

## **Submission to the Standing Committee on Industry, Science and Technology. Hearings on the Long-Form Census.**

### **On behalf of the Urban Public Health Network: Dr. David L. Mowat**

The Urban Public Health Network (UPHN) brings together the medical officers of health of the eighteen largest public health departments in Canada. As senior public health physicians with statutory responsibility for protecting and promoting the health of more than 50 per cent of Canada's population, we welcome the opportunity to share with the Committee our opinion on the likely impact of the proposed changes to the Census of Canada, and the options available to move forward.

### **How we use information from the Long Form Census**

The member departments of UPHN, and the Network itself, rely upon the information in the Long Form Census to make decisions which affect the health of the residents of our regions. We need to have as much accurate information as possible about ourselves and our communities if we want to make good decisions about protecting and promoting health. We need to know, in as much detail as possible, and as accurately as possible, the state of the public's health in each part of Canada, and the critical factors which influence, for better or worse, the health of individuals and families in communities across our diverse land. Without this knowledge our preventative efforts will fall short resulting in the need for more health care expenditures and a less healthy populace.

As professionals charged with protecting the health of the public, we need this information so that we can envision, plan and assess public health programs in a manner which places the emphasis upon verifiable facts rather than upon our personal biases or ideologies.

There are many characteristics of individuals and communities which have been consistently shown to be associated with health status: these are social, economic, and interpersonal and other characteristics which may not always come immediately to mind as being related to health, but which are in fact of the greatest importance. Income, education, ethnicity, immigrant status, social status, employment, child development and connection to the community are among the most important.

Using information from the Census and elsewhere, many health departments have mapped these health determinants to identify areas of social deprivation health outcomes. For example, UPHN worked with the Canadian Population Health Initiative to study areas of high, intermediate and low socio-economic

status in 15 census metropolitan areas across Canada<sup>1</sup>. When comparing low to high status areas it was found that, for example, rates of hospitalization for mental health were more than two-fold higher, as were those for “Ambulatory Care Sensitive Conditions” (those which are largely preventable with good care within the primary care system), while there was an excess of 40 per cent in hospitalization for injuries. Of eight self-reported health behaviours (smoking, physical activity, etc.), seven were significantly related to living in areas of low socio-economic status. A study in Saskatoon<sup>2</sup> showed that the rate of infant mortality in low-income areas was 448 per cent higher than in the rest of the City. In Montreal<sup>3</sup>, a positive association was found between low neighbourhood income and the distribution of fast food outlets and a negative association with sources of fresh fruit and vegetables. In Peel Region in Ontario, information on commuting patterns is used in work on the impact of the built environment on health.

All of these studies required information from the Long Form Census. There are also other, rather obvious, needs for this detailed information – for example, targeting public health programs towards groups with particular needs, such as immigrants and specific ethno-cultural groups, and providing services and resources to those who speak neither official language. In fact, many of these groups approach their local health department looking for information about their health.

The census that has been conducted every 5 years by Statistics Canada for more than a century now is Canada’s most important and accurate source of information about who we are and how we live. The long-form survey part of the census requires that one in five Canadians, at least once or twice in their lives, provide detailed information about themselves that is, in fact, more intrusive than that which we are accustomed to provide.

The issue here is not this occasional intrusiveness, it is whether this occasional intrusiveness is justified. Our view is that, given the vital importance of the answers provided by Canadians, this intrusiveness is both reasonable and justified. We are gratified that, according to recent polls, the vast majority of Canadians also think that answering these questions is reasonable, and a civic duty, just like jury duty, or paying taxes.

We believe it is important for Canadians to know, not only the purposes to which data from the Long Form Census are applied, but also that these data are used only in an anonymous, aggregated format, and not in a personally identifiable

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<sup>1</sup> Reducing Gaps in Health: A Focus on Socio-Economic Status in Urban Canada.  
[http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=PG\\_1690\\_E&cw\\_topic=1690&cw\\_rel=AR\\_2509\\_E](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=PG_1690_E&cw_topic=1690&cw_rel=AR_2509_E)

<sup>2</sup> Health Disparity in Saskatoon. Analysis to Intervention  
[http://www.saskatoonhealthregion.ca/your\\_health/documents/PHO/HealthDisparityExecSummary.pdf](http://www.saskatoonhealthregion.ca/your_health/documents/PHO/HealthDisparityExecSummary.pdf)

<sup>3</sup> Geographic Analysis of the accessibility of fast-food restaurants and convenience stores around public schools in Quebec  
[http://www.inspq.qc.ca/pdf/publications/1092\\_AccessFastFoodAroundPublicSchools.pdf](http://www.inspq.qc.ca/pdf/publications/1092_AccessFastFoodAroundPublicSchools.pdf)

form. It is apparent from the current debate about the Long Form Census that some Canadians believe they are supplying information about themselves to the Government. In fact, no one outside of Statistics Canada, not even the Cabinet, can access information about an individual, and employees of Statistics Canada cannot divulge this information to anyone without the respondent's consent. Section 17 of the *Statistics Act* lays this out clearly.

