumption was lower among Aboriginal people, while the proportion of smokers was substantially higher. A lower proportion of Aboriginal territorial residents had consulted a general practitioner in the previous year, and a higher proportion had consulted a nurse. Aboriginal people also had a low rate of medication use.

Key words

Yukon, Northwest Territories, Indians – North American, Inuit, Métis, health status, health determinants, health services, delivery of health care

Authors

Brent Diverty (613-951-7329) is with the Special Surveys Division and Claudio Pérez (613-951-1733) is with the Health Statistics Division at Statistics Canada, Ottawa, K1A 0T6.

Despite a remote location, and consequently, relatively less access to medical facilities, the health of people who live in the Yukon and the Northwest Territories differs little from that of provincial residents. The health characteristics of non-Aboriginal Northerners and provincial residents are generally similar. However, the health profile of Aboriginal people in the North is different, in some cases, more favourable, in others, less so, than that of non-Aboriginal Northerners.

Understanding these differences is essential in the provision of health care that is universal and equitable across Canada. The National Population Health Survey (NPHS), which covers both the provinces and the North, allows such comparisons.

This article examines the health status, health determinants, contact with health care professionals, and medication use of residents of the territories, compared with the provinces (see *Methods* and *Definitions*). It also explores differences between Aboriginal and non-Aboriginal territorial residents and between the Yukon and the Northwest Territories.

Methods

Data source

The data in this article are from the 1994/95 National Population Health Survey (NPHS), both the provincial and territorial components, the latter of which covered the Yukon and the Northwest Territories.[1,2] Data collection for the provincial component began in June 1994 and finished in June 1995; for the territorial component, the corresponding dates were November 1994 and March 1995. The population analyzed in this article consists of household residents aged 12 and older, not living on Canadian Forces bases or in institutions. The provincial component excluded people living on Indian reserves. However, residents of Indian reserves and settlements were included in the territorial component. Because of logistical problems, unorganized, very small, or remote areas were excluded from the territorial component.

The NPHS non-institutional sample for the provinces consisted of 27,263 households, of which 88.7% agreed to participate. After the application of a screening rule, 20,725 households remained in scope.

One randomly selected person in each of the 20,725 participating households was chosen to provide in-depth information about their own health. In 18,342 of these households, the selected person was aged 12 or older. Their response rate to these in-depth health questions was 96.1%, or 17,626 respondents. In the remaining 2,383 participating households, the randomly selected respondent was younger than age 12.

The initial sample size for the territories was 4,131 households. At the household level, the survey response rate was 82.1%. After screening, 2,756 of the respondent households remained in the survey, of which 2,145 had a member aged 12 or older randomly selected to answer in-depth health questions. Of these, 94.2%, or 2,020 persons, responded.

Sample sizes and weighted counts for the variables examined in this analysis are provided in Appendix Tables A and B. Appendix Table C shows territorial data age-adjusted to the 1994/95 population of the provinces. Further information on the methodology, sample design, questionnaire and calculation of response rates for the territories can be found in the survey documentation.[2]

Analytical techniques

Proportions were estimated using the NPHS sample weights, which total to the target population at the time of collection. Differences in proportions were tested using the chi-square statistic after weights were standardized to average 1. This reduces the bias of the chi-square statistic, but does not take into account the design effect of the survey. Therefore, the p value was set at .01. This p-value, combined with some loss in statistical power because of small sample sizes, results in several apparently large differences in percentages that are not statistically significant.

Some of the differences between the Aboriginal and non-Aboriginal population of the territories were thought to reflect the young age profile of the former. Age-standardization, however, did not substantially change the patterns.

Limitations

Residents of unorganized, very small, or remote areas account for 13% of the Yukon population and 5% of the Northwest Territories population. If the characteristics of these people differ considerably from those of the population in the sample, their exclusion might result in biased estimates. Findings about contact with health professionals, in particular, would be affected.

The health characteristics of territorial residents reflect the high proportions of Aboriginal people (20% in the Yukon and 54% in the Northwest Territories). Aboriginal people make up much smaller shares of the provincial populations, and their effect on the provincial results was even further reduced by the exclusion of Indian reserves from the NPHS provincial target populations.

The definition of Aboriginal people used for the NPHS does not match that of the Census. To be consistent with the processing of the provincial component of the NPHS, weights for the territorial data were calibrated according to known age/sex population totals; ethnicity was not controlled for. Therefore, the percentages of Aboriginal people in the territories and provinces reported in this analysis differ from Census counts.

