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# The 1985 Canada General Social Survey: A Review

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## Introduction

For social researchers, the character of a *general social survey* has largely been shaped by the series of omnibus surveys conducted since 1972 by the National Opinion Research Center (NORC). These national surveys of the U.S. population have served to monitor public dispositions toward a wide range of social issues using attitudinal and behavioural indicators. At the beginning of this decade, other countries developed their own national surveys which were similar in scope to NORC's General Social Survey. Two examples are the ALLBUS survey in the Federal Republic of Germany, which was begun in 1980, and the British Social Attitudes Survey, which was introduced in 1983. An international trend of this type of research was well underway when Statistics Canada administered their first General Social Survey in 1985. The following discussion describes the approach taken by Statistics Canada and discusses some of the shortcomings of the 1985 survey.

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### Canada's Approach to a General Social Survey

One preconception of general social surveys is that they provide a wide-lens snapshot of society at a specific time. The picture is expected to contain both measures of the major social issues in society and quality of life indicators. Such a survey is *general* in that it captures a comprehensive image of society. This does *not*, however, describe the nature of the Canada General Social Survey (GSS).

Statistics Canada initiated a general social survey to track social and economic trends being missed by existing national statistics programs. Thus, the survey arose to fill gaps in the federal government's statistical information system. Consequently, the survey was *general* only to the extent that it gathered data that were not being collected under specifically established programs.

Two objectives were stated for the GSS: [*F*]irst, to gather data on social trends in order to monitor changes in Canadian society over time; and secondly, to provide information on specific policy issues of current or emerging interest."<sup>2</sup>

These objectives were put into operation by dividing the content of the survey into three areas: core, focus and classification. The core content was intended to address the initial objective, that is, to monitor social trends. The focus content was directed at the second objective, which was to provide information about a specific policy issue. Finally, the classification data consisted of standard demographic information.

In practice, both the core and the focus content were topical rather than comprehensive. In 1985, the subject for the core component was personal health care and included items about health status, well-being, health problems, smoking habits, alcohol use, sleep behaviour, physical activity, and use of health care services. The content for the focus component dealt with social support for the elderly.

Another aspect of the GSS that differed from other general social surveys was its sampling design. The target population contained respondents younger than the minimum age allowed in other general social surveys. The GSS sampled people who were fifteen years of age or older.<sup>3</sup> One positive consequence is that the personal health practices of teenagers can be examined, especially their drinking and smoking behaviour.

Not only did the GSS permit a slightly younger target population, it also employed a mixed sampling methodology. Two different random-digit dialing techniques were used to select respondents who were under the age of sixty-five. People chosen by one of these two methods were interviewed by telephone. A third sampling method was applied to select people who were sixty-five or older. This

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<sup>2</sup>Statistics Canada, *General Social Survey: Health and Social Support, 1985*, "Public Use Micro Data File Documentation and User's Guide", December, 1986, p 4.

<sup>3</sup>Several aspects of the GSS follow conventions of the Canadian Labour Force Survey, which, for example, uses the same minimum age in its surveys. Other survey practices that are common to both of these Statistics Canada projects are mentioned elsewhere in this paper, including shared sampling frames and similar question styles. The stamp of the Canadian Labour Force Survey on the GSS is pronounced and should be viewed as the influence of a common administration.

group - which was oversampled - was drawn from the sampling frame used for the Canadian Labour Force Survey. Those chosen from this list received personal interviews. The end result for secondary users of the data is that a weight variable is necessary to correct for these different sampling techniques and the over sampling.

To summarize, the GSS deviated from the design of other national general social surveys. The content of the GSS was topical rather than comprehensive, and it applied a complex sampling methodology mixing three different sampling techniques and two modes of interviewing - in person and telephone.

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### Cooperative Federalism and a Large Sample Size

Today's political and social influences upon survey research are not always apparent; yet, such research is unquestionably shaped by these forces. One particular feature of the Canadian polity seems to have left its mark upon the 1985 General Social Survey.

A Canadian journalist once wrote that "Canada is the only country in the world where you can buy a book on federal-provincial relations at an airport."<sup>4</sup> This comment symbolizes an ongoing political debate about the division of powers between the federal and provincial governments that has persisted since Confederation in 1867. One consequence of this debate has been the emergence of unique institutions, including royal commissions investigating governmental powers, First Ministers' conferences addressing social and political issues, and government departments dedicated to *inter-governmental affairs*. During a recent period, the debate assumed a new tenor which became known as *cooperative federalism*. The heart of cooperative federalism is the process of continuous consultation between federal and provincial bureaucrats and politicians.

