RRFSS Strategic Plan 2009-2011

Building on Opportunities

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Executive Summary

The first RRFSS Strategic Plan was developed in December 2004. In the fall of 2008, a Strategic Planning Advisory Group was convened to review the 2004-2008 Strategic Plan implementation accomplishments and to set the direction for a planning session to develop a new strategic plan. This new plan needed to consider the implications of the inclusion of RRFSS in the Ontario Agency for Health Protection and Promotion's (OAHPP) start-up operational plan, and provided an opportunity to determine which elements of RRFSS should be completed by health units and which should be transitioned to the OAHPP.

Eighteen individuals representing 16 RRFSS participating Health Units attended the strategic planning session on December 3rd and 4th, 2008 at the Halton Region Museum in Milton (a list of participants is in Appendix A). The two-day session was facilitated by Nancy Dubois on behalf of The Health Communication Unit (THCU). The planning session objectives were:

- To revisit 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 3 years with priorities and details established for the first year, including concrete, key milestones.
- To determine the action steps related to the OAHPP and the provincial expansion of RRFSS.
- To update the Strategic Plan document summarizing the directions set.
- To update the Steering Group, Analysis Group, Workshop Group, Quality Improvement Group and the Website Group Terms of Reference and the organizational structure such that, roles, mandates, methods of communication and decision-making processes for the committees and staff, are clear and they effectively support the strategies and actions.
- Confirm the hiring and roles of additional staff people, should this opportunity be confirmed.

This document captures the discussion that took place during the strategic planning session and provides an updated Strategic Plan to guide RRFSS between 2009 and 2011. 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.

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1.0 Background Information

1.1 Purpose / Mandate

The first RRFSS Strategic Plan was developed in December 2004. A Strategic Planning Advisory Group was convened in the fall of 2008 to review the 2004-2008 Strategic Plan implementation accomplishments and to set the direction for a planning session for the next three years. This document captures the discussion held on December 3rd and 4th, 2008 and provides an updated Strategic Plan to guide RRFSS between 2009 and 2011.

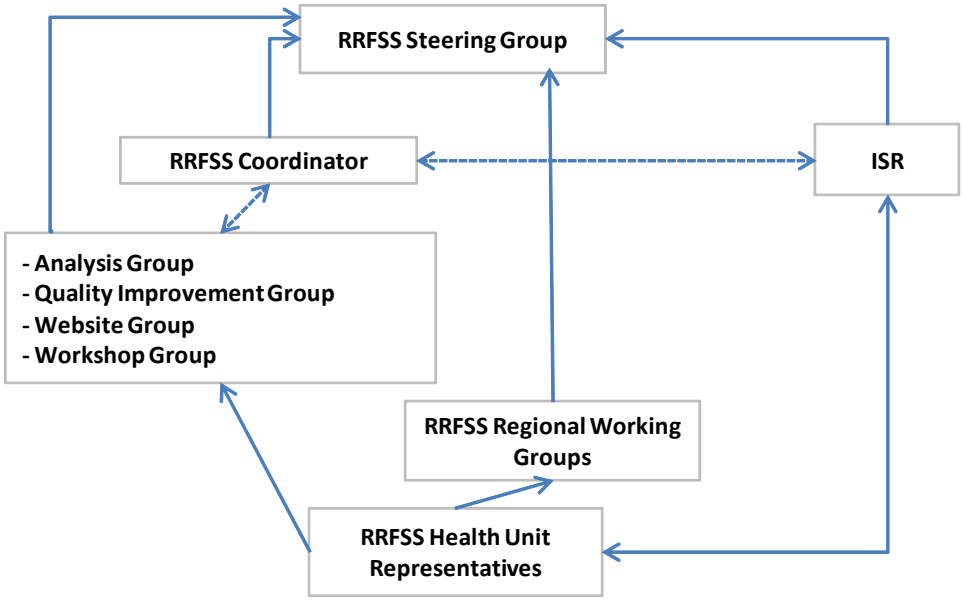
"The purpose of RRFSS is to provide timely data relevant to local public health needs. RRFSS is used to monitor key public health issues yet is adaptable to collect information on emerging issues. The results from RRFSS are used to support program planning and evaluation, to advocate for public policy development, and to improve community awareness regarding the risks for chronic diseases, infectious disease and injuries." [1] RRFSS depends upon effective collaborations between health units to promote sharing of resources, information and expertise.

The inclusion of RRFSS in the Ontario Agency for Health Protection and Promotion's (OAHPP) start-up operational plan provided the opportunity to determine, as part of the strategic planning process, which elements of RRFSS should be completed by health units and which should be transitioned to the OAHPP.

1.2 Structure

The structure of RRFSS is shown below in Figure 1.

Figure 1: RRFSS Organizational Chart



[1] Rapid Risk Factor Surveillance System accessed at www.rrfss.on.ca

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 was soon joined by the Haliburton, 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.

By the end of 2000, three 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. By the spring of 2008, twenty-one of the thirty-six healthy units in Ontario were still participating in RRFSS.

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. ISR completes interviews with a random sample of adults aged 18 years and older in each of the RRFSS-participating health unit areas. Typically 100 surveys are completed per month, but health units can choose fewer or more completions depending on the needs and funding within their health unit. Survey length ranges from 15-20 minutes, with most health units choosing a 20 minute interview. Each health unit contracts directly with ISR for an annual cycle of RRFSS.

[2] Ibid.

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.

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.

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.