As with all self-reported data, NPHS results are subject to recall errors and misinterpretation of questions. In addition, cultural differences between Aboriginal and non-Aboriginal people with respect to the appropriateness of reporting various health conditions and service utilization would affect the results of the analysis.

Territorial Aboriginal people report poorer health

Self-perceived health status is a reliable indicator of health.[3] The NPHS asked respondents to assess their general health. Overall, the proportions of territorial and provincial residents who rated their health as "very good" or "excellent" were not significantly different. However, a much lower percentage of Aboriginal than non-Aboriginal people in the territories assessed their health at this high level: 47% versus 69% (Table 1).

Fewer chronic conditions, injuries

Although Aboriginal people in the territories rated their health less positively, in some respects it was as good or better than that of non-Aboriginal Northerners. For instance, a smaller share of Aboriginal people reported one or more diagnosed chronic conditions.

It would seem intuitive that the relatively low prevalence of chronic conditions among Aboriginal people might be attributable to their young age profile. But even when the results were adjusted to the non-Aboriginal age distribution, the gap persisted. (The rate for Aboriginal people changed only slightly from 45% to 46%.)

This result may be due to cultural differences in the propensity to disclose health-related information, or it may be that a substantial number of Aboriginal people have *undiagnosed* conditions. Alternatively, of course, the difference may be real. It should, however, be noted that this difference existed only in the Northwest Territories; the proportions of Aboriginal and non-Aboriginal people with chronic conditions were identical in the Yukon (Table 2).

Relatively few Aboriginal Northerners reported suffering a serious injury in the previous year. Just 18% of Aboriginal people in the territories reported having had a serious injury, almost the same as the figure for provincial residents. By contrast, 26% of non-Aboriginal Northerners had been seriously injured. As was the case for chronic conditions, this gap reflects the situation in the Northwest Territories. In the Yukon, there was no significant difference between Aboriginal and non-Aboriginal rates of injury.

Table 1
Health indicators, territorial and provincial† residents aged 12 and older, by Aboriginal status, 1994/95

	Territorial residents			
	Total	Aboriginal	Non-Aboriginal	Provincial residents
		%		
Health status				
Perceived health status				
Very good/excellent	59	47‡	69	63
Poor/fair	9	12‡	7	10
One or more chronic conditions	51	45‡	55	54
Injury in last 12 months	22	18‡	26	17
Long-term activity restriction	13	13	12	16
Major depressive episode in last 12 months	4	--	--	5
Health determinants				
Smoking (daily or occasional)	49§	67‡	34	29
Physically active leisure time	24	20‡	28	19
Drinking (regular or occasional)	70	59‡	78	75
Contact with health professionals in last 12 months				
General practitioner	50§	36‡	60	77
Dentist	51	46‡	54	56
Eye specialist	33	34	33	35
Nurse	27§	41‡	18	7
Other medical doctor††	16	14	18	26
Social worker	11	16‡	6	5
Medication use in last month				
Any medication	64	58‡	70	77
Pain reliever	55	49‡	59	61
Cough/cold	23	21	24	16
Allergy	7	4‡	9	10

Source: *1994/95 National Population Health Survey*
Note: *Categories for a given variable were tested simultaneously.*
† Provincial data exclude Indian reserves.
‡ Difference between Aboriginal and non-Aboriginal territorial residents is significant at 99% confidence level.
§ Difference between territorial and provincial residents is significant at 99% confidence level.
†† For example, surgeon, allergist, gynecologist, psychiatrist
-- Number of respondents in cell is too small to provide a reliable estimate.

Differences between the proportions of territorial and provincial residents, or between Northern Aboriginal and non-Aboriginal people, who had long-term activity restrictions were not significant. In addition, the proportions who had experienced a major depressive episode were similar for the provinces and territories.

Definitions

Respondents who indicated that their ethnic origin was "Native/ Aboriginal peoples of North America (North American Indian, Métis, Inuit/Eskimo)" were considered to be Aboriginal. Those whose ethnicity was in any other category, including multiple categories (such as Aboriginal/non-Aboriginal combinations), were considered "non-Aboriginal." The number of respondents who reported an Aboriginal/non-Aboriginal combination was very small.

To measure *self-perceived health status*, respondents were asked: "In general, would you say your health is: excellent, very good, good, fair or poor?"

