



## STAFF REPORT ACTION REQUIRED

### Contract with York University for the Provision of Rapid Risk Factor Surveillance System Partnership Services

<b>Date:</b>	September 4, 2015
<b>To:</b>	Board of Health Government Management Committee
<b>From:</b>	Medical Officer of Health Director, Purchasing and Materials Management
<b>Wards:</b>	All
<b>Reference Number:</b>	

#### SUMMARY

The purpose of this report is to request authority for the Medical Officer of Health to enter into a contract with York University, Institute for Social Research (ISR), to participate in the Rapid Risk Factor Surveillance System (RRFSS) Partnership for the next five annual health surveillance cycles, starting December 2015, for the estimated amount of \$645,000.00 net of all taxes.

In 2000, a group of Ontario health units and the ISR developed the RRFSS Partnership to conduct ongoing, local population health surveillance to help meet the Ontario Public Health Standards (OPHS) requirements for population health assessment and surveillance, and to provide important evidence for data-driven decision-making and accountability. The ISR is the sole vendor for the RRFSS Partnership and is a not-for-profit institution and a well-respected academic partner with extensive expertise in social and health survey research.

ISR worked with Toronto Public Health (TPH) as part of the RRFSS Partnership from 2001 through 2010 to plan and implement the RRFSS for Toronto and other Ontario health units. TPH seeks to return to the RRFSS Partnership to ensure access to local, cost effective, high quality, and comparable population health surveillance information. Funding for health unit participation in the RRFSS Partnership is cost shared with the provincial Ministry of Health and Long-Term Care (75%) on an annual basis and is within the approved 2015 budget.

City Council approval is required in accordance with City of Toronto, Municipal Code Chapter 195, Purchasing, where the current request has exceeded the Chief Purchasing Official's

authority of the cumulative \$500,000 commitment limit under Section 1 of the Purchasing By-Law.

## RECOMMENDATIONS

**The Medical Officer of Health and the Director, Purchasing and Materials Management recommend that:**

1. The Board of Health endorse Recommendation 2 and forward its decision to the Government Management Committee Meeting of October 5, 2015 for consideration.
2. The Government Management Committee recommend that City Council authorize the Medical Officer of Health to negotiate and enter into a contract with York University, Institute for Social Research, to participate in the Rapid Risk Factor Surveillance System (RRFSS) Partnership for the next five annual health surveillance cycles, starting December 2015, for the estimated amount of \$645,000.00 net of all taxes, on terms and conditions satisfactory to the Medical Officer of Health and in a form satisfactory to the City Solicitor.

### Financial Impact

The total value of the non-competitive contract award for the five annual health surveillance cycles, starting in December 2015 identified in this report is an estimated maximum amount of \$645,000 gross and \$161,250 net. The payment schedule for each year of surveillance collection covers a 16 to 18 month period starting in December of the year prior to the year of surveillance data collection with three equal payments as shown in Table 1 below:

Table 1: Expected Payment Schedule\* (in '\$000's) to ISR for Five RRFSS Surveillance Cycles

Surveillance Cycle	Cost (in '\$000's)							Total Per Cycle
	2015	2016	2017	2018	2019	2020	2021	
Cycle 1	41.6	41.7	41.7					125.0
Cycle 2		42.1	42.2	42.2				126.5
Cycle 3			43.0	43.0	43.0			129.0
Cycle 4				43.8	43.8	43.9		131.0
Cycle 5					44.3	44.3	44.4	133.0
<b>Total</b>	<b>41.6</b>	<b>83.8</b>	<b>126.9</b>	<b>129.0</b>	<b>131.1</b>	<b>88.2</b>	<b>44.4</b>	<b>645.0</b>

\* Each surveillance cycle includes the year prior to data collection (planning and preparation) in which the first payment is due, the year of data collection in which the second payment is due, and the year after data collection (data cleaning and technical reporting) in which the third payment is due. The three payments are due in December, September and April in successive years for each surveillance cycle.

The cost of the first year surveillance cycle is \$125,000 with an estimated maximum increase of 1.5% per year to an estimated maximum annual cost of \$133,000 by the fifth health surveillance cycle (2019-2021). Funding of \$41,667 in 2015 is included in Toronto Public Health's 2015 Approved Operating Budget under Cost Centre PH2096, commitment item #4199. Any future years' financial impact will be included in TPH's future years Operating Budget Submissions.

The Deputy City Manager & Chief Financial Officer has reviewed this report and agrees with the financial impact information.

## **DECISION HISTORY**

There is no previous decision history related to this issue.

## **ISSUE BACKGROUND**

The OPHS require TPH to conduct population health surveillance and report the results to inform local program planning, service delivery and healthy public policy.

In 1999 a joint partnership between Health Canada, the Ontario Ministry of Health and Long-Term Care, Cancer Care Ontario and the Durham Region Health Department, pilot tested a risk factor surveillance system. The pilot surveillance system was successfully administered by ISR on behalf of the Partners. The ISR has extensive expertise in survey methodology, sampling design, question development and testing, data collection, Computer Assisted Telephone Interviewing (CATI), data cleaning, and analysis for behavioural research, as well as trained CATI interviewers. The ISR performs intensive follow-up with difficult-to-reach households to improve the response rate resulting in better and more useful data. The fact that ISR provides services for other high profile surveys, such as the Centre for Addiction and Mental Health Monitor, one of the longest addictions and mental health surveys in Ontario is a testament to ISR's credibility and technical expertise.

TPH joined the RRFSS Partnership in 2001 and contracted the ISR to conduct population health surveillance using the RRFSS until 2011 when the cumulative year commitment for single source purchases with ISR was reached under Municipal Code, Chapter 195-1. The ISR is the only vendor for the RRFSS Partnership and thus was contracted through sole source.

