

Submitted by:
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What's New with **RRFSS**



www.rrfss.ca 

Welcome!

to the Fall edition of our RRFSS Newsletter!


Fall is always a busy time for RRFSS as health units do budget planning for the upcoming year, as well as optional module selection and finalizing new module development this year, for 2015. In this issue, we present various contract options that may assist you in using RRFSS and we show how three health units are using RRFSS data.

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2015 RRFSS Contracts

SAMPLE SIZE AND SURVEY LENGTH

RRFSS offers a variety of pricing options based on survey length and sample size, to meet the needs and budget requirements of each health unit (HU). Survey lengths ranging from 10 to 20 minutes, and sample sizes from 720 to 2,400 participants, have differing costs. A 10 minute survey can cost as little as \$23,237 (based on a sample size of 720).

The Institute for Social Research (ISR) can also work with individual HUs to customize the length and sample size, based on a particular budget amount.

ADVANCE LETTER OPTION

Many RRFSS participating HUs choose the 'advance letter' option, in an attempt to combat declining response rates. Sending an advance letter helps to:

- increase the legitimacy of the survey to potential participants;
- distinguish RRFSS calls from telemarketing and sales calls;
- improve the confidence of telephone interviewers.

In terms of additional costs, this option can be as little as \$3,305 extra for 720 interviews. (See page 2 for additional details about the advance letter option.)

ANALYSIS OPTION

Health units can also 'opt' to have analysis done by ISR. With this option, HUs receive a set of tables that include frequency counts and cross tabulations by gender, age, education and income for each question. Statistics provided will include standard error, 95% confidence interval lower and upper limits, coefficient of variation, and p-value. This reduces time spent on data analysis at your HU and provides timely information you can share.

In terms of additional costs, this option can be as little as \$1,596 extra for a 10 minute survey, making it very affordable.

ADVANCE LETTER EVALUATION

ISR will send letters to selected households several days before the start of data collection, using health unit letterhead and envelopes, to explain the purpose and importance of the study, before phoning to survey.

A recent evaluation by ISR in 2014 found that 80% of respondents personally looked at the letter and 74% (56% a lot and 18% a little) felt the letter made a difference in their decision to do the survey.

RRFSS Advance Letter Evaluation
Question Results, Cycle 17



Lucy & Molly
Submitted by: Carley Aubin,
Halton Region Health Department

Coming Up

ISR continues to be a leader in the field of survey sample design and methodology and plans to pilot the first RRFSS web survey in 2015.

Chelsea
Submitted by: Lynne Russell,
RRFSS Coordinator



How 3 HUs are using RRFSS Data

HALTON AND SOCIAL DETERMINANTS OF HEALTH

Halton used RRFSS to gather baseline data on the public's perception of the SDOH, which is being used to frame and target communication messages. In Halton, 1200 adults were asked how important 10 social determinants of health were in making a person healthy. They varied from "how much money a person has," 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 "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 impact of more upstream social determinants of health like income, education and employment.

2013 Attitudes and Beliefs about the Social Determinants of Health Report

SUDBURY AND A RURAL OVERSAMPLE

In order to better tailor programs to community needs, the Sudbury and District Health Unit (SDHU) used RRFSS to find out how the health issues of 34,000 rural residents living in district office areas, compared to those in the city. Since CCHS and RRFSS samples are dominated by city residents, reliable estimates for other areas are not readily available. To solve this issue, in 2012 the SDHU added an oversample to RRFSS to collect more data on core indicators from rural areas. As a result, health profiles for each district office area were generated in 2013. These health profiles will be updated every 3 years, with the ongoing addition of only 280 interviews per year.

Sudbury East - Area Health Profile

Chapleau - Area Health Profile

Manitoulin - Area Health Profile

Espanola - Area Health Profile

DURHAM AND THE NEIGHBOURHOODS PROJECT

Fifty 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 per neighbourhood (average is ~12,000). The Health Department's ongoing investment in RRFSS allowed for an additional seven important health related indicators and risk factors to be presented for all 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 and a total of 62 indicators have been mapped at the neighbourhood level overall.

In addition, a summary was produced for each indicator listing the rates by neighbourhood and municipality, and comparing them to Durham Region as a whole. For example: the smoking indicator showed three neighbourhoods with rates significantly lower than the Region and six with rates significantly higher. Furthermore, the 2011 Ontario rate was available from the RRFSS Provincial Sample Pilot Project, as a comparator for five of the seven RRFSS indicators.

REPORTS AVAILABLE JANUARY 2015