RRFSS Health Unit Environmental Scan Summary Report, June 2011

Part One: Highlights

SAMPLE

- Overall, 21 Health Units completed the survey
- Most Health Units who completed the survey, currently participate in RRFSS (71% n=15)
- 29% (n=6), who currently do not currently participate in RRFSS, completed the survey

NON-PARTICIPATING HEALTH UNITS

Reasons for not participating in RRFSS

- Reasons for not participating in RRFSS were budget constraints, limited health unit capacity for data analysis and workload issues.

Future Participation

- Half of the respondents reported that they would not consider joining RRFSS in the next few years.

Changes Needed to Join RRFSS

- The main change needed for Health Units to consider joining RRFSS is to decrease the cost of participating in RRFSS.

PARTICIPATING HEALTH UNITS

Challenges Currently Experiencing

- The main challenges identified among participating Health Units were workload issues, budget constraints, and limited health unit capacity for data analysis.

Biggest Challenge Currently Experiencing

- The biggest challenge participating health units are currently experiencing is time commitment/workload.

Perceived Challenges for Participating in RRFSS

- The biggest perceived challenges in participating in RRFSS are the need for a provincial sample module/questionnaire development takes too much time, some questions may not be valid or reliable, there is no centralized system or support, similar data can be obtained from CCHS, and the data does not address high risk groups/priority populations.

4. Other Perceived Challenges/Barriers

- Other perceived challenges identified included methodological issues, governance issues, and lack of trust/confidence in RRFSS.
- The challenges identified for methodological issues were:
  a. The Module Review Process
  b. Analytical Methods (lack of weighing for complex samples)
  c. The Type of Mode (telephone interviews)
  d. Age Limitations of Participants
  e. Overlap with CCHS
- The challenges identified for governance issues were:
  a. Focus on Administrative issues
  b. Inefficient Meetings
  c. Lack of Communication of Major Issues
  d. Lack of Dedicated Staff Person for RRFSS
  e. Inequitable Distribution of Work among Members
  f. Lack of a Central Repository

5. Biggest Perceived Barrier/Challenge

- Other perceived challenges identified included, governance issues, methodological issues, workload/low capacity, and lack of trust/confidence in RRFSS.
- The challenges identified for governance issues were:
  a. Lack of a Central Repository
  b. Lack of Dedicated Staff Person for RRFSS
  c. Inefficient Meetings
  d. Governance Structure
  e. Focus on Administration
- The challenges identified for methodological issues were:
  a. RRFSS has lost its Rapidness
  b. Few Questions that can be asked within 20 Minutes
  c. Age Limitations of Participants
  d. Time Required to Develop Modules
  e. Questions are Primarily Diseased Focused
- The challenges identified for workload issues were:
  a. Lack of Time
  b. Low Capacity to Analyze Data

6. Solutions

- Solutions identified focused on methodological issues, governance, and building trust in RRFSS
- The solutions identified for methodological issues were:
  a. Increase the Rapid Factor of Module Development
  b. Include other Sampling Frames
  c. Implement a New Module Selection Process
  d. Core Content Not Duplicating other Data Sources
  e. Increase Age of Participants to 12 Years of Age
  f. Use Proper Weights (complex samples)
- The solutions identified for governance issues were:
  a. Have a Dedicated Centralized Resource
  b. Secure Funding
  c. Decision-Makers should be at a Higher Level of Governance

7. Used RRFSS Data

- A higher percentage of Health Units have used RRFSS data to support program planning and evaluation, to increase community awareness of the risks of chronic diseases/injuries and to respond to emerging health issues.