In 2011 TPH pilot tested a population health surveillance tool using a vendor retained through the competitive process. The resulting response rates were lower than those achieved by the RRFSS Partnership thus reducing the usefulness of the data collected. In addition, and in comparison to previous participation in the RRFSS Partnership, there was:

- no comparison data for other Ontario health unit jurisdictions or for previous years in Toronto
- more TPH staff time required to manage the work related to preparing for and conducting the 2011 survey
- less flexibility to change the survey content to address an emerging issue
- a one-third higher cost for the same sized survey; in 2011 the quoted price for RRFSS through the ISR was \$48,073 compared to \$64,450 for the 2011 pilot conducted through the competitive process

Further, the cost per completed survey in the 2011 pilot test was \$53.71 (2011 dollars) compared to \$52.08 (current dollars) for the RRFSS surveillance cycle 1 starting December 2015. The RRFSS cost includes additional quality processes to improve participation and thus data quality.

The RRFSS Partnership model provides financial savings by sharing costs among participating health units for the work related to survey methodology, sampling design, question development and testing as well as bulk processing for data collection and cleaning. In addition all RRFSS Partners are given access to the data collected for each Partner for comparison purposes, at no additional cost. Cross-jurisdictional comparisons are required to help TPH understand the health status of Toronto residents relative to residents of Ontario outside Toronto.

Comparative data for other Ontario health units would not be available should another vendor be contracted. To collect 2016 comparator data for just the four other health units in the Greater Toronto Area would cost a minimum of \$225,000 in addition to the costs for the Toronto sample.

To continue to meet population health surveillance requirements, including access to comparator data, TPH is seeking the opportunity to contract with ISR for participation in the RRFSS Partnership over the next five annual surveillance cycles. Effective population health surveillance for the City of Toronto requires sufficient data to monitor trends across a diverse and changing population. To ensure the highest quality information possible, TPH plans to double the surveillance sample size to 2,400 compared to previous years of RRFSS participation (1,200). TPH and the ISR will implement best practices to encourage participation in the survey and thus improve the response rate. This will support an improved understanding of health equity leading to effective and efficient program planning and service delivery.

Since 2001, the total cost of services from the York University, ISR for RRFSS was \$494,817.32. Below is the history of all Purchase Orders (POs) and Divisional Purchase Orders (DPOs) issued to ISR for the RRFSS Partnership.

Table 2: History of RRFSS Partnership Purchases Associated with York University, ISR

<b>PO Date*</b>	<b>Purchasing Document Numbers</b>	<b>Net Price</b>
2001	6005487	\$ 20,020.00
2002	6006420	\$ 41,045.00
2003	3149496	\$ 7,500.00
2004+	6012822, 6013169, 6013719, 6015390	\$121,127.50
2005	6017941, 6018016	\$ 54,146.82
2007	6022178, 6023147, 3348574	\$ 63,365.00
2008+	6025337	\$150,801.00
2011	3463807	\$ 36,812.00
<b>Total</b>		<b>\$494,817.32</b>

\* Data collected during calendar year then cleaned and provided with a technical report in the next year.  
 + POs covered multiple years of the RRFSS.

In accordance with Municipal Code, Chapter 195-1, staff authority for the maximum term of five years and \$500,000 in respect to the cumulative year commitment for single source purchases for TPH has been reached with York University, ISR. City Council authority is required for further single source purchases from York University, ISR.

## COMMENTS

Under the Ontario Public Health Standards (OPHS) and Protocols, TPH is required to conduct ongoing population health surveillance and report on the results to inform service planning. The RRFSS is an important tool for population health surveillance in a number of public health program areas, including chronic disease prevention, injury and substance misuse prevention, early detection of cancer and child health. New surveillance topics can be developed and added to the RRFSS at several points in a surveillance cycle, for example the RRFSS has been used to monitor local-specific issues and the impact of local programs. For emerging issues, such as the SARS (Severe Acute Respiratory Syndrome) outbreak in 2003 and the H1N1 pandemic in 2009, the RRFSS Partnership can develop and implement data collection for immediate surveillance and reporting. Through the RRFSS Partnership, comparative population health surveillance information for other health units in Ontario is available to TPH at no additional cost.

The planned content for the RRFSS in the next year will help to address OPHS surveillance requirements in the program areas of alcohol and other substances, tobacco control, falls, vaccine preventable diseases, physical activity, safe water, oral health, child health, healthy eating, injury prevention, infectious disease prevention and control, positive parenting, breastfeeding, safe food and health equity. Surveillance information gaps will continue to be assessed and guide the topic selection for each surveillance cycle.

All RRFSS participating health units are charged the same rate by the ISR for comparable surveillance services. Participation in the RRFSS provides TPH:

- rapid turn-around for timely population health surveillance information of local relevance that is not available through other sources
- controlled expenditures by sharing with partner health units the costs associated with the surveillance system's methodology, infrastructure, content development and testing, and final preparation of documentation
- shared knowledge capital from staff of participating health units
- access to comparative surveillance information from the other participating Ontario health units at no additional cost
- consistent surveillance methodology, which is critical to understanding population health over time and relative to other jurisdictions

Service contracts for the RRFSS will occur according to the TPH Surveillance and Data Collection Strategy, and would continue to be funded on a cost shared basis of 75% provincial funding and 25% municipal funding, within the approved annual budget.

The Fair Wage Office has reported that ISR has indicated that it has reviewed and understands the Fair Wage Policy and Labour Trades requirements and has agreed to comply fully.

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## SIGNATURE

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