

Inventory of National Rural Health Research Related Databases

A component of the “Canada’s Rural Communities:
Understanding Rural Health and its Determinants” study.

This project is a collaborative endeavour involving Health Canada, Centre for Rural and Northern Health Research (CRaNHR), the Canadian Institute for Health Information (CIHI), the Institute for Clinical Evaluative Sciences (ICES), Statistics Canada, Dalhousie University and the University of British Columbia.

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– Canadian Institute for Health Information

The compilation of this inventory is intended to be an ongoing project that will be continuously updated as new data, as well as new data sources, become available. The current and future editions of this resource will serve to promote the development of common standards for data collection and reporting in Canada. If you notice any outdated information, incorrect information or if you are aware of information that would help to improve this inventory, please contact:

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Introduction

This edition of the *Inventory of National Rural Health Research Related Databases* fits into a broader picture of rural health research. The goal of this inventory is to build capacity within the field of rural health research. Secondary data sources provide the raw material from which health indicators can be created and analysis can be done, and are being used more frequently than ever in health research. The availability of such databases makes them ideal for analyzing health status and health determinants of Canadians at a population level. Numerous secondary databases are available for use, but few researchers know how to locate the ideal data sources for their needs, especially for rural health research. This inventory provides researchers, students and other interested people a tool to support the greater, and more coordinated, use of existing data sources for rural health research.

An initial inventory of data sources used for the development of possible indicators of rural health was developed in a 1999 study entitled *Assessing Rural Health: Toward Developing Health Indicators for Rural Canada* (Pitblado, Pong, Sahai et al.). The online version of this report is available at <http://www.cranhr.ca/onlrpts.html>.

Building upon this previous study, the *Inventory of National Rural Health Research Related Databases* takes a further step toward assembling capacity for rural research and identifying gaps in rural health data. It represents a comprehensive review of available and relevant national data sources, identifying an extensive list of data sources in a common framework. It assesses whether the data from these different data sources are collected, analyzable, and/or released at appropriate geographical levels for rural health research.

Defining Rural

Critical to the objective of this inventory is the issue of how the choice of a “rural” definition matters. Different definitions of rural will generate different populations of “rural” people. This inventory uses measures of rurality that go beyond the simple rural/urban dichotomy to characterize varying levels or “ruralness”. These functional definitions were taken from a Statistics Canada paper from the Agricultural and Rural Working Paper Series, *Definitions of “Rural”* (du Plessis, Beshiri, Bollman and Clemenson, 2002) that outlined six alternative ways of defining “rural” in Canada. A summary table can be found in Appendix A. Du Plessis et al. strongly suggest that:

“... the appropriate definition should be determined by the question being addressed; however, if we were to recommend one definition as a starting-point or benchmark for understanding Canada’s rural population, it would be the **‘rural and small town’** definition. This is the population living in towns and municipalities outside the commuting zone of larger urban centres (i.e. outside the commuting zone of centres with population of 10,000 or more)”.

This document can be found at the following web address:

<http://www.statcan.ca/english/research/21-601-MIE/21-601-MIE2002061.htm>

Methodology

In order to examine the extent to which data are available for rural health research, a list of existing data sources was compiled. A range of data sources maintained by Statistics Canada and the Canadian Institute for Health Information were systematically searched with the objective of identifying the types and nature of health and related data available to rural researchers. Knowledgeable individuals from different research centres, health planning agencies, and ministries of health were canvassed for other national data sources. Data sources screened during the review process were included within this inventory if they provide:

- Readily available national data.
- Data that can be disaggregated into rural and non-rural geographies.
- Data that are relevant to a variety of rural health issues.
- Potentially useful data to build population health model.

Those databases pertaining to health status, health determinants and health services utilization were examined in terms of:

- The availability of key variables allowing directly or indirectly the classification of records by one or more definitions of rural.
- Their relevance to the rural context.

Appendix B lists a number of important databases that were included in the review process but contained data that is not conducive to being classified by any of the definitions of rural presented by du Plessis et al..

The Inventory Layout

The data sheets of this inventory attempt to assess whether the data from these various national sources are collected, analyzable, and/or released at appropriate geographical levels for rural research. Essentially, it entails the determination of whether the data can be partitioned into rural and urban, or finer geographical categories and examines the application of the concepts of rural to existing national databases. This inventory presents characteristics of each data source selected through a common framework that identifies such information as:

- thematic coverage
- originating agency
- availability
- date
- geographical coverage
- lowest level of geography for data collection and data release
- rural/urban keys
- data elements
- potential problems in using data

Given our understanding of rural, an effort has been made to highlight the standard geography that report geography that standard report uses, as well as the lowest theoretical geographic level of release of the different data.

Specific contact information for each database, where available, has been provided as part of the section entitled “Notes” for each datasheet. General information about each database has been abstracted from the information provided by websites and contact persons within the following organizations.

Canadian Institute for Health Information (CIHI)

The Canadian Institute for Health Information is an independent, pan-Canadian, not-for-profit organization working to improve the health of Canadians and the health care system by providing quality, reliable and timely health information. It is primarily funded through bilateral funding agreements with federal and provincial/territorial ministries of health and individual health care institutions. CIHI's mandate was established jointly by federal and provincial/territorial ministers of health:

- to coordinate the development and maintenance of a comprehensive and integrated approach to health information for Canada; and
- to provide and coordinate the provision of accurate and timely data and information required for:
 - establishing sound health policy;
 - effectively managing the Canadian health system; and
 - generating public awareness about factors affecting good health

Home Website: www.cihi.ca

CIHI's privacy principles and policies:

http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=privacy_e

Data Liberation Initiative (DLI)

The Data Liberation Initiative (DLI) provides Canadian academic institutions with affordable access to Statistics Canada data files and databases for teaching and research. The DLI responds to the call from social-science researchers for government, particularly Statistics Canada, to make public-use microdata files and databases more affordable. The key objective of the DLI is to make Statistics Canada's standard data products more accessible to the university research community. Under the DLI, participating Canadian universities receive unlimited access to public-use microdata files and databases in exchange for an annual subscription fee. One of the original proponents of the initiative noted that the DLI is aimed at increasing the flow of information from government to the public and in particular, the research and education community, and indirectly to all types of organizations in Canada"

Home Website: <http://www.statcan.ca/english/Dli/contents.htm>

Environment Canada

Environment Canada's mandate is to preserve and enhance the quality of the natural environment, including water, air and soil quality; conserve Canada's renewable resources, including migratory birds and other non-domestic flora and fauna; conserve and protect Canada's water resources; carry out meteorology; enforce the rules made by the Canada - United States International Joint Commission relating to boundary waters; and coordinate environmental policies and programs for the federal government.

Home Website: <http://www.ec.gc.ca/>

Database Website: http://www.ec.gc.ca/data_e.html

Statistics Canada

Statistics Canada produces statistics that help Canadians better understand their country – its population, resources, economy, society and culture. In Canada, providing statistics is a federal responsibility. As Canada's central statistical agency, Statistics Canada is legislated to serve this function for the whole of Canada and each of the provinces. In addition to conducting a Census every five years, there are about 350 active surveys on virtually all aspects of Canadian life.

Home Website: www.statcan.ca

Protecting Confidentiality and Privacy at Statistics Canada:
<http://www.statcan.ca/english/about/protect.htm>

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Database name:	Aboriginal Peoples Survey
Thematic Coverage:	This post-censal survey collects data on Aboriginal Peoples who identify with their Aboriginal origins or are Registered Indians.
Maintained by:	Housing, Family and Social Statistics, Statistics Canada
Availability:	A public release version of the national level data files is available through the Data Liberation Initiative (DLI), though the 2001 APS Public Use Microdata File (PUMF) is scheduled for release in December 2005. Aggregated community level data will be available on the internet. The 2001 APS includes two microdata files, one for adults and one for children. Custom tabulations are also available on a cost recovery basis.
Start Date:	1991
Release Date:	Approximately 24 months after data collection period
Frequency of collection:	Every ten years (most recent 2001)
Data Collection:	Data for this survey were collected through personal interviews with selected person. All statistics obtained from the Aboriginal Peoples Survey database are estimates based on a probability survey carried out with a sample of Canada's Aboriginal population from those who participated in the census.
Sample size:	Overall population = 117,266 On-reserve population = 31,484 Off-reserve population = 85,782
Geographic coverage:	All provinces and territories, conducted both on- and off-reserves. Excludes Aboriginal peoples living in collective dwellings, institutions, military camps and overseas.
Lowest geographic level collected:	Enumeration Area
Lowest geographic level of release:	Community-level; includes 120 First Nations communities, Inuit and Métis communities, selected large CMAs and other communities that had large concentrations of Aboriginal people.
Existing rural variable:	Yes

2 level rural/urban flag

"This field permits the identification of "urban" areas, or indicates that the Enumeration Area (EA) is in a rural area. Urban areas are those continuously built-up areas having a population concentration of 1,000 or more and a population density of 400 or more per square kilometers based on the previous census. To be considered as continuous, the built up area must not

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have a discontinuity exceeding two kilometers. In Ontario, Manitoba and Alberta this variable is set to “valid skip” due to the fact that the grouped health area variable is available for these provinces. In Quebec and British Columbia, records falling within the CMA boundary of Montreal or Vancouver will also have this variable set to “valid skip” since the grouped CMA variable is available. This definition of urban/rural may not correspond to the areas which Canada Post identifies as urban or rural postal codes.”

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaft’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

The APS is comprised of four main questionnaires.

Adult Questionnaire (Core questionnaire)

- Education
- Language
- Labour Activity
- Income
- Health – including self-rated health status, contact with health professionals, access to Aboriginal healing practices, activity limitations, chronic conditions, HIV / AIDS
- Communication Technology
- Mobility
- Housing

Children and Youth Questionnaire

- Demographics
- General Health – including general health status, height and weight, level of physical activity, birth weight, breast fed
- Health Care Utilization
- Activities of Daily Living and Medical Conditions
- Physical injuries
- Dental care
- Nutrition
- Education
- Social Activities & Relationships
- Language
- Child Care Arrangements
- Household data

Arctic Supplement – in addition to the questions from the Core questionnaire

- Household and Harvesting Activities
- Personal Wellness
- Community Wellness and Social Participation

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Métis Supplement – in addition to the questions from the Core questionnaire

- Family Background
- Household Information
- Cultural Background
- Health

A number of topics that were included in the 1991 survey are covered again in 2001, although two sections are shorter, i.e. language and disability. There is a new section on technology.

Notes:

Individuals could be selected for the APS if on the census they indicated that they:

- Considered themselves to be an Aboriginal person (North American Indian, Métis, and/or Inuit) and/or
- Had Aboriginal ancestors, and/or
- Were a registered or treaty Indian, and/or
- Had Band membership

According to the 1991 Census data, 78 Indian reserves and settlements were incompletely enumerated and 181 Indian reserves and settlements were incompletely enumerated in the APS even though they had participated in the census.

There is an Inuit Supplement and Métis Supplement for the 2001 APS survey.

Release schedule for the 2001 APS:

Report on Children and Youth	Dec. 2003
Report on Health and Housing	Apr. 2004
Text-based Community Profiles	Sept. 2004
Report on Labour and Education	Dec. 2004
Report on Language and Mobility	Apr. 2005
Profile of Inuit, Profile of the Métis	Sept. 2005
Public Use Microdata File	Dec. 2005

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Database name: **Absence from Work Survey**

Thematic Coverage: This supplement to the Labour Force Survey collects information about the prolonged absences from work by paid employees during the previous calendar year and determines the number of absences, the duration and the type of compensation received.

Maintained by: Special Surveys Division, Statistics Canada

Availability: A public version of the file is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations are available on a cost recovery basis.

Start Date: 1976
Release Date: N/A – Discontinued in 1998
Frequency of collection: Annual

Data Collection: Sample of the working-aged population 15 years and older, based on the area sample of the Labour Force Survey. Data collected through telephone or personal interviews.

Sample size: 27,614 households

Geographic coverage: All provinces, excluding residents of the Territories, inmates of institutions, full-time members of the Armed Forces and residents of Indian Reserves.

Lowest geographic level collected: Postal Code; the LFS uses a probability sample based on a stratified multi-stage design. The ultimate sampling unit of selection is the dwelling.

Lowest geographic level of release: Estimates produced at national/provincial level. Economic region (aggregated Census Divisions) and Census Metropolitan Area estimates are also available.

Existing rural variable: Census Metropolitan Area (CMA) / Census Agglomeration (CA) and Non-CMA/CA are coded. Prince Edward Island has no CMA and the CMAs of Montreal and Toronto were each separate strata.

Census Metropolitan Area (CMA) / Census Agglomeration (CA) and Non-CMA/CA can be used as an urban / rural variable. CMA/CA and Non-CMA/CA can be used to construct a 5-level rural/urban variable. Urban core, urban fringe and rural fringe distinguish between central and peripheral urban and rural areas within a census metropolitan area (CMA) or census

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agglomeration (CA). **Urban core** is a large urban area around which a CMA or a CA is delineated. The urban core must have a population (based on the previous census) of at least 100,000 persons in the case of a CMA, or between 10,000 and 99,999 persons in the case of a CA. The urban core of a CA that has been merged with an adjacent CMA or larger CA is called the **secondary urban core**. **Urban fringe** is the urban area within a CMA or CA that is not contiguous to the urban core. It has a minimum population of 1,000 and a population density of at least 400 per square kilometre, based on the previous census counts. **Rural fringe** is all territory within a CMA or CA not classified as an urban core or an urban fringe. The other levels of geography in this classification are **urban area (small towns) that lie outside of CMA** and **rural area lying outside of CMA**.

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census "rural areas" (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD "rural communities" definition (Census Consolidated Subdivision)
- ✓ OECD "predominantly rural regions" definition (Census Division)
- ✓ Ehrensaft's "Beale codes" (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

The types of absences of interest for this survey are those due to (with durations of two weeks or longer):

- Illness
- Accident
- Pregnancy

For these types of absences, questions are asked to identify:

- Which types of financial compensations have been received, if there were any
- Duration of the compensations.

Notes:

The LFS uses a rotating panel sample design so that selected dwellings remain in the LFS sample for six consecutive months. One feature is that each of the six rotation groups can be used as a representative sample by itself.

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Database name:	Annual Demographic Statistics (Postcensal and Intercensal Estimates)
Thematic Coverage:	These statistics estimates what the population of Canada would be on July 1 st of each year. Postcensal estimates are made for each year following the census. After the next census is conducted, postcensal estimates for the years between the two censuses are revised as intercensal estimates. Population projections are also made.
Maintained by:	Census Operations Division, Statistics Canada
Availability:	A public release version of the census is available through the Data Liberation Initiative (DLI). Some variables are suppressed (e.g. low income cut-off) and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations are available from the census master file and charged on a cost recovery basis.
Start Date:	pre-1950
Release Date:	Data for July 1 st released on October 30 for a given year.
Frequency of collection:	Annual
Data Collection:	<p>Postcensal estimates are obtained by adding the number of births, subtracting the number of deaths and by adding or subtracting the net impact of international and internal migration on the most recent census population adjusted for census coverage error.</p> <p>The production of intercensal estimates involves the retrospective adjustment of past figures with the availability of new census data. The inclusion of non-permanent residents dictates that the net change in the size of this subpopulation in Canada be added or subtracted from the base census period.</p>
Sample size:	An adjustment of the most recent census population
Geographic coverage:	All provinces and territories
Lowest geographic level collected:	Census Subdivision
Lowest geographic level available:	Postcensal and intercensal estimates available at the Census Subdivision (Total population and age/sex breakdowns only)
Existing rural variable:	No

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Rural definitions that can be constructed from this database include (building block):

- ✓ Rural and Small Town definition (Census Subdivision)
 - ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
 - ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
 - ✓ OECD “predominantly rural regions” definition (Census Division)
 - ✓ Ehrensaft’s “Beale codes” (Census Division)
-

Data elements:

- Postcensal and Intercensal population estimates
- Population size.
- Age/sex composition
- Demographic, social and economic indicators (fertility rates, mortality rates, nuptiality rates, divorce rates, unemployment rates, school enrolment rates, etc.) in which the population, or a part thereof, serves as the denominator.

Notes:

These data are used in calculation of weights for use in Statistic Canada’s surveys (Labour Force Survey, Household Facilities and Equipment Survey, General Social Survey, Survey of Labour and Income Dynamics, etc.) They are also used in the determination of the annual level of immigration by the Government of Canada. Estimated population counts play a vital role under the “Federal-Provincial Fiscal Arrangements and Federal Post-Secondary Education and Health Contributions Act” and the “Canada Student Loans Act” in determining the amounts of federal-provincial/territorial transfers.

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Database name: **Canada Health Survey**

Thematic Coverage: This survey collected information on the lifestyle and health of Canadians, complementing existing administrative databases.

Maintained by: Health Statistics Division

Availability: A public release version of the data files is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations are also available on a cost recovery basis.

Start Date: 1978
Release Date: N/A – Discontinued
Frequency of collection: One time

Data Collection: Sample survey of all persons 15 years of age or older living in Canada excluding residents of the Territories and full-time residents of institutions. Data was obtained from 100% telephone interview.

Sample size: 31,668 households

Geographic coverage: All provinces, excluding all territories and full time residents of institutions

Lowest geographic level collected: Postal Code
Lowest geographic level of release: Province
Existing rural variable: No

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Rural and Small Town definition (Census Sub-Division)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Sub-Division)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaft’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

- Heart diseases, by factors causing heart problems, Blood pressure and cholesterol, control methods used
- Exercises for sustenance of good health, by type
- Smoking habits, social acceptance, restrictions and public opinions

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- Risk of sexually transmitted disease
- Alcohol consumption, quantity, frequency and reasons for
- Drugs and medicines, use and abuse, by type
- Dental health
- Health concerns for government

Notes:

An extensive report was written on the findings of this survey; see Statistics Canada's *The Health of Canadians: Report of the Canada Health Survey* (STC 82-538).

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Database name: **Canada's Alcohol and Other Drugs Survey**

Thematic Coverage: This survey collected information on the lifestyle and health of Canadians, complementing existing administrative databases. Information will be used to update and expand data related to the alcohol and other drug experiences of Canadians with regard to use patterns, perception, risk related behaviours, problems and consequences, treatment, policies and programs.

Maintained by: Special Surveys Division, Statistics Canada

Availability: A public release version of the data files is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations are also available on a cost recovery basis.

Start Date: 1994
Release Date: N/A – Discontinued
Frequency of collection: One time

Data Collection: Sample survey of all persons 15 years of age or older living in Canada excluding residents of the Territories and full-time residents of institutions. Data was obtained from 100% telephone interview.