To measure the prevalence of *chronic conditions*, the NPHS asked: "Do you have any of the following long-term conditions that have been diagnosed by a health professional: food allergies, other allergies, asthma, arthritis or rheumatism, back problems excluding arthritis, high blood pressure, migraine headaches, chronic bronchitis or emphysema, sinusitis, diabetes, epilepsy, heart disease, cancer, stomach or intestinal ulcers, effects of stroke, urinary incontinence, acne requiring prescription medication (respondents younger than 30), Alzheimer disease or other dementia, cataracts, glaucoma (the last three were not asked if respondents were younger than 18), any other long term condition?" The chronic conditions variable in this analysis is a general indicator; specific chronic conditions (such as diabetes) were not examined because of small sample sizes.

To measure *long-term activity restriction,* respondents were asked: "Because of a long-term physical or mental condition or a health problem, are you limited in the kind or amount of activity you can do: at home, at school, at work, in caring for children?"

To determine whether respondents had suffered an *injury*, they were asked: "In the past 12 months, did you have any injuries that were serious enough to limit your normal activities?"

Respondents who were daily or occasional smokers were classified as *smokers*.

If respondents were regular (one drink at least once a month) or occasional drinkers (less than one drink a month), they were classified as *drinkers*. Although it would have been preferable to examine heavy drinking or binge drinking, this was not possible because of high non-response rates or small sample sizes.

The NPHS, utilizing the methodology of Kessler et al.,[4] 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 (DSM-III-R). Responses to these questions are scored on a scale and transformed into a probability estimate of a diagnosis of MDE. If this estimate was 0.9 or greater, that is, 90% certainty of a positive diagnosis, then the respondent was considered to have experienced an MDE in the previous 12 months.

To derive respondents' level of *physical activity*, their energy expenditure (EE) was estimated for each activity they engaged in during leisure time. EE was calculated by multiplying the number of times respondents engaged in an activity over a 12-month period (a three-month recall period multiplied by 4), by the average duration in minutes, 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 were considered physically inactive. This index does not take account of workplace physical activity, which is an important health determinant. In addition, the activities about which respondents were queried may not accurately reflect a rural lifestyle.

Respondents' *contact with health care professionals* was measured by asking: "(Not counting when you were an overnight patient, if applicable) In the past 12 months, have you seen or talked on the telephone with a health professional about your physical, emotional or mental health?" The list of health professionals consisted of: general practitioner or family physician; eye specialist (such as ophthalmologist or optometrist); other medical doctor (such as surgeon, allergist, gynecologist, psychiatrist); nurse; dentist or orthodontist; physiotherapist; social worker or counsellor; psychologist; and speech, hearing or occupational therapist.

To measure *medication use*, respondents were asked: "In the past month, did you take any of the following medications?" The medications listed were: pain relievers such as aspirin or tylenol (includes arthritis medicine and anti- inflammatories); tranquilizers such as valium; diet pills; anti-depressants; codeine, Demerol or morphine; allergy medicine; asthma medications; cough or cold remedies; penicillin or other antibiotic; medicine for the heart; medicine for blood pressure; diuretics or water pills; steroids; insulin; pills to control diabetes; sleeping pills; stomach remedies; laxatives; hormones for menopause or aging symptoms (women aged 30 and older); birth control pills (females younger than than 50); and any other medication.

Smoking more prevalent

Unlike most other measures of health examined by the NPHS, the prevalence of smoking in the North differs significantly from that in the provinces. Close to half of Northern residents (49%) were daily or occasional smokers, compared with just 29% of provincial residents.

These figures reflect high smoking rates among Aboriginal people. Two-thirds of Aboriginal residents of the territories were smokers, compared with a third of non-Aboriginal people. In addition, the Aboriginal majority in the Northwest Territories resulted in a higher prevalence of smoking there than in the Yukon (53% versus 38%).

The NPHS indicates that Aboriginal people became daily smokers at a younger age than did non-Aboriginal people (an average of 15.7 versus 16.9 years of age). However, the average daily cigarette consumption of Aboriginal smokers was somewhat less than that of their non-Aboriginal counterparts: 13 compared with 19 cigarettes.

