

# STAFF REPORT ACTION REQUIRED

# Federal Decision to Cancel the Long Form Census in 2011: Implications for Toronto Public Health

Date:	July 29, 2010
To:	Board of Health
From:	Medical Officer of Health
Wards:	All Wards
Reference Number:	

## **SUMMARY**

The Federal Government has decided to replace the mandatory long form census with a voluntary "National Household Survey" in 2011. The criticism of this decision has been swift, strong and crosses all sectors.

Over the past 35 years the mandatory Census has included a short form, which collects basic data on age, gender, marital status, household characteristics and mother tongue, and a long form, which collects a broader range of socio-economic data. This data is critical for ongoing health surveillance and assessment which includes understanding the social determinants of health in Toronto. The knowledge derived from this process underpins Toronto Public Health's (TPH) foundational principles of identifying priority populations and using evidence to plan services and develop policies.

In addition to these principles, the Ontario Public Health Standards (OPHS) mandate TPH to conduct health surveillance and assessment of the city's population using, in part, the data collected in the long form. The Federal Government's proposal to eliminate the census long form will compromise TPH's ability to fulfill this mandate.

## RECOMMENDATIONS

#### The Medical Officer of Health recommends

1. The Board of Health request the Federal Government to reverse its decision to discontinue the mandatory long form census.

## **Financial Impact**

There are no financial impacts arising directly from the adoption of this report.

## **ISSUE BACKGROUND**

On June 26<sup>th</sup>, the Government of Canada announced its intention in the *Canada Gazette*, *Part I* to eliminate the 35-year-old mandatory long form for the 2011 Census and replace it with a voluntary "National Household Survey". The Government apparently provided no prior indication of its intention to eliminate the long form census during Statistics Canada's pre-2011 Census consultation with municipalities, provincial officials, academia, non-government organizations and other stakeholders. The stated reason for the change was "... to reasonably limit what many Canadians felt was an intrusion on their personal privacy."

The Census has been made up of a mandatory short form completed by all Canadians and the long form completed by 20% of households. The short form collected data on age, gender, marital status, household characteristics (e.g., number of dependents), and mother tongue. The long form is the only source of consistent information on the socioeconomic characteristics of Canadians, including: income, poverty, ethnicity, citizenship, immigrant status, language spoken, knowledge of official languages, education, labour force activity, housing, activity limitations, etc.

The data from both the short form and long form are used by all levels of government, including public health agencies to support service planning and policy development to address the needs of local communities and the people who live there. These data are also critical to businesses, researchers and policymakers. Criticism of this decision has been strong and swift. Local governments, public health agencies, other social service organizations, school boards and teacher associations, community organizations, city planners, the non-profit sector, research groups, the Canadian Labour Congress, the Canadian Federation of Municipalities and business leaders have all called on the Federal Government to re-instate the long form census. They have identified the value and need for the comprehensive socio-economic data on the Canadian population relative to the work they conduct. Many have indicated that a voluntary survey will miss important segments of the population, thus making the data virtually useless. For the health, education and social sectors, the ability to deliver services to meet the needs of the whole population and especially the vulnerable will be particularly compromised.

This issue has been the subject of considerable media attraction over the past weeks and in July, resulted in the resignation of the Chief Statistician of Canada.

## **COMMENTS**

Historically, the Canadian Census provided the most comprehensive, complete and consistent data about Canadians because it was mandatory. Census data from both the short form and long form are a cornerstone for understanding health status, determinants of health and the changing population in Toronto over time. These data are used at the City census tract and neighbourhood levels. TPH relies on these data to facilitate service planning and fulfill its legal mandate as articulated in the Ontario Public Health Standards (OPHS).

The OPHS Public Health Assessment and Surveillance Protocol specifically requires TPH to collect or access population counts by age, sex, education, employment, income, housing, language, immigration, culture, and ability/disability. Most of these data are only found in the long form census.

Changing from a mandatory long form census to a voluntary survey to obtain socioeconomic data on Canadians jeopardizes the quality and completeness of these data and thus their usefulness. Response rates to voluntary surveys have been dropping over time and those who do respond are more likely to be white, middle income earners. People who are of low income or high income, who are aboriginal or newcomers, are less likely to complete a voluntary survey.