[3] Alliance for Nonprofit Management accessed at www.nonprofits.org/npofaq/03/22.html

3.0 Overview of the RRFSS Strategic Planning Process

The Health Promotion Project Planning Model[4] from the THCU was followed throughout the strategic planning process:

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

3.1 Preplanning and Project Management

Under the direction of the RRFSS Steering Group, a planning committee was struck in the Fall of 2007 to guide the strategic planning process. Similar to the 2004 strategic planning process, the committee engaged the services of THCU consultant 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, and included the involvement of an Associate.

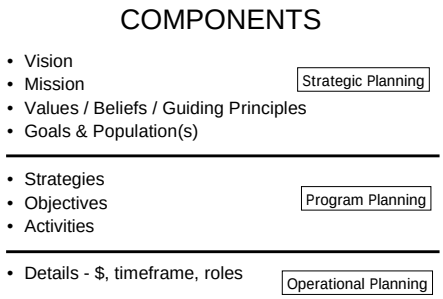
The committee met by phone six times between January and November 2008 to plan the 2-day session and detailed agenda. The planning session objectives were:

- To revisit 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 3 years with priorities and details established for the first year, including concrete, key milestones.
- To determine the action steps related to the OAHPP and the provincial expansion of RRFSS.
- To update the Strategic Plan document summarizing the directions set.
- To update the Steering Group, Analysis Group, Workshop Group, Quality Improvement Group and the Website Group Terms of Reference and the organizational structure such that, roles, mandates, methods of communication and decision-making processes for the committees and staff, are clear and they effectively support the strategies and actions.
- Confirm the hiring and roles of additional staff people, should this opportunity be confirmed.

The THCU framework for planning provided structure for the planning day agenda (Figure 2).

[4] The Health Communication Unit accessed at www.thcu.ca

Figure 2: Framework for Planning [5]



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." [6]

In preparation for the strategic planning session, and as a component of the Situational Assessment, four questions were sent to each of the Regional RRFSS groups (North Eastern, Central West, Central East and South West) in late August 2008. The four basic questions asked were:

1. What are the trends underway or anticipated in the next 3-5 years that could have an impact on RRFSS? Consider demographic, political, economic, environmental, social and technological trends.
2. Of the trends identified, what opportunities are presented for RRFSS action? What threats are posed?
3. Of all the opportunities and threats identified, identify up to 3 that you feel RRFSS cannot afford NOT to act on.
4. Based on the current work of RRFSS, what do you identify to be strengths and weaknesses?

Responses to the survey questions were compiled during the RRFSS Regional Group meetings for three of the Regions and individually by email for one Region. Results can be found in section 3.4.

3.2 The Planning Session

The detailed Agenda for the session can be found in Appendix B. The results of each section of the agenda are captured in 4.0.

Eighteen individuals representing 16 RRFSS participating Health Units attended the strategic planning session on December 3rd and 4th, 2008 at the Halton Region Museum in Milton (a list of participants is in Appendix A). The two-day session was facilitated by Nancy Dubois on behalf of The Health Communication Unit (THCU).

[5] Ibid.
[6] Alliance for Nonprofit Management accessed at www.allianceonline.org/FAQ/strategic_planning/what_is_situation_assessment.faq

The planning session agenda included a number of discussion items related to the OAHPP provincial expansion of RRFSS. As a result of these additional discussion items all of the session objectives were not met. Participants only had enough time to identify activities for the 2009-2010 fiscal year.

3.3 Introduction Section of the Agenda

Similar to the first strategic planning session, participants began by establishing the following ground rules for the two-day session:

- Focus is on moving the strategic direction forward into concrete action steps and the discussion will focus on tasks, activities and roles.
- Focus is on RRFSS at the collaborative level, not individual health unit level.
- Focus is on establishing the ideal directions and not considering money and manpower as limiting factors.
- The RRFSS Coordinator cannot be the "fall back" for action and participants need to think about who can take responsibility for the various tasks identified in the plan.

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. The following documents were distributed to all participants:

- RRFSS 2004 Strategic Plan – Strategic Statements (1 page summary)
- RRFSS 2004 Strategic Plan – Activities Update
- RRFSS 2008 MOO Terms of Reference (sections 1.2 to 1.5)
- RRFSS Organizational Chart (MoU)
- Examples of Organizational Chart

During the introductory portion of the agenda, participants identified the following as priorities for collective action during the next three years:

- Strategic positioning of RRFSS within the Ontario Agency for Health Protection and Promotion's scope
- Province-wide coverage
- Reduce duplication
- An increase in support to RRFSS as an organization (more centralized support for analysis, staffing support for RRFSS and general support for RRFSS)
- Additional support to directly benefit participating health units (lower cost for participation, decreased HU commitment as a member due to increase support centrally, streamlined governance, increased orientation for new staff)
- Data collection issues (inconsistencies in interview assessment, determine if language affects results)
- Methodological issues (weighting, sampling, stratification, current analysis, investigating mixed modes, reliability and validity of questions)
- Module development (new module development, core module work and CCHS modules)
- Web site improvements (posting of results, more organized way if doing searches for modules that have been done)

3.4 Situational Assessment

The detailed situational assessment responses collected from the four Regional RRFSS groups are provided in Appendix C. Respondents identified a number of trends underway or anticipated in the next 3-5 years that could have an impact on RRFSS.