9. RRFSS Positively Impacted Public Health Practice

- The respondents identified how RRFSS positively impacted their public health practice, to include the following:
  a. Inform Public Policy and Advocacy
  b. Create Awareness
  c. Program Planning
  d. Population Health Assessments
  e. Reinforce Surveillance Strategies
  f. No Clear Examples how Public Health Practice was Impacted by RRFSS Data

Part Two: Report

Sample

- Overall, 21 Health Units completed the survey
- Most Health Units who completed the survey, currently participate in RRFSS (71% n=15)
- Of the 29% (n=6), who currently do not currently participate in RRFSS, 1 Health Unit (17%) participated in RRFSS for 3 years.

NON-PARTICIPATING HEALTH UNITS

1. Reasons for not participating in RRFSS

- 100% (n=6) identified budget constraints as the main reason they are not participating in RRFSS, followed by limited health unit capacity for data analysis (67% n=4) and workload issues (50% n=3).

2. RRFSS Data Application

- In the past, the health unit who did participate in RRFSS, used RRFSS data to respond to emerging health issues and support program planning and evaluation.
- Specifically, this health unit was able to provide up-to-date information about risk factors in the community that was used for program planning.

3. Future Participation

- Overall, 50% (n=3) reported that they would not considering joining RRFSS in the next few years, while 33% (n=2) don't know and 17% (n=1) reported that they would consider joining.

4. Changes Needed to Join RRFSS

- The main change needed for Health Units to consider joining RRFSS is to decrease the cost of participating in RRFSS.

#	Changes Needed to Join RRFSS Response
1.	Support through funding and analysis
2.	We would need to hire another epidemiologist. Our understanding is that the data management, data analysis, report writing, and participation in the RRFSS group process is approximately a half-time position. Plus there's the $40K on top of that.
3.	Nothing that RRFSS could do. Dollar constraints make it essentially impossible to participate. In addition, we do not have the capacity (Epi/Data Analyst/etc) to devote to RRFSS.
4.	Funding is needed, we are a small health unit and with the recent economic issues it is something that we cannot afford and am not sure when we will be able to afford in the future.
5.	RRFSS to be less expensive as it is a lot of money for a small health unit. The recent price decrease was done too late for it to be considered this year.
6.	Lower cost, increased staff capacity and provincial buy-in.

PARTICIPATING HEALTH UNITS

1. Challenges Currently Experiencing

- The challenges identified among participating Health Units were workload issues (73% n=11), budget constraints (53% n=8), limited health unit capacity for data analysis (40% n=6), other (33% n=5) and lack of support from health units (13% n=2). Other responses were as follows:

#	Challenges Response
1.	None currently
2.	RRFSS module development takes too long to be responsive to the needs of the program areas; being a RRFSS representative takes too much time (e.g., workgroups, module review); the number of questions which can be asked within the 20 minute time limit has decreased over time; the RRFSS Steering Group makes decisions without sufficient input or consultation with health unit representatives.
3.	ORBSS
4.	Website - e.g. data dictionaries, core prevalence section
5.	administrative time constraints

2. Biggest Challenge Currently Experiencing

Theme 1: Time Commitment/Workload (8)

- "*The most significant challenge faced with RRFSS is the amount of time commitment it takes to participate in the development of new modules, attend meetings, participate in groups etc. The process can be administratively burdensome at times.*"
- *"Workload Issues."*
- "*Workload - data analysis and formatting for final posting."*
- *"Limited capacity for data analysis."*
- *"Volume of work related to module development, data dictionary development and revision, and analysis."*
- *"Limited capacity (haven't received data yet, but I know this will be a challenge)."*
- *"Workload."*
- *"Analysing all the data to the extent that we would like."*

Theme 2: Cost of RRFSS (2)

- *"Increased cost of funding RRFSS combined with budget constraints. Competing priorities."*
- *"Budget.*"

Other

- *"Our epi/program evaluation services have been completely decentralized and there have been no decisions by senior management regarding various roles and responsibilities including how RRFSS is addressed."*
- *"The number of questions which can be asked within the 20-minute interview length has decreased over time and, due to the large number of core questions, the modules of interest to the program areas are not able to be included (leading to decreased support for RRFSS and*

