



USING CENSUS DATA TO SHAPE QUESTIONS AROUND PUBLIC HEALTH IN TRAFFORD

PRESENTATION TO HEALTH AND WELLBEING BOARD

21ST JULY 2023



AIMS

- To describe the features of the 2021 Census
- To outline the benefits and challenges of using this data resource to support Public Health activities
- To seek input from the board in relation to prioritisation of topic areas for exploration of this resource

WHAT TOPICS DOES THE CENSUS COVER?

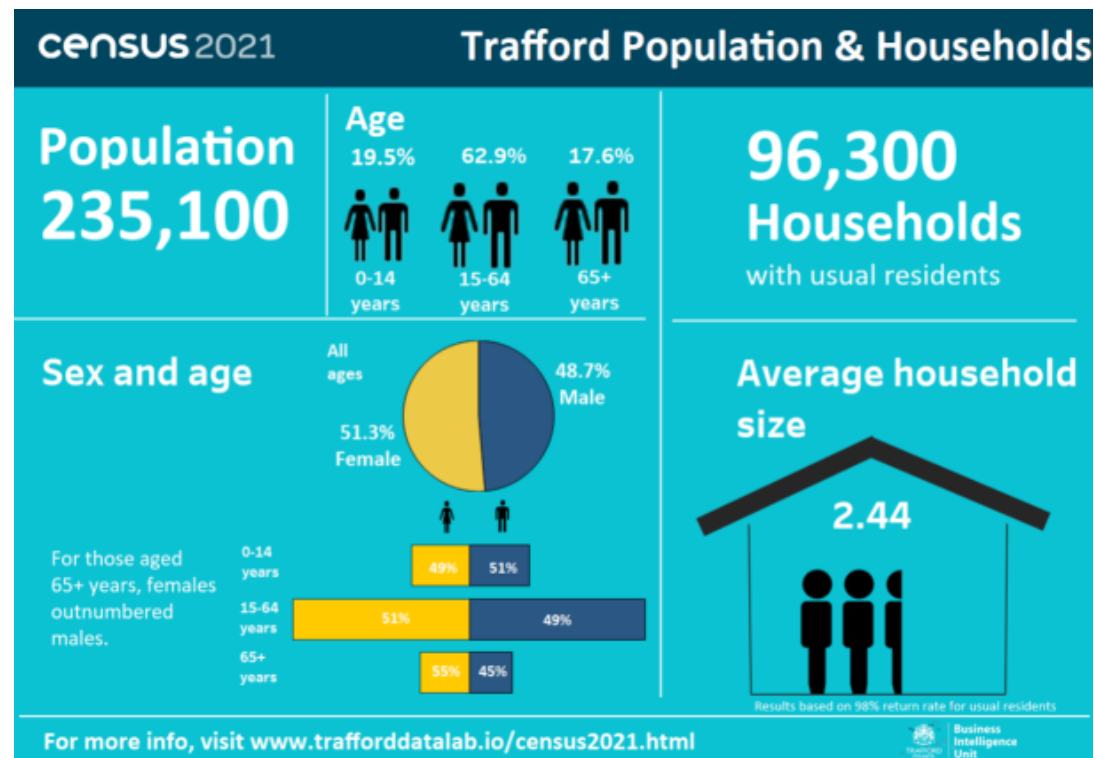
- Population and Households
- Household composition
- Health
- Education
- Disability
- Unpaid Care
- Country of birth
- Ethnicity
- Language and Religion
- Sexual orientation
- Gender identity

WHAT ARE THE USEFUL FEATURES OF THE CENSUS?

- Coverage:
 - 97% at England level
 - 98% at Trafford level
- Methodology:
 - Robust methodology
 - Consistency across key topics enabling comparisons over time (with some caveats)
- Geography:
 - Ability to describe our population at a more granular level
 - Geographical data available in a way that is not always common with many data sources

RESOURCES FROM TRAFFORD DATA LAB

- A range of resources available at: <https://www.trafforddatalab.io/census2021.html>
 - Infographics
 - Reports
 - Data



WHAT ARE THE LIMITATIONS OF THE CENSUS?