Leisure time

Aboriginal Northerners were just as active in their leisure time as provincial residents. The 20% of Aboriginal residents of the territories who spent leisure time in active pursuits matched the 19% of provincial residents who did so. Non-Aboriginal

Table 2
Health indicators, Northwest Territories and Yukon residents aged 12 and older, by Aboriginal status, 1994/95

	Northwest Territories			Yukon		
	Total	Aboriginal	Non-Aboriginal	Total	Aboriginal	Non-Aboriginal
	%					
Health status						
Perceived health status						
Very good/excellent	60	47†	75	58	43†	62
Poor/fair	9	11†	6	10	15†	8
One or more chronic conditions	48‡	43	53	56	56	56
Injury in last 12 months	21	17†	27	24	23	24
Long-term activity restriction	12	12	9	15	18	15
Major depressive episode in last 12 months	4	--	--	4	--	--
Health determinants						
Smoking (daily or occasional)	53‡	70†	34	38	55†	35
Physically active leisure time	23	19†	28	27	27	27
Drinking (regular or occasional)	67‡	59†	77	76	61†	80
Contact with health professionals in last 12 months						
General practitioner	43‡	33†	54	64	59	66
Dentist	53‡	46†	61	46	45	47
Eye specialist	34	34	35	32	29	32
Nurse	32‡	43†	20	17	27†	15
Other medical doctor§	17‡	15	22	13	--	--
Social worker	12‡	--	--	7	--	--
Medication use in last month						
Any medication	58‡	54	61	77	76	78
Pain reliever	51‡	47	55	63	62	65
Cough/cold	21‡	19	22	27	33	26
Allergy	6	--	--	9	--	--

Source: *1994/95 National Population Health Survey*
Note: *Categories for a given variable were tested simultaneously.*
† Difference compared with non-Aboriginal is significant at 99% confidence level.
‡ Difference compared with Yukon is significant at 99% confidence level.
§ For example, surgeon, allergist, gynecologist, psychiatrist
-- Number of respondents in cell is too small to provide a reliable estimate.

Northerners, however, were more active than either of these groups, with 28% reporting active leisure time.

Alcohol consumption

A smaller proportion of Aboriginal than non-Aboriginal Northerners reported alcohol consumption. Just 59% of Aboriginal people were regular or occasional drinkers, whereas non-Aboriginal residents of the territories were as likely as provincial residents to be drinkers (78% and 75%, respectively). Other research, however, indicates that when they do consume alcohol, Aboriginal people are more likely than non-Aboriginal people to have five or more drinks.[5]

The relatively small percentage of Aboriginal Northerners who were regular or occasional drinkers is due, in part, to liquor restrictions in the Northwest Territories.[5] While the proportion of Yukon residents who drink was similar to the rate for the provinces, the Northwest Territories had among the lowest percentages of drinkers in Canada.

Few report barriers to health care

The principles of universal access and equity in the distribution of health care services are especially difficult to achieve in the North. Even so, just 6% of Yukon residents and 7% of residents of the Northwest Territories reported that there had been a time during the previous year when they had needed health care or advice and had not received it. Although these figures surpass the 4% of provincial residents who reported difficulty receiving needed health care or advice, the difference was not statistically significant. There was no difference in the percentage of Aboriginal and non-Aboriginal Northerners reporting that they did not receive the attention they required (data not shown).

Less contact with doctors, more with nurses

Although most Northerners received health care services when they needed them, the sources of this care differed from those commonly used in the provinces. Except for the urban areas, health care in Northern communities is typically delivered in nursing stations or health centres rather than in doctors' offices and hospitals. As well, some health care services are not accessed in the same way in the territories as in the provinces. For example, dentists make annual visits to many Northern communities, rather than occupying a clinic year round. Also, severely ill people may be transferred out of the territories to medical facilities elsewhere in Canada.

Just 50% of people in the territories had consulted general practitioners in the previous year, well below the figure for provincial residents (77%). This is not surprising, as in 1993, there was one physician for every 695 people in the Yukon and one for every 1,068 in the Northwest Territories, compared with one for every 476 in Canada overall.[6] On the other hand, the 27% of Northern residents who had consulted a nurse was substantially higher than the 7% who had done so in the provinces. As well, many nurses in the North have received additional training to perform extended duties such as determining presenting diagnoses and administering treatment (under the standing order of a doctor).

To a large extent, the health care utilization patterns of the Northern population reflect those of Aboriginal people. According to the NPHS, Aboriginal residents of the territories were much less likely than non-Aboriginal Northerners to have seen a general practitioner in the previous year (36% versus 60%) and much more likely to have seen a nurse (41% versus 18%). Similarly, in the North, Aboriginal people were less likely than non-Aboriginal people to have seen dentists. These trends were most pronounced in the Northwest Territories.

Medication use

Aboriginal Northerners were less likely than the non-Aboriginal population to report having used prescription drugs and over-the-counter medications in the month before they were interviewed (58% versus 70%). Not unexpectedly, given the large

proportion of Aboriginal people in the Northwest Territories, medication use was lower there than in the Yukon (58% versus 77%). In fact, the Northwest Territories had the lowest proportion of people reporting medication use of any province or territory.

