



A Health Unit's Best Friend

Learn how RRFSS can work for your health unit



Herman
Submitted by Adam Stevens
Brant County Health Unit

Why Choose RRFSS?

During this time of austerity, you may ask: "Why should a Health Unit decide to purchase RRFSS?" Instead, you should be asking: "How can a Health Unit afford to miss out on RRFSS?"

RRFSS is all about accountability. This newsletter is the third in a series that began in the spring of 2014 and from the start we chose to showcase how various Health Units have benefited from using RRFSS in order to provide you with real world examples of how RRFSS has made a difference. Without RRFSS these Health Units would not have had key data on specific indicators and/or not been able to assess crucial information about people in their community. How can you afford not to purchase RRFSS?

In our past newsletters we discussed many cost options you can choose from to purchase RRFSS in a way that best matches the needs of your Health Unit: sample size, survey length, flexible payments and having analyses provided with your data are just some of these options. Anyone can develop new questions at any time to meet Health Unit needs and we can benefit from the questionnaire development work of others. It is a system for all of us.

To collect RRFSS data, please contact [Lynne Russell](#) or visit our [website](#) for more information.



Coco

Submitted by
Catherine Male,
Halton Region Health
Department

One reason why Brant chose RRFSS

Brant has been using RRFSS to monitor key public health issues and inform program planning at the Health Unit.

One of the RRFSS modules recently implemented in Brant was the public attitudes towards breastfeeding in public places. Data analysis showed that more than two-thirds of adults aged 18+ (68% in 2011 and 72% in 2013) considered it acceptable for a women to breastfeed in a restaurant or a shopping mall. Adults aged 25-44 were more permissive of women breastfeeding in public places (both restaurants and shopping malls) compared to those aged 18-24 or 65 and older. Furthermore, adults with at least some post-secondary education were more likely to support women breastfeeding in public places than those with high school or less. No statistical differences were found between male and female attitudes towards breastfeeding in 2011. However, in 2013, there were significantly more males than females who were permissive of breastfeeding in restaurants (75% vs. 69%) and shopping malls (73% vs. 68%). These results have been incorporated into an infographic to support our application for the Baby-Friendly Initiative (BFI) Certification.

One reason why Halton chose RRFSS

Halton has produced close to 60 Health Indicator Reports using RRFSS data

Data from Health Indicator Reports is used in a number of different ways by our Health Department including supporting program planning and communications, informing local councillors through reports to Halton's Health and Social Services Committee, and supporting work being done by community members and partnerships. A Health Promoter recently recounted the following story about the Health Indicator Reports that were prepared using data collected through the RRFSS Urban Development modules...

"We noticed the walkability indicator reports data were telling us that younger cohorts valued certain aspects of walkability much more than older cohorts. We shared this information with one of our municipal partners. We raised the concern that their public information centres and consultative processes in general were reaching older audiences, and they needed to do more to consult younger audiences who react more favourably to the kinds of things that we were trying to promote. A month later, they were at a youth event, engaging over 50 youth who were generally positive about walking, cycling and transit. And they're not stopping there. They have connected with other organizations, and have plans to gather more input. I think it's fantastic!"

Janet Phillips Retiring

Good News: We've solved our data dictionary backlog problem.
Bad News: It's because Janet Phillips is retiring from the Durham Region Health Department.

A driving force in RRFSS since its inception, Janet has lead the development and/or revision of a staggering 33 RRFSS modules, including many timely and important "niche" modules such as pH1N1, bed bugs, and smoking in multi-unit dwellings (MUDS). Janet has provided leadership on our Analysis and Steering Groups, lead our Provincial Sample Pilot Project, and has always been a strong voice for RRFSS. Moreover, Janet has been a trusted source of wisdom for many RRFSS reps, and a good friend.

Please join us in acknowledging Janet for all her hard work and devotion to RRFSS. We could not have done it without you, Janet. You will be sorely missed!



Bella

**Submitted by
Michael King,
Sudbury & District
Health Unit**

Please join discussions on our new list serve, supported by [APHEO](#). There you can discuss how your health unit uses/benefits from RRFSS data as well as other issues.

Ontario Coordinator RRFSS

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RRFSS Website Survey Goes Live!

The Institute for Social Research (ISR), the survey house for RRFSS, continues to be a leader in survey sample design and methodology. To combat declining response rates in the telephone survey, ISR is currently pilot testing a RRFSS web-based version of RRFSS in Brant and Ottawa. Randomly selected households in both regions are sent letters with a web address and a QR code to access the web survey. The questions in the web survey mirror those of the telephone survey as close as possible. The pilot test will help determine the feasibility of the web survey and validate the telephone survey results. Preliminary results will be presented in the upcoming fall RRFSS newsletter – so stay tuned!

One reason why Simcoe-Muskoka chose RRFSS Our Tobacco Team has incorporated many RRFSS based indicators to set targets and track progress in their operation planning from 2012 to 2016.

The following are the indicators we are using RRFSS data for, categorized by into cessation and protection targets:

Smoking Cessation

Current Smoking Prevalence (20+ years old)

Decrease number of Simcoe Muskoka residents who smoke to 14.7% by 2016 (5% over 5 years)

Cessation Attempts

Increase the number of smokers who make a quit attempt to 50% by 2016 (5% over 5 years)

Former Smokers

Increase the percentage of adults (20+) who report current smoking status as former smoker to 38.9% by 2016 (5% over 5 years)

Protection against Environmental Tobacco Smoke

Smoke-Free Homes

≥ 90% of homes are smoke free

Smoke-Free Homes with Children Under the Age of 10

≥ 90% of homes with children under the age of 10 are smoke free

Smoke-Free Outdoor Bylaws

>80% support smoke-free outdoor spaces bylaws

RRFSS Participating Health Units As of May, 2015:

Brant County	Grey Bruce	Simcoe Muskoka District
Chatham Kent	Haliburton, Kawartha, Pine Ridge District	Sudbury and District
City of Ottawa	Halton Region	York Region
County of Lambton	Middlesex-London	Windsor-Essex County
Durham Region	Regional Niagara	