

COPING WITH RRFSS IN YOUR HEALTH UNIT

SUMMARY

- 1. Human Resources are limiting factor for use**
- 2. Data analysis could use more time**
 - ?? reactive to requests
 - ?? Centralize!
 - ?? Sharing data?
 - ?? Use students?
- 3. A lot of time being spent on “Admin” functions up front**
 - ?? Don't see a way around this
- 4. Data needs to be easy to use**
 - ?? Line to MHPSG
- 5. A variety of methods have been used to “sell”**
 - ?? Various levels of staff
 - ?? Use of data sells it to other health units

DETAILED

- 1. Who is currently involved in RRFSS**
 - ?? 7 using RRFSS, 1 working
- 2. How much time do you invest in RRFSS**
 - ?? Fair amount of time up-front
 - ?? 1 day per week, need 2 days per week
 - ?? 2.5 days per week (0.5 FTE)
 - ?? probably need this amount to adequately use RRFSS
 - ?? more than this (1.0 FTE)
 - ?? Need time for “selling”
 - ?? Right now analysis only on request
 - ?? Reactive use – we are facilitating use by others
 - ?? some use proactively, especially
 - ?? Human resources are limiting
 - ?? Could easily use all FTE for RRFSS (2½ days per week)
 - ?? 60% time on RRFSS
 - ?? 3 FTE (1-1/2 time – program assistant involved, 1 wee/quarter)
 - ?? system for what goes to what manager
 - ?? data on quarterly basis, has saved time
 - ?? Could probably have 1 Epi involved full time
 - ?? Spend time

- ?? analysis
- ?? working group
- ?? sharing data
- ?? feedback re: module selection
- ?? Hard to draw line between RRFSS and what you'd be doing any ways
- ?? Time spent on RRFSS: .75
- ?? What spend time on:
 - ?? data analysis
 - ?? admin. functions
 - ?? promoting within health unit
 - ?? advocacy for RRFSS
 - ?? module development
 - ?? central functions of keeping RRFSS going
- ?? Not enough time spent
 - ?? spread too thin
 - ?? approximately 5 days per month?
 - ?? could take 1.0 FTE to follow it through
- ?? Ebbs and flows – not enough time
- ?? Can make it as much as you want
- ?? Cyclical process
- ?? More control over content and utilization
- ?? DHC's
 - ?? assembling information from other sources
 - ?? resourcing at agencies is a threat
- ?? Working with many agencies to amass/utilize data
 - ?? resourcing is a problem

3. For those not involved in RRFSS, what surveillance systems are you involved in?

- ?? Similar to RRFSS – same procedure
 - ?? managers more involved, lots of data use
- ?? Canadian Community Health Survey
 - ?? same resource issues
- ?? How can we involve academic field?
- ?? Lots of time spent on Admin
- ?? Cancer registry
 - ?? greatest barrier is giving access to those who need the data
 - ?? need tools for this
- ?? Centralization
 - ?? data analysis
 - ?? admin
 - ?? web
 - ?? syntax files
- ?? Student Health survey (Brant)
 - ?? vs another where consultant (less time)
 - ?? seems like RRFSS is somewhere in between
 - ?? Joint – meet with each other and plan (more similar to module co-ord)
 - ?? vs other survey – happened more quickly

4. Strategies to cope with conflicting demands

- ?? Less admin
 - ?? working group
 - ?? analysis and reporting
 - ?? selling
- ?? Questionnaire development being classified as admin
 - ?? methodology
- ?? Bottom-up system
 - ?? decisions are made at working group
 - ?? need a point person
- ?? Is this 'Admin' improving?
 - ?? more people
 - ?? designate a body to make decisions
- ?? Centralized data analysis on web site will help
- ?? Told to cut questions
 - ?? don't know how much time for each module – where to cut?
 - ?? decision making process at health unit takes time
- ?? Lack of understanding by MOH's about where time goes
- ?? Can't underestimate time for learning curve, especially for new health units or new reps
 - ?? orientation sessions helpful
- ?? Developing and modifying modules takes time
 - ?? realigning expectations
- ?? Parameters for modifying modules (twice per year)
 - ?? resource intensive
 - ?? why keep a module that isn't working?
 - ?? needs to be flexible
- ?? Analyzing data
 - ?? automated syntax files
 - ?? give these to managers
 - ~~do~~ do they want it?
 - ~~can~~ can they do it?
 - ?? sharing syntax between health units
 - ?? software problems (licence)
 - ?? designated RRFSS people
 - ?? how to share data within health unit (should be on secure system)
 - ?? analysis group may gather syntax files and distribute to all
 - ?? RRFSS programmer for syntax files
 - ?? admin/support person
- ?? Look at data quarterly (but nice to get it monthly – emerging issues)
- ?? Involvement of university/students/thesis
- ?? External agencies may be able to offer back (ex. analysis, etc)
- ?? Strategies for coping with demand
 - ?? more time to spend
- ?? Not getting done
 - ?? data analysis
 - ?? module selection/improvements