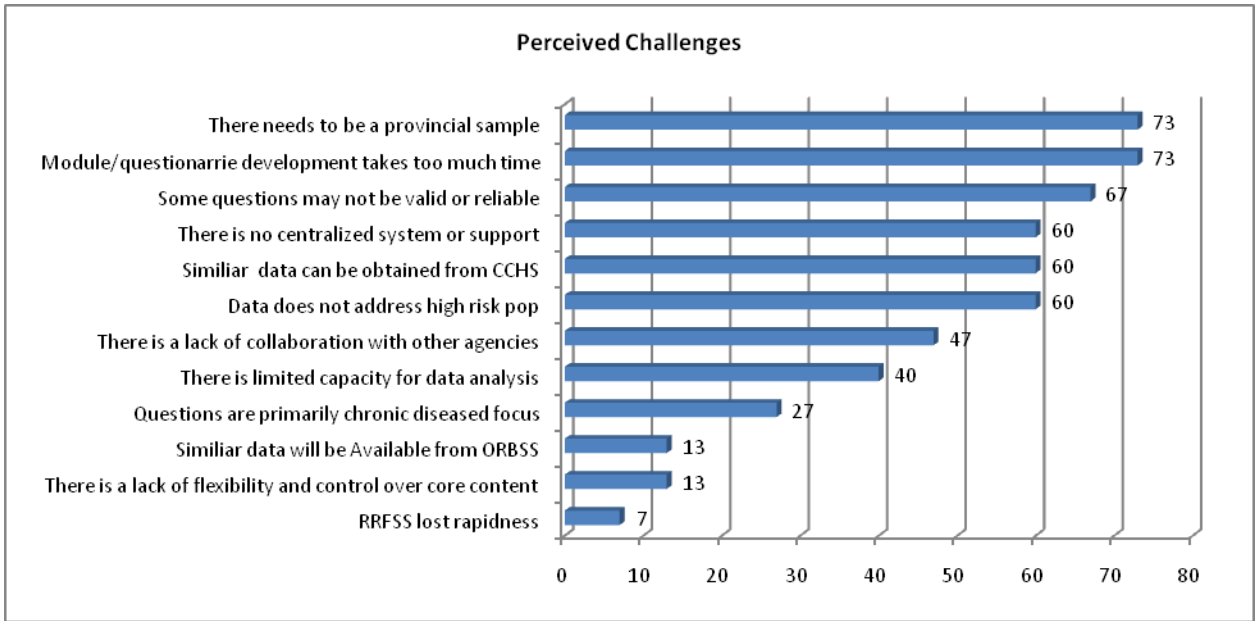
difficulty in promoting the RRFSS data within the organization and difficulty in showing the value which RRFSS data adds)."

- *"The uncertainties around ORBSS and how RRFSS and ORBSS will work together going forward."*
- *"The administration of RRFSS takes time away from analysis."*

3. Perceived Challenges for Participating in RRFSS

- The biggest perceived challenges in participating in RRFSS are the need for a provincial sample (73% n=11), module/questionnaire development takes too much time (73% n=11), and some questions may not be valid or reliable (67% n=10), there is no centralized system or support (60% n=9), similar data can be obtained from CCHS (60% n=9), and the data does not address high risk groups/priority populations (60% n=9).(see Figure 1).

Figure 1: Perceived Challenges for Participating in RRFSS



4. Other Perceived Challenges/Barriers

Theme 1: Methodological Issues (12)

Module Review Process (4)

- "*Previous module reviews etc."*
- *"There needs to be a fair system for determining the number of questions which can be included - for example, a points-based system like CCHS. For health units with a great deal of diversity, interviews take long to complete due to language barriers."*
- *"Significant time required to complete module development."*
- *"Question validation."*

Analytical Methods (lack of weighing for complex samples) (3)

- *"Analytical methods"*
- *"Lack of weighting for age and sex and proper weighting for complex survey analysis."*
- *"Weighting"*

The Type of Mode (telephone interviews) (3)

- *"We also only use one mode - telephone -to conduct the survey - this biases the type of respondent we get."*
- ***"****Use of only land lines to survey participants."*
- ***"****Response rate."*

Age Limitations of Participants (1)

- "*Age limitations of participants*."