Sample size: 16,082 households. Because the main purpose of this survey is to produce reliable estimates in all 10 provinces, an equal number of respondents in each province was targeted.

Geographic coverage: All provinces, excluding all territories, full-time residents of institutions.

Lowest geographic level collected: Postal Code
Lowest geographic level of release: Province
Existing rural variable: Census Metropolitan Area (CMA) / Census Agglomeration (CA) and Non-CMA/CA are coded. Prince Edward Island has no CMA and the CMAs of Montreal and Toronto were each separate strata.

Census Metropolitan Area (CMA) / Census Agglomeration (CA) and Non-CMA/CA can be used as an urban / rural variable. CMA/CA and Non-CMA/CA can be used to construct a 5-level rural/urban variable. Urban core, urban fringe and rural fringe distinguish between central and peripheral urban and rural areas within a census metropolitan area (CMA) or census agglomeration (CA). **Urban core** is a large urban area around which a CMA or a CA is

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delineated. The urban core must have a population (based on the previous census) of at least 100,000 persons in the case of a CMA, or between 10,000 and 99,999 persons in the case of a CA. The urban core of a CA that has been merged with an adjacent CMA or larger CA is called the **secondary urban core**. **Urban fringe** is the urban area within a CMA or CA that is not contiguous to the urban core. It has a minimum population of 1,000 and a population density of at least 400 per square kilometre, based on the previous census counts. **Rural fringe** is all territory within a CMA or CA not classified as an urban core or an urban fringe. The other levels of geography in this classification are **urban area (small towns) that lie outside of CMA** and **rural area lying outside of CMA**.

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaft’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

- Demography, Employment activities
- Policy with respect to how respondents felt about laws concerning alcohol and other drugs
- General Health, Stress and ability to handle personal problems
- Respondents’ and other persons’ drinking behaviour and its consequences
- Tobacco Consumption
- Use of Medicines and other drugs (including Marijuana or hashish, Cocaine or crack, LSD, Speed (amphetamines), Heroin, Glue, other solvents, Steroids)

Notes:

This survey is similar to the National Alcohol and Drug Survey (NADS), but incorporated an emphasis on “at risk” populations, as defined by Canada’s Drug Strategy, Phase II. It attempted to fill gaps identified in the NADS questionnaire.

For more information, contact the Special Surveys Division, ssd@statcan.ca

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Database name:	Canadian Cancer Registry (formerly National Cancer Incidence Reporting System)
Thematic Coverage:	This administrative survey collects information continuously from all provincial and territorial Canadian Cancer Registries on cancer incidence. It provides information on the incidence of cancer by population characteristics and geographic region. It includes mechanisms for updating and clearing death records and is linked to provincial databases to help track patients across Canada who have been diagnosed with tumours.
Maintained by:	Health Statistics Division, Statistics Canada
Availability:	All data release is through custom tabulation on a cost recovery basis. It is linked to the Canadian Mortality Database. There is no suppression for tables on age-standardized rates of death due to cancer and ratio of deaths due to cancer. Release of identifiable micro data from the CCR are normally handled under the discretionary release policy of Statistics Canada. Provincial data based on the CCR is also available online at: http://cythera.ic.gc.ca/dsol/cancer/index_e.html

Start Date:	1969 (National Cancer Incidence Reporting System) 1992 (Canadian Cancer Registry)
Release Date:	3-4 years after reference year
Frequency of collection:	Annual

Data Collection:	Census of all individuals with a primary diagnosis of cancer as defined by ICD codes 140-208. Prior to 1992 the system of collection was based on patient record, after 1992 the system changed to tumor record. Sources of data include pathology, radiology and cytology reports, death certificates, autopsy reports, hospital separation records, out-patient records, and cancer treatment centre files
Sample size:	All individuals with cancer (last reference period sample size was 115,000)

Inventory of National Rural Health Research Related Databases

Geographic coverage:	All provinces and territories
Lowest geographic level collected:	Postal codes for patient record Census tract for tumor record
Lowest geographic level of release:	Census Subdivision (cells with <3 observations are suppressed)
Existing rural variable:	No

Rural definitions that can be constructed from this database include (building block):

- ✓ Rural and Small Town definition (Census Subdivision)
 - ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
 - ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
 - ✓ OECD “predominantly rural regions” definition (Census Division)
 - ✓ Ehrensaft’s “Beale codes” (Census Division)
-

Data Elements:

- Persons diagnosed with cancer
- New primary site of cancer
- Demographic, medical, geographic and personal identifiers

Notes:

The National Cancer Incidence Reporting System (NCIRS) (1969-1992) database is frozen.

Data for all reported carcinomas in situ (ICD-9, codes 230 to 234) are not included with malignant neoplasms for the same site.

Comparability of data are affected by both under- and over-registration.

- Sources of **under-registration** include: not using important sources such as death certificates, cytology reports, or other health records; not reporting cancer cases treated in a province other than the province or territory of residence; and not reporting late registrations (or cases diagnosed after a registry has already reported that year's cases to Statistics Canada).
- **Over-registration** can result from several factors including: presence of duplicate records for the same case of cancer; and inconsistent definitions for multiple primary cancers. For example, a patient resident in one province but treated in another could be reported by both. Duplicates may also appear within a provincial or territorial registry if records are not examined regularly for records pertaining to the same person.

An internal record linkage process removes duplicate records.

Further documentation on the CCR can be found in the **Canadian Cancer Registry Procedures Manual**.

Inventory of National Rural Health Research Related Databases

Database name:	Canadian Community Health Survey
Thematic Coverage:	The CCHS collects regular and timely cross-sectional estimates of health determinants, health status and health system utilization for more than 130 health regions across the country. This survey replaces the cross-sectional component of the National Population Health Survey.
Maintained by:	Health Statistics Division, Statistics Canada
Availability:	A public release version of the national level data files is available through the Data Liberation Initiative (DLI). The only available geography for the public release version aggregated community level data at the health region level. If information needs cannot be fully met by the public-use microdata file, it is possible to have access to the detail on the master file through the Remote Access Program, using dummy files to write extraction programs in SAS or SPSS. Custom tabulations are also available on a cost recovery basis.
Start Date:	The first cycle (1.1) occurred in 2000/2001
Release Date:	12 months after completion of the cycle's last interview
Frequency of collection:	The large cycles (x.1) are conducted on a bi-annual cycle and each cycle collection lasts 12 months. On the off years, the smaller cycles (x.2) are conducted on a focus content.
Data Collection:	One person aged 12+ asked to complete this survey for the household. A mixture of face-to-face and telephone interviews was used.
Sample size:	Larger cycle (x.1) = 130,000 for a health region-level survey in the first year of a two-year cycle Smaller cycle (x.2) = 30,000 for provincial-level survey in the second year of a two-year cycle
Sample sizes in any particular month or year may increase due to provincial or health region-level sample buy-ins. All data is weighted up to the Canadian population.	
Geographic coverage:	All Canadian household residents, all ages, excluding natives on reserves, residents of institutions and some remote areas of Ontario and Quebec for the larger CCHS cycles (x.1). For the smaller CCHS cycles (x.2), in addition to the above, residents from the Territories are also excluded.
Lowest geographic level collected:	Postal Code, from which all other geography indicators (e.g. urban/rural flags) are constructed.

Inventory of National Rural Health Research Related Databases

Lowest geographic level of release: Health region. Although, this survey was designed to provide Health region data, results could conceivably be released for smaller geography if respondent confidentiality is ensured. Data is suppressed for unweighted cells with less than 30 observations.

Existing rural variable: Yes; Two rural/urban flags for all individuals are available on the master file only. Description of variable below.

2 level rural/urban flag

"This field permits the identification of "urban" areas, or indicates that the Enumeration Area (EA) is in a rural area. Urban areas are those continuously built-up areas having a population concentration of 1,000 or more and a population density of 400 or more per square kilometers based on the previous census. To be considered as continuous, the built up area must not have a discontinuity exceeding two kilometers. In Ontario, Manitoba and Alberta this variable is set to "valid skip" due to the fact that the grouped health area variable is available for these provinces. In Quebec and British Columbia, records falling within the CMA boundary of Montreal or Vancouver will also have this variable set to "valid skip" since the grouped CMA variable is available. This definition of urban/rural may not correspond to the areas which Canada Post identifies as urban or rural postal codes." *Extracted from the CCHS users manual.*

5 level rural/urban flag

Urban core, urban fringe and rural fringe distinguish between central and peripheral urban and rural areas within a census metropolitan area (CMA) or census agglomeration (CA). **Urban core** is a large urban area around which a CMA or a CA is delineated. The urban core must have a population (based on the previous census) of at least 100,000 persons in the case of a CMA, or between 10,000 and 99,999 persons in the case of a CA. The urban core of a CA that has been merged with an adjacent CMA or larger CA is called the **secondary urban core**. **Urban fringe** includes all small urban areas (with less than 10,000 population) within a CMA or CA that are not contiguous with the urban core of the CMA or CA. **Rural fringe** is all territory within a CMA or CA not classified as an urban core or an urban fringe. The other levels of geography in this classification are **urban area outside of CMA** and **rural area outside of CMA**.

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census "rural areas" (Enumeration Area)
- ✓ Rural and Small Town definition (Census Sub-Division)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Sub-Division)
- ✓ OECD "rural communities" definition (Census Consolidated Subdivision)
- ✓ OECD "predominantly rural regions" definition (Census Division)
- ✓ Ehrensaff's "Beale codes" (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Inventory of National Rural Health Research Related Databases

Data Elements:

- General health information
- Chronic conditions
- Determinants of health
- Access to services
- Health behaviours
- Use of health care services
- Health status

Notes:

Cycle 1.2 - Mental Health and Well-being collects provincial cross-sectional estimates of mental health determinants, mental health status and mental health system utilization. Data collection was conducted in 2002.

The content for Cycle 1.2 is partly based on a selection of mental disorders from the World Mental Health Survey (WMH2000). The other content areas come from existing sources such as the National Population Health Survey (NPHS), the first cycle of the Canadian Community Health Survey (CCHS) and other special studies. No proxy responses were accepted for this cycle. Data elements included

- the health status of the population including physical, mental and social well-being
- the use of mental health care services such as visits to the doctor, admissions to hospitals and the use of medications
- the factors that influence mental health such as work and lifestyle

Cycle 2.2 – Nutrition Survey. Data collection begins in 2004.

A longitudinal file is also available through custom tabulations only.

For more information, contact the Data Access Unit, Population Health Surveys, Health Statistics Division at cchs-esc@statcan.ca.

Inventory of National Rural Health Research Related Databases

Database name: **Canadian MIS Database**
Formerly the *Annual Return of Health Care Facilities–Hospitals* (1932-1994)

Thematic Coverage: This survey collects financial and statistical data relating to Canadian hospitals, based on the account structure contained in the *Guidelines for Management Information Systems in Canadian Health Care Facilities (MIS Guidelines)*.

Maintained by: CIHI; prior to 1995/96, maintained by Statistics Canada

Availability: Data disclosure is determined by CIHI's Privacy and Confidentiality Policy (see www.cihi.ca). If privacy and confidentiality criteria are met, data can be released at the sub-provincial level. Costs are dependent upon the level data required, plus programming and processing fees.

Start Date: 1932 (*Annual Return of Health Care Facilities – Hospitals*)
Data from 1932 – 1995 is available from Statistics Canada
Data from 1995 onwards is available from CIHI

Release Date: Approximately 2 years after reference period for general release.

Frequency of collection: Annual

Data Collection: In all provinces through the ministries of health. Privately owned hospitals are surveyed separately.

Sample size: All Canadian hospitals

Geographic coverage: All provinces and territories

Lowest geographic level collected: Postal code of Facility

Lowest geographic level of release: Facility

Existing rural variable: No

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census “rural areas” (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaft’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Inventory of National Rural Health Research Related Databases

Data elements:

There are hundreds of data elements relating to financial and statistical data of Canadian hospitals.

Notes:

Commencing with fiscal 1995/96, CIHI redeveloped the survey to make data collection more efficient and to improve timeliness.

The MIS Guidelines provide a standardized framework for collecting and reporting financial and statistical data on the day-to-day operations of health service organizations. For more information about the MIS guidelines, see http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=mis_e or contact misguidelines@cihi.ca.

For more information about the Canadian MIS database, contact cmdb@cihi.ca

Inventory of National Rural Health Research Related Databases

Database name:	Canadian Joint Replacement Registry
Thematic Coverage:	This survey collects information on hip and knee joint replacements performed in Canada and follows joint replacement patients over time to monitor their revision rates and outcomes.
Maintained by:	CIHI
Availability:	Data disclosure is determined by CIHI's Privacy and Confidentiality Policy (see www.cihi.ca) and the Canadian Joint Replacement Registry Research and Development Subcommittee. If privacy and confidentiality criteria are met, data can be released at the sub-provincial level. Costs are dependent upon the level data required, plus programming and processing fees.
Start Date:	1994
Release Date:	Approximately 12 months after data collection period (year ending December 31)
Frequency of collection:	Annual
Data Collection:	Data are collected with patient consent at the time they receive joint replacements and are submitted voluntarily by participating facilities and provincial registries where established.
Sample size:	This is a registry database that, with some exceptions, contains all the hip and knee replacement patients who initiated treatment from 1994 across Canada.
Geographic coverage:	All provinces and territories
Lowest geographic level collected:	Postal code. It is collected at the time of patient consent for joint replacement. A record of their most recent postal code is not available.
Lowest geographic level of release:	Forward Sortation Area for regional health councils/planning boards
Existing rural variable:	No

Inventory of National Rural Health Research Related Databases

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census “rural areas” (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaft’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

- Demographics and administration
- The type of replacement
- Surgical approach
- Fixation modes
- Implant types

Notes:

For more information, contact cjrr@cihi.ca

Inventory of National Rural Health Research Related Databases

Database name:	Canadian Organ Replacement Register
Thematic Coverage:	This survey records, analyzes and reports on the level of activity and outcomes of vital organ transplantation and renal dialysis activities in Canada
Maintained by:	CIHI
Availability:	Data disclosure is determined by CIHI's Privacy and Confidentiality Policy (see www.cihi.ca). If privacy and confidentiality criteria are met, data can be released at the sub-provincial level. Costs are dependent upon the level data required, plus programming and processing fees.
Start Date:	1981 – dialysis and kidney transplantation
Release Date:	1990 – extra renal transplantation and organ donation Approximately 14 months after data collection period (year ending December 31)
Frequency of collection:	Annual
Data Collection:	Data come from participating dialysis centres, transplant centres and organ procurement organizations in Canada.
Sample size:	This is a registry database that, with some exceptions, contains all the end-stage renal disease patients and organ transplant patients who initiated treatment from Jan. 1, 1981 across Canada. Patients are followed from their start of treatment to death,
Geographic coverage:	All provinces and territories
Lowest geographic level collected:	Postal code. It is collected at the time of the patient's initial treatment for end-stage organ failure. A record of their most recent postal code is not available. Postal code collection was not made mandatory until 2001.
Lowest geographic level of release:	Forward Sortation Area for regional health councils/planning boards.
Existing rural variable:	No

Inventory of National Rural Health Research Related Databases

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census “rural areas” (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaft’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

Patient-specific treatment and outcome data on end-stage organ failure patients receiving dialysis or transplantation in Canada, including:

- patient demographics
- risk factors
- follow-up, including graft failures
- number, type and outcome of vital organ transplants
- number of living and cadaveric organ donors
- number of patients on the transplant waiting list

Notes:

Some data collected prior to 1997 are very incomplete (e.g., postal codes, risk factors). Although participation in CORR is voluntary, all dialysis and transplant programs participate. Completeness of data varies from centre to centre.

Reports generated by CIHI are typically at the national and province level; health region reports are possible, but may be affected by the incomplete postal code information.

For more information, contact corr@cihi.ca

Inventory of National Rural Health Research Related Databases

Database name: **Canadian Tobacco Use Monitoring Survey**

Thematic Coverage: This survey collects a continuous supply of smoking prevalence data by province-sex-age groups, against which changes in prevalence can be monitored. It tracks changes in smoking status, especially for populations most at risk. It also collects information on tobacco use and related issues.

Maintained by: Special Surveys Division, Statistics Canada

Availability: A public version of the file is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations are available on a cost recovery basis.

Start Date: 1999
Release Date: 6 months after reference period
Frequency of collection: Semi-annual

Data Collection: A computer-assisted telephone interview (CATI) collected information from persons aged 15 years and older. A special two-phase stratified random sample of telephone numbers was used in order to increase the representation in the sample of individuals belonging to the 15-19 and 20-24 age groups.

Sample size: Approximately 11,500 respondents, who when weighted, represent the Canadian population 15 years and older.

Geographic coverage: All provinces, excluding residents of the Territories and full-time residents of institutions and households without telephones. People without telephones account for less than 3% of the target population, however, the survey estimates have been weighted to include person without telephones.

Lowest geographic level collected: Postal Code
Lowest geographic level of release: Province
Existing rural variable: Census Metropolitan Area (CMA) / Census Agglomeration (CA) and Non-CMA/CA are coded. Prince Edward Island has no CMA and the CMAs of Montreal and Toronto were each separate strata.

Census Metropolitan Area (CMA) / Census Agglomeration (CA) and Non-CMA/CA can be used as an urban / rural variable. CMA/CA and Non-CMA/CA can be used to construct a 5-level rural/urban variable. Urban core, urban fringe and rural fringe distinguish between central and peripheral urban and rural areas within a census metropolitan area (CMA) or census agglomeration (CA). **Urban core** is a large urban area around which a CMA or a CA is

Inventory of National Rural Health Research Related Databases

delineated. The urban core must have a population (based on the previous census) of at least 100,000 persons in the case of a CMA, or between 10,000 and 99,999 persons in the case of a CA. The urban core of a CA that has been merged with an adjacent CMA or larger CA is called the **secondary urban core**. **Urban fringe** is the urban area within a CMA or CA that is not contiguous to the urban core. It has a minimum population of 1,000 and a population density of at least 400 per square kilometre, based on the previous census counts. **Rural fringe** is all territory within a CMA or CA not classified as an urban core or an urban fringe. The other levels of geography in this classification are **urban area (small towns) that lie outside of CMA** and **rural area lying outside of CMA**.

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census "rural areas" (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD "rural communities" definition (Census Consolidated Subdivision)
- ✓ OECD "predominantly rural regions" definition (Census Division)
- ✓ Ehrensaft's "Beale codes" (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

- Demography
- Education, Literacy, Training
- Smoking behaviours, habits, consumption and attitudes of Canadians

Notes:

Two microdata files are available for this survey – one for the household level information and one for the person level information.

