



2011 NHS DATA ORDER PLAN

CCSD Community Data Program
December 2013

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CCSD CDP POSITION ON THE VOLUNTARY NHS

“The Canadian Council on Social Development’s (CCSD) approach to social development begins with evidence. Accurate data is critical to this approach.

Despite significant limitations resulting from a voluntary survey replacing the previously mandatory survey, Canada’s 2011 National Household Survey (NHS) produced by Statistics Canada is a necessary tool.

The CCSD’s Community Data Program works with over 400 organisations in over 20 cities & communities across the country to help bring empirical evidence into the day-to-day work of municipal governments and community-based organisations, supporting informed decisions and investments. Outside the Census, the 2011 NHS is the single, largest survey of Canadians. It offers unparalleled depth and breadth of information (demographic, socio-economic and cultural conditions at the scale of municipalities and neighbourhoods) critical to the design and delivery of public services.

The CCSD Community Data Program’s experience and expertise position the team to understand the NHS’ limitations, provide advice on using other data products to validate the findings, offer additional insights, and advise on new tools and technologies.

The CCSD supports accurate, high quality data now and for the future.”

INPUT TO THE OFFICIAL POSITION

- Statistics Canada (e.g. reference guides and November 21, 2013 webinar)
- CDP members who are using the data and/or generating guides
- External partners (e.g. Environics Analytics)

- Formal position to be released ASAP

- Next step will to provide more detailed guidance on use of NHS

SOME DATA ORDER CONSIDERATIONS

1. Complexity of the NHS: the NHS can generate an infinite number of tables, each of which can involve multiple cross-tabulated variables
2. Data limitations at smaller geographies: zero values, suppression rules and risk of non-response bias for high global non-response rates (GNRs)
3. Non-comparability with earlier censuses: NHS relied on a different methodology from the 2006 long form Census
4. File size limits: Beyond 20/20 begins to show limitations when dealing with files that exceed 1/2 billion cells
5. Budget limitations: we could easily spend 100% of our budget on the NHS

DATA ACQUISITION PLAN GUIDING PRINCIPLES

1. Acquire data for all of Canada
2. Acquire smallest geographies possible, including custom geographies
3. Aim to replicate *custom* orders from 2006 including:
 - Urban Poverty Project
 - 7 Target Group Profiles
 - Topic-Based Tabulations ordered at custom geographies
4. Prioritize the order, recognizing that we are diversifying beyond the NHS:
 - Focus on high priority tables
 - Limit the number of tables for which custom geographies are applied
 - Account for data quality limitations

NINE CRITERIA FOR RATING EACH TABLE

1. # Downloads between October 2010 and October 2013
2. Specialized order from 2006?
3. Special requests since 2011?
 - a. Consortium requests submitted by email
 - b. Partnership priorities, e.g. FCM QoLRS data requirements
4. Includes thematic priorities (based on 2011 survey of CDP users)?
 - a. Income (including low income thresholds)
 - b. Age (including children, youth and seniors)
 - c. Housing
 - d. Immigration
 - e. Family type

ILLUSTRATING THE RATING SYSTEM: DOWNLOADS

Since Oct-2010, CDP users have downloaded 1,200 products 7,500 times:

Of the tables downloaded **20 times or more**

- 95% of all downloads
- 25% of all products
- 29% of estimated cost

Of the tables downloaded **9 or fewer times**

- 2% of all downloads
- 32% of all products
- 32% of estimated cost

Note: Analysis excludes not-yet-acquired tables and tables accessed prior to October 2010

BUDGET CONSIDERATIONS

- Master list includes ~320 tables
- Rule of thumb: each table is estimated to cost between \$1,000 and \$2,000, depending on complexity of cross-tabulations and geographies
- Entire list of tables would cost between \$300,000 and \$600,000
- Total CDP budget dedicated to the Census/NHS is ~\$150,000, including cost of creating custom geographies (estimated at \$40,000)
- Assumes custom geographies are NOT applied to 100% of tables
- Current expectation is to acquire ~100 tables from Census/NHS

KEY TERMS IN THE CDP DATA ACQUISITION PLAN

Order groups (B)

- 8 order groups, including:
- 2006 standard TBTs ordered at custom geographies
- Urban Poverty Projects
- Consortia custom requests

Table types (C)

- Community Profiles
- Target Group Profiles
- Topic-Based Tabulations
- Urban Poverty Project

NHS Topics (D)

- Aboriginal Peoples
- Immigration & Diversity
- Education and Labour
- Mobility and Migration
- Income and Housing

2006 Census Topics (D)

- Education
- Ethnic origin/visible minorities
- Families and households
- Housing and shelter costs
- Many more ...

Constraints (Y-AM)

- B20/20 cell constraints
- Cost of tables and program budget
- Data quality and GNR

Rating (AP-AX)

- User downloads
- Special 2006 orders
- Special requests
- Thematic priorities

ACQUISITION PLAN OVERVIEW — 113 TABLES

Profiles 3 tables	Target Group Profiles 14 tables	Urban Poverty Project 28 tables
Order group 1 Census place of residence (custom geos only) NHS place of residence and place of work	Order group 3 7 from 2006 7 new: LIM-AT, LICO-AT, MBM, pop aged 0-17, pop living alone, immigrants, pop subs'd housing	Order group 4 Downloads ranging from 37 to 273 Highly rated (5-7 out of 9)
2011 Topic-Based Tabulations 31 tables	Recreating 2006 Topic-Based Tabulations 29 tables	Other Consortia Requests 8 tables
Order group 2 13 2011 TBTs with high ratings, or requested by consortia/QoLRS Order group 9 Census TBTs already ordered (18)	Order group 5 26 tables based on 2006 TBTs that were ordered at custom geos Order group 8 3 tables based on 2006 TBTs that weren't ordered at custom geos	Order group 7 Fully-custom requests from members Not already accounted for in other tables

CDP NHS ACQUISITION SCHEDULE

1. Formal feedback from STC to clarify data quality issues and pricing: ongoing
2. Custom geography files: complete, subject to approval by Leads
3. Target first draft full CDP NHS order: mid-December 2013
4. Approval from Leads for Custom geographies: January 31, 2014
5. Final deadline for amendments by Leads to the NHS order: January 31, 2014
5. Preparation of contracts with STC completed by March 31, 2014
7. Minimum 12-14 week (3-4 month) turnaround per contract
- 8. Target for all priority NHS Tables to be delivered to CDP: August 2014**

RECOMMENDED PROGRAM APPROACH TO ADDRESS LIMITATIONS OF THE 2011 NHS

1. **Make more selective use of the NHS**, balancing the need for small area data with the limitations of the NHS and competing priorities for other data products
2. **Invest more heavily in other products, especially taxfiler data**: annual purchase of all standard tables, customized cross-tabs (e.g. income inequality; working poverty); customized geographies
3. **Enhance communitydata.ca as a data retrieval and training tool**
4. **Explore the use of modelled data with Environics Analytics**
5. **Publish a National Report in 2015/2016 using CDP data**
 - addressing the most common topics identified by program members.
 - Build on partnerships: FCM QOLRS; Financial Vulnerability Index ; Global News

NOTE: These changes will NOT rely on a fee increase.