Overlap with CCHS (1)

- *"Overlap with CCHS."*

Theme 2: Governance Issues(9)

Focus on Administrative issues (3)

- *"Meetings can be time consuming...tend to focus on administrative issues rather than the big picture****."***
- *"Lots of time spent "administering" the system. It takes away from time that could be spent analyzing the data."*
- *"Time / resources to take care of all of the administrative aspects of participation."*

Inefficient Meetings (2)

- *"Too many meetings with regional groups to discuss minor issues."*
- *"Instead passed around from working group to working group, often lost in the convoluted process of approvals, and therefore not completed in a timely manner or at all. This not only wastes the limited time that health units have to dedicate to RRFSS."*

Lack of Communication with Major Issues (1)

- *"At times there is a lack of communication with key issues."*

Lack of Dedicated Staff Person for RRFSS (1)

- *"The amount of time spent by RRFSS representatives on tasks which should be the main responsibility of one person working on behalf of RRFSS is counterproductive. Tasks which could be completed by one appropriately skilled and dedicated staff of RRFSS (with input/feedback from an advisory group)"*

Inequitable Distribution of Work among Members (1)

- *"Unequitable distribution of work among members (e.g. the same people are always volunteering)."*

Lack of a Central Repository (1)

- *"Lack of centralized 'repository' of information."*

Theme 3: Lack of Trust in RRFSS (2)

- *"Does nothing to address the ongoing introduction of error into modules and data dictionaries. We also have a website where core data is posted but some of us do not feel confident using data from it because we have encountered errors on a number of occasions."*
- *"Data dictionaries and CATI on website are missing and/ or outdated; no place to access syntax, MUD tables."*

Theme 4.1: Variability in Uptake of RRFSS Data (1)

- "*Variability in uptake of RRFSS data."*

Theme 4.2: Resistance within Health Units (1)

- *"Pockets of strong resistance within the health unit"*

5. Biggest Perceived Barrier/Challenge

Theme 1: Governance (6)

Lack of a Central Repository (2)

- "*Need for centralized support."*
- *"Support for central analytics."*

Lack of Dedicated Staff Person for RRFSS (1)

- *"The amount of time spent by RRFSS representatives on tasks which should be the main responsibility of one person working on behalf of RRFSS is counterproductive. Tasks which could be completed by one appropriately skilled and dedicated staff of RRFSS (with input/feedback from an advisory group)."*

Inefficient Meetings (1)

- *"Are instead passed around from working group to working group, often lost in the convoluted process of approvals, and therefore not completed in a timely manner or at all. This not only wastes the limited time that health units have to dedicate to RRFSS."*

Governance Structure (1)

- *"Is this different from q10? Among these perceive challenges/barriers the most important would be the governing structure."*

Focus on Administration (1)

- *"The administration of RRFSS takes time away from analysis.*"

Theme 2: Methodological Issues (5)

RRFSS has lost its Rapidness (1)

- *"Probably the notion of not being rapid enough, mainly with new modules when they are wanted, but still this issue has not bee too bad for us."*

Few Questions that can be asked within 20 Minutes (1)

- *"The number of questions that can be asked within 20 minutes."*

Age Limitations of Participants (1)

- *(Variability in uptake of RRFSS data and pockets of strong resistance within the health unit) "reasons for this include age of participants."*

Time Required to Develop Modules (1)

- *(Variability in uptake of RRFSS data and pockets of strong resistance within the health unit) "time required to develop modules."*

Questions are Primarily Diseased Focused (1)

