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

Our File/N/Réf. RC
Your File/V/Réf.

DATE 21 April 1998

TO/DEST. Co-ordinator,
Community Services Committee

FROM/EXP. MedicalOfficer of Health

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

DEPARTMENTAL RECOMMENDATIONS

1. That Community Services Committee approve the following recommended funding priorities for the 1999-2003 Health Grants. It is recommended that funding priority be given to proposals emphasizing:

a) Strategies that improve health by reducing risk-taking behaviours among young people (for example: unsafe sex, excessive alcohol use, tobacco use and exposure to safety hazards);

b) Strategies that address self-care or health enhancement behaviours among children and adults (for example: physical activity, nutrition, medication use and reduced exposure to second-hand smoke), and;

2. That Community Services Committee approve the coordination of the Health Grants priority setting process with the departmental strategic planning cycle, in order to consolidate an element of departmental planning and provide coordinated public consultation.

BACKGROUND

The consultation process conducted in early 1998 marks the third consultation in six years, supporting the selection of health grants funding priorities. Since 1995, the Ottawa-Carleton Health Department has collaborated with the RMOC Social Service Department, 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

1996 Consultation

The consultation process conducted in 1996 involved the creation of a questionnaire following a review of data, relevant literature and consultation with health department senior management. The questionnaire established a list of 27 health risk factors regarded as having significant impacts on the health of individuals and the community, as well as being within the scope of potential health impacts achievable with health grants programs. This questionnaire was then mailed to community organizations and the results were analyzed to produce priorities for health grants funding.

1998 Consultation

For the 1998 consultation the 27 health risk factors used in 1996 were compared with current sources of mortality, which resulted in a new draft questionnaire. This process of revision and consultation with the health grants manager resulted in the addition of the risk factor of 'inadequate health information'. The major departure from previous surveys was that respondents were not asked their opinion about whether or not they considered the health risk to be linked to individual and community health, given the scope of health grants funding, but rather their level of agreement with each health risk as a '..high priority for health grants funding'. Also the 'moderate' response option was replaced with an 'undecided' middle choice, reducing the chance that respondents, being undecided about a particular risk, would rate it 'moderately'. In this way the revised questionnaire set out to collect attitudes regarding health risks as funding priorities, rather than assess expert opinion.

Respondents were asked to rate their level of agreement with each of the 28 health risks and then to rank what they regarded as their top five health risks, to be considered priorities for health grants funding. There were also opportunities for respondents to record any additional health risks they considered important, some information about the target populations for their top five risks, as well as several additional questions describing the functioning of their organization. The revised questionnaire was subject to piloting with a limited number of community organizations in both English and French.

The population of health organizations chosen to participate in the community survey, were selected based on the 1998 Directory of Ottawa-Carleton Community Services and reviewed for completeness by the Health Grants Manager. This process yielded a total of 335 local organizations that were deemed appropriate for the community consultation. A second target group, selected to compliment the perspective of community organizations, were the members of the Health Department's Executive Committee who completed a similar questionnaire.

DISCUSSION

Response to the Community Survey

Among the 335 community organizations sent a Health Grants consultation survey, 7% (n=22/335) were returned as undeliverable, thus reducing the total population of community organizations to 313. A total of 44% or 138 of 313 surveys were completed and returned to the Health Department. This response rate reflects a typical response rate for postal surveys and is similar to the response rates achieved in previous consultation surveys (i.e., 47% in 1996 and 49% in 1994).

In determining priorities for Health Grants Funding, respondents were oriented to Health Grants as being appropriate for 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 priorization 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 of Ottawa-Carleton.

Both external and internal respondents were asked to rate all 28 health risks and then rank what they considered to be the ‘top-five’ health risks which should be considered as priorities for health grants funding.

Among responding organizations the majority described their main activity as ‘delivering a service’ followed by ‘providing information, counselling, or crisis intervention’. The most frequently mentioned targets groups were ‘women and/or girls’, ‘youth (14-24)’, ‘seniors’, ‘people receiving social assistance’, ‘people with mental health problems’ and ‘newcomers to Canada’.

In order to synthesize the ratings of the two groups of respondents contacted in this consultation (i.e., community organizations and executive committee members), a table (included as Annex A), was prepared to guide the decision making on establishing funding priorities.