- Changes to the public health sector
  - The new Ontario Public Health Standards and associated protocols
  - The accountability framework, Performance Management Measures don't yet include RRFSS
  - The new Ontario Agency for Health Protection and Promotion (at an alPHa meeting, there was a recommendation that the Agency be "mandated and funded to lead the establishment of a provincial risk factor surveillance system")
  - Canadian Alliance for Regional Risk Factor Surveillance (CARRFS) and the World Alliance for Regional Risk Factor Surveillance (WARRFS)
  - Increased profile of public health (this may help improve response rates / help receive stable provincial funding) but lack of provincial public health leadership
- Data collection concerns
  - Increased cell phone use in the younger generation
  - Voice over Internet Protocol (VOIP)
  - An aging population (combined with above, may change the age curve of response rates)
  - National Do Not Call list (researchers are exempt but may cause enhanced sensitivities)
  - Attendant rise in telemarketing
  - English / French may not be enough
  - Growing group of impaired folks living at home
  - Finding convenient times for both respondent and interviewer
  - GIS wave of knowledge transfer (geo-coding) – RRFSS only collects the Forward Sortation Area, not the whole postal code which has an implication on confidentiality of responder and puts pressure on RRFSS to share with partners and use 6 digit postal codes
  - Mixed-mode surveys (more access to internet)
  - Use of panels
  - Declining response rates / survey saturation
  - Sample weighting – RRFSS sample over-represents higher income / higher education and females; under-representation of low SES and those with language barriers, the young and the elderly
  - Ministry of Health Promotion (MHP), Ministry of Health and Long Term Care (MOHLTC), Public Health Agency of Canada (PHAC) role clarity related to chronic disease surveillance needed
  - Canadian Community Health Survey (CCHS) moves to ongoing surveying (questions the niche of RFFSS)
  - Question the value of surveys to provide helpful planning information
  - People more careful about privacy concerns / skepticism about giving information
  - AODA (Disabilities Act) results in a push on inclusion in all things
  - ISR has built a solid reputation so people don't question need for other survey house involvement
  - Advances in survey design methods and technology as well as in knowledge dissemination
  - RRFSS' new wave cycle has unknowns including will it be less rapid or responsive to program needs
- Data analysis methods
  - Differences between CCHS and RRFSS results
  - Mounting pile of data without analysis causes drop in credibility
  - Expectation of faster and better dissemination

- Additional topic areas
  - Environmental hazards (including food safety and plastics / BPA)
  - Healthy urban form / design / development
  - Climate change
  - Larger "green movement"
  - Sustainable development
  - Interest in poverty will force new questions
- Resources/funding
  - Challenges with unstable funding sources
  - Insufficient permanent central staff
  - Challenges with health unit staff resources (time and money), especially in small health units
  - Resources may become even more scarce with the recession
  - Epi's and other data folks are swamped
- The RRFSS structure
  - Increasing number of tasks and committees as RRFSS becomes more complex (infrastructure is getting big)
  - Less interest in collaborative work
  - Communication becoming more difficult
  - Mix of experienced and newer people to RRFSS means history can be lost. Corporate memory system needed
  - Increase in number of health units participating in RRFSS has leveled off
  - New 4 month cycle
  - Uneven distribution of work
  - Constant turnover

Five main opportunities were identified during the situational assessment for RRFSS to act on during the next three years:

- The support of champions within Council of Ontario Medical Officers of Health (COMOH)
- RFFSS is almost a household word in Ontario public health
- A new awareness of board of health level outcomes which may be largely attitudinal and RRFSS is positioned to deal with that
- The new Association of Public Health Epidemiologists in Ontario (APHEO) strategic plan includes support for RRFSS
- The Ontario Agency for Health Protection and Promotion originally stated RRFSS in its visioning document

Situational assessment respondents reflected on the current work of RRFSS and identified the following as strengths:

- "We may be in a second stage of growth for RRFSS where the first stage was development and enthusiasm and now sustainability is needed."
- RRFSS is very flexible with optional modules rotated by months and the ability to develop new ones as needed; under health unit control
- Memorandum of Operation (MOO) – procedure manual
- Special request process

Given the current opportunities and threats to RRFSS, respondents identified potential actions relating to data collection, communication and to structure. These are listed below by the action area.

Potential actions relating to data collection:

- Use a mixed method of data collection or add a cell phone sampling frame – start with pilot studies (cost saving with 4 month cycle – opportunity to strategically invest in some areas such as mixed modes)
- Weight data by age and sex to decrease presentation of erroneous data. In addition, move away from simplistic weighting strategies and move to a more rigorous weighting scheme
- Collect entire postal code for use in GIS

Potential actions relating to communication:

- Deliver a media campaign advocating the benefits of RRFSS and completing the survey – increase our profile and response rates
- Advocate for provincial funding due to increased profile of public health and the need for timely local data
- Be proactive in establishing our place as a source for some of the assessment and surveillance data required in the new Ontario Agency for Health Protection and Promotion.
- Advocate for permanent funding for data collection and central staffing (coordinator and analyst)

Potential actions relating to structure:

- Determine how RRFSS fits with CARRFS

3.5 Developing the Strategic Statements

The situational assessment results were considered by session participants as they reviewed and updated the RRFSS strategic statements (vision, mission, guiding principles and goals) and developed activity ideas. The strategic and program planning elements are included in the following section.

