Rapid Risk Factor Surveillance System

Strategic Plan for Action

January, 2005
Revised April, 2005

Prepared by

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Executive Summary

"RRFSS is now in it's fourth year of operation. The RRFSS Steering Group feels that a strategic planning exercise is now required to clearly define our vision and mission and to set planning priorities for the next two years." (Kathy Moran, RRFSS Strategic Planning Group Chair, May 31, 2004). In response, the RRFSS Strategic Planning Group elected to engage the services of The Health Communication Unit (THCU) and specifically Nancy Dubois to facilitate and report on the process. In addition to the THCU services, a Memorandum of Agreement was created to extend these services to include the writing of this report, which included the involvement of an Associate as well.

Twenty-one participants attended a two-day strategic planning session on December 7th and 8th 2004. The objectives of the planning session were:

- To develop strategic statements (Vision, Mission, Values, Goals, Strategies) that will guide the collective RRFSS work over the next 3 years.
- To determine the specific objectives and activities for the next year.
- To create a Strategic Plan document summarizing the directions set.

The strategic plan developed by participants for RRFSS is shown on the following page as the RRFSS logic model. It is anticipated that the RRFSS Strategic Plan will provide members with direction and a framework upon which decisions and actions can be based. The Strategic Plan also serves as a communication tool to inform existing and potential funders and partners of the work of RRFSS.

RRFSS Logic Model 2005

Vision	RRFSS envisions that all decisions within the public health system to promote and protect health and wellbeing and prevent adverse health events are informed by valid, timely and relevant health intelligence.			
Mission	Ontario's RRFSS is a flexible, timely and responsive surveillance system designed to meet local Public Health intelligence needs and address information, geographic and time-related data gaps.			
Long-Term Goal	To improve effective knowledge exchange as a result of RRFSS surveillance efforts.			
Short-Term Goals	To increase to 100% the number of participating Health Units who have base funding for RRFSS.	To increase the percentage of time RRFSS-participating Health Units spend distributed across the components of the surveillance framework.	To increase to 100% the number of Ontario Health Units participating in RRFSS.	To increase the number of validated and reliable RRFSS modules.
Objectives	By December 2005, increase by 10% the number of RRFSS-participating health units with base funding for RRFSS.	By December 2005, increase to 23 the number of RRFSS-participating health units.	By December 2005, the Manual of Operations will be revised to reflect streamlining of processes and more centralized decision making.	
Strategies	Advocacy	Communication	Governance	Quality Improvement and Development
Activities[1]	**- Advocate for RRFSS to be considered for inclusion in the Planning and Evaluation section of the MHPSG revision.** - Promote RRFSS to APHEO and COMOH (distribute RRFSS products, etc.) at joint meeting of APHEO and COMOH in February 2005. **- Produce a position paper with APHEO about the value of RRFSS.** **- Request that APHEO and/or COMOH submit to alpha a resolution for 100% PHU participation in RRFSS (at alPHA AGM in November 2005).** - Ensure RRFSS is considered a data source for MPIQ technical review in February 2005.	**- Report back to CMOH and other RRFSS Stakeholders about the Strategic Plan developed.** - Share knowledge exchange strategies among RRFSS-participating Health Units. Provide RRFSS-participating Health Units with training in knowledge exchange. - Present RRFSS results at public health professionals' conferences in Ontario (e.g., PHI, CES, IP Promoters). - Further develop the RRFSS web site to address better efforts for knowledge exchange. - Provide skill development for staff of RRFSS-participating	**- Increase central support by securing funding to hire:** • **RRFSS Director – contracts, budget, networking, HR** • **RRFSS Analyst / Epi – core analysis, reporting** • **RRFSS Web Site / Archivist** • **RRFSS Clerical Support** **- Increase Steering Group's decision making abilities.** - Increase RRFSS resources for internal reps – develop roles and responsibilities. - Consider knowledge exchange as a purpose during strategic decision making for core module	**- Conduct the RRFSS evaluation with partners to identify areas of the surveillance system in need of improvement.** - Create inventory of what has been validated in RRFSS and "level" (cog tests, reliability, validity, etc.). - Determine criteria for "valid" and "reliable". - Identify which modules we want to be validated. - Find people to do validation/reliability studies.

[1] The activities bolded in the logic model were identified as priorities to be acted on during the next six months.

	- Ensure RRFSS is included as a data source for the APHEO Core Indicators where appropriate (contact the Core Indicator Working Group). - Advocate for RRFSS-participating Health Units to designate base funding for RRFSS. - Gather background information from RRFSS-participating Health Units with base funding for RRFSS to assist in advocacy efforts. - Encourage funders to include RRFSS as an information source for planning and evaluation. - Advocate for chronic disease prevention surveillance as a benchmarking topic. - Encourage university decision makers to use RRFSS health intelligence in public health professional training.	Health Units at the annual workshop. - Prepare presentations for staff and management to emphasize the importance of RRFSS. - Communicate to managers that base funding will reduce internal conflict. - Increase the visibility of RRFSS through more module analysis, more dissemination. - Include RRFSS in skills enhancement modules for RRFSS-participating Health Unit representatives. - Establish better linkage to PHRED. Explore the potential to have a RRFSS representative at the PHRED provincial meetings as one way to increase this linkage. - Link to LHINS.	selection.	
Outputs	- RRFSS position paper.	- Summary of Strategic Planning Session. - Presentations about the importance of RRFSS. - RRFSS web site with more information about knowledge exchange.	- Updated governance documents. - Funding secured to hire additional staff. - Additional staff hired to provide central support.	- RRFSS evaluation completed. - Inventory of valid and reliable modules created. - Draft criteria created.

Acknowledgements

The authors would like to thank the RRFSS Strategic Planning Group members for their direction and support:

- Amira Ali
- Kathy Moran
- Karen Moynagh
- Lynne Russell

We would like to acknowledge and thank Lynne Russell for her assistance with the logistics of the planning session and for providing us with additional information for the report.

Thank you to The Health Communication Unit for the provision of facilitation support for the two-day session.

Thank you to the Institute for Social Research, York University for their hospitality and the use of their facility.

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1.0 Background Information

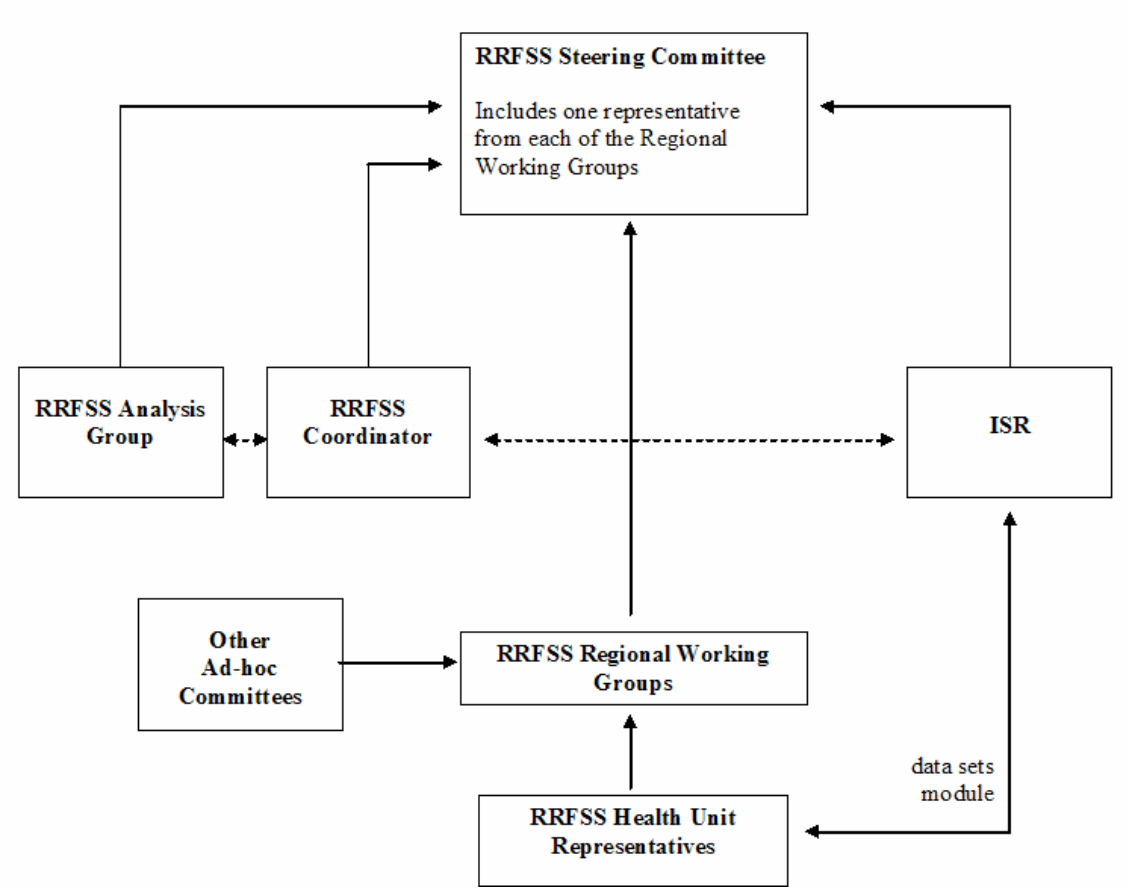
1.1 Purpose / Mandate

Going into the strategic planning process, the purpose of RRFSS was described as "to provide timely data, relevant to local public health needs. RRFSS is used to monitor key public health issues yet is adaptable to collect information on emerging issues. The results from RRFSS are used to support program planning and evaluation, to advocate for public policy development, and to improve community awareness regarding the risks for chronic diseases, infectious disease and injuries."[1] RRFSS's mandate was described as a health surveillance system developed by public health units in Ontario. RRFSS depends upon effective collaborations between health units to promote sharing of resources, information and expertise.

1.2 Structure

The structure of RRFSS is shown below in Figure 1.

Figure 1: RRFSS Organizational Chart



[1] The Purpose of Rapid Risk Factor Surveillance System accessed at http://www.cehip.org/rrfss/.

1.3 Brief History[2]

The Rapid Risk Factor Surveillance System (RRFSS) began in 1999 as a pilot telephone survey of adults aged 18 years and older in Durham Region. The pilot project was a joint partnership between Health Canada, the Ontario Ministry of Health and Long-Term Care, Cancer Care Ontario and the Durham Region Health Department. The idea was to pilot test a risk factor survey based on the Behavioral Risk Factor Surveillance System (BRFSS) used in each state in the U.S.A. The survey was administered by the Institute for Social Research (ISR) at York University on behalf of the partners. From June to October 1999, a random sample of approximately 200 Durham Region residents were surveyed each month. Respondents were asked about various lifestyle behaviours associated with cancer, heart disease and injuries, in particular those behaviours as smoking, sun safety, fruit and vegetable consumption that are targeted by public health programs. The overall response rate was 69%.

Following the successful pilot project, the Durham Region Health Department decided to continue with RRFSS and were soon joined by the Haliburtion, Kawartha, Pine Ridge District Health Unit and the Simcoe County District Health Unit. These three health units formed the RRFSS Working Group. In 2000, the RRFSS Working Group reviewed and revised the questionnaire.

The Ontario Ministry of Health and Long-Term Care funded the Durham Region Health Department and the RRFSS Working Group to document additional aspects of RRFSS in the context of all Ontario health units. The Central East Health Information Partnership (CEHIP) supported RRFSS by developing the prototype for the automated web-based reporting of RRFSS results.

By the end of 2000, 3 more health units had joined the RRFSS Working Group; Region of Peel Health Services, Middlesex-London Health Unit and Niagara Regional Public Health Department.
In January 2001, the next cycle of RRFSS began. Interest in RRFSS continued to grow and by September 2004, there were 23 RRFSS-participating Health Units.

“RRFSS is now in it’s forth year of operation. The RRFSS Steering Group feels that a strategic planning exercise is now required to clearly define our vision and mission and to set planning priorities for the next two years.” (Kathy Moran, RRFSS Strategic Planning Group Chair, May 31, 2004).

Currently, RRFSS consists of a combination of 'core' and 'optional' modules. Core modules are asked by all RRFSS-participating Health Units. Each health unit decides which optional modules to ask. Each

[2] Ibid.

month, ISR completes a 20 minute interview with a random sample of 100 adults aged 18 years and older in each of the RRFSS-participating health unit areas. Each health unit contracts directly with ISR for an annual cycle of RRFSS.

