REGION OF OTTAWA-CARLETON | REPORT
RÉGION D'OTTAWA-CARLETON | RAPPORT

Our File/N/Réf.
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DATE 26 June 2000

TO/DEST. Coordinator, Community Services Committee

FROM/EXP. Medical Officer of Health

SUBJECT/OBJET **PRIORITIES FOR HEALTH GRANTS FUNDING**

DEPARTMENTAL RECOMMENDATIONS

1. **That the Community Services Committee (CSC) approve the following funding priorities for the 2001-2002 Health Grants:**

   Health promotion strategies that:

   a) Create environments for healthy child development (for example: parent education, activities promoting prenatal/early childhood nutrition);

   b) Improve health by reducing risk-taking behaviour among young people (for example: tobacco use, excessive alcohol use, drinking and driving, and unsafe sex); and

   c) Enhance the mental, physical and emotional well being of the residents of Ottawa Carleton through self-care, and improvements in family and community support (for example: self-help or peer support groups, initiatives to promote family cohesion, and reduced exposure to second-hand smoke.)

BACKGROUND

The community agency survey carried out in early 2000 marks the fourth consultation in eight years to support the selection of health grant funding priorities. Since 1995, the Health Department has collaborated with the Region of Ottawa-Carleton Social Services Department, the United Way/Centraide Ottawa-Carleton and the Regional District Health Council on

advertising and reviewing one-time grants. As part of this collaboration, each partner contributes funding priorities reflecting their mandate.

COMMUNITY CONSULTATION SURVEY METHODOLOGY

1998 Consultation

For the 1998 consultation, community organizations were asked to complete a mail survey to indicate their agreement amongst 28 health risks (including 27 that were asked in the 1996 survey as well as 'inadequate health information') as a priority for funding. Respondents were required to rate their level of agreement with each health risk as a ***'high priority'*** and then to rank what they regarded as their ***'top five health risks.'***

The survey also provided the opportunity for respondents to record additional health risks they considered important, some information about the target populations for their top five risks, as well as descriptions of how their organization functions. The revised questionnaire was subject to pilot testing with a limited number of community organizations in both English and French.

YEAR 2000 CONSULTATION

For the YR 2000 consultation, ***nutrition,*** which had been omitted from the health risks in the 1998 questionnaire, was added. In addition, the 28 health risks were reordered and organized into four subgroups ***(Individuals Risks; Substance Abuse/Misuse; Family and Reproductive Health; and Environmental/Community Health)*** in order to improve the readability of the survey, and support decision making for the respondents. In addition, risk factors were clarified in order to reduce overlap.

As in 1998, respondents were asked to rate their priority for health grant funding amongst the total of ***38 health risks*** and then to rank what they regarded as the ***top five health risks*** to be considered as a priority for health grants funding. The survey also provided the opportunity for respondents to record additional health risks they considered important, some information about the target populations for their top five risks, as well as descriptions of how their organization functions.

In establishing which health risks should be considered as a priority for health grant funding, respondents were asked to consider:

- Current availability of funding in the health risk areas;
- Activities, services, or programs already addressing the particular health risks;
- The feasibility of achieving real health benefits given the scope of the grants and types of agencies supported;
- The degree of impact that a given risk has on the health status of individuals, families or communities;
- The health needs of individuals families and communities in Ottawa-Carleton.

The revised questionnaire was pilot tested by members of the Executive Committee and staff within the Management Services Branch of the Health Department.

DISCUSSION

Response to the Community Survey

Among the 297 community organizations sent a Health Grants consultation survey, one was returned as undeliverable, reducing the total population of community organizations to 296. A total of 126 of 296 (42%) were completed and returned to the Health Department. This response rate is satisfactory for a postal survey.

Among responding organizations, the majority described their main activity as delivering a service and their main area of interest as health. A wide range of target groups were served by the responding organizations.

RESULTS

Table 1 displays the results when respondents were asked to rank the ***top five risk factors,*** out of all of the risk factors they had assigned a priority rating, for the YR 2000 consultation. It also highlights the consistency between these results and those from 1998. ***Both the nature and order of the five risks are identical with the exception of 'inadequate nutrition' which was not included as a risk factor in the 1998 survey***. The exact percentages of individual respondents choosing these risks suggest a strengthening of support for three out of five of these choices ***("Lack of Social Support and Social Isolation", "Family Violence", and "Deficient Early Childhood Development")*** from 1998 to 2000.