- *(Variability in uptake of RRFSS data and pockets of strong resistance within the health unit) "focus on chronic disease content."*

Theme 3: Workload/Low Capacity (3)

Lack of Time (2)

- *"Time."*
- *"Time required to administer the system (meetings, etc.)."*

Low Capacity to Analyze Data (1)

- *"Local capacity to analyze data."*

Theme 4: Lack of Trust in RRFSS (2)

- *"But also does nothing to address the ongoing introduction of error into modules and data dictionaries. We also have a website where core data is posted but some of us do not feel confident using data from it because we have encountered errors on a number of occasions."*
- *"I think validity of the data."*

6. Solutions

Theme 1: Methodological Issues (8)

Increase the Rapid Factor of Module Development (2)

- *"Need to explore ways to increase the 'rapid' factor of module development...are all the checks and balances really necessary at the beginning??"*
- *"RRFSS needs to find a niche...if we could increase the rapidness of module development then RRFSS would be better positioned to quickly collect information on emerging local issues than CCHS."*

Include other Sampling Frames (2)

- *"Including other sampling frames (cell phone lines, web surveys, etc.)."*
- *"Begin to explore multi-mode types of surveys."*

Implement a New Module Selection Process (1)

- *A points-based system for module selection. In addition, core modules should be removed and each health unit should be able to select only those modules that they are interested in. Organizations interested in a provincial sample of core modules should be expected to pay for such data collection."*

Core Content Not Duplicating other Data Sources (1)

- *"Ensure that RRFSS core content is not duplicating information that is already collected elsewhere."*

Increase Age of Participants to 12 Years of Age (1)

- *"Begin the age range at 12 years of age to make data more comparable to CCHS."*

Use Proper Weights (complex samples) (1)

- *"Proper weights, get everyone using complex survey analysis."*

Theme 2: Governance (7)

Have a Dedicated Centralized Resource (5)

- *"A new process and dedicated centralized resource (even just 1 FTE)for taking the lead on developing and reviewing modules, developing data dictionaries and analyzing and posting core data is necessary."*
- *"Secure funding to assist with centralized analysis -whether through grant funding, by participating Health Units paying for more centralized support (like what is done with the coordinator) or some other form of support. I like the idea of charging other organizations/agencies for time on RRFSS to support this centralized support."*
- "*A central coordinating centre based in a provincial 'health' organization."*
- *"Work has to be done to administer the system. But perhaps centralization of some functions (e.g., getting the core posting/website back up and running, sharing syntax, etc) could make analysing the data more efficient, and thus alleviate some of the impact of all the meetings (i.e., we could still get a lot of analysis done, despite the administrative work)."*
- *"I think there needs to be centralized administration, but I'm unsure as to how one would approach it."*

Secure Funding (1)

- *"Increase collaboration with external partners to generate funds to hire/contract for this work."*

Decision-Makers should be at a Higher Level of Governance (1)