2.0 Intended Use for a Strategic Plan

The Alliance for Nonprofit Management Web site states that:

> *"strategic planning is a management tool, period. As with any management tool, it is used for one purpose only: to help an organization do a better job - to focus its energy, to ensure that members of the organization are working toward the same goals, to assess and adjust the organization's direction in response to a changing environment. In short, strategic planning is a disciplined effort to produce fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it, with a focus on the future. (Adapted from Bryson's Strategic Planning in Public and Nonprofit Organizations)"*[3]

The Alliance for Nonprofit Management expands the following key elements of the intended use for a strategic plan:

- The strategic planning **process is strategic** because it involves preparing the best way to respond to the circumstances of the organization's environment, whether or not its circumstances are known in advance. It means being clear about the organization's objectives, being aware of the organization's resources, and incorporating both into being consciously responsive to a dynamic environment.
- The **process is about planning** because it involves intentionally setting goals (i.e., choosing a desired future) and developing an approach to achieving those goals.
- The plan is ultimately no more, and no less, than a set of decisions about what to do, why to do it, and how to do it. Because it is impossible to do everything that needs to be done in this world, strategic planning implies that some organizational decisions and actions are more important than others - and that much of the strategy lies in making the tough decisions about what is most important to achieving organizational success.

[3] Alliance for Nonprofit Management, http://www.nonprofits.org/npofaq/03/22.html

It is anticipated that the RRFSS Strategic Plan will provide members with direction and a framework upon which decisions and actions can be based. The Strategic Plan also serves as a communication tool to inform existing and potential funders and partners of the work of RRFSS.

The long-term strategic direction for the organization, unless something in the environment changes, will likely "stand the test of time". It will serve to guide an annual discussion regarding the operational details for the coming year. This annual discussion would result in an updated strategic plan each year.

Should the group elect to undertake evaluation activities, the goals, objectives and activities identified in the strategic plan will also serve as good benchmarks against which to measure progress and impact.

3.0 Overview of the RRFSS Strategic Planning Process

3.1 Pre-Session

A planning committee of four members was struck in June 2004 to guide the strategic planning process. This committee elected to engage the services of THCU and specifically Nancy Dubois to facilitate the process. In addition to the THCU services, a Memorandum of Agreement was created to extend these services to include the writing of this report, which included the involvement of an Associate as well.

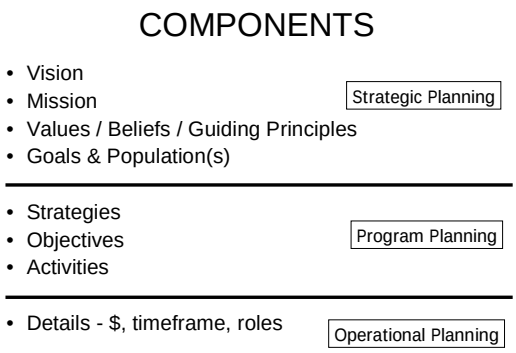
The committee met three times between June 10th and October 8th to plan the 2-day session and detailed agenda. A draft was circulated to all potential participants for review. This very participatory process ensured that all delegates were well aware of the expectations and process.

One of the first set of decisions involved establishing objectives for the planning session. These were:

- To develop strategic statements (Vision, Mission, Values, Goals, Strategies) that will guide the collective RRFSS work over the next 3 years.
- To determine the specific objectives and activities for the next year.
- To create a Strategic Plan document summarizing the directions set.

A framework for planning was selected based on that used by THCU (shown below in Figure 2).

Figure 2: Framework for Planning



The first step to working through the components of the framework for planning is to conduct a situational assessment. "The situational assessment outlines the process of gathering and analyzing the information needed to make an explicit evaluation of an organization in its environment."[4]

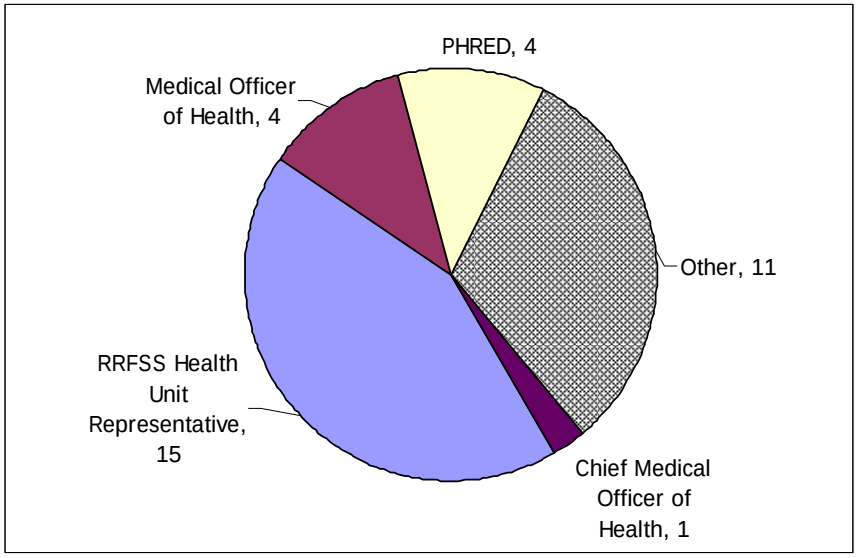
In preparation for the strategic planning session, and as one component of the Situational Assessment, a series of Key Informant Surveys was undertaken. The actual survey tool can be found in Appendix A of this report. The three basic questions asked were:

1. What is happening currently or will occur within the next three years that the RRFSS project should consider as they plan their future direction?
2. What would you suggest should be the priority activities of RRFSS over the next three years?
3. Why have you suggested these priorities?

The survey was circulated electronically to representatives from RRFSS-participating Health Units, each Medical Officer of Health, the Chief Medical Officer of Health, Ministry of Health and Long-Term Care representatives, the Association of Public Health Epidemiologists in Ontario, Cancer Care Ontario, each of the Health Intelligence Units, each of the Public Health Research, Education and Development Programs, the Institute for Social Research and Health Canada. Thirty-five key informant surveys were returned and summarized for presentation at the planning session. Appendix E contains the planning workshop slides, which contain the summarized findings.

[4] http://www.allianceonline.org/FAQ/strategic_planning/what_is_situation_assessment.faq

Figure 3: Breakdown of Key Informant Survey Respondents, n=35



In addition to the Key Informant Survey, participants were asked to review three pre-session readings to prepare for the discussion (actual readings in Appendix D):

- Ontario RRFSS Working Group 2001 (2002). *An Evaluation of the Rapid Risk Factor Surveillance System*.
- Surveillance Systems for Chronic Disease Risk Factors Task Group Advisory Committee on Population Health and Health Security (Draft February 19, 2004). *Developing Capacity for the Surveillance of Chronic Disease Risk Factors and Determinants in Canada Background Paper*.
- Bonita, R., Winkelmann, R., Douglas, K.A., de Courten, M. (year). The WHO Stepwise Approach to Surveillance (STEPS) of Non-Communicable Disease Risk Factors. *Book Title*, Chapter 3.

3.2 The Planning Session

The detailed Agenda for the session can be found in Appendix C. The results of each section of the agenda are captured in 4.0 and contain the actual Strategic Plan.

Twenty individuals representing 19 RRFSS Participating Health Units participated in the strategic planning session on December 7th and 8th, 2004 at the Institute for Social Research (ISR) at York University (a list of participants is in Appendix B). The two-day session was facilitated by Nancy Dubois on behalf of The Health Communication Unit (THCU).

3.2.1 Introduction Section of the Agenda

Participants began the session by establishing the following **ground rules** for the two-day session:

- strategic rather than operational focus;
- focus on RRFSS at the collaborative level, not the individual Health Unit level (although local level informs the collaborative level); and
- each Health Unit has an equal "say".

The group agreed that decisions for the strategic plan would be made by participants of the strategic planning session during their attendance at the two-day session by consensus. These would then be circulated to the full membership for input and approval.

Participants identified the following commonalities across the RRFSS program provincially:

- Difficulties and burden of making changes quickly and easily
- Lots of great data and not enough time to analyse it
- Disseminating the information – writing/communication – format – lack of time to do this
- Generalists and a lot of program areas we need to represent in our program areas – also related to time
- Aim to have provincial coverage – hope/desire for this is common – also concerns about going there too – concern re: the why/methods to go there – what is common is that the need is there – we know we need to discuss
- Need to build local capacity within HU – e.g., HU staff understanding mechanics of RRFSS, input and use of
- Securing funding for on-going participation in RRFSS – both in terms of getting it and sustaining it
- So many core modules – just getting the right number of modules for the 20 minute interview is a challenge
- Sharing the whole process
- Consistent need – based on MHPSG, supportive group, commitment to the whole process
- Coordination of the whole process
- Desiring good quality data in a timely and responsive manner at the local level
- Accountability – local relevant data to support local planning
- Financial pressures – ceiling in terms of what can sign off on and approaching this limit
- Dissemination – teaching program staff how to use the data appropriately
- Those HUs who participate in program really see the value in the program
- Want to make it be unique
- Vested interest in seeing continuation and success of RRFSS

- Want to see it go mainstream or be imbedded in PH – just be there – no question about whether or not it is part of PH
- Meet needs of programs within organization – in terms of time and working with the interview length and data modules

3.2.2 Situational Assessment

In preparation for the decisions to be made during the planning session, various aspects of a Situational Assessment were undertaken. The results of the pre-session Key Informant survey described earlier were shared and then the large group was asked to consider other influencing factors based on the PEESTDL[5] and SWOT[6] Analysis concepts. The results of this discussion included:

- Dabbling with using RRFSS model as a structure as a basis for other types of surveys
- Legal things re: Privacy of Information Act
- PH will have increased background in epidemiology – survey skills – more demand and interest in RRFSS data – link to core competencies
- Data access – ensuring a level of data access to meet our needs – two parts – between partners and with external partners (including RRFSS Coordinator) – firewalls and potential barriers to access
- Expect we will have to entertain interests from other provinces
- Uncertainty re: funding – if goes to 75% MOH funding – could be an opportunity, could also lose control
- Child & Youth Ministry – shifted away from PH – we have lots of modules related to child health

The last component of the Situational Assessment, was to draw implications for the strategic future of RRFSS from the pre-readings. These were identified to be:

- RRFSS is part of a larger system and doesn't need to answer everything – need to keep this in mind.
- Ethics/principles/privacy – surveillance and following guidelines in terms of ethical principals – need to keep this provincial and national progress in mind.
- Focus on broader connected integrated risk factor (surveillance) versus specific shorter-term areas of interest.
- Participants have only ever thought of RRFSS as the questionnaire survey – maybe that's what it is, but maybe it's not, maybe it is a "survey" approach to surveillance.

[5] PEESTDL Analysis – **P**olitical, **E**conomic, **E**nvironmental, **S**ocial, **T**echnological, **D**emographic and **L**egal factors affecting the topic and possible responses to the issue.
[6] SWOT Analysis – **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats around RRFSS and an Ontario surveillance system.

The culmination of the various elements of the Situational Assessment was a group discussion to identify the critical issues facing RRFSS that needed to be addressed through strategic planning. These were identified to be:

- **Funding** – to ensure participation of all health units (issue for all) and funding for resources within the health unit – stable over time – provincial aspect tied in with this and with sampling
- **Sampling** – provincial representative and locally representative need to co-exist – don't know how to do the sampling – the method piece (sample size issues and response rates)
- **"Content" Modules** – about the content, flexibility and commonality - Provides two things – what do we need to collect as a system that we want to compare over time while recognizing RRFSS is needed to meet local needs re: evaluation (need to recognize limitations with data (quality))
- **Reactionary planning** vs proactive planning – e.g., module development has been reactionary planning – need at local level and people get together and create the modules – vs. determining what our module areas are and planning for them
- **Data analysis** – at the provincial and local level – issue is lack of and support for and desire for more sophisticated level of analysis, resources (combination of time, money, people) and capacity to understand and use it - Access to raw data – the way it is currently we own our own data – people who use the data can't get it easily
- **Local autonomy** over content, sampling (e.g., provincial sample would lose control) – partners determining strategically who to partner with and why - Concerned that we need to have control at the HU level – still buy in and have commitment for it – but underlying thing is to have local control over topic – who owns the data
- **Infrastructure** and efficiency – governance of the RRFSS program
- **Dissemination and knowledge transfer** – hasn't been a focus for RRFSS – not sure if it is our role
- **Larger surveillance piece** – part of a larger picture
- **Partners** – who and why

Over the course of the two days, these critical issues were directly and indirectly addressed or deliberately parked for discussion at a later time. In this latter category were: agreement on criteria for creating regular (annual) balance of core/optional modules and terminology clarification about whether it is knowledge transfer or knowledge exchange.