- 'Cross-sectional' data
- Only tells us about the status of our population on that day e.g.
 - It can tell us if someone was a carer on that day but not if they stop being a carer a month later
 - It can tell us if someone was unemployed, but not how long for, nor if they start a job the next week
- We can't use it to determine 'cause' and 'effect' e.g.
 - Does a person have 'bad health' because they are unemployed, or are they unemployed because they have 'bad health'?
- Data is self-reported – some questions are 'open to interpretation'
- Need to avoid over-reach e.g.
 - We CAN predict how many 3 year olds there will be in 2023 based on how many 1 year olds there were in 2021
 - We CAN'T predict how many 3 year olds there will be in 2030 without also using other resources and knowledge

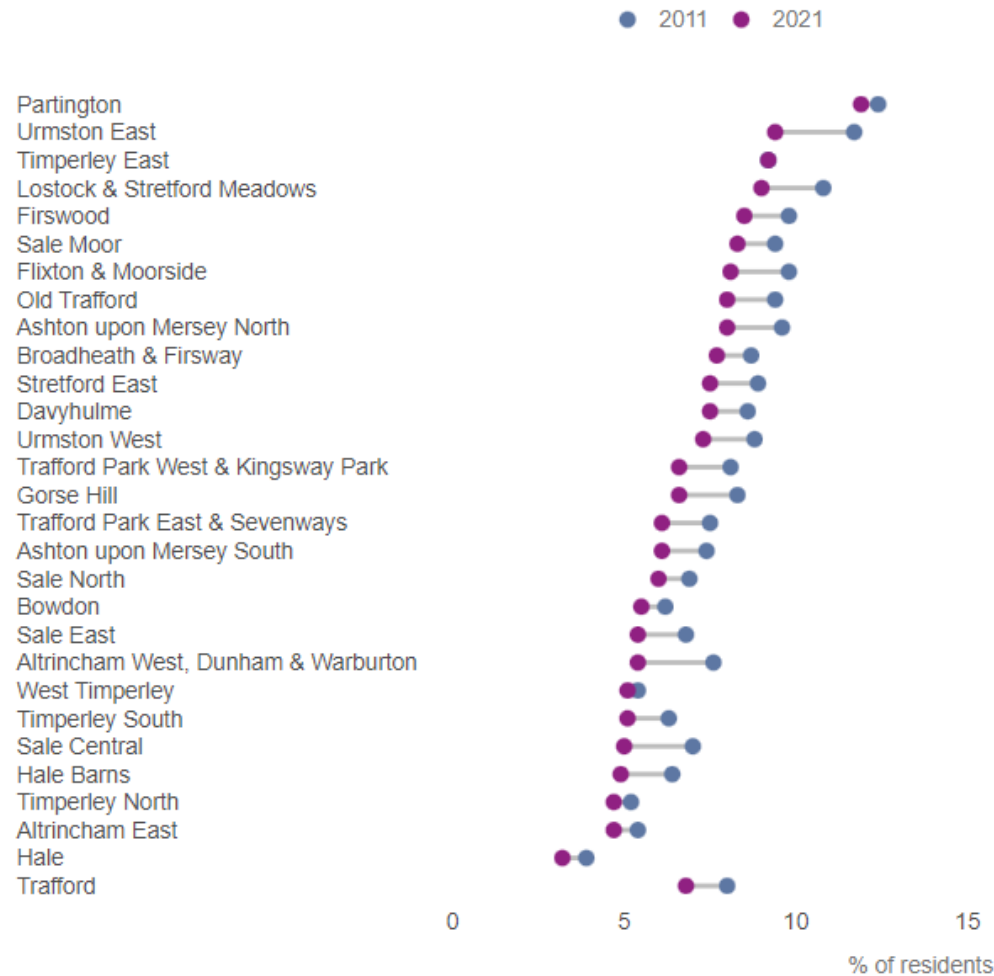
HOW CAN WE USE CENSUS DATA TO INFORM PUBLIC HEALTH ACTIVITY?