One feature of the 1985 GSS that appears to have been influenced by cooperative federalism is its sample size. The total sample for the telephone component was 9,675 households and from this base, 8,070 interviews were completed. For the personal interview component, the sample size was 3,620 from which 3,130 interviews were completed.<sup>5</sup> Thus, the total number of completed interviews was 11,200. In the United States with a population ten times larger than Canada's base, the total number of cases for *one* of NORC's General Social Surveys is around 1,500. Canada's 1985 GSS alone had the equivalent number of cases to seven years of NORC studies.

Why was the 1985 GSS sample size so large by comparison to other national general social surveys? When asked this question, a spokesman for the GSS provided two answers.<sup>6</sup> First, the sampling frame for the senior citizen portion was taken from the Canadian Labour Force Survey. The administrators of the GSS maintained that constructing a new sampling frame would be too

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<sup>4</sup>Michael Valpy, *The Globe and Mail*, August 8, 1981.

<sup>5</sup>Statistics Canada, *General Social Survey Analysis Series: Health and Social Support*, 1985, December, 1987, p. 21.

<sup>6</sup>This statement was made at a colloquium arranged by the Sociology Department at the University of Alberta during the fall of 1985.

expensive. Secondly, and more to the point being made, Statistics Canada had agreements with provincial statistics bureaus to provide them with enough cases to conduct analyses at the provincial level. Thus, consultation with provincial statistics bureaus necessitated a large sample size. Here cooperative federalism appears to have left its imprint.

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### Does the Survey Get a Clean Bill of Health?

When social historians begin to sift through the survey research of the past two decades, someone will likely observe that the questions asked in those studies reveal more about a society's condition than the answers given by the respondents. What do the questions asked in the 1985 GSS say about Canadian society?

Several of the questions in the GSS address a pressing concern of the 1970's: Is the typical sixty-five year old Swede more fit than the average thirty-five year old Canadian? Serious attention had been given to the general fitness of Canadians in two earlier national surveys, the 1977 Canada Health Survey and the 1981 Canada Fitness Survey. As babyboomers approach middle age, the concern is growing that their demands on public health care will exceed the system's capacity to respond. These surveys reflect an attempt to monitor the general fitness of society in anticipation of the health care system becoming overloaded.

Nearly half of the 168 questions of the GSS tap some aspect of general fitness, which is also referred to as health status. Many of these items contribute to an assessment of current physical ability and activity (see List 1.) Other items ask about smoking and drinking behaviour, both viewed as *barriers* to good health.<sup>7</sup> Three questions asked about feelings of satisfaction and happiness, which offer some measure of emotional well-being. In total, these items provide an overall indication of general fitness. (See List 1 in appendix A).

In reviewing the sections of the survey dealing with health status, two observations are critical. First, all but a few of the questions were asked in behavioural terms.<sup>8</sup>

The only exceptions were the items about life satisfaction and happiness. The survey is devoid of attitudinal questions. The case may be that a government statistics agency politically cannot ask attitudinal questions. Maybe the style of questioning too strictly adhered to the wording used in the Canadian Labour Force Survey, which concentrates on behavioural items about employment and seeking employment. Whatever the reason, there is a clear imbalance in favor of questions expressed

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<sup>7</sup> Two questions about smoking can be directly compared with the 1977 Canada Health Survey: "*At what age did you start smoking cigarettes daily?*" and "*About how many cigarettes do you smoke each day?*" One drinking question is identical between the two studies: "*At what age did you start drinking alcoholic beverages?*" The discussion about smoking and drinking as barriers to health can be found in: Statistics Canada, *General Social Survey Analysis Series: Health and Social Support, 1985*, December, 1987, p. 15.

<sup>8</sup> Examples of behavioural wording include items that start with the following phrases: How many times; Do you have any trouble; Which did you do; At what age did you; About how many; Did you ever; How long have you; etc.

in behavioural terms.

The second observation is that no *social issues* in the area of health were really investigated. Tangentially, one item came close to touching upon a social issue connected to smoking. This question asked, "*How many people in your household, excluding yourself, smoke daily.*" Since 1985, the issue of second-hand smoke has rapidly grown in significance. There are now Canadian airlines that offer smoke-free flights. Legislation is being introduced to guarantee smoke-free workplaces. While the item in the GSS did not monitor people's feelings about second-hand smoke, it did measure the number of people living in an environment containing second-hand smoke.<sup>9</sup>

A predominant shortcoming of the GSS is that it missed some very important health care issues. A perusal of the major, daily Canadian newspapers in 1985 reveals several issues that should have been addressed in a general social survey dedicated to health care. A discussion of some of these issues follows.