3.2.3 Developing the Strategic Statements

The remainder of the session drew on participants' RRFSS experience and the results of the situational assessment, to develop the strategic statements (vision, mission, guiding principles and goals) that are included in the following section.

4.0 RRFSS Strategic Plan

RRFSS Logic Model 2005

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[▲] The activities bolded in the logic model were identified as priorities to be acted on during the next six months.

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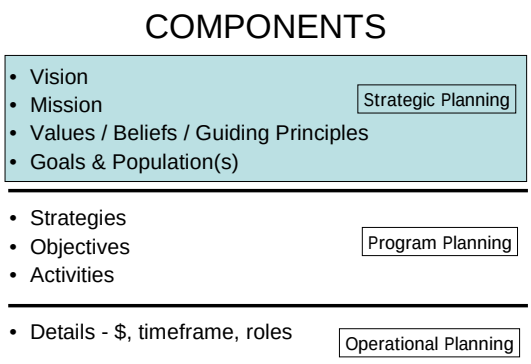
Outputs	- RRFSS position paper.	- Summary of Strategic Planning Session. - Presentations about the importance of RRFSS. - RRFSS web site with more information about knowledge exchange.	- Updated governance documents. - Funding secured to hire additional staff. - Additional staff hired to provide central support.	- RRFSS evaluation completed. - Inventory of valid and reliable modules created. - Draft criteria created.

4.1 Strategic Planning

This section of the report presents decisions made by RRFSS Strategic Planning participants about the strategic planning components: vision, mission, values/beliefs/guiding principles and goals.



4.1.1 Vision Statement

Participants of the Strategic Planning session identified the following vision for RRFSS:

> RRFSS envisions that all decisions within the public health system to promote and protect health and wellbeing and prevent adverse health events are informed by valued, timely and relevant health intelligence.

The vision statement serves to remind RRFSS partners where the project is heading and to describe the value of RRFSS to potential as well as existing funders and partners. The vision statement describes the preferred future and provides a compelling description of how the group will or should operate at some point in the future. The vision statement is something you'll never forget and often looks 2-5 yrs ahead. It provides a "realistic stretch" for the group and is what keeps you moving forward; it is a motivator. All activities of RRFSS should be in support of furthering the Vision.

Key elements of the vision statement:

- **all decisions** – participants in the strategic planning session saw a future where each decision within the public health system is made based on health intelligence.
- **timely** – for health intelligence to be of the most benefit to inform decisions, a system where health intelligence is collected, analyzed and used as quickly as possible is important.
- **relevant** – strategic planning session participants emphasized their desire for decisions to be made using relevant data – if decisions are province-wide, using provincial data about the topic; if decisions are regional, using regional data about the topic; and if decisions are local decisions, using local data about the topic.

4.1.2 Mission Statement

Participants identified the following mission statement for RRFSS:

> Ontario's RRFSS is a flexible, timely and responsive surveillance system designed to meet local Public Health intelligence needs and address information, geographic and time-related data gaps.

The mission statement describes the RRFSS niche; it describes what RRFSS does that is unique from similar initiatives yet shared by all the RRFSS partners. The mission statement addresses RRFSS's purpose, the "raison d'etre" and why RRFSS exists. The mission statement may be used as a guide to make sure potential activities are in line with the group's purpose.

Key elements of the mission statement:

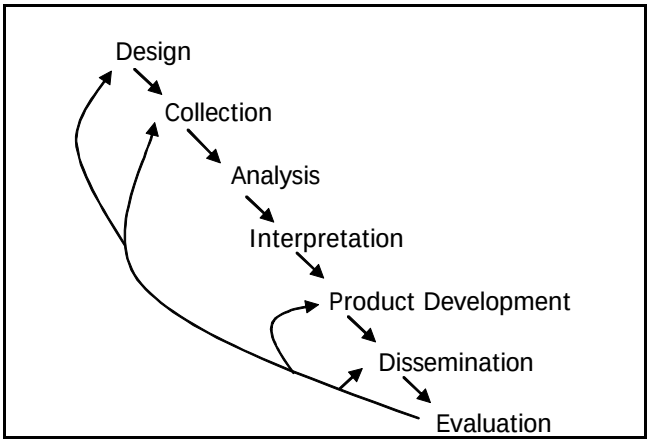
- **flexible** – participants in the strategic planning emphasized the importance of the surveillance system being used to provide health intelligence that can be adapted to meet a variety of health intelligence needs. RRFSS information can be used for benchmarking, planning and evaluation needs, for example. The mechanics of how all of the components of the surveillance system roll out is flexible based on the capacity of each Health Unit.
- **timely** – all of the components within the spectrum of the surveillance system should be timely – not just timely data collection, but timely analysis, interpretation, product development and dissemination.
- **responsive** – the ability of RRFSS to respond to local health intelligence needs makes it unique and provides partners with autonomy and control. There is also the need for RRFSS to be responsive to the needs of the system as a whole and participants in the strategic planning session believe RRFSS should support all partners throughout the surveillance spectrum and not leave individual Health Units to do this on their own. For example, if partners have difficulty having enough time to dedicate to the analysis component of the surveillance spectrum, there is a need for RRFSS to respond and find ways to help partners with this component.
- **surveillance** – the participants felt that a standard and consistent definition of this term should be agreed upon. As stated by the Surveillance Systems for Chronic Disease Risk Factors Task Group Advisory Committee on Population Health and Health Security[7]

  > "Health surveillance may be defined as the tracking and forecasting of any health event or health determinant through the continuous collection of high-quality data, the integration, analysis and interpretation of those data into surveillance products (such as reports, advisories, warnings) and the dissemination of those surveillance products to those who need to know. Surveillance products are produced for a specific public health purpose or policy objective. In order to be considered health surveillance all of the above activities must be carried out."

[7] Surveillance Systems for Chronic Disease Risk Factors Task Group Advisory Committee on Population Health and Health Security (Draft February 19, 2004). *Developing Capacity for the Surveillance of Chronic Disease Risk Factors and Determinants in Canada Background Paper*.

- **surveillance system** – a cycle of design, collection, analysis, interpretation, product development, dissemination and evaluation activities (shown below in Figure 3). Participants emphasized their desire to provide support for all of the components of the surveillance system. How each area of the spectrum is addressed will vary based on the capacity of individual partners, however collectively, the RRFSS program needs to address all of the areas in the spectrum and support partners to have some sort of movement within each of the areas.

Figure 4: Surveillance System Components



- **information, geographic and time-related data gaps** – RRFSS addresses both geographic and time-related data gaps from the CCHS. While the information collected through CCHS is valuable, the CCHS does not allow for analysis at the local level due to sample size restrictions and information is not collected in a timely manner. Through the flexibility of RRFSS, a variety of information gaps can be addressed at the local, regional or provincial level.

4.1.3 Guiding Principles

Guiding Principles usually emerge through discussion and are often identified as factors that help make decisions. Participants identified that RRFSS efforts are guided by the following principles:

a) RRFSS is based on a comprehensive surveillance framework to ensure effective knowledge exchange.
b) RRFSS uses a collaborative model to foster sharing, equity, efficiency and effectiveness.
c) RRFSS values a coordinated approach managed by the RRFSS-participating Health Units and governed by the MOU.
d) The work of RRFSS is fundamentally grounded in Mandatory Health Programs & Services Guidelines (MHPSG) and addresses emerging public health information needs.
e) The value of RRFSS is enhanced through local autonomy, which fosters active participation and commitment.
f) RRFSS is an ongoing surveillance system that allows for both short and long-term monitoring.

g) RRFSS will always contain core and optional modules and within each planning cycle, strategic decisions related to the balance between these two options will be made by each RRFSS-participating Health Unit.

Also known as belief statements or values, guiding principles are deeply held beliefs that anchor the group and guide decisions and actions. Guiding principles are enduring and changed only after serious consideration. They provide a way of choosing among competing priorities and provide guidelines regarding how people will work together. During the strategic planning session, the guiding principles stated above became evident; additional guiding principles may be added to the list over time.

4.1.4 Long-Term Goal

RRFSS strategic planning participants identified the following as the long-term goal:

To improve effective knowledge exchange as a result of RRFSS surveillance efforts.

Goals summarize the ultimate direction or desired achievement of a program. Participants emphasized this is a long-term goal – it links to the short-term goals discussed in 4.1.5 below.

Key components of the long-term goal:

- **knowledge exchange** – strategic planning participants emphasized using the terms "knowledge exchange" over others that were considered such as dissemination. Dissemination is a component of surveillance, which generates health intelligence and health intelligence as a part of knowledge exchange.
- **surveillance efforts** – surveillance efforts are the result of implementation within all of the surveillance system components previously described in the mission section

4.1.5 Short-Term Goals

The following four short-term goals were identified by strategic planning participants as goals for RRFSS to attain within the next 3 years:

1. To increase to 100% the number of participating Health Units who have base funding for RRFSS.
2. To increase the percentage of time RRFSS-participating Health Units spend distributed across the components of the surveillance framework.
3. To increase to 100% the number of Ontario Health Units participating in RRFSS.
4. To increase the number of validated and reliable RRFSS modules.

Goal 1

To increase to 100% the number of participating Health Units who have base funding for RRFSS.

Rationale for Goal 1 – Many health units are struggling to find sustainable funding for participation in RRFSS. Existing inconsistencies in funding arrangements influences decision making about the health intelligence (i.e., balance between core and optional modules) and creates disparity across the partners. If a core function of public health is surveillance, base funding for RRFSS is a logical expense. Core funding would allow for health intelligence decision making to be made based on information that addresses geographic and time-related gaps. Base funding also maintains local autonomy while emphasizing the importance for consistency across the province. Striving towards base funding does not exclude the partnership from exploring other funding options. However participants in the strategic planning session emphasized that base funding is their long-term goal.

Goal 2

To increase the percentage of time RRFSS-participating Health Units spend distributed across the components of the surveillance framework.

Rationale for Goal 2 – To date many RRFSS-participating health units have spent considerable amounts of time in the early components of the surveillance framework shown above in Figure 4 (i.e., design). It has been challenging to complete the analysis with the time left over, much less get to dissemination. As well, a great deal of time is taken up with administrative and collective organizational aspects of the program. Participants in the strategic planning session agreed they were interested in shifting their energy to allow them to complete the surveillance framework. Participants are interested in exploring options that may provide central data analysis and allow for more local time on interpretation and dissemination. Participants also emphasized the need to decrease the time spent on administrative processes while maintaining decision-making authority.

Goal 3

To increase to 100% the number of Ontario Health Units participating in RRFSS.

Rationale for Goal 3 – Strategic planning session participants saw great value in this goal. Having all Ontario Health Units participating in RRFSS would increase opportunities for comparing data across the province as well as for combining data for regional analysis and interpretation. This goal is intricately tied to the two previous goals however. Participants emphasized the importance of working towards all health units having the capacity (financial, human etc.) to participate in RRFSS.

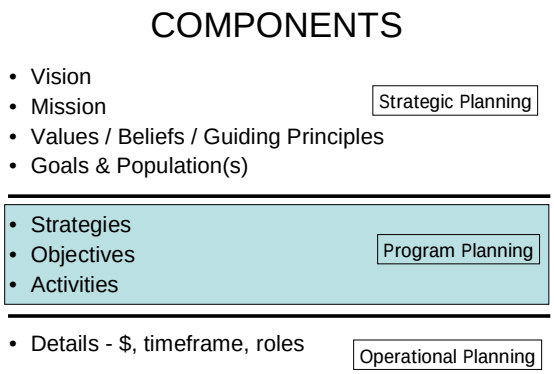
Goal 4

To increase the number of validated and reliable RRFSS modules.

Rationale for Goal 4 – RRFSS partners have spent considerable time and energy creating a variety of RRFSS modules. Participants of the planning session indicated ensuring the validity and reliability of the modules is an important step to complete. The activities for this goal however, were identified to be a lesser priority by participants and will occur later in 2005 or early 2006.