4.0 RRFSS Strategic Plan

RRFSS Logic Model 2009

Vision	RRFSS envisions that it provides valuable, timely and relevant health intelligence so that all decisions made within the public health system promote and protect health and wellbeing and prevent adverse health events.					
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.					
Objectives	By December 2011, increase to 100% the number of participating Health Units who have base funding for RRFSS.	By December 2011, increase by 10% the percentage of time RRFSS-participating Health Units spend distributed across the components of the surveillance framework.	By December 2011, increase to 100% the number of Ontario Health Units participating in RRFSS.	By December 2011, increase by 20% the number of validated and reliable RRFSS modules.		
Strategies	Governance	Negotiation with the Agency	Communication	Survey Design	Data Collection	Data Analysis
Activities	-Complete strategic planning report -Identify terms of reference and recommend membership for the Advisory Committee -Determine relationships of Regional groups to new Advisory Committee -Review MOU, MOO and organizational charts for provincial RRFSS	-Complete list of support needed from the OAHPP -Confirm negotiating representatives and decision making process -Support the development of the RFP process and criteria -Prepare Proposal with timelines and milestones for activities in 2009 related to Agency transition -Conduct monthly meetings with Agency	-Distribute WEEG report and implement recommendations -Ongoing communication with RRFSS partners (MOH's, stakeholders, non-participating HUs, APHEO) about RRFSS strategies, mechanisms, funding and updates -Post completed core analysis of 2008 data -Provide orientation to new reps -Review posted content of members only section of website -Ensure ongoing maintenance of RRFSS website -Determine links between the Agency and RRFSS websites -Communicate regular updates to membership	-Assess, prioritize and address the influence of demographic and other barriers on design features (i.e., interview length, response rate, representativeness) -Identify and explore options for addressing issues identified above and make recommendations -Review modules with consideration of the OPHS requirements -Develop new modules to address OPHS gaps and needs -Develop structure and process for participation in the Agency's selection of provincial core modules -Recommend criteria for selection of core modules (i.e. not just chronic disease surveillance)	-Amend letter of intent and sign contracts to reflect the 10 month time period (Mar-Dec 09) -Develop data sharing agreements with the Agency for both previous data (to end of 09) and data from 2010 and beyond	-Secure agreement about data sharing between RRFSS reps and OAHPP -Technical support from the Agency to weight data by sex and age -Support efforts for complex survey analysis at the HU level -Provide complex survey analysis training to new and existing reps -Host training day in Feb 09 for new RRFSS reps -Create a Validation Group with representation from RRFSS and the Agency -Review and revise the optional module data dictionaries -Review and revise core modules (and data dictionaries) for 2010
Outputs	- RRFSS Strategic Plan for 2009-2011 -Advisory Committee formed -Agreements signed by Health Units and the OAHPP -Updated RRFSS Web site with links to the Agency Web site			-Updated survey design and data collection methodology -Core modules address Ontario Public Health Standards requirements -Training on Complex Analysis Provided -Creation of provincial weights for RRFSS and guidelines for weighting		

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 reviewed the vision statement created in 2004 and made slight revisions resulting in the following vision for RRFSS:

> RRFSS envisions that it provides valuable, timely and relevant health intelligence so that all decisions made within the public health system promote and protect health and wellbeing and prevent adverse health events.

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.

The key elements of the vision statement are:

- **valuable** – for participating public health members
- **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** –making public health decisions based on relevant data – province-wide decisions require provincial data regional decisions require regional data ; local decisions require local data is used.
- **all decisions** – striving towards a future where public health decisions are made based on health intelligence.

4.1.2 Mission Statement

The 2004 mission statement was reviewed in December 2008, and the decision was made to maintain the RRFSS mission statement as:

> 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.

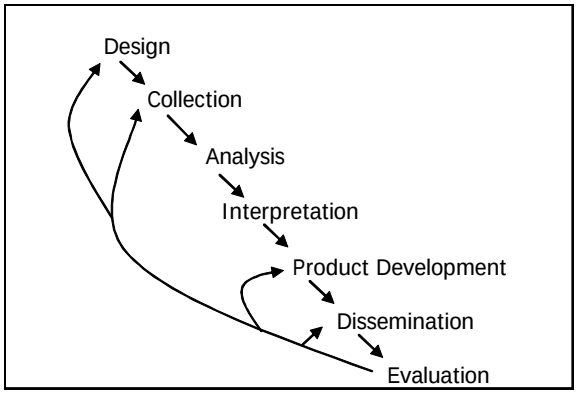
Key elements of the mission statement:

- **flexible** – the surveillance system can be adapted to meet a variety of health intelligence needs (e.g., benchmarking, planning and evaluation needs). 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 through support throughout the surveillance spectrum. 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** – 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."
- **surveillance system** – a cycle of design, collection, analysis, interpretation, product development, dissemination and evaluation activities (shown below in Figure 3). 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 3: Surveillance System Components



- **information, geographic and time-related data gaps** – RRFSS addresses both geographic and time-related data gaps not available through other surveys. Through the flexibility of RRFSS, a variety of information gaps can be addressed at the local, regional or provincial level.

[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*.

4.1.3 Guiding Principles

Guiding Principles usually emerge through discussion and are often identified as factors that help make decisions. At the strategic planning session in December 2008, participants reviewed and made a few additions to update the guiding principles which guide/inform RRFSS efforts:

a) RRFSS is based on a comprehensive surveillance framework to ensure effective knowledge exchange.
b) RRFSS uses a collaborative model to foster sharing, efficiency and effectiveness which fosters active participation and commitment.
c) The work of RRFSS is fundamentally grounded in the Ontario Public Health Standards and addresses emerging public health information needs.
d) The value of RRFSS is enhanced through local autonomy with respect to community priorities and survey specifications.
e) RRFSS is an ongoing surveillance system that allows for both short and long-term monitoring.
f) 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.
g) RRFSS maintains local autonomy with respect to community priorities and survey specifications.

