REGIONAL MUNICIPALITY OF OTTAWA-CARLETON REPORT
MUNICIPALITÉ RÉGIONALE D'OTTAWA-CARLETON RAPPORT

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DATE 16 April 1997

TO/DEST. Co-ordinator
Community Services Committee

FROM/EXP. Medical Officer of Health

SUBJECT/OBJET **PRIORITIES FOR 1998 HEALTH GRANTS**

DEPARTMENTAL RECOMMENDATIONS

That the Community Services Committee approve two areas as priorities for the 1998 Health Grants Process:

1. **Women's health;**

2. **Strategies that improve health by reducing risk-taking behaviour among young people.**

BACKGROUND

In 1995, a streamlined approach to advertising and reviewing the annual one-time grants was established between the RMOC Health Department, RMOC Social Services Department, the United Way/Centraide Ottawa-Carleton and the Ottawa-Carleton Regional District Health Council (the participation of the DHC was discontinued for the 1997 granting year). As part of this collaboration, each funder continues to establish priorities related to their specific mandate.

The Health Committee, in its meeting of May 12, 1994, approved a recommendation that priorities for Health Grants be established every two years rather than annually. However in 1996, due to budget constraints, the Community Services Committee approved the priorities for one year only.

To establish priorities for the granting period of 1997-1998 and given the limited financial resources available, a mail survey was the consultation method of choice. The survey, done in February 1996, enabled us to systematically gather the necessary information from a large number of agencies at minimal cost.

COMMUNITY CONSULTATION SURVEY METHODOLOGY

This section of the report outlines the process of collecting information from the community about what the priorities should be for the next Health Grants period.

Development of the questionnaire used as a survey instrument included: i) an initial consultation with Health Department senior management; ii) a review of documents, data and literature; iii) the development of a list of 53 factors that could pose a risk to the health of individuals, families and communities; and iv) obtaining feedback on risk factors from ten Health Department senior management staff. The management team was asked to rate each of the 53 risk factors along two dimensions: the strength of the link between the risk factor and the health of individuals and communities; and the feasibility of achieving impacts on health, given the scope of the Health Grants program. Priorities were ranked according to the mean rating. With the help of this ranking, 27 risk factors were selected for inclusion in the questionnaire.

The questionnaire and covering letter were translated and pretested with five organizations. Two major suggestions were incorporated into the final version of the questionnaire: i) instructions were re-formatted for increased clarity; and ii) an open-ended question was added regarding the top three priorities for Health Grants.

The sampling frame for the survey consisted of all organizations on the Health Grants mailing list including all agencies that had applied for Health Grants in the past, agencies with services relevant to health and health promotion that might be eligible for Health Grants, and agencies responsible for planning health services in Ottawa-Carleton. Agencies unlikely to be eligible for a Health Grant were excluded from the consultation.

The initial questionnaire package was mailed to 241 organizations on February 1, 1996 with a request to return completed questionnaires by February 19, 1996. This was followed by a reminder notice on February 21, 1996 to the 170 organizations that had not replied.

DISCUSSION

Response to Survey

The overall response rate of 47% is an acceptable response for a mailed survey. As well, it is comparable to the 48.85% response rate for the 1994 survey. To assess whether the responding agencies were representative of the full spectrum of services in the community, respondents were asked to describe their organizations in terms of activities, focus areas and target groups. Most organizations that responded deliver a service (45%) or provide information and/or counselling (30%). About one quarter reported that health is their main focus area. Three quarters target their activities to particular group(s): 41% target women/girls; 32% target youth; 32% target people on social assistance; 28% target seniors; 26% target children; and 24% target men/boys.

Determining Priorities for Health Grants

To determine the types of projects that should receive a Health Grant, respondents were asked to rate the priority that their organization believes should be assigned to each of the 27 selected potential health risks. They were reminded that Health Grants are one-time, start-up or short-term funding for health promotion and disease prevention projects implemented by non-profit, non-partisan organizations. In thinking about the prioritization of risks, organizations were asked to consider the following:

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

Ratings were made on a 5-point scale where 1 meant a very low funding priority, 5 meant a very high priority, and the midpoint 3 meant a moderate priority. Average priority ratings ranged from a high of 3.92 out of 5 for family violence to a low of 2.26 for the improper or non-use of motorcycle and/or bicycle helmets. Annex A displays the average rating for each of the 27 risks. According to the survey results, the top 10 priorities are:

1. Family violence;
2. Social isolation/lack of social support;
3. Unsafe sex;
4. Dealing with stress;
5. Illicit drug use;
6. Alcohol use;
7. Low self-esteem;
8. Crime and street violence;
9. Tobacco use; and
10. Deficient early childhood development.

An inductive, empirical method of data reduction called factor analysis was used to develop three underlying summary themes: ***lack of supportive environments*** (social isolation, ineffective coping strategies, low self-esteem); ***violence*** (family violence plus crime and street violence); and ***risk-taking behaviours*** (unsafe sex, use of illicit drugs, alcohol, and tobacco).

Target Groups

In addition to age, respondents provided other target group characteristics. As this was an open-ended question, many different characteristics were suggested. Respondents who rated a health risk as a high or very high priority were asked to indicate the age group that should be the target of projects in that area. Four age categories were provided: 0-14; 15-24; 25-64; and 65 and over. The vast majority of respondents felt that youth aged 15 to 24 should be targeted for reducing risk behaviours such as unsafe sex, and the use of illicit drugs, alcohol and tobacco. Tobacco use among the under 14 group as well as alcohol use among those in the 25-64 age group were also

considered priorities. With respect to gender, some patterns of response were evident. Women were mentioned as the preferred target more than any other group for projects fostering supportive environments (31% for improving self-esteem, 14% for increasing social support, and 13% for improving coping strategies for dealing with stress). Women were also considered an important target for initiatives that address violence.

PUBLIC CONSULTATION

The body of this report contains a description of the community consultation process for the Health Grants Program.

FINANCIAL IMPLICATION

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

CONCLUSION

The community's priorities from the 1996 survey have not changed substantially since the 1994 consultation. In 1994, women's health and young people's risk-taking behaviour were identified as key areas for Health Grant funding. The three themes that emerged from last year's consultation (supportive environments, violence, and risk-taking behaviour) are reflective of the two broad priority areas previously identified, since supportive environments and violence are largely viewed by the community as women's health issues.

Given the similarity between the 1996 and 1994 consultation results and the broad scope of the resulting priority areas, it is recommended that **women's health** and **risk-taking behaviour among young people** remain as priorities for the 1997-1998 granting process. Continuing with these priorities increases the potential impact of the projects funded through the Health Grants Program.

Approved by
Robert Cushman, MD, MBA, FRCPC

FUNDING PRIORITIES

ANNEX A