4.2 Program Planning

This section of the report presents decisions made by RRFSS Strategic Planning participants about the program planning components: strategies, objectives and activities. The four strategies presented in section 4.2.1 remain consistent across all activities. In the logic model presented at the beginning of Section 4.0, activities for each goal are compiled by the appropriate strategy. Time did not permit writing of the objectives as a group for each activity during the two-day strategic planning session; objectives presented in section 4.2.2 need to be reviewed by the group. The activity section below (4.2.3) presents activities for each of the goals.



4.2.1 Strategies

Strategies begin to describe the "how" in a plan. They form the bridge between where a group wants to be in the long-term and the objectives and activities in the short-term. Four strategies or "areas of emphasis" emerged during strategic planning session discussion:

- Advocacy
- Communication
- Governance
- Quality Improvement and Development

Activities for each of the goals fit into the four strategies. Strategies are based on pressing issues or challenges affecting the achievement of the group's mission / vision and are tied to a groups mandate, mission, purpose. Strategies describe major areas of responsibility and commitment and represent clusters of work. Successful implementation of the four strategies requires collaboration among RRFSS

stakeholders. These four strategies were identified by clustering the activities identified (see Section 4.2.3 below) into similar areas, by considering the critical issues named, by listening to the group discussion of what needed to happen to accomplish the goals, and by reviewing lists of strategies, such as those found in the Ottawa Charter for Health Promotion.

4.2.2 Annual Objectives

The following objectives were initially written by the authors following the strategic plan discussions and then refined by the Strategic Planning committee. The objectives emerged from establishing the outcomes related to the activities identified as well as the strategy within which each fit. The objectives are annual objectives for the year 2005.

- By December 2005, increase by 10% the number of RRFSS-participating health units with base funding for RRFSS.
- By December 2005, increase to 23 the number of RRFSS-participating health units.
- By December 2005, the Manual of Operations will be revised to reflect streamlining of processes and more centralized decision making.

4.2.3 Activities

Towards the end of the second day of the strategic planning session, participants were divided into five small groups. Each group was asked to identify activities for one of the previously determined goals (one long-term and four short-term). Groups captured their suggested activities on individual paper and posted them to the wall to provide a visual for the large group of all of the proposed RRFSS activities. The following table presents the activities for the long-term goal and each of the four short-term goals. The activities bolded in the table below were identified as priorities to be acted on during the next six months. The remaining activities are to be implemented during the next two years.

Long-Term Goal: To improve effective knowledge exchange as a result of RRFSS surveillance efforts.	
Strategies	**Activities**
Advocacy	➢ Encourage funders to include RRFSS as an information source for planning and evaluation. ➢ Advocate for chronic disease prevention surveillance as a benchmarking topic. ➢ Encourage university decision makers to use RRFSS health intelligence in public health professional training.
Communication	➢ Include RRFSS in skills enhancement modules for RRFSS-participating Health Unit representatives. ➢ Establish better linkage to PHRED. Explore the potential to have a RRFSS representative at the PHRED provincial meetings as one way to increase this linkage. ➢ Link to LHINS.
Governance	➢ Consider knowledge exchange as a purpose during strategic decision making for

	core module selection.

Short-Term Goal 1: To increase to 100% the number of participating Health Units who have base funding for RRFSS.

Strategies	Activities
Advocacy	➢ **Advocate for RRFSS to be considered for inclusion in the Planning and Evaluation section of the MHPSG revision.** ➢ Advocate for RRFSS-participating Health Units to designate base funding for RRFSS. ➢ Gather background information from RRFSS-participating Health Units with base funding for RRFSS to assist in advocacy efforts. ➢ RRFSS is included in the Planning and Evaluation section of the MHPSG revision.
Communication	➢ Prepare presentations for staff and management to emphasize the importance of RRFSS (compare peers, timeliness, ongoing module development to address their specific needs). Participants emphasized the need for all partners to look for opportunities to promote RRFSS. Sample opportunities include adding a few slides to promote RRFSS in routine health intelligence presentations and requesting the RRFSS poster for promotion at presentations. ➢ Communicate to managers that base funding will reduce internal conflict (i.e., no one is getting the lion's share). ➢ Increase the visibility of RRFSS through more module analysis, more dissemination.

Short-Term Goal 2: To increase the percentage of time RRFSS-participating Health Units spend distributed across the components of the surveillance framework.

Strategies	Activities
Communication	➢ Share knowledge exchange strategies among RRFSS-participating Health Units. ➢ Provide RRFSS-participating Health Units with training in knowledge exchange. ➢ Present RRFSS results at public health professionals' conferences in Ontario (e.g., Public Health Inspectors, Injury Prevention Promoters, Canadian Evaluation Society). ➢ Further develop the RRFSS web site to address better efforts for knowledge exchange. ➢ Provide skill development for staff of RRFSS-participating Health Units at the annual workshop. In addition, the June 2005 RRFSS workshop was suggested as an opportune time to share information with one another about tips and ideas for working through various components in the surveillance spectrum.
Governance	➢ **Increase central support by securing funding to hire:** • **RRFSS Director – contracts, budget, networking, HR** • **RRFSS Analyst / Epi – core analysis, reporting** • **RRFSS Web Site / Archivist** • **RRFSS Clerical Support** ➢ **Increase Steering Group's decision making abilities – i.e., special requests, revisions to MOU, approval of budget – review Terms of Reference by Steering Group, approval by Regional Groups, review of MOU approval process** ➢ Increase RRFSS resources for internal reps – develop roles and responsibilities.
Quality Improvement and Development	➢ **Conduct the RRFSS evaluation with partners to identify areas of the surveillance system in need of improvement.**

Short-Term Goal 3: To increase to 100% the number of Ontario Health Units participating in RRFSS.	
Strategies	**Activities**
Advocacy	➢ **Report back to CMOH and other RRFSS Stakeholders about the Strategic Plan developed.** ➢ Promote RRFSS to APHEO and COMOH (distribute RRFSS products, etc.) at joint meeting of APHEO and COMOH in February 2005. ➢ **Produce a position paper with APHEO about the value of RRFSS.** ➢ **Request that APHEO and/or COMOH submit to alpha a resolution for 100% PHU participation in RRFSS (at alPHA AGM in November 2005).** ➢ Ensure RRFSS is considered a data source for MPIQ technical review in February 2005. ➢ Ensure RRFSS is included as a data source for the APHEO Core Indicators where appropriate (contact the Core Indicator Working Group). ➢ A resolution is submitted to alPHA for 100% PHU participation in RRFSS.

Short-Term Goal 4: To increase the number of validated and reliable RRFSS modules.	
Strategies	**Activities**
Quality Improvement and Development	➢ Create inventory of what has been validated in RRFSS and "level" (cog tests, reliability, validity, etc.) – list of modules validated through other surveys (e.g., CCHS); list modules validated through other methods (F & O calibration, Physical Activity, Peds, etc.); RRFSS modules that have undergone eval/cog testing. ➢ Determine criteria for "valid" and "reliable" – gather information from other surveys – what is "good enough" (e.g., BRFSS survey). ➢ Identify which modules we want to be validated – look at criteria, compare criteria to inventory ➢ Find people to do validation/reliability studies – in-kind partners (e.g., University students, PHRED, Health Canada, Stats Canada, Canadian Public Health Agency); centralized "new" resources.

4.3 Priority Actions Across All Strategies

The following table pulls out from the table above those priority actions (actions for the next six months) identified by participants of the strategic planning session across the four strategies. These activities will be the first actions undertaken by the group. The items in this table represent the bolded comments from the previous table.

Strategies	Priority Activities
Advocacy	➢ Report back to CMOH and other RRFSS Stakeholders about the Strategic Plan developed. ➢ Advocate for RRFSS to be considered for inclusion in the Planning and Evaluation section of the MHPSG revision. ➢ Produce a position paper with APHEO about the value of RRFSS. ➢ Request that APHEO and/or COMOH submit to alpha a resolution for 100% PHU participation in RRFSS (at alPHA AGM in Nov 2005).
Governance	➢ Increase central support by securing funding to hire: • RRFSS Director – contracts, budget, networking, HR • RRFSS Analyst / Epi – core analysis, reporting • RRFSS Web Site / Archivist • RRFSS Clerical Support ➢ Increase Steering Group's decision making abilities – i.e., special requests,

	revisions to MOU, approval of budget – review Terms of Reference by Steering Group, approval by Regional Groups, review of MOU approval process
Quality Improvement and Development	➢ Conduct the RRFSS evaluation with partners to identify areas of the surveillance system in need of improvement.

5.0 Summary of the Strategic Planning Session

It is important for the RRFSS members to keep the strategic plan alive during discussions. Use the RRFSS Strategic Plan to provide direction and a framework upon which decisions and actions can be based. Use the Strategic Plan as a communication tool to inform existing and potential funders and partners of the work of RRFSS. Re-visit the strategic plan annually.

Next Steps

- RRFSS members need to review the objectives outlined in the section 4.2.2 to make sure they are S.M.A.R.T[8].
- Bring this document back to the RRFSS Steering Committee for more discussion about rolling out the activities. The Steering Committee will ensure a lead is 'assigned' to each objective and a smaller working group will be formed to address the activities and provide ongoing progress reports to the Steering Committee..

In addition, two items briefly discussed during the critical issues section of the agenda on the first day of strategic planning will be discussed by the RRFSS Steering Committee and decisions made:

- agreement on criteria for creating regular (annual) balance of core/optional modules – include clear description of purpose and value of core/optional and
- terminology clarification about whether it is knowledge transfer or knowledge exchange.

[8] SMART – **S**pecific (clear and precise), **M**easurable (amenable to evaluation), **A**ppropriate (consistent with purpose/goal), **R**easonable (i.e., realistic) and **T**imed (specific time frame provided for achievement of objective)

Appendices –
Proceedings of December 7 & 8, 2004 Strategic Planning Session

Appendix A – Key Informant Survey Tool

Appendix B – Strategic Planning Session Participants

Appendix C – Strategic Planning Session Agenda

Appendix D – Pre-Circulated Documents

Appendix E – Presentation Slides

Appendix F – Flip Chart Notes

Appendix G – Strategic Planning Session Evaluation Form Responses

RRFSS Strategic Planning

Stakeholder Questionnaire

The RRFSS Project will be holding a Strategic Planning session in early December, 2004 to set their direction for the coming three years. As a key stakeholder, you have been asked to provide input to this direction because of your interest and past involvement with RRFSS. Based on this involvement, you may or may not be aware that the Rapid Risk Factor Surveillance System (RRFSS) is an on-going telephone survey occurring in various public health units across Ontario. On a monthly basis, a random sample of 100 adults aged 18 years and older is interviewed regarding risk behaviours, knowledge, attitudes and awareness about health related topics of importance to public health. Topics include smoking, sun safety, use of bike helmets, and water testing in private wells, among other things. The survey itself is conducted by the Institute for Social Research (ISR) at York University, on behalf of all RRFSS-participating health units, of which there are currently 20 on board.

In responding to the questions below, please think about the overall provincial RRFSS initiative as opposed to the work within any one-health unit.

Please consider the two questions below and forward your responses by **November 12, 2004** to Lynne Russell, RRFSS Coordinator: lrussell@cwhpin.ca Your input will be summarized, along with that from other Stakeholder groups, and presented to the RRFSS group at the beginning of the planning session.

Thank you for taking the time to inform our planning process.

STAKEHOLDER GROUP: (please check one)

☐ District Health Councils
☐ Medical Officer of Health
☐ PHRED
☐ Health Intelligence Units
☐ Ministry of Health & Long-term Care
☐ Local RRFSS Representative
☐ Other: _____

1. What is happening currently or will occur within the next three years that the RRFSS project should consider as they plan their future direction?

