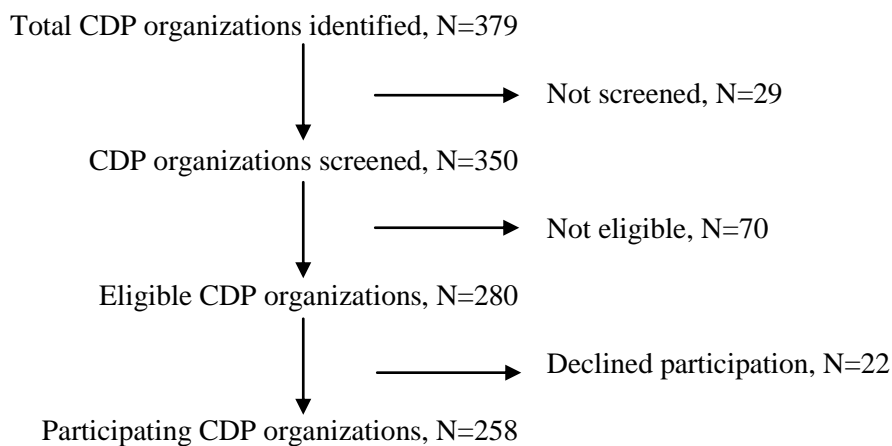


Chronicling changes to the chronic disease prevention landscape in Canada 2004-2010

APPENDIX 1 : Description of selection of eligible organizations (Public Health ORganizational CApacity Study, PHORCAST)

2004 SURVEY



2010 SURVEY



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APPENDIX 2: Detailed description of variables measuring public health organizational capacity (PHORCAST)

Variable questionnaire item(s)	Response categories	Scoring
<i>Age:</i> How long has your organization been in operation, regardless of all its evolutions?	Number of years to be indicated	No. of years
<i>Type:</i> How would you categorize your organization?	1. Federal or Provincial Government (Ministry / Branch / Department) 2. Health Authority / District / Service (provincial or regional) 3. Public Health Department or Agency 4. Para-governmental Health Agency 5. Non-governmental organization (NGO), Not-for-profit organization, Health Charity 6. Professional Association 7. Research Centre 8. Resource Centre 9. Coalition / Partnership / Alliance / Network 10. CSSS	Score assigned to each response category as coded
<i>Geographical area served:</i> What geographical area does your organization serve?	1. Region 2. Province 3. Multi-province territory 4. Canada	Score assigned to each response category as coded
<i>Level of CDP activity:</i>	1. Division/unit 2. Entire organization	Score assigned to each response category as coded
<i>Responsibility for CDP:</i> In your ORGANIZATION, is the responsibility for CDP/HLP: (i) assigned to a specific unit or	Yes/No	Proportion responding positively calculated for each response listed.

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Variable questionnaire item(s)	Response categories	Scoring
department; (ii) assigned to more than one unit or department; (iii) assigned to groups (projects, teams, modules) within a specific unit or department; (iv) Assigned to a specific manager(s); (v) part of all managers' jobs; (vi) part of the Board's mandate.		
<i>Organization FTEs:</i> Excluding consultants and short term contractual employees, how many FTEs work in your organization?	Number of FTEs to be indicated	Number FTEs at entire organizational level
<i>Division FTEs:</i> Excluding consultants and short term contractual employees, how many paid FTEs (Full Time Equivalent) work in your department, division or unit?	Number of FTEs to be indicated	Number FTEs at CDP unit/division level, if applicable
<i>Volunteers:</i> On average, how many volunteers (including board members) work for your ORGANIZATION each year? <i>Do not include students and interns.</i>	None Number of volunteers to be indicated	Number of volunteers
<i>Size population served:</i> What is the size of the population (number of people) in the geographical area that your organization is mandated to serve?	1. <50 000 2. 50 000-100 000 3. 100 000 – 200 000 4. 200 000-500 000 5. > 500 000	Score assigned to each response category as coded
<i>Primary target:</i> What is (are) the main target population(s) of your department/division/unit: (i) General population; (ii) People with specific health issues; (iii) People with specific demographic characteristics (e.g., women, a cultural group, youth); (iv) People living in specific regions or areas; (v) Practitioners; (vi) Members of this organization	Yes/No	Proportion responding positively reported for each target listed.
ORGANIZATIONAL CAPACITY		
Skills		
<i>Social determinants of health:</i> How would you rate your organization's skills for CDP activities that address the following factors: (i) social support; (ii) self-esteem; (iii) socio-economic status; (iv) work conditions; (v) social exclusion; (vi) income inequality?	1. Poor 2. Fair 3. Moderate 4. Good 5. Very Good	Ten items were entered into principal components analysis (PCA) to measure skill for behavioural risk factor and social determinants of health programming. Six of 10 items loaded onto one factor. Each item scored 1 to 5. The factor-based score for this scale was the mean of all 6 responses. Proportion responses indicating scores = '4' or

