



Why HU's are returning to RRFSS...

Three Health Units talk about the reasons they need RRFSS and why they recently rejoined:

1) Why Brant County Health Unit (BCHU) returned to RRFSS

Strategically, the BCHU aims to make decisions for the community's health based on the best available evidence. The Rapid Risk Factor Surveillance System (RRFSS) is a crucial source of such evidence.

Brant had been involved in RRFSS for over 10 years, starting in 2003 and then integrating RRFSS into the base budget from 2005 through 2015. During that time data was collected, analyzed and reported on many topics, including: car seat safety, falls and injury prevention, sun safety and artificial tanning, minor's access to tobacco, smoking ban in multi-unit dwellings, cell phone use while driving and benefits of breastmilk. In addition, new modules have been driven and developed by the BCHU, including: hand hygiene and respiratory etiquette.

A specific reason for joining RRFSS this year is informed by the strategic priorities set out in the new 10-year strategic plan approved by the Board of Health in 2016. Strengthening community collaboration has been identified as one of the priorities for the health unit. To measure progress towards addressing this priority, the health unit is seeking information about the current level of public awareness about its programs and services, and satisfaction with them. RRFSS is currently seen as the most appropriate source for obtaining necessary information as it allows us to specifically assess familiarity with the Health Unit and our website.

The BCHU continues to consider RRFSS as a rigorous and reliable source of data for addressing health unit's evaluation needs and informing program planning. Modules focussed on up-to-date issues are of particular interest to us. They include compliance with the Low Risk Drinking Guidelines, public health inspection disclosure and sugar sweetened beverages in the home.

The BCHU also appreciates the ability to choose from a number of survey lengths and cost options for the RRFSS survey. For 2017, the BCHU selected a 10 minute version of the survey from the previous 20 minute version, which is less expensive for us and less burdensome for the residents responding. We continue to survey 1500 residents per year (400 by landline and 100 by cell phone, every 4 months). This flexibility, in comparison to other surveys, has been a huge incentive for the BCHU returning to RRFSS.

2) Why Peel Public Health returned to RRFSS

Peel Public Health had participated in the Rapid Risk Factor Surveillance System (RRFSS) since its inception in 2001, and consistently participated through to 2011. Peel has always found RRFSS to be an important source of local, health-related data by which to make evidence-informed decisions.

In 2012, Peel withdrew from RRFSS because of: (1) resource issues (e.g., the requirement to participate on a Regional working group, plus one other; the amount of time required for data analysis); and (2) issues related to the survey at the time (e.g., the survey was only able to be administered in English; the previous number of core questions was taking up space for optional content; some of the questionnaire content was duplicated in other data sources).

Since leaving RRFSS, a number of data gaps were identified through the process of providing epidemiologic support to other teams, including:

- *environmental tobacco exposure in selected places;*
- *waterpipe use;*
- *tobacco use by respondent;*

- support for smoking ban in multi-unit dwellings;
- active transportation and built environment;
- awareness and use of recreational trails and facilities;
- sedentary behaviour;
- parenting styles;
- awareness of parenting programs;
- exposure to family violence;
- sugar-sweetened beverages; and
- childhood immunizations.

RRFSS was identified as the best tool to address these data gaps. Other changes to both the survey and its administration have made it once more attractive to Peel:

- *The Regional work groups no longer exist, so there is a reduced requirement to participate on external RRFSS committees;*
- *ISR is able to provide data analysis (with an additional cost), which will reduce departmental resources required to analyze the data;*
- *ISR is able to administer the survey in other languages (with an additional cost), which may result in increased participation among some groups;*
- *The number of core questions has been reduced (from 52 in 2011 to currently just 4), leaving much more room for optional modules;*
- *As a result, duplication of survey content is no longer the issue that it once was.*

Peel is now taking advantage of the new and improved RRFSS, along with ISR's ability to conduct data analysis, and is looking forward to renewing acquaintances and working collaboratively with ISR and other participating health units, LHINs and members.

3) Why Toronto Public Health (TPH) returned to RRFSS

RRFSS meets the need of Toronto Public Health for timely and useful information to inform service planning for a broad range of public health programs as required by the Ontario Public Health Standards (OPHS). For example, through RRFSS modules that ask how people heard about TPH, Toronto Health Connections, TPH specific programs or campaigns, TPH was able to get information to determine which modes to use based on what has worked to reach Torontonians. TPH can assume that a mode is working but these information from RRFSS modules provide evidence on what has been useful in / for different situations / purposes.

TPH returned to RRFSS because TPH considers the partnership between participating health units and the Institute for Social Research (ISR) at York University to be very beneficial. This partnership gives TPH access to a breadth of expertise in population health survey methods as well as to a highly skilled data collection team which is a unique setup not possible by using ordinary survey houses. ISR has staff that are trained and skilled at going the extra mile to gain the original agreement to participate and to convert refusals (up to 20% of final sample are refusal conversions). This is not usually done by survey houses. This increases both data quality and data collection efficiencies compared to one-off surveys that often require Research Ethics Board approval. TPH feels very confident about the RRFSS methodology as RRFSS regularly undergoes ethics review at York University to ensure it continues to be ethically sound.

RRFSS strengthens TPH's surveillance capacity as required under the OPHS and can potentially strengthen TPH's contribution to health system transformation as it relates to population health assessment.

If you have any questions about RRFSS membership, you can contact Lynne Russell, the RRFSS Coordinator, lynne.russell@halton.ca or phone: (905) 825-6000 Ext 7581.