The objective of this survey differs from that of the National Population Health Survey (NPHS). Because the NPHS collects data every two years and releases the data about a year after completing the collection cycle, it does not meet Health Canada's need for continuous coverage in time, rapid delivery of data, or sufficient detail of the most at-risk populations, namely 15-24 year olds.

The questionnaire design for this survey borrows heavily from the 1994 Survey on Smoking in Canada. Some questions have been added for consistency with international surveys which use the concept of smoking behaviour "in the last 30 days".

Changes in smoking prevalence of about 3% or higher will be detectable on an annual basis, within age groups at the national level.

Reports and fact sheets from the different cycles of this survey can be found at the following website: <http://www.hc-sc.gc.ca/hecs-sesc/tobacco/research/ctums/>

For more information, contact Tobacco Control Programme, Health Canada.

TCP-PLT-CTUMS-ESUTC@hc-sc.gc.ca

Inventory of National Rural Health Research Related Databases

Database name: **Census of Agriculture Custom Retrievals**
(replaces information formerly available from the Environmental Information System)

Thematic Coverage: This census collects comprehensive data on the major commodities of the agriculture industry while as well as information on new or less common crops, livestock, finances, and use of technology.

Maintained by: Agriculture Division, Statistics Canada

Availability: A public release version of the census is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations are available on a cost recovery basis. Subject to confidentiality constraints, custom tabulations and maps can be produced for Census of Agriculture standard geographic areas as well as user-defined areas.

Start Date: 1896 – Manitoba only
1906 – Extended to Alberta and Saskatchewan
1956 – Extended to entire country and conducted concurrently with the Census of Population

Release Date: Data release begins second quarter of proceeding year through 2 calendar years

Frequency of collection: Quinquennial (most recent 2001)

Data Collection: The Census of Agriculture was collected with the Census of Population and Housing. Enumerators were asked to identify all agricultural operations in their enumeration area and the corresponding operators. Each operator was asked to complete the agriculture questionnaire.

Sample size: 346,200 farm operators on 246923 farms in 2001

Geographic coverage: All provinces and territories

Lowest geographic level collected: Postal Code
Lowest geographic level available: Enumeration area
Existing rural variable: No

Inventory of National Rural Health Research Related Databases

Rural definitions that can be constructed from this database include (building block):

- ✓ Census “rural areas” (Enumeration Area)
 - ✓ Rural and Small Town definition (Census Subdivision)
 - ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
 - ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
 - ✓ OECD “predominantly rural regions” definition (Census Division)
 - ✓ Ehrensaft’s “Beale codes” (Census Division)
-

Data elements:

- Population and population change
- Dwelling characteristics
- Agricultural land uses
- Agricultural cropping practices
- Fertilizer and pesticide use
- Soil conservation practices
- Industrial characteristics and activities
- Locations of power generating stations

Notes:

Tabulations can be generated for special geographic areas, such as river basins, ecoregions or urban areas, or for specific themes, such as population distribution or agricultural practices. Information on activities which affect water quality, for example, is presented by drainage area. Geocoding was used to develop the linkage between the postal codes of the establishments of the drainage area and ecozone geographies.

Where possible, incomplete or inconsistent records receive substitute values derived from other information on the record. In cases of total non-response and for data that cannot be derived from the incomplete record, a process of selecting suitable data from “nearest neighbour” records is used. The system searches for another operation with similar characteristics and within the same geographic area as the questionnaire with the problem. Once a suitable match was made the system duplicated the donor’s responses in the recipient questionnaire.

For more information, see website at: <http://www.statcan.ca/english/agcensus2001/index.htm>

Inventory of National Rural Health Research Related Databases

Database name: **Census of Population**

Thematic Coverage: This census collects demographic, social, cultural, and economic information characterizing the Canadian population.

Maintained by: Census Operations Division, Statistics Canada

Availability: A public release version of the census is available through the Data Liberation Initiative (DLI). Some variables are suppressed (e.g. low income cut-off) and other are aggregated to protect the anonymity of individual survey respondents. Data tables extracted from the 2001 Census database that contain statistical information about every characteristic of the population, households, dwellings and families and other characteristics measured in the census are available at: <http://www12.statcan.ca/english/census01/Products/Standard/index.cfm>. If information needs cannot be fully met by the public-use microdata file, custom tabulations are available from the census master file and charged on a cost recovery basis.

Start Date: pre-1900

Release Date: Data release begins second quarter of proceeding year through 2 calendar years

Frequency of collection: Quinquennial (most recent 2001)

Data Collection: All Canadian citizens and landed immigrants with a residence in Canada, Canadian citizens and landed immigrants who are abroad in the Armed Forces or on government services, Canadian citizens and landed immigrants at sea or in port aboard merchant vessels under Canadian registry, and non-permanent residents (persons who hold a student authorization permit, an employment authorization permit, a Minister's permit or who are refugee claimants) are surveyed. Data collection involves surveys being sent to 98% of the population, while an additional 2% of data are obtained through interviews.

Sample: The census of 2001 had 30,007,094 individuals.

Geographic coverage: All provinces and territories, excluding foreign diplomats, foreign military personnel and their families and visitors from another country.

Lowest geographic level collected: Postal Codes / Block-face point indicator

Lowest geographic level of release: Enumeration Area / Block Face

Existing rural variable: No

Inventory of National Rural Health Research Related Databases

Rural definitions that can be constructed from this database include (building block):

- ✓ Census “rural areas” (Enumeration Area)
 - ✓ Rural and Small Town definition (Census Subdivision)
 - ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
 - ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
 - ✓ OECD “predominantly rural regions” definition (Census Division)
 - ✓ Ehrensaft’s “Beale codes” (Census Division)
-

Data Elements:

- Socio-economic, demographic, social and geographic profiles
- Ethno-cultural and language profiles
- Information concerning disabled persons
- Migration and mobility
- Family profiles
- Dwellings: profiles by type and dwelling related characteristics
- Data on the aboriginal population
- Household profiles, ethnicity, mother tongue,
- Labour force activity and income

Notes:

All cells with less than 40 observations are suppressed. All economic data is suppressed when cells contain less than 250 observations.

No economic information is available for Aboriginal populations.

For more information, see website at:

<http://www12.statcan.ca/english/census01/release/index.cfm>

Inventory of National Rural Health Research Related Databases

Database name:	Discharge Abstract Database
Abstract:	This database collects data on hospital discharges. These data are also used to evaluate patient expected length of stay and resource consumption. In addition to inpatient hospitalizations, some jurisdictions / facilities provide information on same day surgery discharges.
Maintained by:	CIHI
Availability:	Data disclosure is determined by CIHI's Privacy and Confidentiality Policy (see www.cihi.ca). If privacy and confidentiality criteria are met, data can be released at the sub-provincial level. Costs are dependent upon the level data required, plus programming and processing fees.
<hr/>	
Start Date:	1963 1979/80 – Present form
Release Date:	Approximately 5 months after reference period (year ending December 31) for general release
Frequency of collection:	On-going
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Data Collection:	CIHI receives data directly from participating hospitals.
Sample size:	About 4.3 million records per annum
<hr/>	
Geographic coverage:	Coverage has been increasing over time. Currently, about 85% of hospital inpatient discharges in Canada are included, consisting of all hospitals in every province and territory except Quebec and parts of Manitoba (Manitoba only submits 40% of their data) for both acute/inpatient data. It also contains Day Surgery Data for all provinces except Quebec, Alberta and parts of Manitoba. If comprehensive geographic coverage is required, the Hospital Morbidity Database may be used instead for national reporting.
Lowest geographic level collected:	Postal Code of patient. Collection and completeness of postal codes varies (e.g. Quebec reports only the Forward Sortation Area – the first 3 digits of the postal code)
Lowest geographic level of release:	Forward Sortation Area or Enumeration Area depending on request
Existing rural variable:	No

Inventory of National Rural Health Research Related Databases

Rural definitions that can be constructed from this database include (building block):

- ✓ Census “rural areas” (Enumeration Area)
 - ✓ Rural and Small Town definition (Census Subdivision)
 - ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
 - ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
 - ✓ OECD “predominantly rural regions” definition (Census Division)
 - ✓ Ehrensaft’s “Beale codes” (Census Division)
-

Data Elements:

Selected data elements include:

- most responsible physician/diagnosis
- principal procedure
- patient gender, date of birth, postal code
- institution/hospital number.
- admission/discharge, (e.g. admission category, length of stay).

Notes:

The advantages of the Discharge Abstract Database include its timeliness, value-added data elements (e.g. Case Mix Groups and Resource Intensity Weights), and coverage of same day surgery for selected jurisdictions/facilities.

Data are reported based on the region of the patient’s residence, not region of hospitalization. Consequently, these figures reflect the hospitalization experience of residents of the region wherever they are treated as opposed to the comprehensive activity of the region’s hospitals. It represents how frequently residents of a given area received hospital care rather than the volume of services provided by hospitals.

For more information, contact dad@cihi.ca

Inventory of National Rural Health Research Related Databases

Database name: **Disease Surveillance Online**
(formerly Notifiable Diseases)

Thematic Coverage: This website provides the most current cancer statistics, the most current cardiovascular disease statistics, the number of cases reported for several of the notifiable diseases and the most current injury statistics, in Canada.

Maintained by: Population and Public Health Branch

Availability: A web based application has been developed to enhance dissemination of surveillance data collected in Canada. More detailed age/sex data are available on request from the Division of Disease Surveillance on a cost recovery basis.

Start Date: Internet data is available for each province and territory.
1984 – Cancer
1950 – Cardiovascular disease (5-year intervals)
1985 – Cardiovascular disease (1-year intervals)
1987 – Notifiable Disease

Release Date: 3 weeks after reference month
Frequency of collection: Monthly

Data Collection: Data is extracted from provincial administrative files

Sample size: All individuals with a diagnosed with cancer, cardiovascular disease, notifiable diseases or injuries captured by provincial administrative files.

Geographic coverage: All provinces and territories

Lowest geographic level collected: Quebec (province), Ontario, Alberta and British Columbia (first 3 digits of postal code), Others (Health region)

Lowest geographic level of release: Province

Existing rural variable: No

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census "rural areas" (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD "rural communities" definition (Census Consolidated Subdivision)
- ✓ OECD "predominantly rural regions" definition (Census Division)
- ✓ Ehrensaft's "Beale codes" (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Inventory of National Rural Health Research Related Databases

Data Elements:

- **Cancer statistics**, including trends in cancer incidence by province and territory, by age group, over time, as well as incidence for 39 different cancer sites.
- **Cardiovascular disease statistics**, including trends for cardiovascular disease mortality and hospital separations by province and territory, by age group, over time.
- **Injury statistics**, including injury mortality and hospital separations by province and territory, by age group, and over time, and injuries and the circumstances of injuries treated in the emergency departments of the Canadian Hospitals Injury Reporting and Prevention Program [CHIRPP].
- **Notifiable disease statistics**, including rates in the population.
 - Communicable disease cases, by sex, age group, by type of disease, by International Classification of Diseases (ICD-9), by province and territory
 - Infectious and notifiable diseases, bacterial, viral and parasitic cases, by sex, age group
 - Infectious diseases, viral, bacterial and parasitic cases, by sex, age group
 - AIDS, cases, by sex, age group
 - Chicken pox, measles, rubella, mumps, cases, by sex, age group
 - Gonococcal infections or syphilis, cases, by sex, age group

Notes:

Starting January 1, 2000, there were changes made to the list of diseases/conditions under national surveillance. New diseases were added and some have been removed.

The Disease surveillance online can be found at
<http://www.hc-sc.gc.ca/pphb-dgsp/dsol-smed/index.html>

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Inventory of National Rural Health Research Related Databases

Database name: **Employment Insurance Statistics**
(formerly Unemployment Insurance Beneficiaries)

Thematic Coverage: This survey is conducted to release the official statistics which report on the operation of the Employment Insurance Program and to provide complementary labour market statistics, for example, for areas not covered by other Statistics Canada surveys (e.g. small geographic areas for the Yukon, Northwest Territories and Nunavut).

Maintained by: Labour Statistics Division, Statistics Canada

Availability: On CANSIM, beneficiary counts for some types of beneficiaries are released. Custom tabulations are also available on a cost recovery basis.

Start Date: 1942
Release Date: Preliminary data are released about 1 1/2 months after the reference month; year end data are released about 3 1/2 months after the reference period

Frequency of collection: Monthly

Data Collection: 100% extraction from administrative files of summary claim and benefit data received from Human Resources Development in two different formats. The first one is aggregated at the provincial level. The second is a micro file with each record corresponding to a beneficiary.

Sample size: 800,000 – 1,600,000 records

Geographic coverage: All provinces and territories

Lowest geographic level collected: Postal Code; other geographies collected include Federal riding and Employment Insurance (EI) region, although these geographies apply only to the provinces.

Lowest geographic level of release: Census agglomerations CMA/CA level

Existing rural variable: No

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census “rural areas” (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaft’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Inventory of National Rural Health Research Related Databases

Data Elements:

- Initial and renewed claims received by province
- Disqualifications and disentitlements by reason
- Benefit payments (regular, sickness, training, maternity, and others) and weeks paid
- Beneficiaries by type of benefit (regular, sickness, training, maternity, and others)
- Beneficiaries by sex, age, occupation
- Weeks of insurable employment
- Insurable earnings and weeks on claim
- Hours of insurable employment
- Contributors and their contributions
- Employment insurance: monthly employment insurance beneficiaries, by type of beneficiary,
- Employment insurance: beneficiaries without earnings, by age group and sex,
- Employment insurance population ratio

Notes:

Part of the valuable nature of this dataset is its timely information and longtime series nature.

This survey presents information complementary to the Labour Force Survey for the purpose of comparison and analysis.

Researchers interested in comparing data before and after the reforms made to Employment Insurance (EI) in 1996 may run into difficulty. In 2000, the EIS production system was converted to a Unix platform. As a result, new tabulations before the 1996 EI reforms will be very hard to obtain. But all existing tabulations already completed for years before 1996 are still available.

Inventory of National Rural Health Research Related Databases

Database name:	First Nations and Inuit Regional Health Survey
Thematic Coverage:	This survey combines data from nine regional surveys conducted in 1996-97 in Aboriginal reserve communities in all provinces. It was originally undertaken as a companion survey to the National Population Health Survey to offer scientifically and culturally validated information. It is directed and implemented by First Nations, in keeping with the principles of Ownership, Control, Access and Possession (OCAP).
Maintained by:	First Nations Centre of National Aboriginal Health Organization
Availability:	Requests for access to the national public data file can be made to the First Nations Information Governance Committee (FNIGC). Access to regional reports can be obtained through the regional organizations. Data release is guided by the Code of Research Ethics and Publication and Access Protocol of the FNIGC.
Start Date:	1996
Release Date:	Approximately 12 months after data collection
Frequency of collection:	Every four years – (most recent 2003)

Data Collection:	<p>In 1997, each region independently identified its target population & developed a sampling design, ranging from opportunistic sampling to stratified age-sex sampling. Different designs emerged to meet local objectives & out of respect of community participation protocols. Value of Child proxy interview was culturally-based. In 2002, all large (1500+) communities were included in the sample, as well as a random selection of small & medium communities using a selection from of locally validated membership lists.</p> <p>In most provinces, one person aged 18 years and older was asked to complete this survey for the household. Computer Assisted Phone Interviewing (CATI) was used for data collection. In areas where the child proxy interview was conducted, the individual identified as the person most knowledgeable about the child completed the child's health section.</p>
Sample size:	<p>In 1997, 9,870 adults + 4,138 children (by proxy) + youth in Nova Scotia and Ontario sampled from 186 First Nations / Inuit communities.</p> <p>In 2003, 28,405 target sample size taken from 270 First Nations / Inuit Communities.</p>

Inventory of National Rural Health Research Related Databases

Geographic coverage: All provinces (P.E.I. was combined with New Brunswick), excluding James Bay Cree, Mohawk and Inuit communities in Quebec.

Lowest geographic level collected: Postal Code

Lowest geographic level of release: Province/Territory

Existing rural variable: No

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaft’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

Health was broadly considered with aspects related to physical, emotional, social, and cultural well-being

- Outcomes (e.g. health, language, cognitive, social, emotional, behavioural)
- Characteristics of child’s family (SES, structure, parenting style, family functioning, social support)
- Child care, School, Neighbourhood
- Direct assessments of child (e.g. tests of vocabulary, math and reading skills)
- Reports from parents, teachers, principals

In 1997, important data elements that were included were:

	National Content	Regional Emphasis [*]
Children	<ul style="list-style-type: none"> ➤ Birth Weight & Breastfeeding ➤ Health problems ➤ Knowledge of culture ➤ Behaviour problems ➤ Injury 	<ul style="list-style-type: none"> ➤ Nutrition ➤ Leisure activities ➤ Language & culture ➤ Emotional health ➤ Victimization (youth)
Adult	<ul style="list-style-type: none"> ➤ Residential schools ➤ Tobacco ➤ Chronic disease ➤ Dental health ➤ Community wellness ➤ Health services 	<ul style="list-style-type: none"> ➤ Residential schools ➤ Mental health ➤ Addictions ➤ Sexual health ➤ Nutrition / weight ➤ Traditional healing

^{*} The Regional surveys content was more diverse, but only recurrent topics and those addressed in depth are listed here

Inventory of National Rural Health Research Related Databases

Notes:

Separate databases have been created for comparable variables, which were abstracted from the National Population Health Survey, National Longitudinal Study of Children and Youth, and Aboriginal Peoples Survey.

The 2003 FNIRHS survey design represents the first cycle of 4 waves collecting regional longitudinal data.

1st cycle of longitudinal component: 2003

2nd cycle of longitudinal component: 2007

3rd cycle of longitudinal component: 2011

4th cycle of longitudinal component: 2015

For more information, visit

http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/aboriginalhealth/reports_summaries/regional_survey.htm

Inventory of National Rural Health Research Related Databases

Database name: **Food Expenditure Survey**

Thematic Coverage: This survey collects data on food expenditures and quantities purchased by households. It provides major data components needed for the production of the weights used in the compilation of the Consumer Price Index.

Maintained by: Labour Statistics Division

Availability: A public version of the file is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations are available on a cost recovery basis

Start Date: 1938

Release Date: Approximately 14 months after reference period

Frequency of collection: Irregular; Previous national surveys were conducted for 1969, 1982, 1986, 1992 and 1996.

Data Collection: Modified Labour Force Survey design sample of the working-aged population 15 years and older. The sample is drawn for the year and then divided into monthly subsamples to evenly distribute collection over the year. Members of selected households were asked to record expenditures on food and beverages using two one-week diaries. To facilitate coding, respondents are asked to give detailed descriptions of each product including net weight or volume and cost.