2. What would you suggest should be the priority activities of RRFSS over the next three years?

3. Why have you suggested these priorities?

Appendix B – Strategic Planning Session Participants

RRFSS Strategic Planning Participants, Dec 7-8 2004		
Health Unit	**Name**	**Participation**
Brant County	Adam Stevens	Dec 8
Durham	Kathy Moran	Dec 7 & 8
Grey Bruce	Alanna Leffley	Dec 7 & 8
Halton	Karen Moynagh	Dec 7 & 8
Hamilton	Louisa Tsang	Dec 7
Hamilton	Brenda Suggett	Dec 7 & 8
Hasting & Prince Edward Counties	Stehanie McFaul	Dec 7 & 8
HKPR	Robyn Mitchell	Dec 7 & 8
Lambton	Elaine D. Hector	Dec 7 & 8
Leeds, Grenville and Lanark	Anne Taylor Barnett	Dec 7
Middlesex-London	Ruth Sanderson	Dec 7 & 8
Niagara	Mary Lou Decou	Dec 7 & 8
Ottawa	Amira Ali	Dec 7 & 8
Peel	Andrea Smith	Dec 7 & 8
Simcoe	Hong Ge	Dec 7 & 8
Sudbury	Jane Hohenadel	Dec 7 & 8
Toronto	Janet Phillips	Dec 7 & 8
Waterloo	Lewinda Knowles	Dec 7 & 8
Windsor-Essex	Sheila Sikora	Dec 7 & 8
York	Bill Kou	Dec 7 & 8
RRFSS Coordinator	Lynne Russell	Dec 7 & 8
Associate Director, ISR	David Northrup	Opening Remarks Dec 7
ISR	Renee Elsbett Koeppen	Dec 7
Facilitator	Nancy Dubois	Dec 7 & 8
Facilitators Assistant	Tricia Wilkerson	Dec 7 & 8

RRFSS Strategic Planning Session

December 7 & 8, 2004

OUTLINE

DAY 1: 9:30 – 5:00

9:30

1.0 Welcome & Introductions

1.1 Opening Remarks – Kathy Moran

1.2 Purpose

Objectives for the Session:

i. To develop strategic statements (Vision, Mission, Values, Goals, Strategies) that will guide the collective RRFSS work over the next 3 years.
ii. To determine the specific objectives and activities for the next year.
iii. To create a Strategic Plan document summarizing the directions set.

1.3 Process

- Ground rules / Guiding Principles for today
  - Focus is on strategic rather than operational issues
  - Focus is on RRFSS at the collaborative level, not individual health unit level.
- Decision-making Process for today
  - Decisions to be made by this group
  - Consensus
- Agenda
  - no changes anticipated due to detailed and broad pre-session reviews
- "Parking Lot" for follow-up

1.4 Materials

1.5 People

- Group Introductory Task – each person to introduce themselves and identify one commonality across the RRFSS initiative provincially

10:00

2.0 Informing the Strategic Statements (plenary)

2.1 Situational Assessment

- Results of pre-session survey – ND to present
- Other factors to consider in planning (PEEST, SWOT Analysis) – group input through posted flip charts on each

2.2 Pre-Readings

- Implications – large group input on what from these reading should be considered during our planning

2.3 Critical Issue Analysis
- Group discussion & consensus on what the issues are that need to be addressed in this planning session
- Develop two lists – one Operational and one Strategic
- Determine where in the agenda each critical issue will be addressed
- Those not appropriate for discussion here to go on the Parking Lot (come back to at the end of the session to determine next steps for these)
- Ensure consensus on these issues before proceeding (time prediction difficult)

PROCESS: Set up small groups based on nametag designations for after the break.

10:40 BREAK

11:00

3.0 Vision & Mission/Purpose Statements (mixed table groups based on designated nametags building to plenary consensus)
- Brief description of each term
- Draw from MOU paper & previous presentations as a starting point
- Review Critical Issues that apply to these discussions
- Vision
  - Use the Vision of anyone else as the collective aim of all work?
  - If not, stickee notes on tables building individual thoughts into theme at tables and across tables (not to get to level of precise wordsmithing but key components have been identified)
- Mission
  - Large group to identify what the unique purpose(s) are of RRFSS that distinguish them from others but that all involved share
  - Build on the comments from the Group Intro Activity

12:30 LUNCH
- ND to draft versions of Vision and Mission

1:15 **Vision / Mission Cont'd**
- Review drafted versions
- Approval in principle to move on?
- Post to Parking Lot for final wording

1:30 (Move to new groups)

4.0 Long-term (3 year) Goals (relate back to Vision)
- Brief description of effective goal statements
- Consider both external goals (with clients) and internal goals (within RRFSS)
- Review Critical Issues that relate to goals

- Small group discussions – different groups than morning
  - What changes do you want to see & that are reasonable to achieve in the next 3 years?
  - Record each idea on a separate sheet.
- Plenary discussion & consensus
  - ICA method to group like cards into themes

2:45 ***BREAK***

3:00

5.0 Strategies to Reach Goals (relate back to Mission)

- Sample strategies
- Small group discussions – group divides by the goal they are most interested in (perhaps two groups per goal depending on number of goals)
  - What types of work need to be undertaken by RRFSS as a collective in order to work towards the goal
- Plenary discussion & consensus on what strategies need to be undertaken across all goals

4:45

6.0 Review / Preview, Reflection on Day 1

- Brief one-page eval form asking questions that can be addressed for Day 2

DAY 2: 8:30 – 3:00

8:30

1.0 Review / Preview

- Introduce any new people for Day 2
- Review decisions made Day 1 (handout)
- Review feedback from the Day 1 evals
- Preview agenda for Day 2
  - Review Critical Issues that relate to more Operational areas

8:45

2.0 Objectives

2.1 Brief description of effective objectives (How much of what needs to happen to whom by when)

- Outcome vs. process objectives
- Annual over next 3 years
- S.M.A.R.T.

2.2 Table groups by goal – develop outcome objectives for Year 1 (and 2 & 3 if possible)

2.3 Share & compare via an overhead slide

10:30 ***BREAK***

10:45

3.0 Activities

3.1 What needs to happen in the next year to meet first year objectives? (group configuration will depend on the number of objectives established)
- Identify on stickee notes (different colour for each objective / group)

3.2 Critical Path
- Plot the activities on a calendar on flipchart by month
- Groups circulate to other posted sheets to get a sense of direction
- Any problems, flags?

3.3 Roles & Responsibilities (plenary discussion)
- Across all the posted activities, what emerges as specific roles for groups / individuals?

12:15 LUNCH

1:15
Time buffer if behind time

4.0 Summary of Decisions to Date

5.0 Next Steps

5.1 Indicators? Measurement? – is this an area to address for future?
5.2 Parking Lot Items – how to deal with these?
5.3 Report Process & Timing

6.0 Evaluation of Session
- More detailed eval to learn from for another time

7.0 Closing Remarks – Kathy Moran

Appendix D – List of Pre-Circulated Documents

Three documents were circulated to session participants in advance of the Strategic Planning session. During the first day of the strategic planning session participants were asked to identify any implications for RRFSS from the pre-session readings that should inform the development of RRFSS strategic statements.

1. Ontario RRFSS Working Group 2001 (2002). *An Evaluation of the Rapid Risk Factor Surveillance System*.

2. Surveillance Systems for Chronic Disease Risk Factors Task Group Advisory Committee on Population Health and Health Security (Draft February 19, 2004). *Developing Capacity for the Surveillance of Chronic Disease Risk Factors and Determinants in Canada Background Paper*.

3. Bonita R, Winkelmann R, Douglas K A, de Courten M. The WHO STEPwise Approach to Surveillance (STEPS) of Non-Communicable Disease Risk Factors. Chapter 3 in Global Behavioural Risk Factors Surveillance. Editors McQueen D and Puska P. Kluwer Academic / Plenum Publishers.

Appendix E – Presentation Slides

THCU THE HEALTH COMMUNICATION UNIT
at the Centre for Health Promotion University of Toronto

100 College Street
Room 213
The Banting Institute
University of Toronto
Toronto, Ontario
M5G 1L5
Tel (416) 978-0522
Fax (416) 971-2443
hc.unit@utoronto.ca
www.thcu.ca

Rapid Risk Factor Surveillance System

Strategic Planning Session

December, 2004
Nancy Dubois

RRFSS

Welcome

- Opening Comments
  - ✓ Kathy Moran

- Introductions
  - ✓ Nancy Dubois, THCU

2

PROCESS

Ground Rules / Guiding Principles for Today

Focus is on strategic rather than operational issues.

Focus is on RRFSS at the collaborative level, not individual health unit level.

Others?

3

Housekeeping

- Washrooms
- Phones – cell & pay
- Food
- Start & end times (including breaks)
- Others?

4

PROCESS

Decision-making Process for today

Decisions to be made by this group.

Consensus is the goal – *"May not be your first choice, but the outcome is something you are willing to live with and support."*

5

PROCESS

Agenda

Everyone has had the chance to review it already.

"Bicycle Rack" for follow-up.

6

Objectives of the Session

- To develop strategic statements (Vision, Mission, Values, Goals, Strategies) that will guide the collective RRFSS work over the next 3 years.
- To determine the specific objectives and activities for the next year.
- To create a Strategic Plan document summarizing the directions set.

Agenda

- Introductions
- Planning Framework
- Informing the Strategic Statements
  - ✓ Situational Assessment
  - ✓ Pre-readings
  - ✓ Critical Issue Analysis
- Strategic Direction
  - ✓ Vision & Mission/Purpose Statements
- Long-term Goals
- Strategies to Achieve Goals
- Objectives
- Activities
- Next Steps
- Summary
- Reflections & Closure

8

Materials

- Slides
- Pre-readings
- Others?
- www.thcu.ca

9

People

- Name
- Community
- Identify one commonality across the RRFSS program provincially.

10

What is Planning?

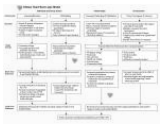
Planning is a series of decisions, from general strategic decisions (e.g., identifying priorities) to specific operational details (e.g., program implementation) , based on the collection and analysis of a wide range of information.

11

Our Planning Framework

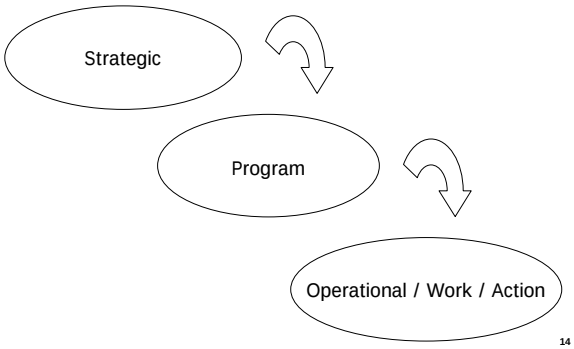
Health Promotion Project Planning Model

1. Preplanning and Project Management
2. Conduct a Situational Assessment
3. Identify Goals, Populations of Interest and Objectives
4. Identify Strategies, Activities and Resources
5. Develop Indicators
6. Review the Program Plan
7. Implement the Plan
8. Results/Impact



13

Levels of Planning



14

COMPONENTS

- Vision
- Mission
- Values / Beliefs / Guiding Principles
- Goals & Population(s)

Strategic Planning

- Strategies
- Objectives
- Activities

Program Planning

- Details - $, timeframe, roles

Operational Planning

15

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Informing the Strategic Statements

Informing the Strategic Statements

- ✓ **Situational Assessment**
- ✓ Pre-readings
- ✓ Critical Issue Analysis

17

What is a Situational Assessment?

A snapshot of the 'present' used to plan for the future.

"I think there is a world market for maybe five computers."
-Thomas Watson, Chair of IBM, 1958

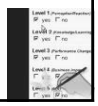
18

Pre-session Surveys of Stakeholders

1. What is happening currently or will occur within the next three years that the RRFSS project should consider as they plan their future direction?

2. What would you suggest should be the priority activities of RRFSS over the next three years?

3. Why have you suggested these priorities?



Results from Key Informants

- n = 35
  a) Local RRFSS Representative - 15
  b) Medical Officer of Health – 4
  c) PHRED – 4
  d) Other –11
  e) CMOH
- Consider the "so what" of responses – will be used to determine critical issues

20

Results: *Q1 – What is going on?*

Ontario Public Health System

- Formation of LIHM's
- Ontario and Canadian Public Health Agency
- Demise of HIU's
- Review of Mandatory Programs
- Shifts (decrease) in funding for public health (more from province)
- More integrated health & social service initiatives
- Increased emphasis on health unit performance - scorecard for public health, accountability, outcomes in local public health
- Pandemic planning
- Need for partnerships –balancing local vs external needs

21

Results: *Q1 – What is going on?*

Ontario Public Health System

- PHD's Chronic Disease Prevention & Health Promotion Branch is exploring the feasibility of creating an Ontario Injury Prevention Strategy, in partnership with key stakeholders which would include intentional & unintentional injury prevention strategies.
- Renewed/continued interest in Canada (perhaps from U.S. influences) in preparing for public emergencies, including terrorism (bio- and other), natural disasters, and new infectious diseases (e.g., pandemic "flu", another "SARS"). Need to determine the roles of Public Health agencies versus those of other agencies (inside or outside government).
- The introduction of three new children's vaccines into the publicly funded immunization program.

