



## **RRFSS in Action:**

### **Halton and Social Determinant's of Health**

Halton used RRFSS to gather baseline data on the public's perception about SDOH which is being used to frame and target communication messages. 1200 adults in Halton were surveyed and asked about how important each of these 10 social determinants of health were in helping make a person healthy. They ranged from "how much money a person has" through to "access to healthcare". The results were very interesting...while 97% of respondents felt access to healthcare was very or extremely important to health, only 31% of respondents felt that "how much money a person has" was important. They also found that older adults and those with lower incomes were more likely to understand the role of the more upstream social determinants of health like income, education and employment.

View Report

<http://www.halton.ca/cms/One.aspx?portalId=8310&pageId=120856>

### **Sudbury and a rural oversample**

The SDHU wanted to increase their ability for tailor programs to better meet the needs of their district office areas. They wanted to find out how does the health issues of the 34,000 people living in the district office areas compare to those living in the city? Since their CCHS and RRFSS samples are dominated by residents of the city, they do not provide reliable estimates for other areas. To solve this issue, in 2012, the SDHU added an oversample to RRFSS to collect more data on core indicators from their district office areas. The result has been a Health profile for each district office area in 2013. And by having 280 additional interviews per year ongoing they are reporting on each area every 3 years

View Reports

[http://www.sdhu.com/uploads/content/listings/2013\\_EN\\_SudburyEastDistrictOffice.pdf](http://www.sdhu.com/uploads/content/listings/2013_EN_SudburyEastDistrictOffice.pdf)

[http://www.sdhu.com/uploads/content/listings/2013\\_EN\\_ChapleauDistrictOffice.pdf](http://www.sdhu.com/uploads/content/listings/2013_EN_ChapleauDistrictOffice.pdf)

[http://www.sdhu.com/uploads/content/listings/2013\\_EN\\_ManitoulinDistrictOffice2.pdf](http://www.sdhu.com/uploads/content/listings/2013_EN_ManitoulinDistrictOffice2.pdf)

[http://www.sdhu.com/uploads/content/listings/2013\\_EN\\_EspanolaDistrictOffice.pdf](http://www.sdhu.com/uploads/content/listings/2013_EN_EspanolaDistrictOffice.pdf)

### **Durham and their Health Neighbourhoods project**

50 Health Neighbourhoods were defined for Durham Region based on census population, sociodemographic and geographical characteristics. The 2011 Census population varies from ~ 8,000 to 18,000. Average is ~12,000. The Health Department's ongoing investment in RRFSS allowed Durham to present 7 RRFSS indicators related to health behaviours and risk factors for the 50 Neighbourhoods. (CCHS could not be used because the cluster sampling did not provide sufficient or representative data at the neighbourhood level). A map was developed for each indicator. A total of 62 indicators have been mapped at the neighbourhood level indicators. In addition, an indicator summary was produced for each indicator listing the rates by neighbourhood and municipality and comparing them to the Durham Region rate. For example: for the smoking indicator there were 3 neighbourhoods with smoking rates significantly lower than the Region and 6 with significantly higher rates. It was fortunate to have the 2011 Ontario rate from the RRFSS Provincial Sample Pilot Project as a provincial comparator for 5 of the 7 RRFSS indicators.

[www.durham.ca/neighbourhoods](http://www.durham.ca/neighbourhoods)

## **Brant using RRFSS to monitor key public health issues and inform program planning**

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

## **Simcoe-Muskoka Tobacco Team has incorporated many RRFSS based indicators to set targets and track progress in their operation planning from 2012 to 2016**

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

### **Smoking Cessation**

Current Smoking Prevalence (20+ years old)

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

#### Cessation Attempts

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

### **Former Smokers**

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

### **Protection against Environmental Tobacco Smoke**

#### Smoke-Free Homes

- ≥ 90% of homes are smoke free
- Smoke-Free Homes with Children Under the Age of 10
- ≥ 90% of homes with children under the age of 10 are smoke free

#### Smoke-Free Outdoor Bylaws

>80% support smoke-free outdoor spaces bylaws

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

Data from Health Indicator Reports is used in a number of different ways by our Health Department including supporting program planning and communications, informing local councillors through reports to Halton's Health and Social Services Committee, and supporting work being done by community members and partnerships. A Health Promoter recently recounted the following story about the Health Indicator Reports that were prepared using data collected through the RRFSS Urban Development modules... *"We noticed the walkability indicator reports data were telling us that younger cohorts valued certain aspects of walkability much more than older cohorts. We shared this information with one of our municipal partners. We raised the concern that their public information centres and consultative processes in general were reaching older audiences, and they needed to do more to consult younger audiences who react more favourably to the kinds of things that we were trying to promote. A month later, they were at a youth event, engaging over 50 youth who were generally positive about walking, cycling and transit. And they're not stopping there. They have connected with other organizations, and have plans to gather more input. I think it's fantastic!"*

<http://www.halton.ca/cms/One.aspx?portalId=8310&pageId=53893>

If you have any questions about the survey, you can contact  
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