Sample size: 10,924 households

Geographic coverage: All provinces and territories

Lowest geographic level collected: Postal Code

Lowest geographic level of release: Data are projected to all standard levels of geography, including Forward Sortation Areas and 1996 Federal Electoral Districts.

Existing rural variable: Census Metropolitan Area (CMA) / Census Agglomeration (CA) and Non-CMA/CA are coded. Prince Edward Island has no CMA and the CMAs of Montreal and Toronto were each separate strata.

Census Metropolitan Area (CMA) / Census Agglomeration (CA) and Non-CMA/CA can be used as an urban / rural variable. CMA/CA and Non-CMA/CA can be used to construct a 5-level rural/urban variable. Urban core, urban fringe and rural fringe distinguish between central and peripheral urban and rural areas within a census metropolitan area (CMA) or census agglomeration (CA). **Urban core** is a large urban area around which a CMA or a CA is

Inventory of National Rural Health Research Related Databases

delineated. The urban core must have a population (based on the previous census) of at least 100,000 persons in the case of a CMA, or between 10,000 and 99,999 persons in the case of a CA. The urban core of a CA that has been merged with an adjacent CMA or larger CA is called the **secondary urban core**. **Urban fringe** is the urban area within a CMA or CA that is not contiguous to the urban core. It has a minimum population of 1,000 and a population density of at least 400 per square kilometre, based on the previous census counts. **Rural fringe** is all territory within a CMA or CA not classified as an urban core or an urban fringe. The other levels of geography in this classification are **urban area (small towns) that lie outside of CMA** and **rural area lying outside of CMA**.

Rural definitions that can be constructed from this database include (building block):

- | | |
|---|-----------------------------------|
| ✓ Census "rural areas" | (Enumeration Area) |
| ✓ Rural and Small Town definition | (Census Subdivision) |
| ✓ Metropolitan area and census agglomeration Influenced Zones | (Census Subdivision) |
| ✓ OECD "rural communities" definition | (Census Consolidated Subdivision) |
| ✓ OECD "predominantly rural regions" definition | (Census Division) |
| ✓ Ehrensaft's "Beale codes" | (Census Division) |
-

Data Elements:

The questionnaire covers selected socioeconomic characteristics, as well as information on the household's purchasing habits and food expenditures while on trips overnight or longer during the previous month.

- Composition of households
- Characteristics of reference person, spouse and dwelling
- Food and beverages while away from home
- Personal income in the last 12 months
- Food and beverages purchased from stores by type of store
- Food and beverages from restaurants by type of restaurant

Notes:

This survey supplements Statistics Canada's Survey of Family Expenditures (FAMEX) by providing a detailed level of food expenditure that was not feasible in the context of the FAMEX methodology.

Comparisons of expenditures are based on current dollars (i.e. not adjusted for inflation).

The LFS uses a rotating panel sample design so that selected dwellings remain in the LFS sample for six consecutive months. One feature is that each of the six rotation groups can be used as a representative sample by itself.

Inventory of National Rural Health Research Related Databases

Database name: **Full-Time and Part-Time Enrolment and Graduates of Postsecondary Programs of Colleges**

Thematic Coverage: This survey collects data on enrolment and number of graduates of post-secondary programs of colleges and related institutions. The types of program collected by this survey consist of Career and University Transfer/University Level programs at community colleges, CEGEPS, technical institutes and university colleges.

Maintained by: Education, Culture and Tourism Division, Statistics Canada

Availability: Custom tabulations are available from the census master file and charged on a cost recovery basis.

Start Date: 1969
Release Date: Approximately 12 months after reference academic year
Frequency of collection: Annual

Data Collection: Census of all public, non-university, educational institutions that provide post-secondary training. Data collected using; 44% by electronic file; 40% self completion mail out/mail back; 8% by Admin centre; 6% by computer printout; 2% other.

Sample size: 311 facilities

Geographic coverage: All of Canada

Lowest geographic level collected: Institution
Lowest geographic level of release: Postal Code by Institution is available as of 1994, but release of postal code information may be restricted based on application of use. Prior to 1994, data are available only at the provincial level. Individual geography of enrolled students is limited to province of residence.

Existing rural variable: No

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD "rural communities" definition (Census Consolidated Subdivision)
- ✓ OECD "predominantly rural regions" definition (Census Division)
- ✓ Ehrensaft's "Beale codes" (Census Division)

[†] By institution, as of 1994

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Data Elements:

- Enrolment, full-time and part-time, by program type, by program field, by sex, by age group, by citizenship status, by activity prior to enrolment, and by residence prior to enrolment
- Hospital schools: full-time enrolment, by sex, by province and territory
- Post-secondary education: colleges and related institutions, enrolment and graduation statistics, data detail, by program and student characteristics, for Canada, provinces and territories

Notes:

Estimation is required at times for missing colleges and is based on the historical reporting of the institution and the overall trend of similar institutions in the province of the reporting year.

Some of the variables requested have very high rates of non-response (e.g. Marital status, province of residence, current status, previous activity, previous education and sponsor all have a high non-response rate).

Full-time/Part-time Enrolments and Graduates in Postsecondary Programs of Community Colleges – Individual Student Information System CCSIS – Data Elements Requirements:

http://www.statcan.ca/english/sdds/document/3122_D1_T4_V1_E.pdf

For more information, contact educationstats@statcan.ca

Inventory of National Rural Health Research Related Databases

Database name: **General Social Survey - Cycle 6**

Thematic Coverage: This survey contains specific subject areas (e.g. health) that recur quinquennially. For the purposes of this database information will be restricted to GSS – Cycle 6 (Health). Cycle 6 monitors changes in the health of Canadians. The focus content covers measures of general health, health status indicators and occupational health.

Maintained by: Housing, Family and Social Statistics Division, Statistics Canada

Availability: A public release version of the data files is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations on the master file are available on a cost recovery basis.

Start Date: 1985
Release Date: 12 months after completion of the cycle's last interview
Frequency of collection: Annual

Data Collection: One person aged 15+ asked to complete this survey for the household through 100% telephone interviews.

Sample size: 11,000 households; weighted to represent all persons 15 years and older in Canada.

Geographic coverage: All 10 provinces, excluding residents of the Territories and full-time residents of institutions.

Lowest geographic level collected: Postal code
Lowest geographic level of release: Province
Existing rural variable: No

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census "rural areas" (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD "rural communities" definition (Census Consolidated Subdivision)
- ✓ OECD "predominantly rural regions" definition (Census Division)
- ✓ Ehrensaft's "Beale codes" (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Inventory of National Rural Health Research Related Databases

Data Elements:

- Disability, short and long term measures
- Emotional health measures and satisfaction
- Health care utilization
- Health status indicators
- Life style, risk factors
- Occupational health measures

Notes:

Other Cycles of the GSS:

Cycle 1: (1985) Health and social support

Cycle 2: (1986) Time use, social mobility, and language knowledge and use

Cycle 3: (1988) Personal risk (accidents and criminal victimization)

Cycle 4: (1989) Work and education

Cycle 5: (1990) Family and friends

Cycle 6: (1991) Health, health status indicators, occupational health

Cycle 7: (1992) Time use of Canadians

Cycle 8: (1993) Personal risk (accidents and criminal victimization)

Cycle 9: (1994) Education, work and retirement

Cycle 10: (1995) The Family

Cycle 11: (1996) Social and community support

There was no survey administered in 1997

Cycle 12: (1998) Time Use

Cycle 13: (1999) Victimization

Cycle 14: (2000) Access to and Use of Information Communication Technology

Inventory of National Rural Health Research Related Databases

Database name: **Health and Activity Limitation Survey**

Thematic Coverage: This post-censal disability survey collected information about the numbers and distribution of persons with a physical, sensory or psychological disability in Canada residing in health related non-penal institutions and the barriers experienced by them.

Maintained by: Housing, Family and Social Statistics, Statistics Canada

Availability: A public release version of the data files is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations are also available on a cost recovery basis.

Start Date: 1986
Release Date: N/A - Discontinued
Frequency of collection: Conducted in 1986 and 1991 only

Data Collection: Two Census questions on activity limitation and long term disability were designed to identify prior to the actual survey, the target population

Most of the interviews were conducted by telephone to individuals 15 years and older. In special cases, personal interviews were carried out. Statistics from this survey are estimates based on sample survey of a portion of the Canadian population.

Unweighted Sample size: Total- 91 355,
Disabled- 25 942, Not Disabled – 65 413

Weighted Sample size: Total- 21 063 077,
Disabled- 3 533 089, Not Disabled- 17 529 988

Geographic coverage: All provinces and territories

Lowest geographic level collected: Postal Code
Lowest geographic level of release: Province/Territory
Existing rural variable: No

Inventory of National Rural Health Research Related Databases

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census “rural areas” (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaff’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

- Nature and severity of disability
- Barriers which disabled person encounter in all aspects of their daily activities
- Demographic and household characteristics
- Lifestyle
- Technical aids and services used
- Out-of-pocket expenses related to health problem, by type of expense
- Disabled persons requiring special aids and assistive devices: by age group, sex and by type of special aid or device
- Disabled persons having activity limitations: by age group, sex and by type of activity limitation
- Barriers to local transportation, by type of service and by type of problems using public transportation system
- Housing requiring special modification

Notes:

Persons living on Indian reserves were excluded, but related information can be found in the 1991 Aboriginal Peoples Survey.

The predecessor of this survey was the Canadian Health and Disability Survey.

The 2001 Participation and Activity Limitations Survey (PALS), which is also included in this inventory, replaced the Health and Activity Limitations Survey (HALS) after a ten year absence. Comparisons between previous HALS and the new PALS cannot be made for reasons described in the Participation and Activity Limitations Survey abstract.

Inventory of National Rural Health Research Related Databases

Database name: **Health Personnel Database**

Thematic Coverage: This database collects on the number of health care professionals in Canada.

Maintained by: CIHI

Availability: Data disclosure is determined by CIHI's Privacy and Confidentiality Policy (see www.cihi.ca). If privacy and confidentiality criteria are met, data can be released at the sub-provincial level. Costs are dependent upon the level data required, plus programming and processing fees.

Start Date: 1970 (depending on occupation)
Release Date: Approximately 15 months after reference period
Frequency of collection: Annual

Data Collection: Most data are supplied by national and provincial / territorial professional organizations and licensing authorities, governments, and educational institutions.

Sample size: Number of members of health professional associations by province/territory

Geographic coverage: All provinces and territories

Lowest geographic level collected: Postal Code
Lowest geographic level of release: Province / Territory
Existing rural variable: No

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census "rural areas" (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD "rural communities" definition (Census Consolidated Subdivision)
- ✓ OECD "predominantly rural regions" definition (Census Division)
- ✓ Ehrensaft's "Beale codes" (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

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Data elements:

Data in this database represents aggregate counts by province/territory and year for selected health professions.

- Where possible, data on active-licensed health personnel are provided from the appropriate licensing organization
- Counts of graduates of health professional educational/training programs are provided for most health professions

Notes:

For more information, contact hpdb@cihi.ca

Inventory of National Rural Health Research Related Databases

Database name: **Health Promotion Survey**

Thematic Coverage: This survey collected baseline information on current attitudes and behaviours of Canadians in regards to health, containing data on health risks, practices, and status.

Maintained by: Special Surveys Division, Statistics Canada

Availability: A public release version of the data files is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations are also available on a cost recovery basis.

Start Date: 1985
Release Date: N/A – Discontinued in 1991
Frequency of collection: Conducted in 1985 and 1990 only

Data Collection: Sample survey of all persons 15 years of age or older living in Canada excluding residents of the Territories and full-time residents of institutions. Data was obtained from 100% Telephone interview.

Sample size: 13,792 individuals (unweighted); 20,643,379 (weighted)

Geographic coverage: All provinces, excluding residents of the Territories and full-time residents of institutions

Lowest geographic level collected: Census Metropolitan Area (CMA) / Census Agglomeration (CA) and Non-CMA/CA. Prince Edward Island has no CMA and the CMAs of Montreal and Toronto were each separate strata.

Lowest geographic level of release: Province

Existing rural variable: Census Metropolitan Area (CMA) / Census Agglomeration (CA) and Non-CMA/CA is coded for sampling purposes.

Census Metropolitan Area (CMA) / Census Agglomeration (CA) and Non-CMA/CA can be used as an urban / rural variable. CMA/CA and Non-CMA/CA can be used to construct a 5-level rural/urban variable. Urban core, urban fringe and rural fringe distinguish between central and peripheral urban and rural areas within a census metropolitan area (CMA) or census agglomeration (CA). **Urban core** is a large urban area around which a CMA or a CA is delineated. The urban core must have a population (based on the previous census) of at least 100,000 persons in the case of a CMA, or between 10,000 and 99,999 persons in the case of a CA. The urban core of a CA that has been merged with an adjacent CMA or larger CA is called the **secondary urban core**. **Urban fringe** is the urban area within a CMA or CA that is not contiguous to the urban core. It has a minimum population of 1,000 and a population density of at least 400 per square kilometre, based on the previous census counts. **Rural fringe** is all

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territory within a CMA or CA not classified as an urban core or an urban fringe. The other levels of geography in this classification are **urban area (small towns) that lie outside of CMA** and **rural area lying outside of CMA**.

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaft’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

- Heart diseases, by factors causing heart problems, Blood pressure and cholesterol, control methods used
- Exercises for sustenance of good health, by type
- Smoking habits, social acceptance, restrictions and public opinions
- Risk of sexually transmitted disease
- Alcohol consumption, quantity, frequency and reasons for
- Drugs and medicines, use and abuse, by type
- Dental health
- Health concerns for government

Notes:

There are few physical measures in this survey.

For more information, contact the Special Surveys Division, ssd@statcan.ca

Inventory of National Rural Health Research Related Databases

Database name: **Health Services Access Survey**

Thematic Coverage: This survey collected data on wait times for key diagnostic and treatment service and access to 24/7 first contact health services. It focused on two main topics: waiting for specialized services for a new illness or condition and access to basic health care.

Maintained by: Health Statistics Division, Statistics Canada

Availability: Custom tabulations are available on a cost-recovery basis. This database can be linked to the Canadian Community Health Survey.

Start Date: 2001
Release Date: Approximately 6 months after data collection period
Frequency of collection: Occasional

Data Collection: A sub-sample of the respondents to the Canadian Communities Health Survey. One person aged 15 years and older was asked to complete this survey for the household. Computer Assisted Telephone Interviewing (CATI) was used for data collection.

Sample size: 17 616

Geographic coverage: All provinces, excluding residents of Territories, residents of institutions, residents on First Nation reserves and some remote areas of Ontario and Quebec. Three provinces paid to participate in this survey with representative sample sizes: PEI, Alberta, BC. Data was collected from the other jurisdictions provinces with smaller samples for the purposes of comparisons.

Lowest geographic level collected: Postal Code
Lowest geographic level of release: Province. Data is suppressed for unweighted cells with less than 30 observations. The stability of the provincial estimates does depend in part on the variable of interest.

Existing rural variable: Yes

2 level rural/urban flag

“This field permits the identification of “urban” areas, or indicates that the Enumeration Area (EA) is in a rural area. Urban areas are those continuously built-up areas having a population concentration of 1,000 or more and a population density of 400 or more per square kilometers based on the previous census. To be considered as continuous, the built up area must not have a discontinuity exceeding two kilometers. In Ontario, Manitoba and Alberta this variable is set to

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“valid skip” due to the fact that the grouped health area variable is available for these provinces. In Quebec and British Columbia, records falling within the CMA boundary of Montreal or Vancouver will also have this variable set to “valid skip” since the grouped CMA variable is available. This definition of urban/rural may not correspond to the areas which Canada Post identifies as urban or rural postal codes.” *Extracted from the CCHS users manual.*

5 level rural/urban flag

Urban core, urban fringe and rural fringe distinguish between central and peripheral urban and rural areas within a census metropolitan area (CMA) or census agglomeration (CA). **Urban core** is a large urban area around which a CMA or a CA is delineated. The urban core must have a population (based on the previous census) of at least 100,000 persons in the case of a CMA, or between 10,000 and 99,999 persons in the case of a CA. The urban core of a CA that has been merged with an adjacent CMA or larger CA is called the secondary urban core. **Urban fringe** includes all small urban areas (with less than 10,000 population) within a CMA or CA that are not contiguous with the urban core of the CMA or CA. **Rural fringe** is all territory within a CMA or CA not classified as an urban core or an urban fringe. The other levels of geography in this classification are **urban area outside of CMA** and **rural area outside of CMA**.

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census “rural areas” (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaft’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

Experience of respondents requiring: care from a medical specialist, non-emergency surgery, or diagnostic tests

- Waiting times to access
- Acceptability of waiting times
- Impact of the wait on the respondent

Experience of respondents in getting: health information or advice, health care services for routine or on-going care, immediate care for minor health problems and health care services in general

- Access to services at different times of the day
- Difficulties encountered in getting services
- Type of services required
- Where services were obtained

Notes:

For more information, contact the Data Access Unit, Population Health Surveys, Health Statistics Division at cchs-escs@statcan.ca.

Inventory of National Rural Health Research Related Databases

Database name: **Hospital Mental Health Database**

Thematic Coverage: This database collects hospitalization data for mental illness across Canada. It is meant to support management decision making at the hospital, regional, and provincial/territorial levels and to facilitate hospital, regional, provincial/territorial and national comparative reporting.

Maintained by: CIHI; prior to 1994/95, maintained by Statistics Canada

Availability: Data disclosure is determined by CIHI's Privacy and Confidentiality Policy (see www.cihi.ca). If privacy and confidentiality criteria are met, data can be released at the sub-provincial level. Costs are dependent upon the level data required, plus programming and processing fees.

Start Date: 1930
Release Date: Approximately 12 months after the reference fiscal year
Frequency of collection: Annual

Data Collection: Data are gathered from administrative separation records of psychiatric and general hospitals. Mental health data from provincial psychiatric hospitals comes from the Hospital Mental Health Survey and general hospitals from the Hospital Morbidity Database. They are obtained electronically through selected extracts of the Discharge Abstract Database for those provinces/territories participating in DAD. Data files for the remaining hospitals are submitted by the appropriate province or territory.

Sample size: All inpatient separations (discharges/deaths) for hospitalizations for mental disorders in psychiatric and general hospitals.

Geographic coverage: All provinces and territories

Lowest geographic level collected: Postal Code
Lowest geographic level of release: Forward Sortation Area or Enumeration Area depending on request

Existing rural variable: No

Inventory of National Rural Health Research Related Databases

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census “rural areas” (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaft’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data elements:

Selected data elements include:

- Demographic information (age, sex, birth date, marital status)
- Medical diagnosis
- Admission/ separation information

Notes:

Data are based on inpatient events only and exclude patients treated as outpatients, in residential care facilities and group homes, and in community-based mental health services.