- Approach 1:
 - Take an existing question and see if the Census data is an appropriate resource for answering that question (on its own or in combination with other data/intelligence)
- Approach 2:
 - Start with the data, make observations, use these to generate new questions
 - Then consider whether the Census data provides a complete answer to those questions, or whether (most likely) other sources of data/intelligence are needed
- To be avoided:
 - Start with the data with no questions in mind and jump straight to conclusions
 - Unclear what question is being addressed
 - This risks various types of error and bias
 - Missed opportunities to answer the question in a better way

EXAMPLE:

Disabled: Day-to-day activities limited a lot

Trafford MSOAs



Day-to-day activities limited a lot, 2021

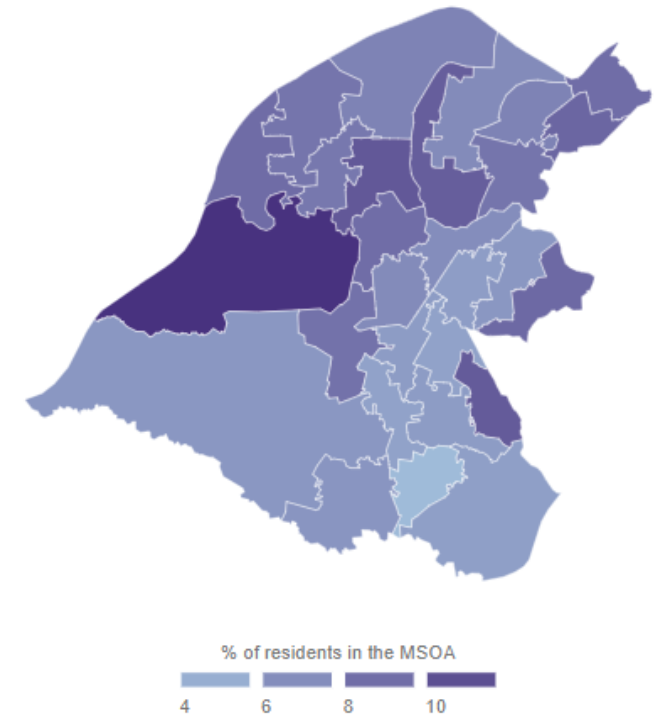


Figure source:
Trafford Data Lab

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Source: Census 2021 | @traffordDataLab

EXAMPLE:

PEOPLE WITH A DISABILITY WHO REPORT THEIR DAY TO DAY ACTIVITIES ARE LIMITED A LOT

Observations

- In every MSOA, the % of residents who have a disability which limits their day to day activities a lot has decreased from 2011 to 2021
- This percentage varies across MSOAs:
 - Highest is Partington
 - Lowest is Hale
- The size of this change varies in different MSOAs
 - Biggest drop is in Urmston (2.3 percentage points)
 - Smallest drop in West Timperley (0.3 percentage points)

Questions

- Has the % of residents in this category dropped because things have improved for people in this group (their activities are now limited less) or because there are fewer people in this group for other reasons (good or bad)?
- Is the highest rate in Partington because of intrinsic factors (the people there have disabilities which are more limiting) or extrinsic factors (they have less access to resources/infrastructure that would reduce the degree of limitation)?
- What past interventions have been provided to support these residents and how does this data influence how we design/implement future interventions?

QUESTIONS FOR THE BOARD

- What existing questions/areas of uncertainty should Public Health prioritise for using Census data to refine or update our understanding?
 - What were the most useful insights from the previous Census? Where might we expect to have seen change?
 - What are our greatest areas of uncertainty ('known unknowns')?
- What areas of the Census should Public Health prioritise exploring to generate new questions and insight?
- What wider work programmes should insights generated from the above feed into?
 - e.g. how does this support the work of the Neighbourhood Programme?