LONG TERM PLANNING

SUMMARY

1. Key Issues for new Health Units to Join

?? Cost
  - need to show utility, supportive health unit culture
  - what do you use instead

?? Internal resources, staff
?? Flexibility, may not meet all health unit needs
?? Workbook, training material

2. Unmet needs of RRFSS Partners

?? Data analysis, dissemination / better data mining
?? Sample size increase or decrease
?? Provincial sample
?? Sub-populations
?? Data availability to all RRFSS partners
?? Questions on sensitive issues, e.g., sexual health
?? Training manual
?? Coordinator
?? Syntax files on web site
?? More funding
?? Better estimates on module time
?? HIU access
?? Central coordination for special projects
?? Response rates
?? Different types of modules
?? Youth

3. Challenges for 37 Health Units

?? Commitment from all health units
?? Logistics, teleconferencing
?? Decision-making
?? ISR needs lead time
?? May take longer to get data
?? Contacting all health units for data access
?? Flexibility decrease
?? Not all health units have Epi, appropriate staff
?? Weighting

Benefits

?? Profile
?? Provincial sample more attractive to external agencies (PHB) – sell $
?? People to share work
?? HIUs involved

?? Data quality
?? More talent

4. Sustainability
?? Central coordination/coordinator
?? External agencies buy data or questions
?? ISR, HIUs, CCO does some analysis
?? Lower cost
?? More streamlined decision-making
?? *Disseminate data, utility beyond health units – niche of emerging issues
?? Long term contracts
?? Consider additional organization for data collection
?? Provincial funding
?? Annual workshop
?? Expand sample provincially with existing health units, identifying buyers
?? Rotating core
?? Outside Ontario
?? PHERO, CJPH
?? Groups of health units combining for data analysis

5. Priorities
?? MOH buy-in (alPHa)
?? Dissemination
?? Funding
?? Coordinator
?? Demonstrating utility

DETAILED

1. Key Issues for new Health Units to Join

?? Cost vs investment - because information is needed, culture in health units, what are you using instead?
?? Need direct link between RRFSS data and use of information. Have to sell board of health because of 50:50 funding.
?? Other sources of data, e.g., CCHS?
?? Cost – no new money, where does it come from, how to take from a variety of programs
- ISR too expensive? reductions now after set up
- in-kind time of health units not considered in $40,000, cost per interview

?? Flexibility – diversity among health units. May not meet the needs of all health units, e.g., physical activity, nutrition
?? Lack of a workbook, training material, support for those coming in – need for mentors
- time gap if you don't come in at right time for orientation

?? Cost – to spend money, it has to do a lot
- realistic understanding of what RRFSS can do

?? Need to demonstrate how RRFSS can be used – program evaluation
?? Internal resources – who does it, capacity
?? Mechanisms within health units to disseminate, communicate

?? Learning curve
?? Cost
?? Staff time

2. Unmet needs of RRFSS Partners

?? Toronto in particular – sample size, may have to wait a year
?? Sub-populations
?? Data on public domain e.g., internet
?? Data availability to participating health units
Roadblock
- too much bureaucracy, need permission and have to be specific
- code of conduct vs "our" data
- wide open like BRFSS, state gets data first (annually)
- ISR will make data public after 1 year after technical documentation
- tax dollars
- issue that information may be released before they have had a chance to analyze

?? Questions on sensitive issues, e.g., sexual orientation
?? Health unit specific issues
- resources to develop
- working with Working Group
- getting it on the questionnaire

?? Teenagers – some youth questions by proxy
?? Pleased to see adjustments to sample size, time of interview – less $ for those who want less
?? Larger sample size for some
?? Training manual to new partners, orientation – when to use weighting
?? Better data mining, more leadership
- look beyond health units, external agencies involved
- collaboration between neighbouring health units

?? Structured access to syntax files on web site
?? Coordinator – looks for $
?? Additional funding, common funder
?? Provincial sample – more attractive to external partners, e.g., detecting effect of tobacco taxes
?? Regional estimates
?? Central coordination for special projects
?? Partnerships with external agencies to do special projects
?? External agencies to add modules for $, CAMH, Canada Health Monitor
- bring groups together

?? Central analysis
?? Province-wide coverage
?? Module timing – amount of time they take – helps decide which to choose
?? Health Information Unit access/ - process?
- data analysis

?? Different types of modules
- similar to BRFSS set-up?

?? Response rates
?? Data analysis and dissemination to public, staff

?? Module development, e.g., sexual health
?? Sub-populations, e.g., parents
?? Sensitive questions – use research by CCHS
?? Sample size increase?