As in the provinces, pain relievers were the drugs most commonly taken in the North, followed by cough or cold remedies and allergy medications.

Concluding remarks

The overall health profile of residents of the Yukon and Northwest Territories did not differ significantly from that of provincial residents in 1994/95. By contrast, differences between Aboriginal and non-Aboriginal Northerners were substantial. These differences were not consistently in one direction, as exemplified by the proportions of drinkers and smokers.

Certain health differences between Aboriginal and non-Aboriginal people, even though statistically significant, could result from cultural influences on the propensity to report or from varying rates of diagnosis. For instance, the relatively small proportion of Aboriginal people with diagnosed chronic conditions might have been a result of their low rates of contact with physicians.

While this article provides only a very general overview of health and the utilization of services in the North, it establishes baseline figures that can be compared with future NPHS cycles to identify trends.

References

1 Tambay J-L, Catlin G. Sample design of the National Population Health Survey. *Health Reports* (Statistics Canada, Catalogue 82-003) 1995; 7(1): 29-38.

2 Health Statistics Division. *1994/95 National Population Health Survey: Yukon and Northwest Territories, Master File Documentation.* Ottawa: Statistics Canada, 1997.

3 Kaplan G, Camacho T. Perceived health and mortality: A nine-year follow up of the human population laboratory cohort. *American Journal of Epidemiology* 1983; 117: 292.

4 Kessler RC, McGonagle KA, Zhao S, et al. Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: Results form the National Comorbidity Survey. *Archives of General Psychiatry*, 1994; 51(1): 8-19.

5 Northwest Territories Bureau of Statistics. *1996 NWT Alcohol and Drug Survey.* Report No. 1. Yellowknife, Northwest Territories: Northwest Territories Bureau of Statistics, 1996.

6 Ng E, Wilkins R, Pole J, et al. How far to the nearest physician? *Health Reports* (Statistics Canada, Catalogue 82-003-XPB) 1997; 8(4): 19-31.

Appendix

Table A

Sample size and weighted counts for health indicators, territorial and provincial† residents aged 12 and older, by Aboriginal status, 1994/95

	Territorial residents						Provincial residents	
	Total		Aboriginal		Non-Aboriginal			
	Sample size	Weighted count	Sample size	Weighted count	Sample size	Weighted count	Sample size	Weighted count
		'000		'000		'000		'000
Total	**2,020**	**65.2**	**637**	**28.1**	**1,282**	**33.0**	**17,626**	**23,948.6**
Health status								
Perceived health status								
Very good/excellent	1,195	38.7	284	13.1	838	22.7	10,737	15,106.7
Poor/fair	195	5.9	88	3.3	101	2.3	2,226	2,480.9
One or more chronic conditions	1,096	33.1	312	12.7	723	18.0	10,112	12,950.9
Injury in last 12 months	459	14.2	125	4.9	315	8.5	3,000	4,164.7
Long-term activity restriction	289	8.3	95	3.7	184	4.0	3,383	3,929.1
Major depressive episode in last 12 months	91	2.5	--	--	--	--	1,043	1,255.6
Health determinants								
Smoking (daily or occasional)	909	31.8	415	19.0	454	11.2	5,462	7,022.6
Physically active leisure time	513	15.9	131	5.7	354	9.2	3,211	4,448.6
Drinking (regular or occasional)	1,494	45.6	381	16.6	1,039	25.8	13,245	18,070.9
Contact with health professionals in last 12 months								
General practitioner	1,158	32.7	263	10.2	834	19.8	13,821	18,442.1
Dentist	966	33.2	287	13.0	628	17.9	9,231	13,443.4
Eye specialist	659	21.5	212	9.4	424	11.0	6,118	8,383.7
Nurse	473	17.8	243	11.4	217	5.8	1,399	1,683.2
Other medical doctor‡	299	10.3	80	3.9	205	5.9	4,509	6,263.5
Social worker	194	6.8	99	4.6	91	2.1	978	1,152.8
Medication use in last month								
Any medication	1,429	41.8	402	16.2	963	22.9	13,816	18,340.3
Pain reliever	1,193	35.8	342	13.9	797	19.6	11,057	14,610.9
Cough/cold	483	15.0	145	6.0	312	7.9	2,662	3,823.8
Allergy	159	4.6	35	1.2	117	3.1	1,760	2,370.1

Data source: *1994/95 National Population Health Survey*

Note: *Because of non-response to some questions, detail does not add to totals.*

† Provincial data exclude Indian reserves.