### **How TPH Uses Census Data**

Toronto Public Health uses census data to:

- describe and understand the changing nature of Toronto's diverse population
- inform service planning to ensure that public health programs are planned in such a way that they address the needs of Toronto's diverse population
- identify priority populations as required by the Ontario Public Health Standards
- describe and report on the health status of Torontonians (for example "The Health of Toronto's Young Children" volumes 1 to 3) and conduct ongoing surveillance
- understand the distribution and impact of the social determinants of health across the City, within sub-groups of the Toronto population and across small geographic areas of the City
- identify and understand health inequalities and health inequity in Toronto (for example, "The Unequal City: Income and Health Inequalities in Toronto, 2008" report) and to monitor future progress on "narrowing the gap" in disparities
- identify important sub-populations by numbers and locations in the City to
  increase the effectiveness of our disease prevention and control strategies. For
  example, as part of our mandate to prevent transmission of communicable
  diseases, we offer TB prevention and awareness classes to populations that have
  immigrated from countries where we know TB is endemic. We use census data to
  identify areas where those sub-populations live, and we offer classes in those
  neighbourhoods.

# **Proposed Changes to the 2011 Census**

The Federal Government has announced that it is replacing the mandatory long form census with a voluntary "National Household Survey" (NHS) in 2011. It has been reported that the NHS will cost at least an additional \$30 million. Details of the changes to the 2011 census are summarized in the Briefing Note that supported Motion MM51.12 "Federal Government Decision to Cancel Long Form Census", passed by City Council on July 8, 2010 (Appendix 1).

## Who Responds to Voluntary Surveys?

Over the past decade the proportion of people responding to voluntary surveys has decreased. As an example, Statistics Canada conducts the Canadian Community Health Survey (CCHS). Response rates to this survey have declined from 84.7% in 2001 to 76.4% in 2007/08 for all of Canada and from 70.2% in 2001 to 65.5% in 2007/08 for Toronto. It has been shown that people who are white with a middle income are most likely to respond to a voluntary survey. People from vulnerable populations, for example low income earners, Aboriginals, newcomers, etc., are less likely to respond to a survey.

The proposed "National Household Survey" (NHS) will collect the same data as the 2006 long form census using the "same methods and standards used for all of its (Statistics Canada) surveys." Based on what has happened to the CCHS and other surveys, important populations of interest to public health in Toronto will be under-represented in the NHS. This calls into question the value and usefulness of the data to be collected through the NHS and the additional expense required.

# Impacts on TPH

The Census of Canada has evolved over time and provided important information about the demographic, social and economic trends in Toronto. The change to a voluntary survey will cause a break in the data, making comparisons to past data unreliable and inappropriate. In addition the voluntary NHS will most likely under-represent the vulnerable populations public health services need to reach.

The lack of accurate, unbiased data on the socio-economic character of Torontonians at small geographic levels will impede TPH's ability to:

- monitor the changing demographic and socio-economic characteristics of Toronto's population
- identify priority populations
- ensure that services are planned and evaluated using accurate Toronto-based evidence
- monitor health inequalities
- comply with the requirements of the Ontario Public Health Standards

## TPH Response to Date

TPH staff have been actively monitoring these developments and working with other City Divisions, professional bodies and coalitions to advocate for reinstating the mandatory long form census. Information has also been placed on TPH's website that includes links to other relevant responses.

## CONCLUSION

If the long form census is discontinued, reliable, consistent, complete data on income, poverty, immigrant status, ethnicity, education, employment, activity limitations, social connections, family structures, etc. will no longer be available. This will limit TPH's ability to effectively address the needs of Toronto's population through service planning, program delivery and policy development.

## CONTACT

Carol Timmings Interim Director, Planning & Policy Toronto Public Health

Phone: 416-392-7463 Fax: 416-392-0713

Email: <a href="mailto:ctimming@toronto.ca">ctimming@toronto.ca</a>

Paul Fleiszer

Managar Matrice & I

Manager, Metrics & Planning Toronto Public Health

Phone: 416-338-8073 Fax: 416-338-8126

Email: pfleisze@toronto.ca

## **SIGNATURE**

Dr. David McKeown Medical Officer of Health

## **ATTACHMENTS**

Appendix 1: Briefing Note that supported Motion MM51.12 "Federal Government Decision to Cancel Long Form Census" passed by City Council on

July 7, 2010