Data are reported based on the region of the patient’s residence, not region of hospitalization. Consequently, these figures reflect the hospitalization experience of residents of the region wherever they are treated as opposed to the comprehensive activity of the region’s hospitals. It represents how frequently residents of a given area received hospital care rather than the volume of services provided by hospitals.

For more information, contact hmhdb@cihi.ca

Inventory of National Rural Health Research Related Databases

Database name:	Hospital Morbidity Database
Thematic Coverage:	This database collects demographic and clinical information for inpatient separations (discharges/deaths) from Canada's general and allied special hospitals. It is similar to the Discharge Abstract Database, but only contains Acute/Inpatient data and national level data and has fewer data elements.
Maintained by:	CIHI; prior to 1994, database maintained by Statistics Canada
Availability:	Data disclosure is determined by CIHI's Privacy and Confidentiality Policy (see www.cihi.ca). In some instances, CIHI and Statistics Canada manage release of information jointly. If privacy and confidentiality criteria are met, data can be released at the sub-provincial level. Costs are dependent upon the level data required, plus programming and processing fees.
Start Date:	1960
Release Date:	Approximately 18-24 months after reference fiscal year for general release.
Frequency of collection:	Annual
Data Collection:	Most data are extracted from CIHI's Discharge Abstract Database; remaining information is obtained directly from the province or territory.
Sample size:	100% of all inpatient separations for Canada's general and allied special hospitals.
Geographic coverage:	All provinces and territories
Lowest geographic level collected:	Postal code of patient. Collection and completeness of postal codes varies (e.g. Quebec reports only the Forward Sortation Area – the first 3 digits of the postal code).
Lowest geographic level of release:	Forward Sortation Area or Enumeration Area depending on request
Existing rural variable:	No

Inventory of National Rural Health Research Related Databases

Rural definitions that can be constructed from this database include (building block):

- ✓ Census “rural areas” (Enumeration Area)
 - ✓ Rural and Small Town definition (Census Subdivision)
 - ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
 - ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
 - ✓ OECD “predominantly rural regions” definition (Census Division)
 - ✓ Ehrensaft’s “Beale codes” (Census Division)
-

Data Elements:

- most responsible physician/diagnosis
- principal procedure
- patient gender, date of birth, postal code, institution/hospital number
- admission/discharge, (e.g. admission category, length of stay)

Notes:

Data are reported based on the region of the patient’s residence, not region of hospitalization. Consequently, these figures reflect the hospitalization experience of residents of the region wherever they are treated as opposed to the comprehensive activity of the region’s hospitals. It represents how frequently residents of a given area received hospital care rather than the volume of services provided by hospitals.

Discharges from any outpatient services in any hospital and discharges from psychiatric hospitals are not contained in this database. Data for hospitalization for mental illnesses across Canada can be found in the Hospital Mental Health Database.

For more information, contact morbidity@cihi.ca

Inventory of National Rural Health Research Related Databases

Database name: **Labour Force Survey**

Thematic Coverage: This survey collects data on the labour market activities of the working age population of Canada. It generates a wide range of estimates characterizing employed, the unemployed, and persons not in the labour force.

Maintained by: Labour Statistics Division, Statistics Canada

Availability: A public version of the file is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Requests for estimates by Special Geographies are examined on a special request basis.

Start Date: 1945; current LFS questionnaire introduced in 1997
Release Date: 2 weeks after data collection
Frequency of collection: Monthly

Data Collection: Sample of the working-aged population 15 years and older. Data collected through approximately 80% telephone interview; 20% face to face interview.

Sample size: Approximately 53 500 households resulting in the collection of labour market information for approximately 100 000 individuals

Geographic coverage: All provinces, excluding residents of Territories, inmates of institutions, full-time members of the Armed Forces and residents on First Nation reserves

Lowest geographic level collected: Postal Code; the LFS uses a probability sample based on a stratified multi-stage design. The ultimate sampling unit of selection is the dwelling.

Lowest geographic level of release: Estimates produced at national/provincial level. Economic region (aggregated Census Divisions) and Census Metropolitan Area estimates are also available. The LFS produces unemployment rates for employment insurance regions administered by Human Resources Development Canada (HRDC).

Existing rural variable: Census Metropolitan Area (CMA) / Non-CMA are coded. Prince Edward Island has no CMA and the CMAs of Montreal and Toronto were each separate strata.

Inventory of National Rural Health Research Related Databases

Census Metropolitan Area (CMA) / Census Agglomeration (CA) and Non-CMA can be used as an urban / rural variable. CMA/CA and Non-CMA/CA can be used to construct a 5-level rural/urban variable. Urban core, urban fringe and rural fringe distinguish between central and peripheral urban and rural areas within a census metropolitan area (CMA) or census agglomeration (CA). **Urban core** is a large urban area around which a CMA or a CA is delineated. The urban core must have a population (based on the previous census) of at least 100,000 persons in the case of a CMA, or between 10,000 and 99,999 persons in the case of a CA. The urban core of a CA that has been merged with an adjacent CMA or larger CA is called the **secondary urban core**. **Urban fringe** is the urban area within a CMA or CA that is not contiguous to the urban core. It has a minimum population of 1,000 and a population density of at least 400 per square kilometre, based on the previous census counts. **Rural fringe** is all territory within a CMA or CA not classified as an urban core or an urban fringe. The other levels of geography in this classification are **urban area (small towns) that lie outside of CMA** and **rural area lying outside of CMA**.

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census "rural areas" (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD "rural communities" definition (Census Consolidated Subdivision)
- ✓ OECD "predominantly rural regions" definition (Census Division)
- ✓ Ehrensaft's "Beale codes" (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

- Labour force: seasonally adjusted or unadjusted data:
- Labour force profiles
- Employment (full and part-time), by industry, occupation, class of worker and sex
- Estimated Labour force
- Employed persons, hours worked, time lost
- For employees, wage rates, union status, job permanency, workplace size
- Unemployment profile
- Persons not in labour force profile
- Labour force profiles by metropolitan area and by economic region

Notes:

The LFS uses a rotating panel sample design so that selected dwellings remain in the LFS sample for six consecutive months. One feature is that each of the six rotation groups can be used as a representative sample by itself.

For more information, contact, labour@statcan.ca

Inventory of National Rural Health Research Related Databases

Database name: **Licensed Practical Nurses Database**

Thematic Coverage: This database collects data to increase the comprehensiveness of the national nursing database by providing Licensed Practical Nurse information at the provincial, territorial and national levels in a standardized, comparable format.

Maintained by: CIHI

Availability: Data disclosure is determined by CIHI's Privacy and Confidentiality Policy (see www.cihi.ca). If privacy and confidentiality criteria are met, data can be released at the sub-provincial level. Costs are dependent upon the level data required, plus programming and processing fees.

Start Date: 2002

Release Date: Release dates of publications vary. CIHI also responds to research and analysis requests.

Frequency of collection: Annual

Data Collection: Each year Licensed Practical Nurses complete a mandatory registration form to practice. An approved subset of all data collected by the provincial/territorial regulating authorities is submitted electronically to CIHI for processing and verification.

Sample size: All Licensed Practical Nurses (12.6% of the nursing workforce in Canada in 2000).

Geographic coverage: All provinces and territories

Lowest geographic level collected: Postal Code

Lowest geographic level of release: Census Subdivision

Existing rural variable: No

Rural definitions that can be constructed from this database include (building block):

- ✓ Census "rural areas" (Enumeration Area)
 - ✓ Rural and Small Town definition (Census Subdivision)
 - ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
 - ✓ OECD "rural communities" definition (Census Consolidated Subdivision)
 - ✓ OECD "predominantly rural regions" definition (Census Division)
 - ✓ Ehrensaft's "Beale codes" (Census Division)
-

Inventory of National Rural Health Research Related Databases

Data elements:

- Demographics
- Employment
- Education

Notes:

For more information, contact lpndb@cihi.ca

Inventory of National Rural Health Research Related Databases

Database name: **Maternity Experiences Survey**

Thematic Coverage: This survey collects data on perinatal health determinants and outcomes for Canada and provides an opportunity to assess the views and needs of women directly with regard to their reproductive health care and just how well health care services in Canada are meeting the objectives for care. It also collects information for in-depth examination of selected population subgroups deemed to be at higher risk for adverse perinatal health outcomes such as recent immigrants, refugees and teenage mothers (<20 years old).

Maintained by: Special Surveys Division, Statistics Canada

Availability: A public version of the file is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations are available on a cost recovery basis

Start Date: 2003
Release Date: Approximately 14 months after reference period
Frequency of collection: One time

Data Collection: All women who have had a live birth in the months preceding this survey will be surveyed using a data collection instrument developed by the Maternity Experiences Study Group of the Canadian Perinatal Surveillance System.

Sample size: Approximately 7000 women

Geographic coverage: All provinces, excluding residents of Territories, inmates of institutions, full-time members of the Armed Forces and residents of First Nation reserves.

Lowest geographic level collected: Postal Code
Lowest geographic level of release: Province
Existing rural variable: No

Inventory of National Rural Health Research Related Databases

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census “rural areas” (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaft’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

- Sociodemographic information
- General health
- Reproductive history
- Sexuality and contraception
- Conception/finding out about pregnancy
- Folic acid use
- Care during pregnancy
- Feelings/support during pregnancy
- Labour and delivery, Complications during pregnancy
- Postpartum care, Infant feeding
- Smoking, Alcohol use, Illicit drug use during pregnancy
- Physical/sexual abuse

Notes:

For more information, contact the Canadian Perinatal Surveillance System
cpss@hc-sc.gc.ca

Inventory of National Rural Health Research Related Databases

Database name: **NAtChem/Particulate Matter Database**

Thematic Coverage: This system is used to investigate spatial and temporal trends of particulate matter and to carry out data analyses related to climate change, visibility, human health and acid deposition.

Maintained by: Meteorological Service of Canada

Availability: The system provides highly-resolved spatial distribution maps of particulate matter by merging data from all possible sources. The data, maps and special data analyses will be provided by request. The data request form can be found at: http://www.msc-smc.ec.gc.ca/natchem/particles/contact_e.html

Start Date: 1987

Release Date: Depends on the different networks used

Frequency of collection: Annual

Data Collection: This system contains data from 22 North American particulate matter networks. Contributing networks data are converted into a standard NAtChem/PM Database format.

Sample size: 22 North American particulate matter networks

Geographic coverage: North America

Lowest geographic level collected: Latitude/Longitude of sample site

Lowest geographic level of release: Regional Maps

Existing rural variable: No

Rural definitions that can be constructed from this database include (building block):

- ✓ Although the rural definitions in Appendix A can be theoretically constructed from the postal code of the facility, a classification using an environmental perspective for the purpose of environmental analysis would be more suitable. For example, information on activities which affect water quality could be presented by drainage area. Geocoding could be used to develop a linkage between the postal codes of the establishments of the drainage area and ecozone geographies.
-

Data Elements:

The current focus of the database is on chemical composition data. Eventually it will expand to include physical data such as number, size and optical properties.

Notes:

For more information, see website at: http://www.msc-smc.ec.gc.ca/natchem/particles/index_e.html
Contact information for this database and the different networks contributing to this database can be found at: http://www.msc-smc.ec.gc.ca/natchem/particles/contact_e.html

Inventory of National Rural Health Research Related Databases

Database name: **NAtChem/Precipitation Database**

Thematic Coverage: This system serves as a Canadian central database and analysis facility to accommodate and maintain diverse and variable network data and combine them together in one database. Its main purpose is to determine the chemistry of regional-scale precipitation in Canada and the United States.

Maintained by: Meteorological Service of Canada

Availability: The system provides highly-resolved spatial distribution maps of wet deposition and associated analyses by merging data from all possible sources. The data, maps and special data analyses will be provided by request. The data request form can be found at: http://www.msc-smc.ec.gc.ca/natchem/precip/51_requests_dataform_e.html

Start Date: 1987; data available retrospectively from 1978
Release Date: Depends on the different networks used
Frequency of collection: Annual

Data Collection: Data are collected from Canadian federal and provincial monitoring networks and major U.S. networks. The Database Management System consists of 3 distinct databases:

- The Network Information System (NIS)
- The Site Information System (SIS)
- The Chemistry Information System (CIS)

Sample size: 834 stations (including duplicate stations and stations that have been moved) and 4 federal monitoring networks (136 sites)

Geographic coverage: All provinces and territories and portions of the United States

Lowest geographic level collected: Postal code of Facility
Lowest geographic level of release: Regional maps
Existing rural variable: No

Rural definitions that can be constructed from this database include (building block):

- ✓ Although the rural definitions in Appendix A can be theoretically constructed from the postal code of the facility, a classification using an environmental perspective for the purpose of environmental analysis would be more suitable. For example, information on activities which affect water quality could be presented by drainage area. Geocoding could be used to develop a linkage between the postal codes of the establishments of the drainage area and ecozone geographies.

Inventory of National Rural Health Research Related Databases

Data Elements:

The NAtChem/Precipitation products include:

- Annual, seasonal and quarterly statistical summary tables of each site of the whole networks
- Isopleth maps showing the annual and seasonal spatial patterns of concentration and deposition for each measured variable
- Trend charts showing temporal variations of integrated wet deposition and area averaged concentration of major ions since 1980.

The measured variables for these tables, maps and charts are concentrations of sulphate, nitrate, chloride, ammonium, sodium, potassium, calcium, magnesium, pH and hydrogen ion; and standard gauge depth (i.e., meteorological rain/snow gauge measurements taken in parallel with the precipitation chemistry measurements).

Notes:

The **Network Information System** (NIS) contains information about the networks that contribute to NAtChem/Precipitation. This annually updated database includes: general sampling protocols, chemical components measured, instruments used and a description of the history and objectives of the network.

The **Site Information System** (SIS) contains information about the individual sites in each network. This annually updated database includes: exact location, site description and history, description of regional environs and on-site features. SIS is designed to use this information to generate charts for point and area emissions and statistical summary tables.

The **Chemistry Information System** (CIS) combines all available federal and provincial chemistry network data into a standardized format and applies standard data quality assurance procedures. Standardized data are important when combining data from various networks in order to properly evaluate regional-scale wet deposition trends. CIS contains data from a total of 834 stations (including duplicate stations and stations that have been moved) in 9 provincial (331 sites) and 4 federal monitoring networks (136 sites) operating from 1978 to 2001. While NAtChem/Precipitation has data on some Canadian sites dating back to 1973, CIS only contains data from 1978 onward because data quality control was inconsistent prior to that year and, therefore, the collected data is unreliable. Data from NADP/NTN, CASTNET and eight other U.S. networks (367 sites) are also included in the database.

Not all sites that operated during a year by the networks were used to create the spatial patterns and integrated deposition time series. In order for data to be included, a site had to pass two criteria:

- a) The annual/seasonal per cent precipitation coverage length must have been 90 per cent and the per cent total precipitation of valid samples must have been 70 per cent.
- b) The site's rating, based on its site representativeness, must have been 1, 2a or 2b. Sites that were rated as unrepresentative (3) were eliminated.

For more information, see the website at: http://www.msc-smc.ec.gc.ca/natchem/precip/index_e.html

Inventory of National Rural Health Research Related Databases

Database name: **National Alcohol and Drug Survey**

Thematic Coverage: This survey collected information on negative consequences associated with drug and alcohol use.

Maintained by: Special Surveys Division

Availability: A public release version of the data files is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations are also available on a cost recovery basis.

Start Date: 1989
Release Date: N/A – Discontinued
Frequency of collection: One time

Data Collection: Sample survey of all persons 15 years of age or older living in Canada excluding residents of the Territories and full-time residents of institutions. Data was obtained from 100% Telephone interview.

Sample size: 11,634 individuals; Young people aged 15-24 years old are slightly under represented in unweighted figures. Weights are adjusted to account for this difference.

Geographic coverage: All provinces, excluding all territories and full time residents of institutions

Lowest geographic level collected: Postal Code
Lowest geographic level of release: Province
Existing rural variable: No

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Rural and Small Town definition (Census Sub-Division)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Sub-Division)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaft’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Inventory of National Rural Health Research Related Databases

Data Elements:

- Demography
- Attitudes and beliefs concerning the consequences of drug and alcohol use
- Individual's experiences and behaviour in relation to their own use of alcohol, medications and illegal drugs
- Other's use of the above substances and the effect on the respondent

Notes:

This survey is the forerunner of the Canada's Alcohol and Other Drugs Survey (CADS), which is also found in this inventory.

For more information, contact the Special Surveys Division, ssd@statcan.ca

Inventory of National Rural Health Research Related Databases

Database Name:	National Child Care Survey
Thematic Coverage:	This survey collected data on Canadian economic families child care needs, use patterns and parental preferences and concerns. As well, relationships among family, work and child care were examined.
Maintained by:	Special Surveys Division, Statistics Canada
Availability:	A public version of the file is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations are available on a cost recovery basis.
Start Date:	1987
Release Date:	N/A – Discontinued
Frequency of collection:	One time
Data Collection:	Economic families with at least one child aged 12 or under. Data concerning all children in the family from a randomly selected household collected through telephone or personal interview. The parent with primary responsibility for making child care arrangements was asked to answer the survey questionnaire.
Sample size:	Approximately 24,155 families, representing 2,724,300 families and 4,658,500 children aged 12 and under.
Geographic coverage:	All provinces, excluding residents of Territories, inmates of institutions, full-time members of the Armed Forces and residents of First Nation reserves.
Lowest geographic level collected:	Postal Code; the LFS uses a probability sample based on a stratified multi-stage design. The ultimate sampling unit of selection is the dwelling.
Lowest geographic level of release:	Estimates produced at national/provincial level. Economic region (aggregated Census Divisions) and Census Metropolitan Area estimates are also available.
Existing rural variable:	Census Metropolitan Area (CMA) / Non-CMA are coded. Prince Edward Island has no CMA and the CMAs of Montreal and Toronto were each separate strata.

Census Metropolitan Area (CMA) / Census Agglomeration (CA) and Non-CMA can be used as an urban / rural variable. CMA/CA and Non-CMA/CA can be used to construct a 5-level

Inventory of National Rural Health Research Related Databases

rural/urban variable. Urban core, urban fringe and rural fringe distinguish between central and peripheral urban and rural areas within a census metropolitan area (CMA) or census agglomeration (CA). **Urban core** is a large urban area around which a CMA or a CA is delineated. The urban core must have a population (based on the previous census) of at least 100,000 persons in the case of a CMA, or between 10,000 and 99,999 persons in the case of a CA. The urban core of a CA that has been merged with an adjacent CMA or larger CA is called the **secondary urban core**. **Urban fringe** is the urban area within a CMA or CA that is not contiguous to the urban core. It has a minimum population of 1,000 and a population density of at least 400 per square kilometre, based on the previous census counts. **Rural fringe** is all territory within a CMA or CA not classified as an urban core or an urban fringe. The other levels of geography in this classification are **urban area (small towns) that lie outside of CMA** and **rural area lying outside of CMA**.