Determining Priorities for Health Grants

Given that the department's Social Services and United Way / Centraide partner's focus on projects addressing poverty and community action, the funding priorities for Health Grants as determined from Annex A, must focus on the requirements of health promotion as distinct from these other priorities of the one-time grants. With this in mind, the pattern of ratings of health risks indicates two groupings that form priorities for health grants funding. The first grouping of health risks appears as a pattern of 'unsafe sex', 'excessive alcohol use', 'tobacco use', 'drinking and driving', 'use of illicit drugs' and 'safety hazards'. This might be described as confirming a funding priority from previous years of addressing risk-taking, previously described as a priority for projects promoting *'strategies that improve health by reducing risk-taking behaviour among young people'.*

The second grouping of health risk priorities presented itself through the apparent clustering of two groups of health risks. The first grouping consisted of the importance of 'inadequate physical activity', 'deficient early childhood development', 'poor prenatal care', 'exposure to second-hand smoke', 'medication misuse', 'inadequate knowledge of birth control' and to this one might add 'inadequate nutrition'. This clustering of health risks suggested a grouping of risks emphasizing self-care or protective behaviours that promote or maintain health. The second grouping or pattern of health risks was that of 'ineffective coping strategies for dealing with stress', 'family violence', 'lack of social support and social isolation', and 'low self-esteem', which was highly endorsed by community organizations. This second element can be viewed as reflecting some of the psycho-social factors implicit in addressing self-care or health protective behaviours common to health promotion programs. Thus, the second priority for health grants funding is that of the promotion of strategies addressing health enhancement behaviours, which might include but not be limited to physical activity, nutrition, child health, exposure to second-hand tobacco smoke, medication misuse and injury prevention issues.

Therefore it is recommended, based on community and internal consultation that the priorities for health grants funding be:

- Strategies that improve health by reducing risk-taking behaviour among young people, and;
- Strategies that address health enhancement behaviours.

PUBLIC CONSULTATION

The body of this report contains a description of the consultation process and the resulting priorities for Health Grants funding.

FINANCIAL IMPLICATIONS

The 1997 funding allotment for Health Grants was $260,000.00. The specific funding allotment for the 1998 Health Grants is currently pending budget approval.

CONCLUSION

As the third consultation on the establishment of funding priorities, the 1998 consultation has benefited from the identification of health risks and the development of previous questionnaires. This consultation has built on the previous consultation processes through refined measurement, the identification of two additional health risk factors, and a direct synthesis of the findings from community organizations and the Executive Committee of the Ottawa-Carleton Health Department.

The findings of this consultation have identified risk-taking, a priority also identified in 1994 and 1996, and the identification of a revised second priority for Health Grants funding, that of addressing health enhancement behaviours. The 1994 and 1996 consultations identified supportive environments and violence as key issues which were summarized through a general focus on women's health issues. A slightly different synthesis in the 1998 consultation has resulted in a revised second priority area, reflecting an emphasis on self-care or health protective behaviours.

As a result of three consistent findings from public consultations conducted in 1994, 1996 and 1998, it is recommended that the funding priorities for Health Grants cover a period of 1999 through 2003. This would provide eligible organizations with an opportunity to build on the conceptualization and development of previous projects and proposals. Thus, a continued focus on identified priorities may increase the actual impact of projects funded by the Health Grants Program. Also, within the context of public consultations conducted by the Health Department, it is recommended that the Health Grants consultation process be coordinated with the departmental strategic planning cycle. This will consolidate an element of departmental planning and provide coordinated public consultation.

Approved by
Robert Cushman, MD, MBA, FRCPC

COMPARATIVE RATINGS OF FUNDING PRIORITIES **ANNEX A**

Legend

C	Majority agreement with the health risk as a high priority for Health Grants funding.
C	Minority agreement, below two-thirds.
'Tie'	A diversity of opinion among responses.
?	A majority of undecided responses.
D	Majority disagreement with the health risk as a high priority for health grants funding.

Title of Risk	**Exec. % Agreement**	**Comm. % Agreement**	**Agreement between surveys**
13. Inadequate physical activity.	C-100	C-72	ü
26. Unsafe sex	C-83	C-82	ü
2. Deficient early childhood development.	C-83	C-76	ü
21. Poor prenatal care	C-83	C-71	ü
4. Excessive alcohol use	C-83	C-70	ü
23. Tobacco Use	C-83	C-67	ü
5. Exposure to second-hand smoke	C-83	C-55	ü
18. Medication misuse.	C-67	C-74	ü
12. Inadequate knowledge of birth control	C-67	C-70	ü
3. Drinking and Driving	C-67	C-61	ü
27. Use of illicit drugs	C-50	C-73	ü
19. Poor care-giving skills	C-50	C-66	ü
14. Inadequate safety at home.	C-50	C-58	ü
22. Safety hazards.	C-83	?	û
24. Unsafe food handling and preparation.	C-67	?	û
6. Extended or unprotected exposure to sun	D-33	?	û
20. Poor oral health	D-17	C-50	û
1. Crime & Street Violence	D-0	C-61	û
15. Ineffective coping strategies for dealing with stress.	Tie	C-88	û
7. Family violence	Tie	C-85	û
16. Lack of social support and social isolation.	Tie	C-85	û
17. Low self-esteem.	Tie	C-72	û
8. Improper/non-use of motor-cycle and/or bicycle helmet.	Tie	D-36	û

10. Inadequate breastfeeding	Tie	?	û
9. Inadequate self-care skills	?	C-74	û
28. Inadequate health information	?	C-72	û
11. Inadequate health attitudes.	?	C-69	û
25. Unsafe operation of motor vehicles	?	Tie	û