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UTILIZATION OF RAPID RISK FACTOR SURVEILLANCE SYSTEM RESULTS

The Health and Emergency Medical Services Committee recommends the adoption of the recommendation contained in the following report, August 27, 2004, from the Commissioner of Health Services:

1. RECOMMENDATION

It is recommended that:

1. Health and Emergency Medical Services Committee and Regional Council receive this report regarding the utilization of Rapid Risk Factor Surveillance System results in public health programming for information purposes.

2. PURPOSE

The purpose of this report is to provide Health and Emergency Medical Services Committee and Regional Council with highlights of how data obtained through the Rapid Risk Factor Surveillance System (RRFSS) has been used by the Public Health Branch, Health Services Department.

3. BACKGROUND

RRFSS is a monthly telephone survey conducted by the Institute for Social Research (ISR) at York University on behalf of 22 participating Ontario health units. All York Region adults 18 years of age and over are eligible for participation in the 20-minute, 100 question survey. The questions are divided into two types: core questions that all health units must ask and optional questions that individual health units can choose to ask. ISR collects the data using a Computer Assisted Telephone Interview (CATI) system. The University provides the data in the Statistical Package for the Social Sciences (SPSS) format for analysis by the respective health units. Unique identifiers (names, telephone numbers) are removed from the datasets in order to protect the confidentiality of the respondents.

3.1 Progress to Date

RRFSS has been operating in York Region since February 2001. RRFSS not only provides data on behavioural risk factors but also asks questions related to knowledge and awareness of health-related conditions and events. This information can be used to direct policy initiatives, plan and target programs and assist with evidence-based decision-making.

RRFSS data has been utilized in three key ways since data collection was initiated in 2001. First, it has been used to monitor knowledge and behaviours related to emerging health issues such as the West Nile virus (WNv). Second, it has assisted in the evaluation

and planning of Public Health programs and services. Third, it has been used to monitor health status indicators such as tobacco use.

Highlights from the 2003 and 2004 RRFSS are discussed below. The margin of error for all reported percentages is available if requested.

4. ANALYSIS AND OPTIONS

4.1 Monitoring Emerging Public Health Issues

4.1.1 West Nile virus

The following table illustrates the questions posed to respondents regarding their knowledge and behaviour related to WNv and selected results over the past two seasons.

Table 1
Knowledge of WNv and Behaviours to Reduce the Risk of WNv

	2002* (%)	2003* (%)
Have heard of WNv	84	97
Know how WNv is transmitted to people (of those who have heard about WNv)	87	85
Know how WNv is transmitted to people (Total)	73	83
Stayed away from areas where mosquitoes rest and breed (wooded areas and areas of stagnant water) all of the time or most of the time in the last month	59	53
Limited outdoor activities during times when mosquitoes were likely to bite (early evening, night time and early morning) all of the time or most of the time in the last month	33	34
Used insect repellent with DEET to protect themselves from being bitten by mosquitoes all of the time or most of the time in the last month	16	20
Have containers that collect water outside of your home or apartment such as buckets, pots, barrels, bird baths or old tires	17	17

* June to September.

Knowledge of WNv improved significantly in York Region from 84% in 2002 to 97% in 2003. However, personal protective behaviours adopted by individuals against mosquitoes have remained relatively unchanged from 2002 to 2003. Just over half, (53%) of respondents stayed away from wooded areas and stagnant water all or most of the time. About 20% of respondents used insect repellent with DEET all or most of the time and 17% had containers that collect standing water outside the home. Results

suggest that there is room for improvement by York Region residents related to the adoption of personal protective behaviours.

At this time, there are no specific province-wide targets for WNv and mosquito protection focus areas. Therefore the RRFSS results from the 2002, 2003 and 2004 seasons will serve to create baseline data for York Region. Once results from the 2004 season have been received, data will be analyzed to set specific targets for this program for future years.

In 2004, RRFSS results regarding awareness of WNv and behaviours to reduce the risk of WNv among York Region residents were utilized in the planning and communication of the Public Health Branch's WNv program. Updated WNv awareness and behaviours results from RRFSS were included on the York Region web site to encourage residents to take personal protective measures to avoid being bitten by mosquitoes. RRFSS results were also incorporated into the Public Health Branch's public education activities including printed materials, mass media campaigns, information sessions and Health Connection calls.

4.2 Program Planning and Evaluation

4.2.1 Influenza Vaccination Coverage

For the RRFSS Influenza module, York Region residents are asked, "Since September 2003, have you had a flu shot?" Possible responses are: yes, no, or don't know.

As reported in a previous report on RRFSS results, the influenza vaccination coverage for York Region adults age 65 years and older during the 2002/2003 influenza season was lower than the previous influenza season. Again this year, from January to April 2004, the RRFSS surveyed 402 York Region residents aged 18 years and over regarding influenza vaccination.

For the priority groups, influenza coverage rates for 2003/2004 were somewhat higher than 2002/2003 rates: 70% coverage in residents aged 65 years and older and 53% coverage in residents aged 18–64 years with underlying chronic conditions. From the 2004 RRFSS, the overall influenza coverage rate for 2003/2004 was 42%, the highest rate achieved since the introduction of the provincial Universal Influenza Immunization Program (UIIP) in the fall of 2000.