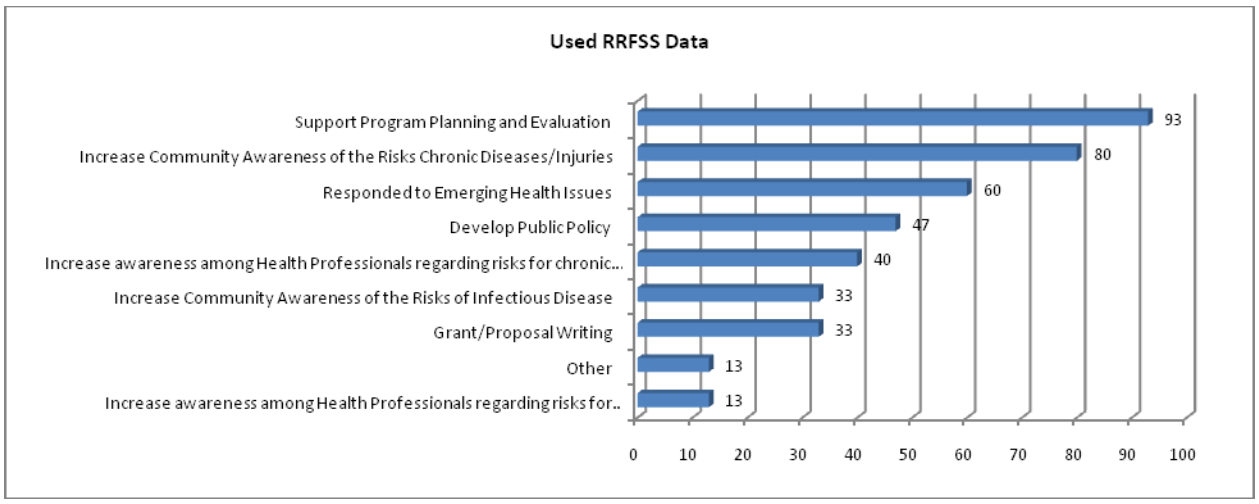
- *"For RRFSS to move ahead the decision makers need to be at a higher level (i.e. those with more influence/power) rather than those doing the frontline work."*

Theme 3: Build Trust in RRFSS (1)

- *"Improve functionality of the website so that the most up-to-date information is posted all in one place."*

7. Used RRFSS Data

- A higher percentage of Health Units have used RRFSS data to support program planning and evaluation (93% n=14), to increase community awareness of the risks of chronic diseases/injuries (80% n=12) and to respond to emerging health issues (60% n=9).



Other ways Health Units have used RRFSS data are as follows:

- *"Just started and haven't received any data to use yet."*
- *"RRFSS data to help create 'Community Picture' for Healthy Communities Partnership Stream."*

8. RRFSS Positively Impacted Public Health Practice

Theme 1: Inform Public Policy and Advocacy (6)

- *"RRFSS data has been used to inform public policy related to pesticide use."*
- *"Has informed policy-advocacy initiatives related to booster seat use, artificial tanning and tobacco use."*
- *"RRFSS collected public opinion in support of tobacco bylaws. This data was critical at the municipal level as an indicator of public support for local policy. Successful establishment of local bylaws prior to provincial legislation. Cited positive support from RRFSS data for smoke free outdoor public places in backgrounders/rationale for outdoor smoke free spaces bylaws."*
- *RRFSS data allowed us to demonstrate widespread community support for our local bylaw outlawing smoking in public places."*
- *"The statistics gathered on fruit and vegetable consumption helped influence the decision to encourage schools to offer more than 5 different types of fr & veg servings in their school cafeterias. This was prior to the provincial policy released by the Ministry of Education in 2008."*
- *Tobacco use provided out health unit with data to support and evaluate the smoking by-law.*

Theme 2: Create Awareness (3)

- *"Analysis of the CPR and PAD module helped inform EMS services of public knowledge of these areas. The results of this analysis were presented to Council and helped inform EMS messaging to the public."*
- *"As well as to help develop some of our promotion strategies to increase awareness of immunization."*
- "*The Booster-seat module provided compliance information to support programming needed to raise awareness in the community regarding booster-seat use."*

Theme 3: Program Planning (2)

- *"Data has been very useful in guiding our program prioritization process."*
- *"RRFSS also informed our physical activity strategy, in that CCHS provided information only on leisure time physical activity and RRFSS provided data on physical activity across all domains. Without RRFSS, we would not have a way to measure this."*

Theme 4.0: Population Health Assessments (1)

- *"It has helped with conducting population health assessments locally."*

Theme 4.1: Reinforce Surveillance Strategies (1)

- *"We used the data to reinforce our surveillance strategies."*

Theme 4.2: No Clear Examples how Public Health Practice was Impacted by RRFSS Data (1)

- *"At this time, there are no clear examples of how public health practice has been impacted by RRFSS data."*