22

Results: *Q1 – What is going on?*

Data Collection

- Relationship with CCHS – how RRFSS fits with the CCHS
- Possible changes with CCHS - continuous household survey in 2007 could be opportunity to augment RRFSS
- Development of a Canadian Chronic Disease Surveillance Strategy
- The Task Group on Enhancing Chronic Disease Risk factor Surveillance will be making recommendations to the Conference of Deputy Ministers in June 2005
- Possible national support for regional/local data collection to complement existing national data sources
- Possible legislation to embed surveillance within public health and give it the needed mandate to be effective
- Increased demand for RRFSS data from internal public health & external agencies
  - ✓ Growing need for regional and provincial data - CCO is producing provincial and regional data for cancer risk factors
  - ✓ Growing need for provincial sample
  - ✓ Increased need for measurement & reporting of regional & provincial trends in disease risk factors
- Declining response rates – cell phones, "do not call" registries
- Increasing emphasis on surveillance and accountability

23

Results: *Q1 – What is going on?*

Data Collection

Integrated Public Health Information System (iPHIS)

Allows real-time surveillance for reportable & communicable diseases in the province. Can be configured for chronic disease & should be considered in requirements as your planning develops.

Performance Measurement

PHD is developing a performance measurement system which will be phased in over the next several years. This system will incorporate measures at the output & outcome level & will benefit from available survey data regarding the impact of public health activities.

PHD is developing a public health report card which will benefit from available survey data regarding the public perceptions of public health as well as those of other community agencies/organizations working with public health at that local level.

24

Results: *Q1 – What is going on?*

RRFSS Program

- Public health funding uncertainty; future participation in RRFSS not guaranteed given current cost set-up of RRFSS
- Increased infrastructure/capacity needed for RRFSS administration – need more than Coordinator
- Health units capacity to handle RRFSS –need more resources
- Process for selecting core and rotating core –seems to be two distinct groups –those that want more core and those wanting less –need future direction
- Loss of HIU & RRFSS support –need to plan to find replacement support for RRFSS Coordinator's office space, website, student projects
- Increasing need for central administration and management of RRFSS

25

Results: *Q1 – What is going on?*

RRFSS Program

- WNV will continue to be a concern in the province of Ontario, and it may be useful to employ the RRFSS project as a gauge of residents' knowledge in their personal protection on an ongoing basis.
- The development of Canadian Community Health Survey (CCHS). This survey includes special topics every two years, for example in 2002, 2004 and 2006, the special topics are mental health, nutrition and diet, and health measures respectively. These special topics have great implication on the selection of survey items for the RRFSS.
- There would be value in RRFSS selecting complimentary indicators to those of the CCHS data set while avoiding straight duplication. These indicators should be comprehensive enough to support program planning and policy development in the off years for CCHS.

26

Results: *Q1 – What is going on?*

Other Comments

- Need for partnerships – balancing local vs external needs
- Current interest in 'surveillance' at all levels of government
- Continued increasing public use of the "popular" (mass) media, especially the Internet, to get information (or misinformation) on diseases, disease prevention, disease treatment, and health/wellness promotion.
- There will be greater focus on infection prevention and control, not just in institutions, health care settings or physicians' offices, also in the community.
- Infection prevention and control education of the public in general, focusing on hand hygiene, will be among the activities.
- Injury prevention practitioners are increasingly addressing both intentional and unintentional injuries when planning injury prevention initiatives.

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Results: *Q2 – Priorities in next 3 years?*

Provincial Aspect

- *Develop a provincial framework of RRFSS, and under that framework, consideration should be given to sample size and representation for the province*
- Sustained provincial funding (to allow all HU's to participate)
- Develop one common agreement/contract that all health units can share
- Increased provincial coordination & analysis to reduce costs & need for local HU time
- Lobby for provincial system; determine fit with LIHNs
- Achieve a provincial sample
- Need common Vision & 3-5 year plans

28

Results: *Q2 – Priorities in next 3 years?*

Program Design

- *Analyze previous relevant data using the new provincial framework (i.e., increase sample size and better sampling techniques)*
- *Survey the public to ask where they get their information on issues of public health concern. Ask if they use government Public Health agencies (i.e., local, provincial or federal) as sources of information, and ask for their perception of the "usefulness, reliability and validity" of such information, compared to those from the mass media/Internet, and non-governmental sources (e.g., their own doctors, their families/friends, community groups/agencies, etc.).*
- *Intentional Injuries (Suicide Prevention and Interpersonal Violence Prevention)*
- *Unintentional Injuries Across the Lifespan, with a particular emphasis on injuries from motor vehicle collisions, the role of alcohol use in injuries, falls in children, falls in older adults, and injuries in Northern Ontario.*

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Results: *Q2 – Priorities in next 3 years?*

Program Design

- *Give examples of a public health emergency (e.g., new disease outbreak, environmental disaster), and ask the public what they do to prepare for such emergencies, and whether they would call the local Public Health Unit for assistance or guidance (compared to other emergency response agencies).*
- *Assess public awareness of, attitudes about and practice of general infection prevention and control measures (such as hand hygiene) designed to reduce or prevent disease transmission in a measurable way.*
- *Access knowledge & attitudes about WNV, child & adulthood immunization*

30

Results: *Q2 – Priorities in next 3 years?*

Program Design

- *It is recommended that RRFSS align its work with the e-Health strategy which has priority to rationalize health care delivery and implementation of programs*
- Address issue of core and flexibility of HUs to select their own modules – less core content vs more
- Unique RRFSS module development rather than duplication of CCHS modules – ensuring modules are most relevant to program planning
- Continue to improve existing modules rather than creating more new ones; continue to survey on current campaigns and other key questions of interest
- Strengthen the "Rapid" response capacity - increase speed with which new modules become available
- Social determinants of health
- Provide standardized reporting
- Increase validation of RRFSS modules through partnerships with external organization – CCO, PHREDS, universities

31

Results: *Q2 – Priorities in next 3 years?*

Knowledge Transfer

- Improve knowledge transfer systems – mechanisms and resources to ensure data is used appropriately; emphasize getting data transferred into knowledge for use by decision-makers
- Maintain and improve RRFSS Website –post more 'results'
- Enhance HU's ability to use RRFSS data – build capacity
- Wider sharing/distribution of data with health unit program staff and health promoters
- Make data more easily available to non-HU users - speeding up the external data request procedure; annual report of selected indicators, CD file
- More sharing of core data – others can do more complex analysis and publish reports
- Demonstrate utility of RRFSS outside of RRFSS partnership - conferences, publications
- Training in analysis of survey designs for PHU epis. and others - introductory and more advanced (hierarchical modelling; logistic regression; trend analysis)

32

Results: *Q2 – Priorities in next 3 years?*

Partnerships

- Explore preferred funding model – Ministry or external partnerships (organizations with similar interest in public health surveillance)
- Consider how RRFSS fits in national surveillance, including CCHS
- Develop partnership strategy with other agencies who can provide support
- Liaise with other surveillance initiatives across the country
- Support those agencies that are considering RRFSS –within and outside Ontario
- Investigate possibility of incorporating some of the optional CCHS content selections that don't get selected in CCHS due to time limitations; ensure RRFSS provides complementary role to CCHS
- Identification and partnering with other centers of expertise in the analysis of sample surveys, like CAMH, OTRU, ICES, Epid. Training Programs

33

Results: *Q2 – Priorities in next 3 years?*

Program Administration

- Home for Coordinator
- More centralized RRFSS functions - data analysis, results dissemination and administration; additional support for analysis
- Develop simpler administrative process (for HU's) so more time can be put into analysis and dissemination of data

34

Results: *Q3 – Why these priorities?*

- *This work should take into consideration the review of the Mandatory Programs to be undertaken over the next 18 months which will include as a key component the development of key performance indicators.*
- *There is a need to move from output to outcome measurement in public health as part of an effective performance management strategy. Many of the activities in public health are difficult to measure and require creative solutions to determine their impact.*
- *While survey data has its challenges, it provides a glimpse into the knowledge and perceptions of the public on issues important to public health practitioners. This type of data can be used within a comprehensive performance measurement system as a means of monitoring progress towards long-term goals and objectives thereby informing policy development and program planning.*

35

Results: *Q3 – Why these priorities?*

- To increase sustainability – RRFSS always on the "chopping block"
- Universal involvement of all HU's should be possible
- Resources lacking in many HU's – centralized analysis would be more cost effective
- Administrative tasks take time away from analysis, reporting and module development – data needs to be analyzed more frequently
- Needs provincial comparator – assist with benchmarking and assessment
- Staff and website are basic necessities

36

Results: *Q3 – Why these priorities?*

- Need vision and then we can go after it
- Need to work more closely with CCHS to reduce duplication – use RRFSS interview time to focus on health unit specific needs and 'fill in gaps'
- Module validation is important – we only have two modules validated
- Data is on website – but need synthesized format – centralized reporting
- Divided between more core content for comparability of chronic disease risks factors and flexibility to address local programming needs

37

Results: *Q3 – Why these priorities?*

- RFFSS is a unique tool – provides data not available elsewhere and it is necessary in all HU's for measuring public health outcomes on mandatory programs
- Strategic partnering with external agencies will increase the use and reporting of RRFSS data
- Increased HU support will enhance the ability of staff to use RRFSS for planning and monitoring purposes
- Funding for central support such as website, analysis, should be provincial – but with public health reorganization should be considered more in long term – other partnerships should be explored first
- Some public HU's need to have skill development before RRFSS will be useful – transition to evidence-based planning and evaluation needed
- Provincial sample from a provincial partner would be useful for many comparators

38

Results: *Q3 – Why these priorities?*

- Wealth of useful RRFSS data doesn't reach front line staff
- Increasing difficulty in meeting financial costs - hard for health units to commit financial and human resources
- Data analysis and use at local level not keeping up with data production
- Addresses some discrepancies between RRFSS and CCHCS data
- Still areas identified in RRFSS evaluation that need improvement – coordination of data analysis and dissemination, cost reduction, core questionnaire funding

39

PEEST Analysis

- Systematic approach to identifying the:
  - ✓ Political
  - ✓ Economic
  - ✓ Environmental
  - ✓ Social
  - ✓ Technological
  - ✓ Demographic
  - ✓ Legal

factors affecting the topic and possible responses to the issue.

40

SWOT Analysis

- Systematic approach to identifying the:
  - ✓ Strengths
  - ✓ Weaknesses
  - ✓ Opportunities
  - ✓ Threats

around your topic / issue.

41

What else should we consider as we make decisions for the future?

- ✓ Political
- ✓ Economic
- ✓ Environmental
- ✓ Social
- ✓ Technological
- ✓ Demographic
- ✓ Legal

- ✓ Strengths
- ✓ Weaknesses
- ✓ Opportunities
- ✓ Threats

Circulate to the posted flipcharts, read other comments, add your own.

42

Informing the Strategic Statements

- ✓ Situational Assessment
- ✓ **Pre-readings**
- ✓ Critical Issue Analysis

43

Pre-readings

What are the implications for the collective future of RRFSS you drew from these readings?

Share with the large group.

44

Informing the Strategic Statements

- ✓ Situational Assessment
- ✓ Pre-readings
- ✓ **Critical Issue Analysis**

45

Critical Issue Analysis

Group discussion & consensus on what the critical issues are that need to be addressed in this planning session

Develop two lists – one Operational and one Strategic

Determine where in the agenda each critical issue will be addressed

Those not appropriate for discussion here go to the Bicycle Rack to be re-visited at the end of the session to determine next steps for these

Ensure consensus on these issues before proceeding

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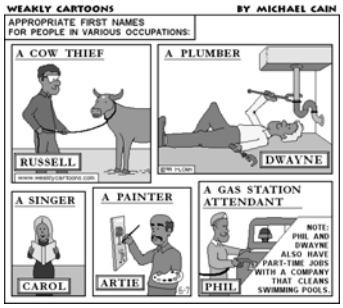
Buzz Groups

- In table groups, briefly discuss the implications of the situational assessment to the future of RRFSS.
- What are the critical issues that need to be addressed in this planning session?