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census “rural areas” (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaff’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

- Demography
- Education/literacy/training
- Families, Household Characteristics
- Child care arrangements
- Child characteristics
- General Health of Child(ren)
- Income and Employment

Notes:

Ninety-five percent of respondents were mothers.

For more information, contact the Special Surveys Division ssd@statcan.ca

Inventory of National Rural Health Research Related Databases

Database name: **National Longitudinal Survey of Children and Youth**

Thematic Coverage: This survey follows a representative sample of Canadian children, aged newborn to 11 years, into adulthood, with data collection occurring at two-year intervals. It is a single source of data for the examination of child development in context, including the diverse life paths of normal development. The primary objective is to inform policy by establishing a national database on the characteristics and life experiences of children and youth in Canada as they grow up.

Maintained by: Special Surveys Division, Statistics Canada

Availability: A Public version of the file is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations are available for the master file on a cost recovery basis

Start Date: 1994
Release Date: Approximately 12 months after data collection
Frequency of collection: Biannual

Data Collection: Using the Labour Force Survey as a sampling frame, a parent of the child asked to complete questionnaires for children 10 years and older. A mail follow-up with the teacher and the school principal and an achievement test was also collected.

Sample size: Approximately 15,000; Younger children are being added to the sample as the initial cohort ages; target sample size = 25,000 children.

For the NLSCY, the sample was constructed taking account the following requirements.

- A sufficient sample was required in each of the 10 provinces to allow for the production of reliable estimates for all longitudinal children who were 0 to 11 years of age in Cycle 1.
- It was also necessary to have a large enough sample to produce estimates for Cycle 1 at the Canada level by seven key age groupings or cohorts: 0 to 11 months, 1 year, 2 to 3 years, 4 to 5 years, 6 to 7 years, 8 to 9 years, and 10 to 11 years.
- In each province, a sufficient sample size was required for Cycle 2 to produce reliable estimates for all children who were 0 to 11 years of age in Cycle 1.

Geographic coverage: All provinces and territories, excluding Aboriginal children living on Reserves and children in institutions.

Lowest geographic level collected: Postal Code

Inventory of National Rural Health Research Related Databases

Lowest geographic level of release: Province/Territory. Data is suppressed for unweighted cells with less than 30 observations. While the NLSCY national sample size is a strength, provincial sample sizes are too small to conduct analyses for specific age groups at the provincial level.

Existing rural variable: No

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census "rural areas" (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD "rural communities" definition (Census Consolidated Subdivision)
- ✓ OECD "predominantly rural regions" definition (Census Division)
- ✓ Ehrensaft's "Beale codes" (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured

Data Elements:

- Outcomes (e.g. health, language, cognitive, social, emotional, behavioural)
- Characteristics of child's family (SES, structure, parenting style, family functioning, social support)
- Child care, School, Neighbourhood
- Direct assessments of child (e.g. tests of vocabulary, math and reading skills)
- Reports from parents, teachers, principals

Notes:

Use of the Labour Force Survey sampling frame does not capture the children who are most at risk such as those in homeless or transient families and makes it difficult for the NLSCY to over-sample certain key populations, such as infants.

Warning: Regarding the nature of the primary and self files in **Cycles 2 and 3** of the **NLSCY**. Unlike Cycle 1, where the primary and secondary files can be linked through the use of CHILDDID, the records in the files for Cycles 2 and 3 **cannot** be merged. It was assumed that the CHILDDID variable in these two files could be used to match cases between them. This is a natural enough assumption, since both files in Cycle 1 can be linked using CHILDDID. It therefore would seem reasonable to assume that both files in Cycle 3, which also have CHILDDID, could be merged. **This is not the case.** This misunderstanding is compounded by the fact that the documentation for Cycle 3 does not state anywhere that the primary and 10-15 files cannot be linked.

The user's guide for Cycle 2, however, contains the following warning.

"The data for the self-completed portion of the file was separated from the main file to ensure that the information provided by children was kept confidential, even from their parents. In order to protect that confidentiality, the information from both files cannot be linked. An assessment and further suppressions were made following the procedures outlined in the next pages to ensure that the two files could not be linked." p. 141

Inventory of National Rural Health Research Related Databases

Database name: **National Physician Database**

Thematic Coverage: This database collects data on fee-for-service physician payments in Canada.

Maintained by: CIHI

Availability: Data disclosure is determined by CIHI's Privacy and Confidentiality Policy (see www.cihi.ca). If privacy and confidentiality criteria are met, data can be released at the sub-provincial level. All data are subject to a provincially imposed access policy and the NPDB Transfer Plan. Access depends on the type of client, the type of data, the level of aggregation, and the province of interest. Costs are dependent upon the level data required, plus programming and processing fees.

Start Date: 1972 – Medical Care Database
1989 – National Physician Database

Release Date: Approximately 2 years after reference period (year ending June 30)

Frequency of collection: Annual

Data Collection: Data obtained from provincial and territorial medical care health insurance plans.

Sample size: All fee-for-service physicians (approximately 89% of Canadian physicians)

Geographic coverage: All provinces and territories

Lowest geographic level collected: Postal Code of physician except for those in Alberta. The postal code is meant to identify the physicians' area of main activity. Instead of postal code information, Alberta physicians are described in terms of CMAs, CAs or communities defined by population size.

Lowest geographic level of release: Forward Sortation Area or Enumeration Area depending on request

Existing rural variable: No

Inventory of National Rural Health Research Related Databases

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census “rural areas” (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaft’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data elements:

- Socio-demographic data for fee-for-service physicians
- Billing activities of the physicians
- Age and sex of patients.

Notes:

In 1987, the Conference of Deputy Ministers of Health approved the creation of the National Physician Database to facilitate physician resource and service utilization planning. NPDB built on the existing Medical Care Database (MCDB) created in the early 1970s to monitor physician payments under the Medical Care Act (1968).

NPDB’s predecessor, the Medical Care Database contains numbers of services provided (by billing code) and amounts paid on a fee-for-service basis to physicians, accompanied by the number of physicians by specialty, for most provinces.

For more information, contact npdb@cihi.ca

Inventory of National Rural Health Research Related Databases

Database name:	National Pollutant Release Inventory
Thematic Coverage:	This inventory collects data on substances of concern in Canada for the primary purpose of providing Canadians with access to pollutant release information for facilities, both on-site release and off-site transfer, located in their communities. It is the only legislated, nation-wide, publicly-accessible inventory of its kind in Canada.
Maintained by:	Environment Canada
Availability:	Access to all NPRI data and program information is provided on the NPRI website at: http://www.ec.gc.ca/pdb/npri/
Start Date:	1992
Release Date:	Within 5 months of the June 1 st of reporting
Frequency of collection:	Annual
Data Collection:	The Canadian Environmental Protection Act, 1999 (CEPA) requires that owners or operators of facilities which meet certain criteria to file a report with Environment Canada declaring the amounts of any of the 266 NPRI pollutants released on site to the environment or transferred off site for treatment, disposal or recycling. An overview of changes to the Year 2000 and Year 2001 reporting criteria can be found at: http://www.ec.gc.ca/pdb/npri/NPRI_2000changes_e.cfm http://www.ec.gc.ca/pdb/npri/NPRI_2001changes_e.cfm
Sample size:	In 2001, over 2600 facilities that meet the reporting criteria
Geographic coverage:	All provinces, excluding residents of the Territories and full-time residents of institutions
Lowest geographic level collected:	Postal code of Facility
Lowest geographic level of release:	Facility
Existing rural variable:	No
Rural definitions that can be constructed from this database include (building block):	
✓	Although the rural definitions in Appendix A can be theoretically constructed from the postal code of the facility, a classification using an environmental perspective for the purpose of environmental analysis would be more suitable. For example, information on activities which affect water quality could be presented by drainage area. Geocoding could be used to develop a linkage between the postal codes of the establishments of the drainage area and ecozone geographies.

Inventory of National Rural Health Research Related Databases

Data Elements:

In 2001 there were 266 substances on the NPRI list, chosen through a consultation process by a multi-stakeholder committee. Fifty-five of the NPRI substances for 2001 are classified as toxic under the CEPA, 1999 or carcinogenic by the International Agency for Research on Cancer (IARC).

Notes:

The NPRI defines an **on-site release** as a discharge of a pollutant to the environment within the boundaries of a reporting facility.

Off-site transfer is defined as the shipment of a listed pollutant to an off-site location. This material may be destined for final disposal, treatment prior to final disposal, recycling, or recovery.

NPRI data represent only a portion of all pollutant releases and transfers to the environment in Canada. Other significant pollutants such as greenhouse gases, common air contaminants, ozone-depleting substances, and many pesticides are not on the current NPRI list

Not all sources of NPRI pollutants are captured by the inventory. For example, the NPRI does not include releases from mobile sources (vehicles and vessels) which are known to be major contributors of certain hazardous air pollutants on the NPRI list.

Facilities that do not meet the reporting requirements because of their size are not required to report to the NPRI. Collectively however, releases from these sources may account for the majority of releases of some NPRI pollutants.

Risk to human health and the environment from on-site releases of pollutants cannot be determined from NPRI data alone. Risk depends on many factors such as the toxicity of the pollutant, the extent of the exposure, the type of release or transfer and the environmental medium receiving the pollutant.

Inventory of National Rural Health Research Related Databases

Database name:	National Population Health Survey (Household Survey)
Thematic Coverage:	The NPHS is designed to collect information related to the health of the Canadian population, consisting of both a longitudinal and a cross-sectional component. This sheet details the 1996 survey. Information for the 1994 survey will differ slightly.
Maintained by:	Health Statistics Division, Statistics Canada
Availability:	A public version of the file is available through the Data Liberation Initiative (DLI). Some variables are suppressed (e.g., rural/urban flag) and other are aggregated (e.g., age). If information needs cannot be fully met by the public-use microdata file, it is possible to have access to the detail on the mater file through the Remote Access Program, using dummy files to write extraction programs in SAS or SPSS. Custom tabulations are available for the master file on a cost recovery basis
Start Date:	1994
Release Date:	2 years after reference period
Frequency of collection:	Biannual; Cross-sectional component discontinued in 2000 and replaced with the Canada Community Health Survey
Data Collection:	One person aged 18+ asked to complete this survey for the household, completing information on all household residents 12+ years. Sample Computer Assisted Phone Interviews used for data collection.
Sample size:	210,377 for the General Component (44,439 for all 10 provinces plus an additional 165,938 for Ontario, Alberta and Manitoba) 81,804 for the Health Component (17,276 for all 10 provinces, plus an additional 64,528 for Ontario, Alberta and Manitoba) All data is weighted up to the Canadian population.
Geographic coverage:	All Canadian household residents, all ages, excluding natives on reserves, residents of institutions, residents of the Territories, and some remote areas of Ontario and Quebec.
Lowest geographic level collected:	Postal Code, from which all other geography indicators (e.g. urban/rural flags) are constructed.

Inventory of National Rural Health Research Related Databases

Lowest geographic level of release: Province (health region data can be derived in Ontario, Manitoba and Alberta due to an increased sample size). Data is suppressed for unweighted cells with less than 30 observations.

Existing rural variable: Yes; Rural/urban flag for all individuals is available on the master file only.

2 level rural/urban flag

“This field permits the identification of “urban” areas, or indicates that the Enumeration Area (EA) is in a rural area. Urban areas are those continuously built-up areas having a population concentration of 1,000 or more and a population density of 400 or more per square kilometers based on the previous census. To be considered as continuous, the built up area must not have a discontinuity exceeding two kilometers. In Ontario, Manitoba and Alberta this variable is set to “valid skip” due to the fact that the grouped health area variable is available for these provinces. In Quebec and British Columbia, records falling within the CMA boundary of Montreal or Vancouver will also have this variable set to “valid skip” since the grouped CMA variable is available. This definition of urban/rural may not correspond to the areas which Canada Post identifies as urban or rural postal codes.” *Extracted from the NPHS users manual.*

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census “rural areas” (Enumeration Area)
- ✓ Rural and Small Town definition (Census Sub-Division)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Sub-Division)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaft’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

- General health information
- Chronic conditions
- Determinants of health
- Access to services
- Health behaviours
- Use of health care services
- Health status

Notes:

A longitudinal file is also available through custom tabulations only.

There are two components that make up the household survey of the National Population Health Survey: The General Component and the Health Component. For the General Component data is applicable to all members of the household, while the health component is applicable to the respondent only.

The General Component contains general questions on disability, restriction of activities, socio-demographic characteristics, income, education and labour force participation. Estimates from

Inventory of National Rural Health Research Related Databases

the General Component are reliable at the Provincial level. However given the larger sample size estimates at the Census Division level should not be considered reliable.

The Health Component addresses issues of general health, health status, access and utilization of health care services. Data is gathered from respondents only. Estimates from the Health Component are only reliable at the provincial level.

Given sample size estimates at the Census Division level should not be considered reliable. However, further work needs to be done with the General component as to its' applicability to being derived at the Statistics Canada or OECD definitions of rural.

For more information, contact the Data Access Unit, Population Health Surveys, Health Statistics Division at nphs-ensp@statcan.ca.

Inventory of National Rural Health Research Related Databases

Database name: **National Rehabilitation Reporting System**

Thematic Coverage: This survey collects client data provided by participating adult inpatient rehabilitation facilities across Canada.

Maintained by: CIHI

Availability: Data disclosure is determined by CIHI's Privacy and Confidentiality Policy (see www.cihi.ca). If privacy and confidentiality criteria are met, data can be released at the sub-provincial level. Costs are dependent upon the level data required, plus programming and processing fees.

Start Date: 2000

Release Date: Approximately 6 months after last data collection period

Frequency of collection: Annual

Data Collection: Data are collected at time of admission and discharge by service providers in participating facilities. There is also an optional post-discharge follow-up data collection process.

Sample size: 8006 records at the end of the first quarter (June 30 2002) of 2002/03.
67 facilities had submitted data at the end of the second quarter (Sept 30, 2002) of 2002/03.
These numbers will continue to grow significantly with the new mandate of Ontario to report all admissions to inpatient rehabilitation beds.

Geographic coverage: Participation on a voluntary basis of facilities of all provinces and territories except Ontario. Since Oct.1, 2002, all admissions to inpatient rehabilitation beds must be reported.

Lowest geographic level collected: Postal Code of residence if available

Lowest geographic level of release: Forward Sortation Area or Enumeration Area depending on request

Existing rural variable: No

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census "rural areas" (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD "rural communities" definition (Census Consolidated Subdivision)
- ✓ OECD "predominantly rural regions" definition (Census Division)
- ✓ Ehrensaft's "Beale codes" (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Inventory of National Rural Health Research Related Databases

Data Elements:

Data elements are organized under the following categories:

- Sociodemographic information
- Administrative data (e.g. referral, admission and discharge)
- Health characteristics
- Activities and participation (e.g. ADL, communication, social interaction)
- Interventions

These elements are used to calculate a variety of indicators including waiting times and client outcomes.

Notes:

Hospitals may choose to submit data for a particular client group (e.g. stroke) and not others.

For voluntary participants, it is possible that hospitals are not collecting data for all patients.

For more information, contact rehab@cihi.ca

Inventory of National Rural Health Research Related Databases

Database name: **National Survey of Giving, Volunteering and Participating**

Thematic Coverage: This survey collects information on Canadian contributory behaviour. The results will help build a better understanding of these activities which can in turn be used to develop programs and services to support them.

Maintained by: Special Surveys Division, Statistics Canada

Availability: A public release version of the data files is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations on the master file are available on a cost recovery basis.

Start Date: 1997

Release Date: Approximately 9 months after data collection period

Frequency of collection: Every three years (most recent 2000)

Data Collection: Sample of population 15 years and older, based on the area sample of the Labour Force Survey. Data collected through telephone and personal interviews.

Sample size: Representative sample of 14,724 Canadians, aged 15 years and older.

Geographic coverage: All provinces, excluding residents of the Territories, inmates of institutions, full-time members of the Armed Forces and residents on First Nation reserves

Lowest geographic level collected: Postal Code

Lowest geographic level of release: Province

Existing rural variable: Census Metropolitan Area (CMA) / Non-CMA are coded. Prince Edward Island has no CMA and the CMAs of Montreal and Toronto were each separate strata.

Census Metropolitan Area (CMA) / Census Agglomeration (CA) and Non-CMA can be used as an urban / rural variable. CMA/CA and Non-CMA/CA can be used to construct a 5-level rural/urban variable. Urban core, urban fringe and rural fringe distinguish between central and peripheral urban and rural areas within a census metropolitan area (CMA) or census agglomeration (CA). **Urban core** is a large urban area around which a CMA or a CA is delineated. The urban core must have a population (based on the previous census) of at least 100,000 persons in the case of a CMA, or between 10,000 and 99,999 persons in the case of a CA. The urban core of a CA that has been merged with an adjacent CMA or larger CA is called the **secondary urban core**. **Urban fringe** is the urban area within a CMA or CA that is not contiguous to the urban core. It has a minimum population of 1,000 and a population density of at least 400 per square kilometre, based on the previous census counts. **Rural fringe** is all

Inventory of National Rural Health Research Related Databases

territory within a CMA or CA not classified as an urban core or an urban fringe. The other levels of geography in this classification are **urban area (small towns) that lie outside of CMA** and **rural area lying outside of CMA**.

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census "rural areas" (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD "rural communities" definition (Census Consolidated Subdivision)
- ✓ OECD "predominantly rural regions" definition (Census Division)
- ✓ Ehrensaft's "Beale codes" (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

Individuals were asked how they:

- Gave money and other resources to individuals and to organizations
- Volunteered time to help others and to enhance their communities
- Participated in the practices which help give substance to active citizenship

Notes:

The LFS uses a rotating panel sample design so that selected dwellings remain in the LFS sample for six consecutive months. One feature is that each of the six rotation groups can be used as a representative sample by itself. The NSGVP used five of the six rotation groups in the October 2000 LFS sample and collected information from one pre-selected household member. Proxy responses were not permitted.

Inventory of National Rural Health Research Related Databases

Database name: **National Trauma Registry**

Thematic Coverage: This survey collects national statistics on injuries in Canada.

Maintained by: CIHI

Availability: Data disclosure is determined by CIHI's Privacy and Confidentiality Policy (see www.cihi.ca). If privacy and confidentiality criteria are met, data can be released at the sub-provincial level. Costs are dependent upon the level data required, plus programming and processing fees.

