

The mission of OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

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## **Honorary Patron**

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## **Constituent Societies**

ANDSOOHA – Public Health Nursing Management in Ontario

Association of Ontario Health Centres

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Canadian Institute of Public Health Inspectors (Ontario Branch)

Community Health Nurses' Initiatives Group (RNAO)

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Public Health Libraries Association

Ontario Society of Nutrition Professionals in Public Health

Public Health Research, Education and Development (PHRED) Program

Charitable Registration Number 11924 8771 RR0001 The Right Honourable Stephen Harper, Prime Minister Office of the Prime Minister 80 Wellington Street Ottawa, Ontario K1A 0A2

Honourable Tony Clement Minister of Industry C.D. Howe Bldg. 235 Queen Street Ottawa, ON K1A 0H5

Dear Prime Minister Harper and Minister Clement:

The Ontario Public Health Association (OPHA) would like to express its grave concern about the government's decision to eliminate the mandatory long form of the 2011 Census and replace it with a voluntary household survey.

The Ontario Public Health Association (OPHA) is a not-for-profit organization with a unique interdisciplinary and multifaceted structure that provides a unified and independent approach to safeguarding and improving the health of all Ontarians. For over 60 years, OPHA has provided leadership on important issues and has served as a catalyst for strengthening public health by supporting key functions such as health protection and promotion, disease and injury prevention, monitoring health status and decreasing disparities. Through strategic collaborations and partnerships, OPHA is increasingly positioning itself as the voice of public health in Ontario. OPHA would like to reinforce the position taken by the Association of Public Health Epidemiologists in Ontario (APHEO), a constituent society of the Ontario Public Health Association, that the long form of Census Canada should be retained for 2011.

Public health units use these census data routinely for population health assessment, program and service planning, program evaluation and the identification of priority populations for intervention. Local boards of health are mandated through the Ontario Public Health Standards and the Public Health Assessment and Surveillance (PHAS) Protocol to carry out this function.

Without the long form census data, our public health units will not be able to fulfill this requirement. The census data gathered through the completion of the long form are the "gold standard" for information on the Canadian population. The census is the sole source of information available to public health units on the variety of topics required by their mandate. Census data are considered to be the most accurate reflection of the diverse Canadian population. Voluntary national surveys such as the Canadian Community Health Survey provide limited information on a sample of randomly selected



Canadians but have methodological issues including known biases and decreasing participation rates (80.7% in 2003, 78.9% in 2005 and 77.6% in 2007).

OPHA is most concerned that because of the voluntary nature of the replacement survey, the most vulnerable populations served by public health will not be adequately represented, making it difficult for public health to plan for and monitor the outcomes of the services that are required to improve health. Research clearly shows that certain sub-groups are systematically less likely to participate in voluntary surveys.

The removal of the mandatory long form and institution of a voluntary survey would have many additional implications for public health and others. These include:

- An inability to compare data over time and assess whether programs and services have had an impact on the population's health
- A lack of data to conduct research on the health of Canadians
- The lack of population-level data on the Canadian population available for international comparisons
- Potential lack of adequate sample size sufficient to conduct mapping and spatial analysis of data at a small geographic level

It is our understanding that the long form was removed based on two concerns: privacy and intrusiveness. Since the first national census in 1871, Statistics Canada has protected the privacy of survey and census respondents without breach thus the privacy argument is unsubstantiated. The intrusiveness argument must be considered against the need to gather representative data on our population to determine needs and improve the health of Canadians.

It is our recommendation that the decision to replace the census long form with a voluntary household survey be reversed. Without the information collected through the mandatory long form of the census it would not be possible to understand the needs of the Ontario population, especially among the most vulnerable subpopulations which will be systematically under-estimated using a voluntary household survey. We appreciate your attention to this matter and will await a response.

Regards,

Liz Haugh President

CC:

Dr. Vivek Goel, OAHPP

Dr. Arlene King, CMOH

Honourable Margaret Best, Minister of Health Promotion

Honourable Deb Matthews, Minister of Health and Long-Term Care

Michael Ignatieff, Member of Parliament for Etobicoke-Lakeshore, Leader of the Liberal Party of Canada

Jack Layton, Member of Parliament, Toronto-Danforth, Leader of NDP Canada