Targets for overall influenza coverage for each jurisdiction have not been specifically established by the Ministry of Health and Long-Term Care (MOHLTC) since the introduction of the UIIP in 2000. This program is currently undergoing a rigorous evaluation process by the MOHLTC. Preliminary results suggest, however, that the overall influenza coverage in many parts of Ontario is approximately 40%.

As a part of its evaluation of the UIIP, the MOHLTC Surveillance and Outbreak Management Section, Public Health Branch specifically requested the influenza

vaccination coverage results from RRFSS for 2003/2004 from the York Region Health Services Department.

RRFSS findings from 2002/2003 were also used to plan and coordinate resources for a 2003/2004 York Region Universal Influenza Program that would address the needs of York Region residents, with particular focus on education of priority groups such as seniors aged 65 and older and people under 64 with chronic conditions. To enhance the public's ability to make an informed decision regarding influenza immunization, emphasis was placed on the availability of public health nurses to answer questions or address concerns about the influenza vaccine from York Region residents who called the Health Connection phone line from September 2003 to January 2004. During the 2003/2004 influenza season, a total of 30 influenza clinics were held at malls, community centres, hospitals and workplaces.

As the annual flu vaccination coverage rates for persons age 65 and older and persons with high risk conditions and also the general population increased in 2003/2004 compared to 2002/2003, a greater number of York Region residents protected themselves and those around them against influenza.

4.2.2 No-Smoking By-law

Bars, casinos, billiard and bingo halls, race tracks, night clubs and adult entertainment lounges in York Region are all smoke-free, as the third and final phase of the York Region No-Smoking By-law came into effect on June 1, 2004. The RRFSS question used to obtain York Region No-Smoking By-law support data is: How supportive are you of the by-law making bars smoke-free? Possible responses include: strongly supportive, somewhat supportive, not very supportive, not at all supportive, don't know. Questions for pool halls and bingo halls followed the same format and response categories.

RRFSS results for 2003 showed that 71% of York Region residents support smoke-free bars, 75% support smoke-free pool halls and 72% support smoke-free bingo halls. In general, support for the York Region No-smoking By-law among York Region respondents was higher than the level of support reported by residents of other health unit areas asked this content in 2003.

The York Region No Smoking By-law includes the option for facilities to construct a completely enclosed and separately ventilated Designated Smoking Room (DSR) in accordance with the by-law requirements. In 2003, the York Region Health Services Department initiated the development of a new RRFSS module on the level of public support for the elimination of DSRs. We remain the only Health Department in Ontario tracking this measure.

From September 2003 to June 2004, the RRFSS surveyed 979 York Region residents regarding their support for changing The Region's by-law so that DSRs are no longer permitted. From January to June 2004, overall support for eliminating DSRs was 60%, unchanged from the period September to December 2003. Of those who supported

eliminating DSRs from January to June 2004, 75% thought that DSRs should be not permitted as soon as possible or some time in 2004.

It is anticipated that these RRFSS results regarding the level of public support for DSRs, based on York Region residents, will be forwarded in fall 2004 to the provincial government to assist with the development of its legislation to make all public spaces smoke-free by 2006-2007.

4.3 Health Status Indicators

4.3.1 Tobacco Use

Completely smoke-free homes are homes in which no one smokes in the home and visitors are not allowed to smoke inside the home. In 2003, the percentage of adults who resided in completely smoke-free homes in York Region was 74%, the highest percentage achieved since RRFSS monitoring began in 2001 (67%).

In Ontario, one of the public health objectives is to reduce the proportion of adult women and men who smoke daily to 15% by the year 2005. In 2003, 13% of York Region adults smoked on a daily basis, lower than most other health unit areas which participated in RRFSS.

Based on the daily smoking rates by age groups, the Health Services Department's comprehensive tobacco strategies, including tobacco-free living orientated campaigns, community events and telephone line information dissemination, will continue to specifically target younger adults (age 18-24) and adolescents. Examples include youth programs and the minors' access to tobacco campaign called Not to Kids. This year was the fourth year for the York Region's Smoke-Free Homes campaign called Breathing Space. This campaign aims to increase awareness of the risks associated with second-hand smoke and to help people make their homes smoke-free. Other Public Health initiatives include comprehensive No-Smoking By-law education and awareness campaigns and Chinese and Italian Tobacco Awareness campaign.

Previous reports to Health and Emergency Medical Services Committee have presented RRFSS results including current smoking by area municipality and gender of respondent. Based on all RRFSS data from 2001 to June 2004 combined, the percentage of current resident Georgina female smokers is 37%, significantly higher than the Region average (17%).

The identification of the high smoking rate among resident Georgina females through RRFSS led to the recognition of a priority health-related issue for a group of residents who are at highest risk. The Public Health Branch response was to actively support the Heart Health for Women campaign, which targets adult women in northern York Region and delivers key messages about healthy lifestyle choices to reduce the risk of heart disease, such as live smoke-free, choose healthy food choices and stay active. The Make My Home Smoke Free media campaign and contest promotes awareness of the dangers of second-hand smoke and its impact on children's respiratory health and help motivate

residents to take action to make their homes smoke-free. The campaign was promoted through Georgina public libraries, Ontario Early Years Centres, sports and recreational centres, Health Connection, and York Region Transit advertising.