Start Date: 1994/1995 Minimal dataset
1996/1997 Comprehensive dataset
Mortality dataset under development

Release Date: Approximately 12 months after data collection period

Frequency of collection: Annual

Data Collection: Data come from the Hospital Morbidity Database, plus data from provincial trauma registries or trauma centres in Canada.

Sample size: Approximately 1 400 000 Minimal dataset records
Approximately 40 000 Comprehensive dataset records

Geographic coverage: All provinces and territories

Lowest geographic level collected: Postal Code

Lowest geographic level of release: Forward Sortation Area or Enumeration Area depending on request

Existing rural variable: No

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census "rural areas" (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD "rural communities" definition (Census Consolidated Subdivision)
- ✓ OECD "predominantly rural regions" definition (Census Division)
- ✓ Ehrensaft's "Beale codes" (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Inventory of National Rural Health Research Related Databases

Data Elements:

There are three datasets:

- *Minimal Dataset* – contains demographic, diagnostic and procedural information on all admissions to acute care hospitals in Canada due to injury
- *Comprehensive Dataset* – contains data on patients hospitalized with major trauma
- *Mortality Dataset* – currently under development and will contain data on all deaths in Canada due to injury, pending the implementation of a national coroner's/medical examiner's database. This mortality data set is not expected for 2 to 5 years.

Notes:

The NTR cannot identify First Nations/North American Indian, Inuit, or Metis populations. Discharges from any outpatient services in any hospital and discharges from psychiatric hospitals are not contained in this database.

Data are reported based on the region of the patient's residence, not region of hospitalization. Consequently, these figures reflect the hospitalization experience of residents of the region wherever they are treated as opposed to the comprehensive activity of the region's hospitals. It represents how frequently residents of a given area received hospital care rather than the volume of services provided by hospitals.

For more information, contact ntr@cihi.ca

Inventory of National Rural Health Research Related Databases

Database name: **Participation and Activity Limitation Survey**

Thematic Coverage: This post-censal disability survey collected information on the type and severity of disabilities and the impact of disability on everyday activities. This survey covered a larger proportion of the target population than the 1991 Health and Activity Limitation Survey, and most importantly, did not leave out a significant portion of the population with severe disabilities.

Maintained by: Housing, Family and Social Statistics, Statistics Canada

Availability: A public release version of the data files is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations are also available on a cost recovery basis.

Start Date: 2001
Release Date: 14 months after the reference period
Frequency of collection: Occasional

Data Collection: Two Census questions, for both children (under 15) and adults (15 and over) on activity limitation and long term disability was used to select the survey population. These two filter questions are significantly different from the Census filter questions used on the 1991 Health and Activity Limitation Survey. The Participation and Activity Limitation Survey disabled population consists of those respondents who answered 'Yes' to the census filter questions and then during the follow-up survey reported a limitation through a positive answer to either filter questions or a series of detailed screening questions on activity limitations.

Most of the interviews were conducted by telephone to individuals 15 years and older. In special cases, personal interviews were carried out. Statistics from this survey are estimates based on sample survey of a portion of the Canadian population.

Sample size: Approximately 35,000 adults and 8,000 children

Geographic coverage: Persons from all Provinces residing in private and some collective households. Persons living in institutions, persons living in the three territories and people living on the First Nations reserves were excluded from this survey.

Inventory of National Rural Health Research Related Databases

Lowest geographic level collected: Postal Code
Lowest geographic level of release: Province/Territory
Existing rural variable: No

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census “rural areas” (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaft’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

- Impact of disability on everyday activities
- Help required to complete everyday activities
- Impact on employment education, leisure, accommodation and transportation
- Difficulties with certain daily activities, such as moving around, hearing, seeing, communicating and learning
- Type and severity of the activity limitation
- Specialized equipment and aids that are used and/or needed
- Information on out-of-pocket expenses related to specialized aids and services, medications, transportation, etc.
- Economic characteristics, such as insurance coverage and sources of income.

Notes:

Data from the Health and Activity Limitations Survey (HALS), which is also included in this inventory, and the Participation and Activity Limitations Survey (PALS) cannot be compared because of significant differences.

The following summarizes the major differences between the 1991 HALS and 2001 PALS:

- 1) **New filter questions:** The 2001 PALS uses new census disability filter questions to identify its population. The new filter questions are more inclusive than the ones used in 1991;
- 2) **New sampling plan:** The HALS sample included both respondents who answered YES to the disability filter questions on the census form and those who answered NO. But the 2001 PALS survey sampled only those individuals with positive answers to the 2001 Census filter questions. Respondents who answered NO to the census disability filter questions were excluded from the PALS.
- 3) **New questionnaire content:** The PALS questionnaire content, including new screening questions, is significantly different from that used in the 1991 HALS questionnaire, in particular the content related to the identification of the types and severity of activity limitations. This expanded content provides more detailed information regarding the type of disabilities. In addition, the new severity scale takes into account the whole range of disabilities.

Inventory of National Rural Health Research Related Databases

The new set of filter questions could also be used as a “global disability indicator” in other Statistics Canada’s surveys, thereby increasing the scope of available data on persons with disabilities. Although it was recognized that the resulting disability rates would vary depending on the survey context and methodology, this improved consistency in the measurement of disability would enhance the usefulness of data on persons with disabilities.

Inventory of National Rural Health Research Related Databases

Database name: **Registered Nurses Database**

Thematic Coverage: This database contains supply and distribution information for registered nurses in Canada.

Maintained by: CIHI

Availability: Data disclosure is determined by CIHI's Privacy and Confidentiality Policy (see www.cihi.ca). If privacy and confidentiality criteria are met, data can be released at the sub-provincial level. Costs are dependent upon the level data required, plus programming and processing fees.

Start Date: 1980; Data from 1994 to the most recent year is available for release.

Release Date: Approximately 18 months after reference period

Frequency of collection: Annual

Data Collection: Each year Registered Nurses complete a mandatory registration form to practice. An approved subset of all data collected by the provincial/territorial regulating authorities is submitted electronically to CIHI for processing and verification.

Sample size: All Registered Nurses in Canada

Geographic coverage: All provinces and territories

Lowest geographic level collected: Postal Code
Lowest geographic level of release: Census Subdivision
Existing rural variable: No

Rural definitions that can be constructed from this database include (building block):

- ✓ Census "rural areas" (Enumeration Area)
 - ✓ Rural and Small Town definition (Census Subdivision)
 - ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
 - ✓ OECD "rural communities" definition (Census Consolidated Subdivision)
 - ✓ OECD "predominantly rural regions" definition (Census Division)
 - ✓ Ehrensaft's "Beale codes" (Census Division)
-

Data elements:

- Demographics
- Employment
- Education

Notes:

For more information, contact nursing@cihi.ca

Inventory of National Rural Health Research Related Databases

Database name: **Residential Care Facilities Survey**

Abstract: This survey of facilities (excluding hospitals) which provide some level of care (personal and health) to residents. Facilities include homes for the aged, nursing homes, personal care homes, rest homes, facilities for the psychiatrically disabled, developmentally delayed, physically handicapped/disabled, alcohol/drug problems, delinquents, transients, unmarried mothers and shelters for families in crisis.

Maintained by: Health Statistics, Statistics Canada; CIHI from 1994-1996

Availability: Custom tabulations that meet data suppression criteria are available on a cost recovery basis. Cells with less than 3 facilities or if more than 75% of observations in a cell are from less than 25% of the facilities in the cell, then the data is suppressed.

Start Date: 1975
Release Date: 2 years after the reference year
Frequency of collection: Annual

Data Collection: 85% Self-completion, mail out/mail back; 15% Extraction from administrative files of residential care facilities. All residential care facilities funded, licensed or approved by provincial departments of health/social services with 4 beds or more.

Sample size: Census of all residential care facilities with 4 beds or more (approximately 5000 facilities).
Achieve approximately 75% return rate (lowest response among facilities with less than 20 beds)

Geographic coverage: All Provinces and Territories

Lowest geographic level collected: Postal Code of Facility
Lowest geographic level of release: Province
Existing rural variable: No

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census "rural areas" (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD "rural communities" definition (Census Consolidated Subdivision)
- ✓ OECD "predominantly rural regions" definition (Census Division)
- ✓ Ehrensaft's "Beale codes" (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if confidentiality is ensured.

Inventory of National Rural Health Research Related Databases

Data Elements:

- Residential health care facilities, socio-economic data, by economic, medical and socio-demographic characteristics
- Type of operation and ownership
- Size of facility, by number of beds approved
- Expenses by type of service
- Employment, employees, by type, by salaries and wages, by type of employment
- List of residential care facilities, by maximum bed capacity, by principal characteristics of dominant group of residents in facility by and type of ownership, by province or territory, by location, name, address and postal code

Notes:

No attempt is made to adjust the data to account for facilities not responding to this survey or for item non-response for those facilities which did report.

For more information, contact hd-ds@statcan.ca

Inventory of National Rural Health Research Related Databases

Database name: **Southam Medical Database**

Thematic Coverage: This database collects interprovincially comparable and up-to-date information on the supply, distribution and migration (interprovincial and international) patterns of Canadian physicians.

Maintained by: CIHI

Availability: Data disclosure is determined by CIHI's Privacy and Confidentiality Policy (see www.cihi.ca). If privacy and confidentiality criteria are met, data can be released at the sub-provincial level. Costs are dependent upon the level data required, plus programming and processing fees.

Start Date: 1980

Release Date: Release dates of publications vary. CIHI also responds to research and analysis requests.

Frequency of collection: Annual

Data Collection: CIHI purchases data from the Business Information Group, a division of Holliger Canadian Newspaper L.P, formerly Southam Medical Group, a division of Southam Inc.

Sample size: Over 50,000 active civilian physicians in Canada

Geographic coverage: Provinces and territories

Lowest geographic level collected: Postal Code of physician's practice

Lowest geographic level of release: Forward Sortation Area or Enumeration Area depending on request

Existing rural variable: No

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census "rural areas" (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD "rural communities" definition (Census Consolidated Subdivision)
- ✓ OECD "predominantly rural regions" definition (Census Division)
- ✓ Ehrensaft's "Beale codes" (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Inventory of National Rural Health Research Related Databases

Data elements:

- Demographics
- Specialty (most recent certified medical specialty)
- Primary medical interested (self-reported)
- Activity Status (e.g. active, abroad, etc.)
- Registration status
- Hospital affiliation and appointment
- Country, school and year of M.D. graduation

Notes:

Some mailing addresses may not reflect actual practice locations.

There is no variable indicating medical activity status.

For more information, contact smdb@cihi.ca

Inventory of National Rural Health Research Related Databases

Database name: **Survey on Aging and Independence**

Thematic Coverage: This survey collects information to provide a “baseline” on factors important to remaining independent in the community as one ages and to measure a wide range of characteristics of Canadians, 45 years of age and older.

Maintained by: Special Surveys Division

Availability: A public version of the file is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations are also available on a cost recovery basis.

Start Date: 1991
Release Date: 18 months after the reference period
Frequency of collection: Occasional

Data Collection: All persons 45 years and older using Random Digit Dialing sampling system. Pre-selected respondents were given a 30 minute telephone interview.

Sample size: 20,036; weighted to the Canadian population

Geographic coverage: All provinces, excluding residents of the Territories, inmates of institutions, full-time members of the Armed Forces and residents of Indian reserves. These exceptions represent less than 3% of the populations.

Lowest geographic level collected: Postal Code
Lowest geographic level of release: Region (BC, Prairies, ON, QB, Maritimes)
Existing rural variable: Yes, (only available from master data file)

The “area of residence” variable codes for the following categories:

URBAN AREAS POPULATION 500,000 OR MORE
URBAN AREAS POPULATION 100,000 - 499,999
URBAN AREAS POPULATION 30,000 - 99,999
URBAN AREAS POPULATION 15,000 - 29,999
SMALL URBAN AREAS
RURAL AREAS

Inventory of National Rural Health Research Related Databases

Rural definitions that can be constructed from this database include (building block) †:

- ✓ Census “rural areas” (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaft’s “Beale codes” (Census Division)

† Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

- Demography
- Education, Literacy, Training
- General Health

Notes:

For more information, contact the Special Surveys Division, ssd@statcan.ca

Inventory of National Rural Health Research Related Databases

Database name: **Survey of Smoking Habits**

Thematic Coverage: This supplement to the Labour Force Survey collected information used to examine trends in the smoking behaviour of the Canadian population. The primary focus of the analysis of the data is on three specific groups: non-smokers, regular cigarette smokers and occasional cigarette smokers.

Maintained by: Special Surveys Division, Statistics Canada

Availability: A public version of the file is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations are also available on a cost recovery basis.

Start Date: 1965
Release Date: N/A – Discontinued
Frequency of collection: Once a year – 1965 to 1974 inclusive
Every second year – 1975 through 1985

Data Collection: Sample of the population working-aged population 15 years and older drawn from 2 of the 6 rotating panels of the Labour Force Survey. Data collected through telephone and personal interviews.

Sample size: 23,000 households

Geographic coverage: All provinces, excluding residents of Territories, inmates of institutions, full-time members of the Armed Forces and residents Indian reserves. These exceptions represent less than 3% of the populations.

Lowest geographic level collected: Postal Code
Lowest geographic level of release: Province
Existing rural variable: No

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census “rural areas” (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaft’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Inventory of National Rural Health Research Related Databases

Data Elements:

- Demography
- Education, Literacy, Training
- General Health
- Smoking behaviours, habits, consumption and attitudes of young Canadians
- Health status indicators
- Social behaviour

Notes:

This survey complements other smoking-related survey files such as: **SURVEY OF SMOKING IN CANADA** (1995), the **YOUTH SMOKING SURVEY** (1994), and the **CANADIAN TOBACCO USE MONITORING SURVEY** (1999 & 2000), along with other health surveys containing questions on smoking behaviour.

The LFS uses a rotating panel sample design so that selected dwellings remain in the LFS sample for six consecutive months. One feature is that each of the six rotation groups can be used as a representative sample by itself.

For more information, the Special Surveys Division, ssd@statcan.ca

Inventory of National Rural Health Research Related Databases

Database name:	Survey on Smoking in Canada
Thematic Coverage:	This survey collected information used to monitor cigarette smoking patterns in Canada over a 12-month period. The objective was to get into the field as quickly as possible to measure the effect of cigarette price reductions on smoking behaviour. This survey is also used to measure the prevalence and the amount of cigarettes smoked and to monitor any changes during this time.
Maintained by:	Special Surveys Division, Statistics Canada
Availability:	A public version of the file is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations are also available on a cost recovery basis.
Start Date:	1994
Release Date:	18 months after the reference period
Frequency of collection:	4 cycles in a 12 month period
Data Collection:	All persons 15 years and older using Random Digit Dialing sampling system used by the General Social Survey. The selection of the one household member gave greater probability of selection to ages 15-24 and ages 65 years and older than to ages 25-64. For the second and subsequent cycles, the respondents from the first cycle were re-contacted. In cycle 2 an attempt was made to reach all 15,804 original respondents. In cycles 3 and 4, interviewers attempted to contact 14,453 of the original respondents; the exclusions being those people who could not be located in cycle 2 or who refused the cycle 2 interview.
Sample size:	23,000 households of the Labour Force Survey sample
Geographic coverage:	All provinces, excluding residents of the Territories, inmates of institutions, full-time members of the Armed Forces and residents of Indian reserves. These exceptions represent less than 3% of the populations.
Lowest geographic level collected:	Postal Code
Lowest geographic level of release:	Region (BC, Prairies, ON, QB, Maritimes)
Existing rural variable:	Census Metropolitan Area (CMA) / Non-CMA are coded. Prince Edward Island has no CMA and the CMAs of Montreal and Toronto were each separate strata.

Inventory of National Rural Health Research Related Databases

Census Metropolitan Area (CMA) / Census Agglomeration (CA) and Non-CMA can be used as an urban / rural variable. CMA/CA and Non-CMA/CA can be used to construct a 5-level rural/urban variable. Urban core, urban fringe and rural fringe distinguish between central and peripheral urban and rural areas within a census metropolitan area (CMA) or census agglomeration (CA). **Urban core** is a large urban area around which a CMA or a CA is delineated. The urban core must have a population (based on the previous census) of at least 100,000 persons in the case of a CMA, or between 10,000 and 99,999 persons in the case of a CA. The urban core of a CA that has been merged with an adjacent CMA or larger CA is called the **secondary urban core**. **Urban fringe** is the urban area within a CMA or CA that is not contiguous to the urban core. It has a minimum population of 1,000 and a population density of at least 400 per square kilometre, based on the previous census counts. **Rural fringe** is all territory within a CMA or CA not classified as an urban core or an urban fringe. The other levels of geography in this classification are **urban area (small towns) that lie outside of CMA** and **rural area lying outside of CMA**.

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Census "rural areas" (Enumeration Area)
- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD "rural communities" definition (Census Consolidated Subdivision)
- ✓ OECD "predominantly rural regions" definition (Census Division)
- ✓ Ehrensaft's "Beale codes" (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

- Demography
- Education, Literacy, Training
- General Health
- Smoking behaviours, habits, consumption and attitudes of young Canadians
- Health status indicators

The core set of questions about current smoking behaviour were repeated in each cycle, but each cycle also had a new set of questions focusing on a particular area of interest about smoking.

Notes:

This survey was conducted to fulfil the short-term information needs of Health Canada's Tobacco Monitoring Strategy. The medium- and long-term information needs will be filled by the the Canadian Tobacco Use Monitoring Survey, the Youth Smoking Survey and the National Population Health Survey and its supplements.

Response rate was somewhat lower than expected, but there is no indication that non-response was correlated with smoking behaviour.

The major groups of interest are the younger and older age groups, since it was expected that most of the changes in smoking patterns between February 1994 and February 1995 would be seen in these groups. Reliable measures of change were required for four age groups (15-19, 20-24, 25-64 and 65 years and older) in each of five geographic regions (Atlantic provinces, Quebec, Ontario, Prairie provinces and British Columbia). If all ages were selected with equal probability, the 25-64 age group would be over-represented in the sample and a much larger

Inventory of National Rural Health Research Related Databases

sample would have been needed to get the required number of respondents in the younger and older age groups.

For more information, contact the Special Surveys Division, ssd@statcan.ca

Inventory of National Rural Health Research Related Databases

Database name: **Traffic Accident Information Database (TRAID)**

Thematic Coverage: This database collects information on motor vehicle accidents, including all fatal, personal injury and property damage collisions over \$1000. Accidents involving pedestrians (only if a motor vehicle is involved) are also covered.

Maintained by: Transport Canada

Availability: Requests for extraction of raw data can be granted with approval from the jurisdictions for specific research projects. This database is not linked with external databases.