‡ For example, surgeon, allergist, gynecologist, psychiatrist

-- Number of respondents is too small to provide a reliable estimate.

Table B
Sample size and weighted counts for health indicators, Northwest Territories and Yukon residents aged 12 and older, by Aboriginal status, 1994/95

	Northwest Territories						Yukon					
	Total		Aboriginal		Non-Aboriginal		Total		Aboriginal		Non-Aboriginal	
	Sample size	Weighted count	Sample size	Weighted count	Sample size	Weighted count	Sample size	Weighted count	Sample size	Weighted count	Sample size	Weighted count
		'000		'000		'000		'000		'000		'000
Total	**740**	**44.5**	**410**	**24.0**	**265**	**16.9**	**1,280**	**20.8**	**227**	**4.1**	**1,017**	**16.1**
Health status												
Perceived health status												
Very good/excellent	437	26.7	188	11.4	201	12.7	758	12.1	96	1.7	637	9.9
Poor/fair	69	3.9	53	2.7	13	1.0	126	2.0	35	0.6	88	1.4
One or more chronic conditions	373	21.4	183	10.4	150	8.9	723	11.7	129	2.3	573	9.0
Injury in last 12 months	148	9.3	67	4.0	69	4.6	311	4.9	58	0.9	246	3.9
Long-term activity restriction	91	5.1	57	3.0	26	1.6	198	3.2	38	0.7	158	2.4
Major depressive episode in last 12 months	31	1.7	--	--	--	--	60	0.8	--	--	--	--
Health determinants												
Smoking (daily or occasional)	407	23.8	287	16.7	94	5.7	502	8.0	128	2.2	360	5.6
Physically active leisure time	158	10.2	71	4.6	72	4.8	355	5.7	60	1.1	282	4.4
Drinking (regular or occasional)	508	29.9	244	14.1	212	13.0	986	15.7	137	2.5	827	12.8
Contact with health professionals in last 12 months												
General practitioner	327	19.3	132	7.8	152	9.1	831	13.3	131	2.4	682	10.7
Dentist	381	23.7	184	11.2	158	10.3	585	9.6	103	1.8	470	7.5
Eye specialist	250	14.9	142	8.2	92	5.8	409	6.5	70	1.2	332	5.2
Nurse	257	14.3	182	10.3	63	3.5	216	3.5	61	1.1	154	2.4
Other medical doctor†	128	7.7	59	3.6	60	3.7	171	2.6	--	--	--	--
Social worker	96	5.4	--	--	--	--	98	1.4	--	--	--	--
Medication use in last month												
Any medication	441	25.8	232	13.1	165	10.3	988	16.0	170	3.1	798	12.6
Pain reliever	383	22.6	199	11.3	144	9.2	810	13.2	143	2.5	653	10.4
Cough/cold	153	9.4	77	4.7	58	3.7	330	5.6	68	1.3	254	4.2
Allergy	45	2.8	--	--	--	--	114	1.8	--	--	--	--

Data source: *1994/95 National Population Health Survey*
Note: *Because of non-response to some questions, detail does not add to totals.*
† For example, surgeon, allergist, gynecologist, psychiatrist
-- Number of respondents is too small to provide a reliable estimate.

Table C
Age-adjusted health indicators, territorial and provincial† residents aged 12 and older, 1994/95

	Territorial residents	Provincial residents
	%	
Health status		
Perceived health status		
Very good/excellent	54	63
Poor/fair	13	10
One or more chronic conditions	56	54
Injury in last 12 months	20	17
Long-term activity restriction	17	16
Major depressive episode in last 12 months	3	5
Health determinants		
Smoking (daily or occasional)	47	29
Physically active leisure time	22	19
Drinking (regular or occasional)	66	75
Contact with health professionals in last 12 months		
General practitioner	51	77
Dentist	47	56
Eye specialist	35	35
Nurse	29	7
Other medical doctor‡	17	26
Social worker	9	5
Medication use in last month		
Any medication	65	77
Pain reliever	55	61
Cough/cold	22	16
Allergy	6	10

Data source: *1994/95 National Population Health Survey*
Note: *Territorial data are age-standardized to the 1994/95 population of the provinces (both sexes).*
† Provincial data exclude Indian reserves.
‡ For example, surgeon, allergist, gynecologist, psychiatrist