The single, most significant health care issue in 1985 was the struggle by the federal government to ban the practice of extra-billing. Each province in Canada determines its own fee schedule for medical services. In turn, physicians receive from the provincial health insurance plans the amount set in the schedule for different items of service.<sup>10</sup> In the 1970's, a large number of physicians became disgruntled with the fee schedules and began to charge their patients a fee in excess of the provincial health care plan. This practice became known as extra-billing.

In 1984, the Canada Health Act was passed unanimously by the House of Commons allowing the federal government to deduct one dollar of medicare transfer payments to the provinces for each dollar that a physician collected through extra billing. In Alberta, where the provincial government permitted physicians to extra-bill, residents were paying \$1.6 million a month because of the extra fees - \$800,000 to the physicians in extra fees and \$800,000 of provincial tax funds to fill the gap created by the penalty imposed by the federal government. In July, 1985, the Canadian Medical Association launched a suit in the Supreme Court of Ontario, alleging that the federal government had exceeded its jurisdiction by withholding medicare funds from provinces that allowed extra-billing by physicians and hospital user fees. This issue had been debated publicly throughout the year leading up to the GSS and was clearly salient in the public's mind, especially, since it also arose as an issue during the federal election in September, 1984.

The argument cannot be posed that the extra-billing issue defies measurement in a social survey. For example, the following question was asked in the 1980 Edmonton Area Study: "*How many doctors charged you a personal fee in addition to the fee that Medicare paid?*"<sup>11</sup> The wording of this question is even consistent with the style used in the GSS. Several other items have been asked in Edmonton Area Studies about this issue (See List 2 for further examples).

<sup>9</sup> The ISSP module for 1985 (described below) included an item about smoking in public spaces: "*Do you think that smoking in public spaces should be prohibited by law?*"

<sup>10</sup> Not all terms of health care provided through the provincial health plans and this itself has emerged as an issue. Physicians have been arguing that the fee schedules are not keeping pace with items of service applying new technology, such as laser therapy or certain cardiac procedures

<sup>11</sup> The Edmonton Area Studies, which have been conducted annually since 1977 by the Population Research Laboratory at the University of Alberta, are a series of surveys dealing with quality of life issues.

There were other issues about health care in the public eye in 1985.<sup>12</sup> No statistical evidence was provided to support his assertion, which was something that a general social survey could have provided. The Vancouver Sun carried a story about the problem of doctors being poorly distributed across Canada: "*Dr. William Vail said neither the public nor the profession is happy when there are too few doctors. 'They find it difficult to get access to a doctor while we work our butts off.'*"<sup>13</sup> The Edmonton Journal published an article summarizing some of the findings of a survey conducted by the Alberta Medical Association.<sup>14</sup> In this survey, respondents were asked to identify medical issues that they perceived to be major problems. "*Long waiting lists to see specialists, problems communicating with doctors, and doctors in a rush were often cited as major problems.*"<sup>15</sup> One last example of a salient health issue was reported in an Edmonton Journal story about the cost of transplants.<sup>16</sup> "*Health care policy-makers have been inconsistent in dealing with heart transplants, Roger Evans said. While reluctant to approve them, they proceed with other equally expensive treatment.*"<sup>17</sup>

In addition to issues surrounding the use of health care, another related concern that is growing in importance deals with impaired driving. Since 1985, brewing corporations have introduced media campaigns dissuading drinkers from driving. The 1984 Edmonton Area Study discovered that one in four drivers acknowledged that they drove impaired at least once a month. What is known about the incidence of this problem nationally? Again, this is an item well fitted for a general social survey.

The argument that a survey such as the GSS simply cannot canvas all health issues goes without saying. Nevertheless, the topics covered in the 1985 GSS were far too narrow to provide a snapshot of the general disposition of Canadians toward health care.

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### Concluding Observations: The Cost of Being Different

Societies measure those aspects of life that are valued the most. In Western industrialized nations, this is exemplified by the tremendous effort and expense that goes into gathering data about the performance of national economies, ranging from daily market indices to annual measures of production. While programs that monitor trends in social issues will never equal the volume of economic data being gathered, recent cross-national survey programs are providing a wealth of comparative data about life in contemporary societies.

One program in particular – the International Social Survey Program (ISSP)<sup>18</sup> – has been capitalizing

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<sup>12</sup>The Halifax Chronicle Herald reported Dr. Robert Anderson claiming that trust in doctors was at an all-time low.

<sup>13</sup> The Vancouver Sun, "Distribution of doctors called national problem." May 17, 1985, p. A20.