***Table 1*:** **Top Five Health Risks Reported by Respondents**

1998	**2000**
Lack of Social Support and Social Isolation (46.3%)	Lack of Social Support and Social Isolation (50.8%)
Family Violence (34.8%)	Family Violence (37.3%)
Ineffective Coping Strategies for Dealing with Stress (28%)	Ineffective Coping Strategies for Dealing with Stress (27%)
Low Self Esteem (21.7%)	Mental Health Problems including Low Self Esteem (20.6%)
Deficient Early Childhood Development (14.5%)	Inadequate Nutrition (19%)
	Deficient Early Childhood Development (19%)

If we go back further in time, ***'Social Isolation'*** and ***'Family Violence'*** were identified among the top five risk factors in the initial consultation survey in 1994. (The risk factors assessed in this survey

were too different for a more comprehensive comparison; for example, "Ineffective Coping Strategies for Dealing with Stress' and 'Deficient Early Childhood Education' were not asked.) In the 1996 survey, 'Ineffective Coping Strategies for Dealing with Stress' was ranked among the top risk factors by respondents.

Table 2, compares the ranking of all risk factors (the list from which the top 5 priorities were selected), from the 1998 and the 2000 survey. The categories of 'strong agreement' and 'agreement' are collapsed into one 'high priority' category and all risk factors that were identified by 70% or more respondents as being 'high priority' are listed.

Table 2: **Ranking of Percentage "Strong Agreement" and "Agreement" with Risk Priorities All Cases = or >70%**
(Risk factors ranked in the "Top 5" by respondents are highlighted)

1998	2000
Ineffective Coping Strategies for Dealing with Stress ((88%)	**Family Violence (90%)**
Lack of Social Support and Social Isolation (85%)	**Lack of Social Support and Social Isolation** (86%)
Family Violence (85%)	**Ineffective Coping Strategies for Dealing with Stress (80%)**
Unsafe Sex (82%)	Inadequate Nutrition (76%)
Deficient Early Childhood Development (76%)	Tobacco Use Among Youth (74%)
Medication Misuse (74%)	Poor Care Giving Skills (74%)
Inadequate Self-Care Skills (74%)	Drinking and Driving (74%)
Use of Illicit Drugs (73%)	Tobacco Use During Pregnancy (72%)
Inadequate Physical Activity (72%)	**Mental Health Problems Including Low Self Esteem (70%)**
Low Self Esteem (72%)	Medication Misuse (70%)
Inadequate Health Information (72%)	**Deficient Early Childhood Development (70%)**
Poor Prenatal Care (71%)	Crime and Street Violence (70%)

Excessive Alcohol Use (70%)

Inadequate Knowledge of Birth Control
(70%)

This list demonstrates some internal validity within the top five risk factors in both years. The following risk factors ***(highlighted in Table 2)*** were identified as 'high priority' in both 1998 and 2000 and were common to both lists of top 5 risk factors for 1998 and 2000: "Ineffective Coping Strategies for Dealing with Stress"; "Lack of Social Support and Social Isolation"; "Family Violence"; "Deficient Early Childhood Development"; and "Mental Health Problems including Low Self-Esteem".

"Medication Misuse" is given high priority for both years, and ***"Inadequate Nutrition"*** was not included in the 1998 survey. There is also some shift from other self-care factors in the 1998 survey to an emphasis on tobacco use as a high priority in the 2000 survey.

The priorities for funding show stability over a two year time period. Furthermore, the slight shift to tobacco concerns does not necessitate changes to the funding priorities for the 1999-2000 Health Grants. However, given the continued emphasis from the community consultation on issues related to stress, mental health, and the need for community and family support, it would be prudent to emphasize a more holistic view of health that incorporates physical, mental and emotional health from an individual, family and community perspective, in the priorities for 2001-2002.

FINANCIAL IMPLICATIONS

Current funding for Health Grants is ***$260,000.***

CONCLUSION

The priorities identified through consultation are showing consistency over time. The proposed priorities are consistent with a holistic approach to health which was emphasized by community agencies during consultation and with the mandatory programs of the Health Department.

Approved by
Robert Cushman, MD, FRCPC