47

Setting Up Discussion Groups

- Re-group based on the nametag designations



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COMPONENTS

- **Vision**
- **Mission**

Strategic Planning

- Values / Beliefs / Guiding Principles
- Goals & Population(s)

- Strategies
- Objectives
- Activities

Program Planning

- Details - $, timeframe, roles

Operational Planning

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VISION

- Is a statement describing a preferred future
- A compelling description of how the group will or should operate at some point in the future
- Something you'll never forget
- Often looks 2-5 yrs ahead
- Provides a "realistic stretch" for the group
- Projects group values into the future
- Enrolls others through its focus & appeal
- What keeps you moving forward; a motivator

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VISION

Inspiring, clear, and challenging;
making sense to the marketplace;
stable but challenged;
a beacon & control;
empowering;
prepares for the future;
honors the past;
& is lived in the details.

Tom Peters, *"Thriving on Chaos"*

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MISSION

- The group's purpose, the "raison d'etre", why it exists
- It is NOT a slogan
- At most 3-4 sentences long; precise

Addresses what your business is,
for whom you are in business,
and (perhaps) how you fulfill your function.

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Starting Points

The purpose of RRFSS is to provide timely data, relevant to local public health needs.

RRFSS is used to monitor key public health issues yet is adaptable to collect information on emerging issues.

The results from RRFSS are used to support program planning and evaluation, to advocate for public policy development, and to improve community awareness regarding the risks for chronic diseases, infectious disease and injuries.

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Fundamental Questions

- **<u>Vision</u>**
  - ✓ What do you hope to accomplish, in the long-term, with the RRFSS program?
- **<u>Mission</u>**
  - ✓ What is the purpose of RRFSS? What does it do that is unique from other similar initiatives yet shared across the group?

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PROCESS

- In small group, answer these two fundamental questions
  - ✓ individually first on stickees
    - one thought per sheet
    - Yellow = Vision; Other = Mission
  - ✓ group similar thoughts at your table
  - ✓ give each cluster of ideas a title
  - ✓ post the titles to a flipchart to share with large group
- With the Vision, consider other Vision Statements (e.g. public health, CCHS) to which you contribute – shared vision. For Mission, how does your purpose differ from others?
- Build on comments from Intro Activity.

55

Principles of Work

- Also known as Belief Statements, Guiding Principles, Values
- Deeply held beliefs that anchor the group & guide decisions / actions
- Are enduring & changed only after serious consideration
- May be posted / stated for a considerable time before becoming operational
- Require leadership & planned interventions to operationalize
- Provides a way of choosing among competing priorities & guidelines about how people will work together

56

Goals

- Goals summarize the ultimate direction or desired achievement of a program.
- Most health promotion programs have one goal, although more complex programs may have several goals.



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Examples of Health Promotion Goals

- "To increase the number of people of reproductive age who achieve and maintain optimum reproductive health."
- "To increase the number of low income mothers who have constant access to safe, affordable nutritious food."

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Types of Goals

- Direction setting problem-based goal
- Direction setting positive outcome goal

59

Direction-Setting Problem-Based Goal

"To reduce disability, morbidity and mortality caused by motorized vehicles, bicycle crashes, alcohol and other substances, falls in the elderly and to prevent drowning in specific recreational water facilities."

-Mandatory Health Programs and Services Guidelines, Ontario Ministry of Health (1997, p. 20)

60

Direction-Setting Positive Outcome Goal

"To support healthy pregnancies."

-Mandatory Health Programs and Services Guidelines, Ontario Ministry of Health (1997, p. 27)

NOTE: Why is this NOT a well-worded goal? How to improve it?

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PROCESS

- GROUPS: new – networking & richer discussion
- OUTPUT: Goals for RRFSS to attain within the next 3 years (both internal, organizational and external, population-based ones)
- CONSIDER: Critical Issues identified
- TASK:
  - ✓ What outcomes do you want to see that are necessary and reasonable to achieve in the next 3 years?
  - ✓ Record each idea on a separate sheet.
  - ✓ Keep them to a minimum.
  - ✓ All should agree in group.

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Project Outcomes – MOU (Products?)

- Population-based data file for all RRFSS-Participating Health Units
- Data Quality Reports (i.e. cognitive testing reports, special studies)
- Topic specific modules
- Data Dictionary
- Web-based dissemination of results, if applicable.

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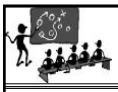

STRATEGIES

- Also known as "strategic directions", "areas of emphasis", "key result areas"
- Based on pressing issues or challenges affecting the achievement of the group's mission / vision
- Describes a major area of responsibility & commitment
- May involve conflicts & heightened emotion that can pull stakeholders together or drive them apart
- Require collaboration among stakeholders to ensure success
- Based on stakeholder needs & expectations
- Tied to your mandate, mission, purpose
- Represent clusters of work

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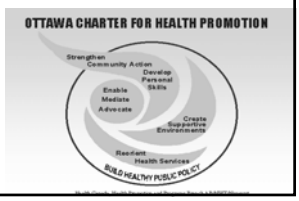
Health Promotion Strategy Menus

Ottawa Charter Strategies

- ✓ build healthy public policy
- ✓ create supportive environments
- ✓ strengthen community action
- ✓ develop personal skills
- ✓ reorient health services



Health Promotion Strategy Menus (con't)

- Metro Toronto DHC Strategies
  - ✓ counseling and skill development
  - ✓ education
  - ✓ social marketing
  - ✓ self-help/mutual support
  - ✓ community mobilization and development
  - ✓ healthy public policy

66

Health Promotion Strategy Menus (con't)

- Centre for Health Promotion Strategies
  - ✓ education
  - ✓ health communication
  - ✓ organizational development
  - ✓ community development
  - ✓ policy development
  - ✓ advocacy
  - ✓ intersectoral collaboration
  - ✓ research

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PROCESS

- Group based on the goal in which you are most interested (will stay with this group from now on)
- What type of work needs to be undertaken by RRFSS as a collective in order to work towards the goal?
  - ✓ data collection
  - ✓ data analysis
  - ✓ knowledge transfer
  - ✓ advocacy

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DAY 1 – Review / Preview

- Short feedback form
- Any comments on things that can be changed for tomorrow
- Confirm Day 2 times

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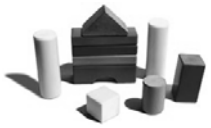
DAY 2 – Review / Preview

- Any new faces?
- Feedback received
- Re-cap of Day 1 decisions
  - ✓ Critical Issues – especially the Operational ones
- Agenda for today



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Agenda

- Introductions
- Planning Framework
- Informing the Strategic Statements
  - ✓ Situational Assessment
  - ✓ Pre-readings
  - ✓ Critical Issue Analysis
- Strategic Direction
  - ✓ Vision & Mission/Purpose Statements
- Long-term Goals
- Strategies to Achieve Goals

- Objectives
- Activities
- Next Steps
- Summary
- Reflections & Closure

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Program Objectives

An objective is a brief statement of the desired impact or effect of a health promotion program (i.e., how much of what should happen to whom by when).

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Characteristics of Good Program Objectives

- specific (as clear and precise as possible)
- credible (to key stakeholder groups)
- measurable (can be assessed to determine degree of achievement)
- compatible (fit with overall goal, mission/vision and other program objectives)
- linked to available data (i.e., information needed to assess objective is readily available and accessible)

73

Characteristics of Good Program Objectives

S*M*A*R*T objectives are:

- **S**pecific (clear and precise)
- **M**easurable (amenable to evaluation)
- **A**ppropriate (consistent with purpose/goal)
- **R**easonable (i.e., realistic)
- **T**imed (specific time frame provided for achievement of objective)

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Other Features of Good Outcome Objectives

- Use action words, such as "increase" or "decrease".
- Identify a specific target group or audience.
- State the desired amount of change based on current research and program norms (to the extent possible).

Example:

"To increase to 40 percent the proportion of all adults who include at least 30 minutes of moderate physical activity on most if not all days of the week by the year 2010."

75

Short vs. Long-Term Program Objectives

- **Not necessary to have both short and long.**
- **Common to have annual objectives.**
- **Long-term objectives** specify the outcomes or changes needed to achieve program goals (e.g., reductions in the incidence of a health problem or changes in health status)
- **Examples:**
  - ✓ To reduce the incidence of teen pregnancies by 50% by the end of year 3.
  - ✓ To reduce by 24% the incidence of social and development problems associated with poor child nutrition by 2002.

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Short vs. Long-Term Program Objectives

- **Short-term objectives** specify the short-term or immediate results that need to occur in order to bring about long-term sustainable change (2-3 months up to 2-3 years)
- **Example:**
  - ✓ By the end of the first year, 80% of participating parents will have increased access to affordable, nutritious food through participation in the community kitchen program.

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Process Objectives

- What YOU will do in order to achieve the short or long term objectives
  - ✓ To develop ...
  - ✓ To promote ...
  - ✓ To train ...
  - ✓ To deliver ...
  - ✓ To host ...

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Project Objectives - MOU

- Provide timely, relevant data for program planning, evaluation and decision making
- Provide time series data to detect trends and/or seasonal variations
- Provide a vehicle for obtaining timely information on emerging issues
- Provide a vehicle for allowing flexibility in aggregating data up to the health unit/ Health Region level
- Provide standardized and comparable information on key public health issues
- Maximize efficiency and effectiveness, through a collaborative approach (i.e. data quality and data collection issues)
- Minimize the need for one-time surveys by individual health unit programs.

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PROCESS

- In groups, for your assigned area, create **outcome** objectives for the end of the next year – relative to the longer term goal, within the strategies identified, what specifically should RRFSS have accomplished – how much of what should happen to whom by when?
- Record objectives on blank acetate to share with large group.
- Discussion

80

PROCESS

- In groups, for your assigned area, create **process** objectives for the end of the next year – relative to the longer term goal, within the strategies identified, what needs to be done?
- These are like activities.

- Record each activity on a stickee note.
- Post stickees to the Calendar Wall.
- Circulate to read all – comments, questions, concerns?

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Roles & Responsibilities

- While considering the various goals, strategies, objectives & activities, what emerges as specific roles for groups and/or individuals?

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Next Steps

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Indicators

- Variables that can be measured in some way.
- For the purposes of program planning and evaluation, indicators are used to assess the extent to which program objectives have been met.
- Do you want to develop indicators – which, in turn, leads to an evaluation plan & execution?

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Common Activity/Process Indicators

- Members participating, new members, affiliates
- Services provided: classes, workshops, newsletters, support groups, etc.
- Member satisfaction

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Common Outcome Indicators

- **Short-Term Indicators:**
  - ✓ changes in awareness,
  - ✓ changes in knowledge and attitudes
- **Long-Term Indicators:**
  - ✓ changes in skills in capacities
  - ✓ changes in health-related behaviour
  - ✓ changes in policies or practices
  - ✓ changes in supportive environments
  - ✓ changes in morbidity and mortality

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Next Steps

- Bicycle Rack items
  - ✓ who to do what

- Report Process
  - ✓ review
  - ✓ dissemination
  - ✓ timing

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Summary

- Questions / Comments
- Session Evaluation
- Closing Remarks
  - ✓ Kathy Moran

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Appendix F – Flip Chart Notes

Ground Rules

- Strategic rather than operational focus
- Focus on RRFSS at collaborative level, not the individual HU level (although local level informs the collaborative level)
- Each HU has equal "say"

Group Introductory Task – Commonality across the RRFSS program provincially

- Difficulties and burden of making changes quickly and easily
- Lots of great data and not enough time to analyse it
- Disseminating the information – writing/communication – format – lack of time to do this
- Generalists and a lot of program areas we need to represent in our program areas – also related to time
- Aim to have provincial coverage – hope desire for this is common – also concerns about going there too – concern re: the why/methods to go there – what is common is that the need is there – we know we need to discuss
- Need to build local capacity within HU – e.g., HU staff understanding mechanics of RRFSS, input and use of
- Securing funding for on-going participation in RRFSS – both in terms of getting it and sustaining it
- So many beautiful modules – just getting the right number of modules for the 20 minute interview is a challenge
- Sharing the whole process
- Consistent need – based on MHPSG, supportive group, commitment to the whole process
- Coordination of the whole process
- Desiring good quality data in a timely and responsive manner at the local level
- Accountability – local relevant data to support local planning
- Financial pressures – ceiling in terms of what can sign off on and approaching this limit
- Dissemination – teaching program staff how to use the data appropriately
- Those HUs who participate in program really see the value in the program
- Want to make it be unique
- Vested interest in seeing continuation and success of RRFSS
- Want to see it go mainstream or be imbedded in PH – just be there – no question about whether or not it is part of PH
- Meet needs of programs within organization – in terms of time and working with the interview length and data modules

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PE(E)ST (DL) Analysis

(In addition to those in the surveys and from the introduction – anything we haven't captured yet?)