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.

4.1.4 Long-Term Goal

Goals summarize the ultimate direction or desired achievement of a program. RRFSS strategic planning participants identified the following as the long-term goal:

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

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. "Knowledge exchange is collaborative problem-solving between researchers and decision makers that happens through linkage and exchange. Effective knowledge exchange involves interaction between decision makers and researchers and results in the development of meaningful knowledge and mutual learning through the process of planning, producing, disseminating, and applying existing or new knowledge in decision-making."[8]
- **surveillance efforts** – surveillance efforts are the result of implementation within all of the surveillance system components previously described in the mission section

[8] Canadian Health Services Research Foundation accessed at www.chsrf.ca/keys/glossary_e.php

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 six 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 are compiled by the appropriate strategy.

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. Six strategies or "areas of emphasis" emerged during the 2008 strategic planning session discussion:

- Governance
- Negotiation with the Agency
- Communication
- Survey Design
- Data collection
- Data Analysis

Activities for each of the objectives fit into the six 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 and purpose. Strategies describe major areas of responsibility and commitment and represent clusters of work. Successful implementation of the six strategies requires collaboration among RRFSS stakeholders.

4.2.2 Objectives

The following four objectives identified during the 2004 strategic planning were deemed to still be relevant.

1. By December 2011, increase to 100% the number of participating Health Units who have base funding for RRFSS.
2. By December 2011, increase by 10% the percentage of time RRFSS-participating Health Units spend distributed across the components of the surveillance framework.
3. By December 2011, increase to 100% the number of Ontario Health Units participating in RRFSS.
4. By December 2011, increase by 20% the number of validated and reliable RRFSS modules.

4.2.3 Activities

Towards the end of the second day of the strategic planning session, participants brainstormed activities for each strategy as a large group. Participants then worked in six small groups to plan additional activities and details for a specific strategy. The following table presents the activities for each strategy. 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 year.

Strategies	Activities
Governance	➢ **Complete strategic planning report** ➢ **Identify terms of reference and recommend membership for the Advisory Committee** ➢ Determine relationships of Regional groups to new Advisory Committee ➢ Review MOU, MOO and organizational charts for provincial RRFSS
Negotiation with the Ontario Agency for Health Protection and Promotion	➢ **Complete list of support needed from the OAHPP** ➢ **Confirm negotiating representatives and decision making process** ➢ **Support the development of the RFP process and criteria** ➢ **Prepare Proposal with timelines and milestones for activities in 2009 related to Agency transition** ➢ **Conduct monthly meetings with Agency**
Communication	➢ **Distribution of WEEG report and implement recommendations** ➢ **Ongoing communication with RRFSS partners (MOH's, stakeholders, non-participating HUs, APHEO) about RRFSS strategies, mechanisms, funding and updates** ➢ **Post completed core analysis of 2008 data** ➢ **Provide orientation to new reps** ➢ **Review posted content of members only section of website** ➢ Ensure ongoing maintenance of RRFSS website ➢ Determine links between the Agency and RRFSS websites ➢ Communicate regular updates to membership
Survey Design	➢ **Assess, prioritize and address the influence of demographic and other barriers on design features (i.e., interview length, response rate, representativeness)** ➢ **Identify and explore options for addressing issues identified above and make recommendations** ➢ Review modules with consideration of the OPHS requirements ➢ Develop new modules to address OPHS gaps and needs ➢ Develop structure and process for participation in the Agency's selection of provincial core modules ➢ Recommend criteria for selection of core modules (i.e. not just chronic disease surveillance)
Data Collection	➢ **Amend letter of intent and sign contracts to reflect the 10-month time period (Mar-Dec 09)** ➢ Develop data sharing agreements with the Agency for both previous data (to end of 09) and data from 2010+
Data Analysis	➢ **Secure agreement about data sharing between RRFSS reps and OAHPP** ➢ **Technical support from the Agency to weight data by sex and age** ➢ **Support efforts for complex survey analysis at the HU level** ➢ Provide complex survey analysis training to new and existing reps ➢ **Host training day in Feb 09 for new RRFSS reps** ➢ **Create a Validation Group with representation from RRFSS and the Agency** ➢ Review and revise the optional module data dictionaries ➢ Review and revise core modules (and data dictionaries) for 2010

The activities were collated into critical path worksheets for each strategy (Appendix D) which identified timelines, leadership roles, support roles and the resources needed for each of the activities. Due to time constraints, the details for each strategy were not completed all activities and activities were not created for years 2 (2010) and 3 (2011). The purpose or goal of each strategy was also not created. The critical path worksheets should be revisited and completed in more detail by the appropriate work group members.