3. Challenges for 37 Health Units

?? Commitment needed from all to provide resources, would strain others if they don't meet commitment
  - infrastructure needed within health unit
    suggestion
    - a group of health units combine to do analysis, processes
  - next year may be feasible to have different sample sizes
?? May be more difficult for an individual health unit to get a specific module on
  - usually other health units join in
?? Health units with an Epi vacancy or no Epi
  - may need to do basic analysis for health units
  - problem is unequal work commitment
?? Weighting for provincial sample
?? Working Group functions – 21 members, difficult to get through agenda
  - process would need to be streamlined
?? ISR can expand to more health units as long as they have lead time
?? Teleconferencing between 37 health units
  - restructuring – regional?
?? Flexibility may decrease, e.g., fewer optional modules, data my not come monthly, infrastructure
?? If ISR can't handle – another agency may be involved
?? Is it realistic?
?? Reaching consensus
?? Teleconferencing
?? ISR capacity
?? Longer times for your data, questions?
  - problem with having ISR doing development, processing, collection – not enough resources
?? Contacting all health units for data access
  - graphs showing all health units with no labels
    Suggestion – regional groups
  - infrastructure of Working Group
?? Logistics of dealing with 37 health units
?? Not all health units have Epis, or someone similar to designate
  - if committed, can find someone
?? Decision-making process
?? Demand on capacity
?? ISR needs lead time

Benefits

?? Profile, usefulness to provincial government $
  - not sure about provincial involvement

- province may not want provincial data

?? More people to share work potentially
?? Provincial sample – attractive
?? Another level of colaboration
?? Would Health Information Partners be more likely to do data analysis?
?? Data quality
?? Get $ from Public Health Branch
?? Comparisons between provincial, others
?? More talent feeding in – theoretically better sharing of work load
?? Better buy-in from external groups, maybe work with Ontario Health Monitor, TUPS (Health Canada) CAMH to reduce duplication
?? Provincial sample – more external agencies interested
?? Increase visibility – all of Ontario
?? May help with funding – more saleability, without giving up control
?? More people to share costs of coordinator, other
?? More useful to the Ministry
- would like access without having to ask, tip off topic

4. Sustainability

?? Central coordination
?? ISR giving more than just data - frequencies, cross-tabs (cost, but cheap)
?? Cost - can we lower cost with more health units
?? Enablers – to lower cost; time, sample size
?? Promote RRFSS through publications, e.g. like BRFSS at-a-glance
?? Selling questions?
- sponsor survey rather than selling questions

?? External $, bring cost down
?? Infrastructure – coordinator, analyst
?? Bring Ministry in – sacrifices flexibility
?? More streamlined decision-making by Advisory Group- gives up some flexibility
?? Disseminate data, improve access
- more automated access
- demonstrate utility, decision-making compendium
- develop more useful data products, e.g., graphical techniques

?? Longer term contracts
?? Demonstrated utility beyond other data sources
- identify emerging issues beyond CCHS, e.g., West Nile virus
- RRFSS niche – is emerging issues
- maybe let go of some core because of CCHS

?? Better linkages with alPHa to get MOH buy-in
?? Allow other agencies to do data collection
?? Other agencies to do analysis, e.g. HIUs, CCO
?? Provincial funding
?? Coordination, centralization (coordinator)
?? Continue annual workshop
?? Continue bottom-up approach
?? Usefulness beyond health units – RRFSS niche is emerging issues
?? More rigor – more resources into validation, data quality issues

?? Develop a quality assurance template – steps
?? Increasing flexibility
  - lower core leaving more room for options
  - allow larger sample with fewer questions
?? External agencies may buy data or questions
?? Plan over time – existing health units expanding to all health units to have a more saleable Product, other health units may buy in later, reduces $ to all
  - may be only enough to get a provincial sample
  - identify buyers, e.g., OTRU
  - BRFSS model of groups doing presentations to present their questions, all vote
?? RRFSS niche – may take CCHS questions off if you can ensure CCHS will continue. "Emerging issues niche? If so, our processes need to support it
?? Rotating core
?? Submit proposal to groups such as the Research unit at the Ministry for funding – short term funding
?? Consider expansion outside Ontario
?? Demonstrate usefulness
?? Visibility – PHERO – even small updates, wide dissemination

5. Priorities

?? Data utilization, dissemination
  - CJPH, PHERO
?? Coordination
?? Funding, connection with
?? Dissemination products
?? Process of prioritizing
?? Working Group burnout
?? Coordinator
?? Demonstrating utility
?? Involving alPHa
?? MOH buy-in
?? Issue of Early Childhood survey bringing some health units in, sustainability. Back to 15?
?? Need more staff, resources to support participants