- Dabbling with using RRFSS model as a structure as a basis for other types of surveys
- Legal things re: Privacy of Information Act
- PH will have increased background in epidemiology – survey skills – more demand and interest in RRFSS data – link to core competencies
- Data access – ensuring a level of data access to meet our needs – two parts – between partners and with external partners (including Lynne) – firewalls and potential barriers to access
- Expect we will have to entertain interests from other provinces
- Capture looking at uncertainty re: funding – if goes to 75% MOH funding – opportunity, lose control
- Child & Youth Ministry – shifted to away to PH – we have lots of modules related to child health

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Implications from Pre-Session Readings

- RRFSS is part of a larger system and doesn't need to answer everything – need to keep this in mind
- Ethics/principles/privacy – surveillance and following guidelines in terms of ethical principals – need to keep this provincial and nat'l progress in mind
- Focus on broader connected integrated RF (surveillance) vs specific shorter-term areas of interest
- We've only ever thought of RRFSS as the questionnaire survey – maybe that's what it is, but maybe it's not – "survey" approach

Critical issues (purpose is to identify the issues not solve them right now)	**Priority** (1 is greatest)	**Discussion of Priority Ranking**
Funding – to ensure participation of all health units (issue for all) and funding for resources within the health unit – stable over time – provincial aspect tied in with this and with sampling	2	It is over arching – if we go for provincial funding this is that we need
Sample size – **sampling** – provincial representative and locally representative need to co-exist – don't know how to do the sampling – the method piece (sample size issues and response rates)	2	
"Content" – Modules – about the content, flexibility and commonality - Provides two things – what do we need to collect as a system that we want to compare over time while recognizing RRFSS is needed to meet local needs re: evaluation (need to recognize limitations with data (quality))	1 in terms of principles; 3 in terms of details and mechanics	principles of content need to be discussed early vs. details talked about later
Reactionary **planning** vs proactive planning – e.g., module development has been reactionary planning – need at local level and people get together and create the modules – vs. determining what our module areas are and planning for them	1 principles of content	RRFSS planning – something more stable and valid and control the continuous elements that keep coming in and out
Data analysis – at the provincial and local level – issue is lack of and support for and desire for more sophisticated level of analysis, resources (combination of time, money, people) and capacity to understand and use it - Access to raw data – the way it is currently we own our own data – people who use the data can't get it easily	2	an element we need to address as a group – what we are reaching for – also address through partners – ripple throughout the discussion
Local autonomy over content, sampling (e.g., provincial sample would lose control) – partners determining strategically who to partner with and why - Concerned that we need to have control at the HU level – still buy in and have commitment for it – but underlying thing is to have local control over topic – who owns the data	1 in terms of principles; 3 in terms of details and mechanics	impacts on a lot of different things – within existing partnership and would exist if there was a provincial aspect to things – fundamental component of what makes RRFSS
Infrastructure and efficiency – governance of the RRFSS program	3	because until we have determined where we are going then we can determine this – figure out how to structure based on where we are going
Dissemination and knowledge transfer – hasn't been a focus for RRFSS – not sure if it is our role	2	because need to figure out the previous stuff
Larger surveillance piece – part of a larger	1	because need to figure this out

picture		
Partners – who and why	3	need to figure out other pieces first before can address this

Vision Statement Components

Group 1:
- to inform public health decision making – to inform is what you do – part of mission
- value for it's ability to inform
- to protect, prevent and promote, prevent health of the population
- public health decision making is the who or the what that you are trying to change

Group 2:
- public health professionals
- equipped with health intelligence
- to positively influence the health and wellbeing of the population

Group 3:
- province-wide surveillance system (meant all PH departments involved – could say all public health professionals...)
- responsive to local and provincial ph needs – responsive is part of what you do - mission
- through valid and reliable data for assessment and decision making real time
- to improve public health services

Group 4:
- real time, timely – put into mission – what you do
- evidence based ph decisions

Key Points to the Vision Statement
- all – local and provincial, national, international system – flag and come back to this after the discussion about the mission
- public health system
- decision making
- informed, evidence based
- comes from Health Intelligence, timely/rapid, current, relevant
- value
- improved ph services
- prevent, promote and protect
- health and wellbeing of the population

Mission terms
- link to mandatory guidelines and programs
- response to emerging issues
- create our own modules – flexible
- local data
- on-going
- timely
- address information gaps
- collaborative
- coordinate data surveillance at the local level
- roll up approach
- high stakeholder involvement
- used on the front line

- local buy-in/ownership
- data – knowledge – intelligence
- power, control
- comparable and collapsible data across jurisdictions
- cost effective process

Participant Generated Goals	Proposed Goals
To secure stable funding for RRFSS	To increase to 100% the number of participating Health Units who have base funding for RRFSS.
To increase supportive resources and services for RRFSS partners To increase central capacity of RRFSS (coordination, analysis, dissemination) To decrease the time invested by individual HUs in the administration of RRFSS	To increase the percentage of time RRFSS participating Health Units spend distributed across the components of the surveillance framework.
To increase RRFSS participation province-wide To increase to 100% the participation rate of Ontario Health Units in RRFSS To increase (to all) the number of HUs in Ontario in RRFSS To increase the number of RRFSS participating health units to 100%	To increase to 100% the number of Ontario Health Units participating in RRFSS.
To increase the number of RRFSS modules that have undergone validation (NB: needs to be operationalized – e.g., 5 modules/year or start with core modules, etc.)	To increase the number of validated and reliable RRFSS modules.
To increase the utility of RRFSS for evidence based decision making by public health professionals To increase the production and dissemination of RRFSS results To improve effective dissemination of RRFSS information at local health unit level To increase the availability of health information	To improve effective knowledge transfer/exchange as a result of RRFSS surveillance efforts.

Small group activity
Identify on a piece of paper the things that need to happen in next 3-5 years in order to achieve your goal. Sort them either by year (2005) or by phase.

Short-Term Goals:
To increase to 100% the number of participating Health Units who have base funding for RRFSS.
To increase the percentage of time RRFSS participating Health Units spend distributed across the components of the surveillance framework.
To increase to 100% the number of Ontario Health Units participating in RRFSS.
To increase the number of validated and reliable RRFSS modules.

Long-Term Goal:
To improve effective knowledge transfer/exchange as a result of RRFSS surveillance efforts.

Strategic planning participants were asked whether there were two potential scenarios the group needed to plan for. Participants considered Case A was where RRFSS continues as it currently is and Case B - a scenario involving a potentially different funding arrangement and/ or a different level of central support provided. After capturing the following notes on the flip chart, participants indicated they did not need to discuss a potential Case B scenario given that the activities would be the same for both scenarios. Participants were interested in proceeding with discussions for the RRFSS as it currently is and making any minor adjustments if needed. The following are the flip chart notes captured during this discussion:

Case A
- status quo
- all participating HUs provide dollars for the services
- money is split between ISR & Central Admin

Case B
- discussion – if all HUs involved change in sampling based on all participating HUs participating
- proposal to HC re: cost sharing model with participation HUs looking at HUs participating and RRFSS rep for each HU and central support model that includes a coordinated central unit – HC money is an augmentation
- what if all HUs don't participate – perhaps because they don't have the staff to technically meet demands of RRFSS – set goal for 100% participation do what need to do to help meet the 100% and may need to make some shifts / adjustments for everyone's participation
- so no discussion about what a Case B might be – Case A applies

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Bicycle Rack
- agreement on criteria for creating regular (annual) balance of core/optional modules – include clear description of purpose and value of core/optional
- clarify terminology re: knowledge transfer vs knowledge exchange

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Summary of discussion re: core/optional modules:
- Some HUs don't want to have core modules – want to be able to opt out of the core modules – they are scraping together to pull together money to do RRFSS and don't want to ask questions that are not relevant to where they are getting their funding from
- We are also wrestling with comparable because don't have 100% participation
- We have criteria for core – we need to figure out what core is suppose to be and suppose to do – need to figure out strategically what it is we want core to do – always an understanding that there will be a balance between core and not core
- We want a better balance between core and not core – rotating core has come in to try to balance this – will always be some core and optional modules
- Currently it's not clear on why we do core , i.e., who is core for, who wants it, what is done with it? Not for folks at the individual level but at the collective level – we aren't sure what the potential partners want. Want to have 100% participation which will allow us to compare – those areas important strategically to Public Health will help us to make decisions re: core
- Comments re: performance indicators and RRFSS can be one of the pieces to measure this – core collection piece is proactive planning for 100% participation and for measuring performance indicators, benchmarking and providing historical picture of this
- Guiding Principle created by the group to help guide the strategic decision:
  RRFSS will always contain core and optional modules and within each planning cycle strategic decisions related to the balance will be made.
  RRFSS participants need to make decisions each planning cycle about the balance of core and optional

Appendix G – Strategic Planning Session Evaluation Form Responses

RRFSS STRATEGIFC PLANNING SESSION
December 7 & 8, 2004
EVALUATION FORM RESPONSES

Evaluation forms were completed by 17 participants.

Q1. In an overall general sense, how satisfied were you with the Strategic Planning session?

12 people – Very satisfied
4 people – Somewhat satisfied
0 people – Neutral
1 person – Somewhat dissatisfied
0 people – Very dissatisfied

Q2. How useful did you find the Strategic Planning session?

13 people – Very satisfied
4 people – Somewhat satisfied
0 people – Neutral
0 people – Somewhat dissatisfied
0 people – Very dissatisfied

Q3. How well were the Strategic Planning session objectives met?

Objectives	Met	Somewhat met	Not at all met
To develop strategic statements that will guide RRFSS over the next 3 years.	14 people (comment – in draft form)	3 people	0 people
To determine specific objectives and activities for 2005.	6 people	11 people (comment – still need to develop objectives)	0 people

Q4. How satisfied were you with…

Item	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied
The organization of the information presented?	13 people	3 people	1 people	0 people	0 people
The methods used to reach consensus?	10 people	6 people	1 people	0 people	0 people
The setting?	12 people	3 people	0 people	2 people	0 people

Q5. The most useful part of the Strategic Planning session was…

- Help people to understand the RRFSS vision and mission
- Let people state and reach consensus of the issues
- Goal setting
- Nancy's ability to reflect comments back to the group
- Creating the vision and mission
- The building of the mission statement with excellent facilitation team of Nancy and Tricia
- Nancy's ability to focus the discussion

- The fact that all of the issues were put on the table
- A united sense of where we are going with RRFSS
- Time to talk and discuss RRFSS issues
- Consensus building
- Everyone having opportunity for input
- Getting agreement on vision and mission and goals
- Identifying and prioritizing activities for 2005
- Decisions re: vision, mission, principles
- All good
- The step by step process used
- Figuring out the critical issues and have some discussions about them so we could understand them. Nancy did a great job (and thanks to Trish too).
- All useful
- Discussions within small groups helped larger group discussions
- Nancy was excellent at listening and guiding when it was needed
- Goals
- Critical issue list

Q6. The least useful part of the Strategic Planning session was…

- Because PHUs are different, the goals are different for each PHU. PHUs reach different stages of goals at this time.
- All parts were useful
- Case A / Case B discussion which was minor and therefore handled well
- The activities – too rushed – not enough time to go into depth
- Wasting time on wordsmithing when it was clear that the idea was there and we were all in agreement
- Too many semantics discussions (wordsmithing) took time away from "real" progress
- Too ambitious agenda but we ended up with what we need
- Nothing
- Too much wordsmithing on goals, time spent on identifying goals
- Hearing too much of some individuals' comments on how things were done at their HU
- None

Q7. Suggestions for improvements or any additional comments…

- More time required for completion therefore allocate additional time (e.g., ½ day) to planning in future
- We should have spent less time wordsmithing and debating small issues and more time discussing who does what and how – but better balanced session than some I've attended in the past. Thanks for your help!
- A room that has better air circulation
- A room that is less noisy (heater rattling, students yelling)
- More time – we could have extended day 2 until 4:30 pm
- Slow process – need more time
- Shame we ran out of time
- Shorter day starting later and ending earlier
- Nothing – it was great!
- Need to ensure that objectives are articulated and shared
- Could have used more time
- Bring Nancy back again – she was great!
- Flu & Strategic Planning Committee needed for loose end planning