### **Problems of voluntary surveys**

As for trying to elicit this detailed information from a voluntary rather than mandatory census form, we know from our own experience with voluntary research surveys, and we know from the experience of other countries, that certain categories of people will not respond proportionately to a voluntary census survey. In particular, we know that those least willing to provide information voluntarily will be those who tend to belong to socially and economically disadvantaged groups. We can debate why this is so, but the reality is this: if we go to a voluntary census, the groups whose health and living conditions are most in jeopardy will be underrepresented in the data.

As has been argued forcefully by Canada's Chief Public Health Officer in his first annual report to Canadians<sup>4</sup>, these disadvantaged individuals and families are the exact people whom we most need to understand to improve the overall health of Canadians. We agree with him that these are the Canadians who must be uppermost in our minds in setting our priorities for improving public health in Canada. Yet these are the Canadians who will be most adversely affected if our census data no longer fully reflects their situations and their needs.

Although practitioners and researchers in public health do frequently use data garnered through voluntary surveys, the representativeness of the response is usually checked against the Census. The absence of data from the Census is thus not just a deficiency within itself, but affects other data-gathering activities. Furthermore, the change in methodology would affect comparability over time: we would not be able to compare any values across the discontinuity between 2006 and 2011.

There have been some who, in the current debate, have suggested that we no longer need the mandatory long-form census because we have so many other data sources from the private sector, and from government, that data that can be put together to provide detailed and accurate information similar to the current census. This is based on experience in Scandinavia, the UK and other European countries. These countries all have extensive administrative databases which contain the information which Canada collects in the Census. The information in

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<sup>4</sup> The Chief Public Health Officer's Report on The State of Public Health in Canada 2008 Addressing Health Inequalities  
<http://www.phac-aspc.gc.ca/publicat/2008/cphorsphc-respcacsp/pdf/CPHO-Report-e.pdf>

them is collected automatically through the provision of a broad range of public services and then linked using a unique identifier. The motivation, at least in the UK, has not been to avoid intrusive questions, but to save money.

Not only is this approach obviously more, not less, intrusive than the Canadian Census, but it is something that we know cannot be accomplished within the Canadian federation. Our experience does not suggest that the combining of databases across jurisdictions is something that can be done easily, or quickly, if at all.

Accordingly, on the question of whether data sharing and aggregation of information extracted from Canadians by the myriad of actors in provinces and territories and in private corporations across Canada can replace the detailed information we get from the census, our answer is the same as that of the Canada's now-resigned Chief Statistician to whether a voluntary survey can replace the mandatory survey: **it cannot.**

## **The options**

Along with the many other groups, from the voluntary, health, business, education and other sectors who have spoken out on this topic, our preferred option is the continuation of the Long Form Census, to be completed by a random sample of respondents, as part of the existing process of the Census. Recognizing, however, that this might be an opportunity to look again at some aspects of this issue, we would support a review of the survey form to address the overall length of the survey. This would require consultation with some users of the data, but this would have to be conducted quickly in order to allow the process to proceed on schedule in 2011. Alternatively, to allow time for the issues to be debated publicly and openly, the Census might be held off until 2012. A review of the penalties for non-compliance might also be reasonable.

As noted above, neither a voluntary system, nor attempting to emulate the replacement of the Census by a system of linked databases is recommended.

Lastly, Canadians should be made more aware of the uses of Census data, and the protections which are in place for their personal information.

In summary, the information gathered and made available through the Long Form Census is essential to understanding the health of our communities and to designing and targeting programs and policies to protect and promote health. We urge the Committee to help bring about a solution, based upon a continuation of the Long Form Census, which will continue to meet the needs of all Canadians.

Contact information:

David L. Mowat, MBChB, MPH, FRCPC  
44 Peel Centre Drive, Suite 102  
Brampton, ON L6T 4B5

Business telephone: [905] 791-7800 ext. 2566

Cell phone: [416] 371-3682

Email: [david.mowat@peelregion.ca](mailto:david.mowat@peelregion.ca)