Start Date: 1984
Release Date: Approximately 12 months after collection
Frequency of collection: Annual

Data Collection: Data compiled from all provincial and territorial ministries of transportation from submitted police reports. Reporting forms are not uniform and some jurisdictions do not supply all the information regarding some of the variables in the database.

Sample size: Approximately 600,000 collisions yearly

Geographic coverage: All provinces and territories

Lowest geographic level collected: Accident location; varies by province but name of street of accident (i.e. no intersection information available). In Ontario, B.C., Manitoba, New Brunswick and Nova Scotia, police detachment codes are reported to denote accident location.

Lowest geographic level of release: Province; in order to use the data at smaller geographic levels, the data must be obtained from each province.

Existing rural variable: Yes

Urban is defined as metropolitan roads, streets and other urban areas, or where a posted speed limit at the collision site is 60 km/h or less.

Rural is defined as a primary or secondary highways and local roads or where a posted speed limit at the collision site exceeds 60 km/h.

Rural definitions that can be constructed from this database include (building block):

- ✓ None of the rural definitions in Appendix A can be constructed from this database[†]

[†] In order to construct these definitions, the location of the accident would be required to be translated from police detachment codes to postal code.

Inventory of National Rural Health Research Related Databases

Data Elements

- Accident location and contributing factors
- Road classification
- Driver and passenger demographics
- Type of vehicles involved
- Severity of accident

Notes:

Due to the way “rural” is defined for this data source, a collision on the 401 going through Toronto would be coded as rural since the posted speed limit is 100 km/h, even though the collision occurred within the geographic boundaries of Toronto.

A decline in police reporting in British Columbia from 1996-2000 has affected the British Columbia totals and, to a lesser extent, national totals of the population.

For national level data summary and more information,
Transport Canada Website: www.tc.gc.ca/roadsafety

Inventory of National Rural Health Research Related Databases

Database name: **University Student Information System - Enrolment and Degrees**

Thematic Coverage: This survey collects annual information from degree-granting universities and affiliated colleges in Canada, highlighting enrolment, degrees/diplomas granted, level and field of study and student characteristics.

Maintained by: Culture, Tourism and the Centre for Education, Statistics Canada

Availability: Custom tabulations are available on a cost recovery basis.

Start Date: 1970 (qualifications granted)
1972 (enrolment)

Release Date: Approximately 12 months after reference academic year
Frequency of collection: Annual (Academic year for enrolment; Calendar year for degrees)

Data Collection: Census of all degree granting universities in Canada. A 100% data extraction is conducted from the University Student Information System (USIS).

Sample size: Approximately 78 degree granting universities

Geographic coverage: All Canadian universities

Lowest geographic level collected: Institution

Lowest geographic level of release: Postal Code by Institution is available as of 1994, but release of postal code information may be restricted based on application of use. Prior to 1994, data are available only at the provincial level. Individual geography of enrolled students is limited to province of residence.

Existing rural variable: No

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD "rural communities" definition (Census Consolidated Subdivision)
- ✓ OECD "predominantly rural regions" definition (Census Division)
- ✓ Ehrensaff's "Beale codes" (Census Division)

[†] By institution, as of 1994.

Inventory of National Rural Health Research Related Databases

Data Elements:

- Enrolment and degrees granted
- University participation rates
- Foreign student participation in Canadian education
- Discipline profile trends
- Sex distribution of Canadian students and graduates

Notes:

The enrolment survey collects information on student counts as of December 1st in all provinces except Ontario, where the reference date is November 1st. This means that each student who attends university in the fall session is counted only once annually, even though the student may be enrolled in more than one program. This student count is used as a proxy for the total number of students enrolled during a complete academic year.

Inventory of National Rural Health Research Related Databases

Database name: **Vital Statistics**

Thematic Coverage: This administrative survey collects information annually from all provincial and territorial vital statistics registries on all live births in Canada, including births, stillbirths, marriage and deaths in Canada

Maintained by: Health Statistics, Statistics Canada

Availability: There is no public release file. Access to the data files are not generally provided beyond the organization with the exception of Health Canada, which receives non-identifiable data for analytical purposes. This database is not linked with external databases. Requests for internal linkage are assessed by a linkage committee made up of Statistics Canada's senior management.

Start Date: 1921
Release Date: Approximately 12 months after the collection period
Frequency of collection: Annual

Data Collection: Taken from provincial and territorial sources, Statistics Canada compiles data on all (100% coverage) those individuals, who were born, stillborn, married, divorced or who died in a calendar year.

Sample size: Since vital statistics reporting is required by law coverage is thought to be very close to 100% complete. Data is analysis from the case residence not where the event occurred.

Records received after the cut-off date and births of Canadians in countries other than Canada or the United States are missing.

Geographic coverage: All provinces and territories

Lowest geographic level collected: Postal Code, however not complete for many provinces, other less precise geographic variables used.

Lowest geographic level of release: Data released at the Census Division (CD) level without suppression. At the Census Subdivision (CSD) cells with less than 3 observations are suppressed. At the CSD if no suppression is required permission for data release must be obtained from all provinces.

Inventory of National Rural Health Research Related Databases

Existing rural variable: Census Metropolitan Area (CMA) / Non-CMA are coded. Prince Edward Island has no CMA and the CMAs of Montreal and Toronto were each separate strata.

Census Metropolitan Area (CMA) / Census Agglomeration (CA) and Non-CMA/CA can be used as an urban / rural variable. CMA/CA and Non-CMA/CA can be used to construct a 5-level rural/urban variable. Urban core, urban fringe and rural fringe distinguish between central and peripheral urban and rural areas within a census metropolitan area (CMA) or census agglomeration (CA). **Urban core** is a large urban area around which a CMA or a CA is delineated. The urban core must have a population (based on the previous census) of at least 100,000 persons in the case of a CMA, or between 10,000 and 99,999 persons in the case of a CA. The urban core of a CA that has been merged with an adjacent CMA or larger CA is called the **secondary urban core**. **Urban fringe** is the urban area within a CMA or CA that is not contiguous to the urban core. It has a minimum population of 1,000 and a population density of at least 400 per square kilometre, based on the previous census counts. **Rural fringe** is all territory within a CMA or CA not classified as an urban core or an urban fringe. The other levels of geography in this classification are **urban area (small towns) that lie outside of CMA** and **rural area lying outside of CMA**.

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD "rural communities" definition (Census Consolidated Subdivision)
- ✓ OECD "predominantly rural regions" definition (Census Division)
- ✓ Ehrensaft's "Beale codes" (Census Division)

[†] It should be noted that although it is possible to use the Vital Statistics Database with the Statistics Canada definition of rural, there may be some problems with disaggregating Census metropolitan Areas (CMA's) and Census Agglomerations (CA's) needed to derive the five urban rural definitions.

Data Elements:

- Death and death rates by cause, ICD code categories
- Births and stillbirths, and birth rate,
- Marriages and divorces
- Age-specific fertility rates

Notes:

Birth data for Ontario are underestimated for data years 1990-1997 due to incomplete files.

Inventory of National Rural Health Research Related Databases

Database name:	Youth Smoking Survey
Thematic Coverage:	This survey collects information and estimates of adolescent smoking behaviour and attitudes towards tobacco use in Canada. Data from this survey helps to evaluate public information programs directed to Canadian youth about the health risks associated with smoking. Information also serves to reinforce the assessments to the Tobacco Act and the Tobacco Products Control Act.
Maintained by:	Special Surveys Division, Statistics Canada
Availability:	A public release version of the data files is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations are also available on a cost recovery basis.
Start Date:	1994
Release Date:	Approximately 14 months after the reference period
Frequency of collection:	Occasional (most recent in 2002)
Data Collection:	<p>This survey consists of two components:</p> <p>Labour Force Survey – Up to 11 current and previous LFS rotation groups will be used in each province. In households with persons 15-19 years old, all persons of this age will be interviewed by telephone either during the LFS collection or during a follow-up telephone call. In some rotation groups, households with children of specific ages are being excluded in order to avoid overlap with households being selected for the National Longitudinal Survey of Children.</p> <p>School portion – Formal approval will be obtained from school boards to conduct the survey in schools in their jurisdiction. A sample of schools will be selected in each province, followed by a sample of classes of students 10-14 years old (approximately 80 classes per province). A classroom session will be arranged during which questionnaires will be distributed to be self-completed by students with assistance from the interviewer as required. A telephone interview was conducted with the parent.</p>
Sample size:	9,491 persons 15-19 (LFS portion); 14,270 persons 10-14 (school portion), representing the 3.88 million people aged 10 to 19 in Canada. The sample is large enough for estimates by single years of age and for all 10 provinces.

Inventory of National Rural Health Research Related Databases

Geographic coverage:	Youths aged 10 to 19 as of September 1, 1994 from all provinces, excluding persons on Indian reserves or living in institutions.
Lowest geographic level collected:	Postal Code
Lowest geographic level of release:	Province / Territory
Existing rural variable:	No

Rural definitions that can be constructed from this database include (building block)[†]:

- ✓ Rural and Small Town definition (Census Subdivision)
- ✓ Metropolitan area and census agglomeration Influenced Zones (Census Subdivision)
- ✓ OECD “rural communities” definition (Census Consolidated Subdivision)
- ✓ OECD “predominantly rural regions” definition (Census Division)
- ✓ Ehrensaft’s “Beale codes” (Census Division)

[†] Results for these areas of geography could conceivably be derived from postal codes if respondent confidentiality is ensured.

Data Elements:

- Demography
- Education, Literacy, Training
- General Health
- Smoking behaviours, habits, consumption and attitudes of young Canadians
- Health status indicators
- Social behaviour

Notes:

The surveying is done through the school system to ensure a good representation of youths from different economic backgrounds and regions.

Low smoking prevalence in the lower age categories provides for some limits in the uses of the data for 10 to 14 year olds. The different data collection methods should also be taken into consideration when comparing the two age groups.

The LFS uses a rotating panel sample design so that selected dwellings remain in the LFS sample for six consecutive months. One feature is that each of the six rotation groups can be used as a representative sample by itself.

The technical report of the 1994 Youth Smoking Survey can be found at the following website:
<http://www.hc-sc.gc.ca/hecs-sesc/tobacco/research/archive/survey94/yss.html>

For more information, contact TCP-PLT-questions@hc-sc.gc.ca

Appendix A: Alternative Definitions of Rural

Definition	Main criteria, thresholds and building blocks
Census “rural areas”	<p>Population size: Population living <i>outside</i> places of 1,000 people or more; <u>OR</u></p> <p>Population density: Population living <i>outside</i> places with densities of 400 or more people per square kilometre.</p> <p>Building blocks: EAs</p>
<p>“Rural and small town” (RST)</p> <p>Metropolitan area and census agglomeration Influenced Zones (MIZ)</p>	<p>Labour market context: Population living <i>outside</i> the commuting zone of larger urban centres (of 10,000 or more).</p> <p>Population size/density: Urban areas with populations less than 10,000 are included in RST together with rural areas if they are outside the main commuting zones of larger urban centres</p> <p>Labour market context: MIZ disaggregates the RST population into four sub-groups based on the size of commuting flows to <i>any</i> larger urban centre (of 10,000 or more)</p> <p>Building blocks: CSDs (for RST and MIZ)</p>
OECD “rural communities”	<p>Population density: Population in communities with densities less than 150 people per square kilometre.</p> <p>Building blocks: CCSs</p>
OECD “predominantly rural regions”	<p>Settlement context: Population in regions where more than 50 percent of the people live in an OECD “rural community.”</p> <p>Building blocks: CDs</p>
“Non-metropolitan regions” (Ehrensaft’s “Beale codes”)	<p>Settlement context: Population living outside of regions with major urban settlements of 50,000 or more people. Non-metropolitan regions are subdivided into three groups based on settlement type, and a fourth based on location in the North. The groups based on settlement type are further divided into “metropolitan adjacent” and “not adjacent” categories.</p> <p>Population size: Non-metropolitan regions include urban settlements with populations of less than 50,000 people and areas with no urban settlements (where “urban settlements” are defined as places with a population of 2,500 or more).</p> <p>Building blocks: CDs</p>
“Rural” postal codes	<p>Rural route delivery area: Areas serviced by rural route mail delivery from a post office or postal station. “0” in the second position of a postal code denotes a “rural” postal code (also referred to as a “rural” forward sortation area (rural FSA)).</p> <p>Note: This method as defining an area as “rural” is no longer valid in New Brunswick, some parts of Quebec, and perhaps nowhere in Canada in the future.</p> <p>Building blocks: Canada Post geography.</p>

Sources: Statistics Canada (1999a); Mendleson and Bollman (1998); McNiven, Puderer and Janes (2000); OECD (1994); Ehrensaft (199?); Ehrensaft and Beeman (1992); Statistics Canada (1999b), as cited by du Plessis V et al. (2002). Definitions of “Rural”. Agriculture and Rural Working Paper Series, Working Paper No. 61. Ottawa, Ontario: Statistics Canada, Agricultural Division.

Appendix B

Appendix B lists a number of important databases that were included in the review process but contained data that is not conducive to being classified by any of the definitions of rural presented by du Plessis et al..

List of Appendix B databases

Canadian National Atmospheric Chemistry Database and Analysis System
Global Pesticides Release Database
Health Expenditures Database
National Work Injuries Statistics Program
Rent Survey
Sun Exposure Survey
Therapeutic Abortions Database
Uniform Crime Reporting Survey

Database name:	Canadian National Atmospheric Chemistry Database and Analysis System
Thematic Coverage:	<p>This database archives North American air and precipitation chemistry data that can be used to enhance atmospheric research. Such research includes investigations into the chemical nature of the atmosphere, atmospheric processes, spatial and temporal patterns, source-receptor relationships and long range transport of air pollutants. To contribute to NAtChem, networks must operate for a period of at least two years, must have wide area coverage and must have regionally-representative sites (rural and background).</p> <p>The NAtChem Database consists of 3 smaller databases:</p> <ul style="list-style-type: none">• The NAtChem Precipitation Chemistry Database[‡]• The NatChem Particulate Matter Database[‡]• The NAtChem Air Toxics Database <p>[‡] Included in inventory</p>
Maintained by:	Meteorological Service of Canada
Availability:	Dependent upon database
Website:	http://www.msc-smc.ec.gc.ca/natchem/

Database name:	Global Pesticides Release Database
Thematic Coverage:	This database collects high-quality gridded emission and residue data of persistent organochlorine pesticides, such as HCH, DDT, toxaphene, with different scales and resolutions. These datasets can be used by scientific, industrial, educational, and policy-making communities.
Maintained by:	Modelling & Integration Research Division of Air Quality Research Branch, Meteorological Service of Canada, Environment Canada
Availability:	This website provides a number of data sets, and journal articles for free downloads. However, these data sets are available to be freely downloaded by registered users only. You must register and then login before you can download them.
Website:	http://www.msc-smc.ec.gc.ca/data/gloperd/index_e.cfm

Database name:	Health Expenditures Database
Thematic Coverage:	This database collects information at a macro level on health spending in Canada. It holds data on all health expenditures in the country – by spending category (e.g. hospital services, physician services) and source of funding (e.g. government).
Maintained by:	CIHI
Availability:	Data disclosure is determined by CIHI's Privacy and Confidentiality Policy (see www.cihi.ca). Costs are dependent upon the level data required, plus programming and processing fees. Agreements do not allow for the release of confidential data obtained from the private insurance companies and AC Nielsen Canada.
Notes:	CIHI completed a study on the impact of regionalization on this database which examined the feasibility of collecting health expenditures at the regional level in June 2000. The study concluded that the development of comprehensive health expenditure estimates for health regions is not feasible within the limits imposed by present sources of data and data collection systems.
For more information, contact	nhex@cihi.ca

Database name: **National Work Injuries Statistics Program**

Thematic Coverage: This program collects information annually on work related time-loss injuries and illnesses from Provincial and Territorial Workers' Compensation Boards in Canada.

Maintained by: Labour Statistics, Statistics Canada

Availability: Access to raw data is not provided beyond the Association of Workers' Compensation Boards of Canada. The database is not linked with external databases.

Notes: NWISP publishes an annual report containing statistical summary information covering all of the variables in the database over a three-year time series. More detailed statistical summaries are available to meet specific requests.

Database name: **Rent Survey**

Thematic Coverage: This monthly survey collects rent data and rental characteristics to be used as input into the construction of the rental component of the Consumer Price Index. This survey is part of the Labour Force Survey.

Maintained by: Prices Division

Availability: Custom tabulations are also available on a cost recovery basis.

Notes: The purpose of this survey is to produce measures of rent change. Although there is no statistical measurement of the quality, for this purpose, the quality is acceptable. For any other purposes, such as the derivation of rent levels or rent characteristics, the quality is low and the data should not be used for these purposes.

Database name: **Sun Exposure Survey**

Thematic Coverage: This survey was conducted to establish baseline measures of protection and exposure behaviours since these behaviours have never before been addressed in a national health survey; and secondly, to measure attitudes on risk perception and the need for protection. It assesses the sun-exposure and protective behaviours of people living in the five regions within Canada and builds on preliminary work funded by Environment Canada, the Canadian Dermatology Association, and Health Canada.

Maintained by: Special Surveys Division

Availability: A public release version of the data files is available through the Data Liberation Initiative (DLI). Some variables are suppressed and other are aggregated to protect the anonymity of individual survey respondents. Custom tabulations are also available on a cost recovery basis.

For more information, contact ssd@statcan.ca

Database name: **Therapeutic Abortions Database**

Thematic Coverage: The database collects demographic and medical characteristics of Canadian patients obtaining therapeutic abortions in Canada and the United States.

Maintained by: CIHI; prior to 1995, database maintained by Statistics Canada

Availability: Data disclosure is determined by CIHI's Privacy and Confidentiality Policy (see www.cihi.ca). Occurrences of less than three are suppressed when tables are run. Costs are dependent upon the level data required, plus programming and processing fees.

For more information, contact ta@cihi.ca

Database name: **Uniform Crime Reporting Survey**

Thematic Coverage: This survey collects data on the nature and incidence of crime and traffic enforcement in Canada. The revised survey collects much more detailed offence and accused information, as well as victim characteristics in cases of violent offences.

Maintained by: Canadian Centre for Justice Statistics

Availability: Preliminary results are not released or available to the public. They are simply used for verification purposes and for draft Canadian Centre for Justice Statistics reports.

Notes: Provincial coverage on Uniform Crime Reporting 2 is currently greatest in Quebec (99%), Ontario (73%), Manitoba (56%), Alberta (53%) and Saskatchewan (52%). National coverage is expected to remain around 60% until such time as the RCMP (28% of national volume of crime) are capable of providing data.