4.3.2 Early Detection of Cancer for Women

For these modules, female respondents, within specific age groups, are asked to self-report whether they have undergone specific screening procedures for the early detection of cancer.

In 2003, the percentage of women aged 50 to 74 years who had a mammogram for screening purposes in the past two years increased to above 70% for the first time since RRFSS monitoring began in 2001. In 2003, the percentage of women aged 18 years and older who had a screening Pap smear test in the past two years was 77%, which was below the provincial target of 85% by 2010.

The value of this timely, regionally specific data was recognized by Cancer Care Ontario who requested selected RRFSS data for 2003 from the York Region Health Services Department to support the development of the Greater Toronto Area 2004-2014 Cancer Services Plan.

As a part of the Early Detection of Cancer Program, the Public Health Branch delivers education sessions specifically tailored to women with barriers to screening including recent immigrants, women who have language or cultural barriers, socio-economically disadvantaged women, geographically isolated women, and women without a family physician or other health care provider. Provision of information and resources to family physicians and other health care providers and community groups involved in cancer prevention/screening activities and dissemination through the media are other strategies to increase cancer screening and early detection among York Region residents.

4.3.3 Heart Disease Risk Factors

The heart disease risk factors of public health importance include: smoking, poor nutrition and physical inactivity. Knowledge of heart disease risk factors by York Region residents is not available from any provincial or national surveys.

In order to obtain data regarding the knowledge of heart disease risk factors by York Region residents, respondents are asked the following question: In your opinion, what are the main causes of heart disease? No responses are read by the interviewer, e.g. respondents are not prompted except at the end of their response when they are asked if there is anything else they wish to add.

In 2003, 77% of York Region respondents could identify at least one of the major risk factors for heart disease. Knowledge of at least one major risk factor for heart disease was highest among respondents in the highest body mass index categories such as obese and overweight. Overall, 60% reported poor nutrition, 38% of respondents reported smoking and 36% reported physical inactivity as major risk factors for heart disease.

Knowledge of smoking as a risk factor did not vary greatly by age group or highest level of education completed. However, female respondents were less likely than males to identify smoking as a main risk factor for heart disease (35% compared to 43%, respectively). Knowledge of poor nutrition as a risk factor was lower than the Regional average for the 65+ age group, males, and respondents with less than college/university education. Knowledge of physical inactivity as a risk factor was lower than the Regional average for the 65+ age group and respondents with less than college/university education. The comparison between risk factors for heart disease shows that there is room for improvement to be made in the awareness of smoking and physical inactivity.

The Public Health Branch provides a comprehensive chronic disease prevention program which seeks to raise the level of awareness of the specific risk factors for heart disease by promoting and supporting healthy behaviours. These results support the planning of education campaign regarding healthy eating, healthy weights, regular physical activity and tobacco-free living by serving as baseline information about York Region residents and as indicators of areas where additional focus appears to be warranted.

4.4 Relationship to Vision 2026

Participation in the RRFSS initiative provides the York Region Health Services Department with data directly from York Region residents regarding their knowledge of and awareness of health- related conditions and events, and data on behavioural risk factors. The analysis of these data and the subsequent targeting and focusing of programs is directly related to the Vision 2026 goal of Responding to the Needs of Our Residents.

5. FINANCIAL IMPLICATIONS

Contracts with York University for the administration of RRFSS are renewed on an annual basis. The cost of the 2004 contract with York University is $44,205 (excluding GST) and has been accommodated within the Public Health Branch cost-shared budget.

The cost for participation in RRFSS is currently borne by each participating health unit. York Region also contributed $4,272 in 2003 to help share the cost of the RRFSS Coordinator position. The cost is shared with other participating health units and paid through the Association of Local Public Health Agencies (alPHa).

6. LOCAL MUNICIPAL IMPACT

The annual results of the RRFSS initiative have provided the Health Services Department with timely information about risk factor behaviours, health knowledge and awareness levels and is continuing to assist in the planning and evaluation of programs and services for all York Region residents.

The operation of RRFSS over three years has now allowed for trend analysis and for analysis of data at the area municipality level. RRFSS data are now being utilized to

target specific groups of the population as illustrated in Section 4.3.1. It is anticipated that this type of activity will be expanded as analysis of RRFSS results continue.

7. CONCLUSION

RRFSS continues to demonstrate its value in the identification of emerging health issues, priority setting, planning and evaluation of public health programs. Results from the RRFSS initiative have now provided the capability to monitor trends over time, to investigate health-related issues at the area municipal level and to address evolving issues of public health importance on a timely basis.

In the upcoming year, a more focused strategy for the dissemination of RRFSS results internally to all program areas, including an Intranet site, a quarterly RRFSS results report, etc. will be developed and implemented so that all relevant public health programs will be able to utilize this information to benefit York Region residents.

The Senior Management Group has reviewed this report.