<sup>14</sup>The Edmonton Journal. "few patients upset by extra-billing, says AMA survey." October 10, 1985, p.H8.

<sup>15</sup> *ibid.*

<sup>16</sup>The Edmonton Journal. "Cost of transplants called comparable," May 26, 1985, p.A2.

<sup>17</sup> *ibid.*

<sup>18</sup>The ISSP is a – the International consortium of social scientists from Australia, Hungary, Ireland,

on the growth of national general social surveys. Each year since 1985 the ISSP has coordinated the replication of a set of questions in participating countries. The annual topics of these question sets have been, respectively, the role of government, social networks and social support, beliefs about social inequality, and the family.

The data from the ISSP modules offer ideal opportunities to conduct comparative analyses among participating countries. The value of comparative data is that it provides an often needed reference point to examine specific findings. The discovery in a national survey that sixty percent of the respondents approve of abortion on demand may seem to make an important statement about that society. Nevertheless, the percentage may be identical for comparable nations. Without a reference point, the task of distinguishing meaningful findings is difficult.

A reference point can be established using one of two approaches. First, an item may be compared over time. For example, if five years earlier the same item about abortion had been approved by only thirty percent of the respondents, the large shift in public sentiment would suggest that the society had undergone some substantive change. The other approach compares items across similar countries, which is possible using the ISSP data. For example, if in a comparable nation only thirty percent support abortion on demand, an important difference between those societies would exist. Thus, an analysis might focus upon factors that could explain those differences for that particular item.

The danger in not having a reference point lies in not being able to identify meaningful findings. Gazing upon the national navel often produces research myopia. Without a comparative unit, significant explanatory variables can be easily overlooked. Cross-national differences can highlight factors that might otherwise be missed within the study of a single country.

The absence of Canada's participation in the ISSP has been unfortunate. While Statistics Canada may cover some ISSP topics in its General Social Survey, the comparative nature of the data will undoubtedly be limited or inapplicable. For example, until Canada's General Social Survey incorporates items measuring attitudes, the ISSP modules will have a number of questions that will never be asked by Statistics Canada. Furthermore, the importance of gathering these data within a common time frame can be significant to mediate the possible influence of world events. Thus, simply covering ISSP topics without regard to the survey year may also diminish the cross-national comparative value of the data.

If the mandate for the General Social Survey within Statistics Canada simply cannot be coordinated with the ISSP, an alternative Canadian program should be introduced that would incorporate a comprehensive collection of Canadian social issues with the ISSP modules.

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<sup>18</sup>(cont'd) Italy, the Netherlands, the United Kingdom, the United States, and West Germany.

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**List 1**

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**Examples of Physical Ability and Activity Questions  
from the General Social Survey, 1985‡**

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32. Do you have trouble cutting your own toenails?  
33. Do you have trouble using your fingers to grasp or handle?  
34. Do you have any trouble reaching above your head?
43. Over the last 3 months which did you do most frequently?
- ▣ Running or jogging
  - ▣ Bicycling
  - ▣ Tennis
  - ▣ Exercise in a class or at home
  - ▣ Swimming
  - ▣ Raquetball or squash
  - ▣ Other
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‡ Statistics Canada, *General Social Survey Analysis Series: Health and Social Support, 1985*, December, 1987, Appendix I.



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 List 2
 

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Examples of Questions about Extra-Billing  
Asked in Three Edmonton Area Studies

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Year	Question Number and Text
1980	76. b. Please tell me how much you agree or disagree with a doctor charging you a fee in addition to the fee that medicare pays.
1982	23. We have heard a great deal lately about the standard of health care in the province, how much physicians should be paid, and the method of payment. Have you discussed these issues with any of your personal physicians the last six months?
1982	24. In your opinion, how satisfied or dissatisfied were you, generally speaking, with the standard of medical care your physicians provided before the fee and billing issues flared up last fall?
1982	25. Please tell me how much you agree or disagree with a doctor charging you a fee in addition to the fee that medicare pays the doctor (extra billing)?
1982	26. Please tell me how much you agree or disagree with a doctor making you pay all the fee and then getting some or all of the money back from Medicare yourself (direct billing).
1984	53. a. Please think for a moment about the physician or physicians you have seen the most often in the last year. If your doctor left the government medicare plan, would you still go to see that doctor even if it meant having to pay the doctor yourself and then applying to medicare for the money that you would get back?
1984	53. b. What if you had to see a new doctor, not any of the ones you have been seeing? If you had a choice between a physician who practiced inside the government system and a physician who practiced outside that plan, all other things being equal, would you choose the physician who practiced outside the plan?

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