5.0 Summary of the Strategic Planning Session

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

Appendices

Appendix A – Strategic Planning Session Participants
Appendix B – Strategic Planning Session Agenda
Appendix C – Situational Assessment Responses

Appendix A – Strategic Planning Session Participants

The following individuals participated in the strategic planning session:

- Adam Stevens, Brant County Health Unit
- Alanna Leffley, Grey Bruce Health Unit
- Amira Ali, Ottawa Public Health
- Andrea James, Peel Public Health
- Bill Kou, York Region Public Health Services
- Catalina Yokingco, Toronto Public Health
- Deborah Carr, Oxford County –Public Health and Emergency Services
- Janet Phillips, Durham Region Health Department
- Jennifer Skinner, Haliburton, Kawartha, Pine Ridge District Health Unit
- John Barbaro, Simcoe Muskoka District Health Unit
- Karen Moynagh, Halton Region Health Department
- Lynne Russell, RRFSS Coordinator
- Magdalena Lagerlund, Middlesex-London Health Unit
- Nancy Ramuscak, Peel Public Health
- Riley Crotta, City of Hamilton Public Health Services
- Ruth Sanderson, Region of Waterloo, Public Health
- Sandy Dupois, Niagara Region Public Health Department
- Suzanne Sinclair, Kingston, Frontenac and Lennox & Addington Public Health

Appendix B – Strategic Planning Session Agenda Outline

RRFSS Long-term Planning Session
December 3 & 4, 2008

Hearth Room, Halton Region Museum
RR3 (Kelso Conservation Area)
5181 Kelso Road, Milton, ON L9T 2X7

AGENDA

DAY 1: 9:30am – 4:30pm

9:30

1.0 Welcome & Introductions

1.1 Opening Remarks – Chair

1.2 Purpose

Objectives for the Session:

1. To revisit strategic statements (Vision, Mission, Values, Goals, Strategies) that will guide the collective RRFSS work over the next 3 years.
2. To determine the specific objectives and activities for the next 3 years with priorities and details established for the first year, including concrete, key milestones.
3. To update the Strategic Plan document summarizing the directions set.
4. To update the Steering Group, Analysis Group, Workshop Group, Quality Improvement Group and the Website Group Terms of Reference and the organizational structure such that, roles, mandates, methods of communication and decision-making processes for the committees and staff, are clear and they effectively support the strategies and actions.
5. Confirm the hiring and roles of additional staff people, should this opportunity be confirmed.

1.3 Process

- Groundrules / Guiding Principles for the session
- Decision-making Process
- Agenda
- "Parking Lot"

1.4 Materials

1.4.1 Pre-circulated (RRFSS 2004 Strategic Plan, RRFFS 2006 Evaluation)

1.4.2 Distributed at the Meeting

- RRFSS 2004 Strategic Plan -Strategic Statements (1 page summary)
- RRFSS 2004 Strategic Plan -Activities Update
- RRFSS 2008 MOO Terms of Reference (sections 1.2 to 1.5)
- RRFSS Organizational Chart (MoU)
- Examples of Organizational Chart

1.5 People

- Group Introductory Task

9:45

2.0 Confirming the Strategic Statements

- Vision, Mission, Values, Goals & Strategies

10:15

3.0 **Situational Assessment**

- Summary of input received from regional groups (circulated in advance) – Nancy
- Discussion

10:45 ***BREAK***

11:00

4.0 Provincial Expansion of RRFSS

- Discussion

12:00 ***LUNCH***

12:45

5.0 Identifying & Analyzing Critical Issues – Part 1

2:30

6.0 Ontario Public Health Agency Update

- Presentation –Natasha Crowcroft

3:00 ***BREAK***

3:15

7.0 Ontario Public Health Agency Update

- Questions

3.45

8.0 Identifying & Analyzing Critical Issues – Part 2

4:30 **End of Day 1**

DAY 2: 9:30am – 3:30pm

9:30
9.0 Review / Preview

9:45
10.0 Critical Path

10:45 BREAK

11:00
11.0 Roles
- Lead and Support Roles

12:00 LUNCH

12:45
12.0 Terms of Reference
- Decision-making, Communication, Succession Planning (roles and responsibilities)

1:45
13.0 RRFSS Organizational Structure to Support Activities

2:45
14.0 Next Steps
14.1 Parking Lot Items – move items to Decisions or Actions?
14.2 Planning Report Process & Timing
14.3 Next Meetings

3:15
15.0 Evaluation of Session

3:30
16.0 Closing Remarks – Chair

Appendix C – Situational Assessment Responses

QUESTION 1: What are the trends underway or anticipated in the nest 3-5 years that could have an impact on RRFSS?

Demographic

- Increase use of GIS – RRFSS only collects the FSA and not the whole postal code
- Under-representation of low SES & those with language barriers; under-representation of the young and the elderly (the latter will become more important as the population ages).
- What's the impact of aging population?
- Increasing diversity and languages – is English/ French enough?
- New generation that uses different communication forms (e.g. no home lines)
- Growing group of impaired folks living at home
- Increase in population density province-wide (no longer just in major urban centres), increasing ethnic diversity

Political

- Increased profile in public health – may help improve response rates and help us receive stable provincial funding.
- New Ontario Public Health Standards
- New Ontario Agency for Health Protection and Promotion
- The new OPHS and PHAS protocol; the new Ontario Public Health Agency; recommendation at alPHa re: the "MOHLTC mandating and funding the Agency for Health Protection and Health Promotion in Ontario to lead in the establishment of a provincial risk factor surveillance system" (as mentioned in Anne-Marie's alPHa update to APHEO)
- Ontario Public Health Standards – may impact on interest in information
- Impact of role of the Agency (position RRFSS)
- MHP and MOHLTC, PHAC role clarity related to chronic disease surveillance
- RRFSS not funded provincially
- Champions within COMOH
- Small health units worried about time and money
- Accountability Framework – Performance Management/ Measures don't yet include RRFSS
- Role of Ontario Health Promotion and Protection Agency regarding related surveillance
- Development of new Agency, unstable political environment; lack of support at Ministry level; continued interest at the federal level

