

## CANADIAN HEART HEALTH DATABASE, 1986-92

<b>File Name:</b>	HHD8692
<b>Sponsor:</b>	Conference of Principal Investigators of Provincial Heart Health Programs; Provincial Departments of Health; Health Canada; with the collaboration of Heart and Stroke Foundation Offices
<b>Data Collector:</b>	Provincial Departments of Health
<b>User Support:</b>	Canadian Heart Health Database Centre Division of Community Health Faculty of Medicine Memorial University of Newfoundland St. John's, Newfoundland Canada, A1B 3V6  Contact: Ms. Alison C. Edwards Phone: (709) 737-6218 Fax: (709) 737-7382 Email: aedwards@morgan.ucs.mun.ca
<b>Number of Variables:</b>	266
<b>Sample Count:</b>	23129
<b>Weighted Count:</b>	Person Weight: 18,829,203 Clinic Weight: 18,833,217
<b>Unit of Analysis:</b>	Individuals

**Time Span:** Newfoundland: November, 1988 - March, 1989  
Prince Edward Island: April, 1988 - August, 1988  
Nova Scotia: January, 1986 - May, 1986  
New Brunswick: July, 1988 - October, 1988  
Quebec: September, 1990 - December, 1990  
Ontario: January, 1992 - May, 1992  
Manitoba: October, 1989 - February, 1990  
Saskatchewan: September, 1989 - February, 1990  
Alberta: February, 1990 - July, 1990  
British Columbia: February, 1989 - June, 1989  
Alberta: February, 1990 - July, 1990

**Geographic Universe:** Ten provinces of Canada

**Population Characteristics:**

Individuals aged 18 - 74 years except full-time residents of institutions, military camps and Indian reserves; with the exception of Manitoba which included Indian reserves.

**Summary:**

Contents include experience with and general knowledge about the following heart disease risk factors: alcohol, smoking, diabetes, salt and fat consumption, plasma cholesterol and exercise level.

In addition to anthropometric measurements, the person's blood pressure, plasma cholesterol and lipoproteins were recorded from clinic tests. Usual demographic and weighting variables are also present.

**Sampling Procedures:**

A stratified, multistage probability sample design was used to select an independent sample for each provincial survey. The size of the sample for each provincial survey was large enough to give 2,000 responses. To obtain estimates of prevalence of risk factors (e.g. prevalence of hypertension) among young, middle-age and old-age groups with equal reliability, persons in the younger age groups (18 to 34 and 35 to 64) were relatively over-sampled compared to the older age group (65 to 74).

Data were collected in two stages. At the first stage, the selected persons were visited in their homes to collect the basic demographic data, knowledge of CVD risk factors, attitudes and opinions on heart related issues. Two blood pressure readings were taken, one at the beginning and one at the end of the interview. At the second stage of data collection, respondents from the first stage came to clinic to give anthropometric measurements and two additional blood pressure readings. All data were collected by trained nurses.

For further information on the survey methodology, refer to the the Survey Methodology Section of Reference 1.

### **History:**

The ten Provincial Heart Health Surveys were conducted between 1986 and 1992 as a part of the Canadian Heart Health Initiative and has been a collaborative effort between the ten provincial departments of health and Health Canada. The Heart and Stroke Foundation of Canada has also played major role in this endeavour. The origin of the collaborative approach to cardiovascular disease prevention lies in a report prepared by the Federal Provincial Working Group on Cardiovascular Disease Prevention and Control. These surveys were the first undertaking that have provided a data base at the national level with such a detailed information on heart health awareness and clinical measurements in Canada.

### **Related Data:**

Canada Health Survey 1978-79	- CHS78
Canada Fitness Survey (Adults) 1981	- CFSA81
Health Promotion Survey 1985	- HPS85
Campbell Survey of Well-Being 1988	- CSWB88
Health Promotion Survey 1990	- HPS90P
National Population Health Survey 1994, General	- NPHS94G
National Population Health Survey 1994, Health	- NPHS94H

### **Availability:**

Data are licensed for use by the Canadian Heart Health Database Centre, see "User Support".

### **Limitations:**

1. Weighted estimates based on the sample count of 30 or less should be considered to be of unacceptable quality. Similarly, if the coefficient of variation of estimate is greater than 33.3%, the estimate is considered to be unacceptable. The appropriate sampling variability tables in Reference 1 are used to assess whether estimates can be released.
2. Counts in a statistical table should be rounded to the nearest hundred units, using the normal rounding technique.
3. Estimates of averages, proportions, rates, etc., should be rounded to two decimal digits at most.

For further information on the limitations, refer to the Guidelines in Survey Methodology and Sample Design, Reference 1.

**Use Of Weights:**

Output from the data set must be weighted using the variable PWGTQ for all questionnaire data and PWGTC for all clinic variables. Where a combination of questionnaire and clinic variables are used then PWGTC should be used as the weighting variable.

Note: The sample count for the Person Weight is 23,129 and sample count for the Clinic Weight is 20,095.

**References:**

1. Nargundkar, M. 'The Canadian Heart Health Database, 1986-92', DAIS Metabase and Heart Health in Canada CD-ROM.