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## Inventory of National Rural Health Research Related Databases

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Database name:	<b>Canadian Community Health Survey</b>
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 mater 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.

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)<sup>†</sup>:

- ✓ 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)

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

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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](mailto:cchs-esc@statcan.ca).