Economic

- Stable funding sources / sufficient permanent central staff / also ensuring sufficient health unit staff resources
- Interest in poverty (as economy falls) will push us to develop questions to collect information
- Recession/ depression make health unit more cash constrained and question utility for cost
- Opportunities for new PH positions and funding may become worse
- Stable funding opportunities may not increase

- Economic uncertainty, shift in funding formula, anticipated budget cuts across country with possible costs downloaded to the provinces and municipalities

Environmental

- Environments hazards trends including food safety.
- Opportunity to gather information on emerging environmental public health issues (e.g. plastics/BPA) / increased interest in healthy urban form/design/development
- Epi's and other data folks are swamped – many areas demanding attention
- No Call List
- Climate change, larger green movement/ sustainable development, interest will become more of an issue
- Real question value of surveys to provide helpful planning information
- People more careful about privacy concerns, skeptical about giving information
- AODA (Disabilities Act) more push on inclusion in all things
- We may be in a second stage of growth for RRFSS where the first stage was development enthusiasm and now sustainability is needed
- Mounting pile of data without analysis causes drop in credibility
- Increasing # of tasks and committees as RRFSS becomes more complex
- Less interest in collaborative work
- Communication becoming more difficult
- More people involved and knowledgeable of RRFSS
- RRFSS is almost a household word in Ontario public health
- No one willing to take it on (funding, staff leadership etc.)
- Mix of experienced and newer to RRFSS people (history can be lost, corporate memory system needed)
- Chronic disease surveillance is starting to be championed federally
- New awareness of board of health level outcomes which may be largely attitudinal in nature – RRFSS is positioned to deal with that
- Permanent co-ordinator
- Growth in # of health units has levelled off (not all involved)
- New 4 month cycle
- New APHEO strategic plan includes support for RRFSS
- CCHS moves to ongoing surveying (questions niche of RRFSS)
- Provincial public health leadership is lacking
- A lot of movement and turn-over of epi's and those representing RRFSS in their health unit
- Perhaps the biggest current/upcoming trend deals with environmental concerns. In all likelihood, we will need more questions related to established environmental risk factors. This is particularly true in at-risk zones such as southwestern Ontario.

Social

- National Do Not Call list- although researchers and charities are exempt, this may cause heightened sensitivity to calls from RRFSS.
- Do not call lists / declining interest in participating in surveys (survey saturation) / attendant rise in telemarketing / finding convenient times for both respondent and interviewer

- ISR has built a solid reputation so people don't question need for other survey house involvement
- Continued decline in response rates
  Do not call lists
- Shifting norms, SES becoming an increasingly important determinant of health

Technological

- Increase use of cell phones especially in the younger generation
- Aging population and sue of cell phone use in younger adults may change the age curve of response rates.
- Mixed mode surveys; use of panels; shift to greater use of cell phones (according to Industry Canada, by the end of 2004, there were 15 million cell phone subscribers in Canada, of which about 600,000 no longer had fixed line telephones) and Voice over Internet Protocol VoIP. With RRFSS data collection using geographic-based sampling, there will be greater issues with the accuracy of reported geography and sampling. Also, Internet Telephone (direct video or audio communication between computers) would present sampling challenges.
- Mixed-modes issue to deal with dwindling response rate
- Cell phones
- Advances in survey design methods and technology
- More internet access for the general population (opportunity for mix-modes)
- Internet phoning (how to capture)
- Advances in knowledge dissemination (web technology updated)
- Expectations of faster better dissemination
- GIS wave of knowledge transfer (implication confidentiality of responder and put pressure on us to share with partners and use 6 digit postal codes).
- Decline in use of land line phones
- Do-Not-Call-List, cellular phones, call-display, increasing non-response rates
- Trend toward GIS mapping
- Response rate and the increased difficulty of phone survey methodology

QUESTION 2: Of the trends identified, what opportunities are presented for RRFSS action? What threats are posed?

Cell Phones

- **Threat** – increased cell phone use**. Action opportunity**: we could use a mixed method of data collection or add a cell phone sampling frame
- **Threat –** lowering response rate due to cell phone use and other reasons
- **Threat** – cell phones

Media/Program Structure/Strategy

- **Threat –** decreased response rates. **Action opportunity:** A media campaign advocating the benefits of RRFSS and completing the survey. Some people do not received advanced letters and many other want to verify the validity of RRFSS, therefore this could be a way to increase our profile and hence improve our response rates.

- **Action opportunity:** RRFSS should move away from the simplistic weighting strategies and move to a more rigorous weighting scheme. RRFSS should begin conducting pilot studies utilizing mixed-modes.
- **Threat:** CCHS goes to ongoing surveying – means we need to reconsider/ re-establish our niche
- RRFSS new wave cycle has a bunch of unknowns including will it be less rapid or responsive to program needs