- ?? Like to do...but can't
 - ?? spin-off research projects
 - ?? grad students/students help with analysis
- ?? Streamline Processes
 - ?? Syntax files (have helped)
 - ?? web site reporting
- ?? Who gets data and use of data
 - ?? prioritize topics to write small reports
 - ?? "journalette" topic specific
 - ~~??~~ content analysis
 - ?? health status news
 - ?? smoking by-law
 - ?? another web-based initiative (Southwest)
 - ~~??~~ interactive
- ?? Admin takes a lot of time
 - ?? developing essentials right now
 - ?? would like to shift to analysis/utilization
- ?? Getting data out – will flow more smooth in future
- ?? Demand in programs grows as data is disseminated
- ?? getting communications on side is helpful
- ?? No time for comprehensive analysis
- ?? Have admin assistance to systematically run data, frees up Epi's time
- ?? Periodic updates – 1 topic (15-20/year)
- ?? Working and Advisory group meetings
 - ?? expected to spend this time
 - ?? meetings itself could be streamlined
 - ?? people coming to meetings at different levels
 - ?? strong facilitation to cover agenda
 - ?? time limits
 - ?? still working on decision-making process (especially over teleconference)

5. Strategies to get the most out of RRFSS

- ?? Options for sample size and timing
- ?? Full circle, feed results back into data collection
- ?? Evaluate what's being used in your health unit
- ?? Feedback form for program staff when they are planning
- ?? Freer, open access to data set
- ?? Seed money for students
 - ?? to compare data
 - ?? develop modules
- ?? Process (modules)/involvement
- ?? Put in as much time as able
- ?? Put effort in it it's something you are interested in
- ?? How long for useful data (4 months – 400)
 - ?? concern re: confidence intervals
 - ?? 100 over 4 months – gives you good trend analysis
 - ?? monthly safer – may not know evaluation needs

- ?? Issue of how many programs for general population vs target (issues of sample size)
- ?? Want to be able to “sell” – pre/post
 - ?? also expectations (flexible)
- ?? Keep expectations realistic when “selling” it, perception very wide
- ?? Now have more realistic expectations re: time to develop modules – how to use often mismatch between perception and reality/expectations
- ?? With growth, flex and timeliness have changed
- ?? Hard to manage logistics
 - ?? what goes in/comes out
- ?? ?Link to CCHS (smaller sample size with CCHS)
 - ?? but what about merging issues (instead of doing own survey)
 - ?? ~~??~~ again issue of population vs specific groups
- ?? Need for central analysis??
 - ?? who has access – how?
 - ?? ~~??~~ web site
 - ?? ~~??~~ limited access
 - ?? issue of release
- ?? Benefits
 - ?? content – not covered
 - ?? group process
 - ?? municipal
- ?? Balance between core and optional and need to meet “emerging health demands”
- ?? Program staff seem happy
- ?? Some modules developed by RRFSS may be able to be used by other targets
- ?? Methods of funding
 - ?? built in
 - ?? funding via surplus money
- ?? Modify/renew modules
 - ?? 4 month cycle, opting in and out
 - ?? Ad hoc working groups
 - ?? takes time
- ?? Make process easier
 - ?? standards development sharing expertise
 - ?? web-base on line discussions
 - ?? external expertise
- ?? Make it easy for users (program staff, managers)
- ?? Intranet – posting data
- ?? Linking data to MHPSPG
- ?? By request
- ?? Departmental meetings
- ?? Using data at municipal meetings
- ?? Programs make specific requests
- ?? Asking for data for external partners
- ?? A page for each module on intranet
 - ?? worked well
 - ?? used a lot
 - ?? easy to update
 - ?? linked to MHPSPG

- ?? Be “in their faces”, don’t let them forget
- ?? Depends on funding – Promotion may be crucial
- ?? Wasn’t picked up – “what people don’t know”

6. Strategies for promoting RRFSS within health units

- ?? Dissemination tools need to be quick and dirty (not flashy, takes too much time)
- ?? Discussion between Epi and program staff (ongoing)
- ?? Reports to H&SS or Council, programs pick up on it
- ?? C.O.’s need awareness for media releases
- ?? Internal communication opportunities
- ?? Front line staff
- ?? Sell it to council
- ?? Monthly bulletins (E-Bulletins)
- ?? How is it managed in NY, MI, other states?
 - ?? more money?
- ?? Best ways to sell – have real data that have been applied (your health unit and others)
- ?? Use as evaluation tool
 - ?? not at level of short term outcomes – more intermediate outcomes (not as good re: changes in knowledge)
- ?? Use RRFSS as one piece of evidence
- ?? Shouldn’t be sold as everything for everyone
- ?? * Importance of central analysis
- ?? “How do you sell to other health units”
 - ?? need to capitalize on actual **examples** (RRFSS committee or analysis by self)
 - ?? overview of cost savings
 - ?? sharing **results** that had an impact and show value of RRFSS
 - ?? Need to record what happens when – and programs
- ?? How to get others involved?
 - ?? internal health unit committee/group
 - ?? expand module selection form
 - ?? content experts
 - ?? gaps
 - ?? tobacco data
 - ?? ~~use~~ module development help for data
 - ?? use RRFSS for evaluation
 - ?? ~~use~~ writing into proposal for evaluation
 - ?? CCHS and RRFSS – how compliment each other
 - ?? Interest in Child Health modules
- ?? RRFSS morning at Education Days
- ?? Peer pressure
- ?? need to understand use in communities
- ?? a user-friendly version of questionnaire
 - ?? this may be coming
 - ?? post on web site?
- ?? Easy access to data
 - ?? needs to be solved
 - ?? want “push a button analysis”

~~etc~~ trying with syntax and web site

- ?? For the amount of data, this process is fairly resource-wise
- ?? also creates connections (able to use data more wisely and better)

Last thoughts

- ?? Funding central analysis coordinator, at least for core
- ?? Web site issue - password