Data Management & Planning

- **Action opportunity:** weight data by age and sex to decrease presentation erroneous data.
- **Action opportunity:** collect entire postal code for use in GIS.
- **Action opportunity:** RRFSS should be proactive in establishing it's place as a source for some of the assessment and surveillance data required in the new OPHS.
- **Action opportunity**: Agency originally sited RRFSS in its visioning document – and Agency is up and running now
- **Action opportunity:** Cost saving with new 4 month cycle – opportunity to strategically invest in some area e.g. mixed modes
- **Action opportunity:** CARRFS new national network on regional risk factor surveillance (figure out how RRFSS fits)
- **Action opportunity:** APHEO's strategic planning inclusive of supporting RRFSS
- **Threats:** Competing demands on time of partners/ dwindling energy to lead RRFSS
- **Threats:** Not all health units involved not provincial
- **Action opportunity:** to connect with new Epi and Surveillance director at new Agency
- **Action opportunity:** Collaboration with New Agency for Health Protection & Promotion
- **Action opportunity:** Seeking support at the federal level
- **Action opportunity:** Use RRFSS to monitor shift in norms and SES as determinant of health
- **Action opportunity:** Consider expanding to PHUs that were once not population dense enough to sustain RRFSS
- **Action opportunity:** Consider offering the survey in other languages or medium
- **Action opportunity:** Increasing non-response rates
- **Action opportunity:** If these problems are dealt with, there is the opportunity for a larger sample size for RRFSS. There is also the opportunity to look at risk factor questions that complement existing data sources. Another opportunity to consider better ways that RRFSS data can be used for GIS mapping. **Threat:** One threat would be continued problems with low response rates or an even lower response rate
- **Threat** of even smaller, less representative samples
  Action opportunity: do not call lists may provide the opportunity to improve general response rates for RRFSS if the public is less burdened by other telephone surveys
- **Threat:** Do-not-call-List

Funding

- **Action opportunity:** advocate for provincial funding due to increased profile of public health and the need for timely local data.
- **Action opportunity:** RRFSS should continue to advocate for permanent funding for data collection and central staffing (at least a coordinator and analyst).

- **Threat:** no sustainable funding for RRFSS, need for staff specifically centralized work, analysis and other bits
- **Threat:** Economic uncertainty; possible budget cuts

QUESTION 3: Of all the opportunities and threats identified, identify up to 3 that you feel RRFSS cannot afford NOT to act on.

Weighting & Data Analysis

- Weighting if data by age and sex
- Geocoding (collect full postal code)
- Mixed method of data collection
- Weighting and analytic issues
- Need to Analyze Data
- One thing that RRFSS cannot afford to leave alone isthe issues of response rates and the need to consider other ways of obtaining data that are valid but address the need to expand sample sizes. This might involve greater marketing of RRFSS as well as methodological innovation.

Responses

- Response rates & representativeness of sample
- Response rate - risk of loss of telephone survey as a mode
- Also, it is essential to have more strategies in place (such as the recent change in wave cycle) that will help improve response rates.
  Perhaps in the future RRFSS should attempt alternate sampling and survey strategies in order to improve sample representativeness.
- Increasing non-response rates
- Do-not-call-List

Funding

- Permanent funding of data collection & staffing
- Achieve 100% health unit participation and sustain it through base funding
- Centralized staffing for maintenance of “system”- Sustainable funding
- RRFSS must find a way to fund a small team dedicated to operating RRFSS so that the modules developed are valid and ultimately useful for planning, and that basic analytical systems or properly analysed data are available to health unit partners. We will not be able to expand the membership of RRFSS by maintaining a system of 'volunteer' staff to operate it, no matter how well intentioned and dedicated they are (and they are!).
- Seeking support at the federal level

Public

- RRFSS awareness media campaign
- Emergence of Agency as a player in public health -establish a relationship with the new Agency

QUESTION 4: Based on the current work of RRFSS, what do you identify to be:

Strengths

Timely

- Provides timely local data
- Collaboration, flexibility, **timeliness of data**, local issues able to be addressed
- Responsive to individual health unit information needs in a timely fashion
- The timeliness of the data
- Strength is still the immediacy of data,

Flexibility

- Very flexible. We have many optional modules to choose from, we change which modules we ask every month, and we may also develop new modules as needed.
- Collaboration, **flexibility**, timeliness of data, local issues able to be addressed
- The scope of issues that can be covered and the flexibility that exists in developing and choosing modules
- Flexibility

Umbrella & Control

- Under health unit control
- **Collaboration**, flexibility, timeliness of data, **local issues able to be addressed**
- Collaboration
- Health unit specific data or smaller geographies
- Co-ordinator as support system
- Relationship with ISR
- Special Request Process
- MOO – procedure manual
- The networking and collaborative opportunities that RRFSS provides both within and across health units
- Grass roots involvement
- Many knowledgeable people

Data

- Ability to collect data on current issues

Weaknesses

Methodology & Process

- Data weighting issues
- Sampling and analysis issues
- Cannot geocode
- No provincial sample
- Module question validity and reliability
- Need to have more parameters around data analysis, potential equivalent to the core indicators for APHEO to ensure consistent data analysis across health units.
- Methodological / analytic issues, frequently changing RRFSS reps, lack of sufficient central support
- Data analysis

- Declining response rate (getting to be low)
- Infrastructure is getting big (all the committees and groups)
- Constant turn-over
- Feedback for Strategic Planning Agenda
- Want to ensure discussion of organizational models.
- Low response rates and small sample sizes
  Modules and data dictionaries cannot always be developed with the time and Expertise required to make them as valid as possible
- The dwindling response rates

Funding and Staffing

- Stable funding
- Lots of administrative work needs to be done by reps
- Work intensive to develop module
- Lack of funding
- Unequal distribution of work
- Too much work (perceived and real)
- Lack of human resources dedicated solely to RRFSS
- Ill-defined decision-making structure
- Lack of funding, lack of staff
- Too much staff turnover, resulting in burnout for those who stay around
- Lack of Ministry of Ontario support
- Poor training opportunities