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Variable questionnaire item(s)	Response categories	Scoring
		'5' reported.
<i>Tobacco control:</i> How would you rate your organization's skills for CDP activities that address tobacco control?	1. Poor 2. Fair 3. Moderate 4. Good 5. Very Good	Score assigned to each response category as coded. Proportion responses indicating scores = '4' or '5' reported.
<i>Healthy eating:</i> How would you rate your organization's skills for CDP activities that address healthy eating?	1. Poor 2. Fair 3. Moderate 4. Good 5. Very Good	Score assigned to each response category as coded. Proportion responses indicating scores = '4' or '5' reported.
<i>Physical activity:</i> How would you rate your organization's skills for CDP activities that address physical activity?	1. Poor 2. Fair 3. Moderate 4. Good 5. Very Good	Score assigned to each response category as coded. Proportion responses indicating scores = '4' or '5' reported.
<i>Stress:</i> How would you rate your organization's skills for CDP activities that address stress?	1. Poor 2. Fair 3. Moderate 4. Good 5. Very Good	Score assigned to each response category as coded. Proportion responses indicating scores = '4' or '5' reported.
<i>Population needs assessment:</i> How would you rate your organization's skill level for the following needs assessment activities: (i) Assessing the burden of disease in your organization's target population(s); (ii) Assessing prevalence of risk factors in your organization's target population(s); (iii) Identifying community, cultural, and organizational factors that influence CDP/HLP activities?	1. Poor 2. Fair 3. Moderate 4. Good 5. Very Good	Each item scored 1 to 5. The factor-based score for this scale was the mean of all 3 responses. Proportion responses indicating scores = '4' or '5' reported.
<i>Identify relevant practices:</i> How would you rate your organization's skill level for the following needs assessment activities: (i)	1. Poor	Each item scored 1 to 5. The factor-based score for this scale was the mean of all 6

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Variable questionnaire item(s)	Response categories	Scoring
Reviewing CDP/HLP activities of other organizations to find gaps in programming for your target population(s); (ii) Reviewing CDP/HLP activities developed by other organizations to see if they can be used by your organization; (iii) Finding relevant best practices in CDP/HLP to see if they can be used by your organization; (iv) Reviewing research to help develop CDP/HLP priorities; (v) Assessing organization's strengths and limitations and limitations in CDP/HLP; (vi) Consulting with community members to identify priorities for CDP/HLP?	2. Fair 3. Moderate 4. Good 5. Very Good	responses. Proportion responses indicating scores = '4' or '5' reported.
<i>Planning:</i> How would you rate your organization's skill level for the following planning activities? (i) Using theoretical frameworks to guide development of CDP/HLP activities; (ii) Setting goals and objectives for CDP/HLP; (iii) Reviewing your resources to assess feasibility of CDP/HLP activities; (iv) Developing action plans for CDP/HLP; (v) Designing, monitoring and evaluation of CDP/HLP	1. Poor 2. Fair 3. Moderate 4. Good 5. Very Good	Each item scored 1 to 5. The factor-based score for this scale was the mean of all 5 responses. Proportion responses indicating scores = '4' or '5' reported.
<i>Implementation strategies:</i> How would you rate your organization's skill level for the following implementation activities? (i) group development; (ii) public awareness and education; (iii) skill building at the individual level; (iv) partnership building; (v) community mobilization; (vi) facilitation of self-help groups; (vii) service provider skill building	1. Poor 2. Fair 3. Moderate 4. Good 5. Very Good	Each item scored 1 to 5. The factor-based score for this scale was the mean of all 7 responses. Proportion responses indicating scores = '4' or '5' reported. Four items that did not load were excluded, (i.e. advocacy, healthy public policy development, creating healthy environments, volunteer recruitment & development)
<i>Evaluation:</i> How would you rate your organization's skill level for the following evaluation activities? (i) Monitoring CDP/HLP activities; (ii) Measuring achievement of CDP/HLP objectives; (iii) Using quantitative methods to assess impacts of CDP/HLP; (iv) Using qualitative methods to assess impacts of CDP/HLP; (v) Undertaking long term follow-up with the target population for CDP/HLP; (vi) Identifying best practices for CDP/HLP.	1. Poor 2. Fair 3. Moderate 4. Good 5. Very Good	Each item scored 1 to 5. The factor-based score for this scale was the mean of all 6 responses. Proportion responses indicating scores = '4' or '5' reported.
Resources		
<i>Adequacy:</i> How adequate are the following in your organization? (i) Funding levels for CDP/HLP activities; (ii) Funding levels for monitoring and evaluation of CDP/HLP activities; (iii) Access to material resources for CDP/HLP activities.	1. Much less than adequate 2. Less than adequate 3. Neutral	Each item scored 1 to 5. The factor-based score for this scale was the mean of all 3 responses. Proportion responses indicating scores = '4' or '5' reported.

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Variable questionnaire item(s)	Response categories	Scoring
	4. Adequate 5. More than adequate	
<i>Source of additional funds:</i> Has your organization received external funding from any of the following: (i) research funding organizations such as CIHR; (ii) Health Canada; (iii) Other federal ministry; (iv) Ministry/Dept of Health (provincial); (v) Other provincial ministry; (vi) National NGO; (vii) Provincial NGO; (viii) Municipality; (ix) Major public charity; (x) private foundation; (xi) private funding (e.g. industry); (xii) fund raising; (xiii) other	Yes/No	Proportion responding positively reported for each source listed.
<i>No. of external sources of resources:</i> Has your organization received external funding from any of the following: (i) research funding organizations such as CIHR; (ii) Health Canada; (iii) Other federal ministry; (iv) Ministry/Dept. of Health (provincial); (v) Other provincial ministry; (vi) National NGO; (vii) Provincial NGO; (viii) Municipality; (ix) Major public charity; (x) private foundation; (xi) private funding (e.g. industry); (xii) fund raising; (xiii) Public Health Agency of Canada (added 2010)	Yes/No	Positive responses summed; median calculated.
<i>Level of priority for CDP:</i> What is the current level of priority of CDP/HLP (in terms of human and financial resource allocation) in your organization?	1. Very low priority 2. Low priority 3. Moderate 4. High priority 5. Very high priority	Score assigned to each response category as coded. Proportion responses indicating scores = '4' or '5' reported.
<i>Stability of resources:</i> In your organization id funding for CDP/HLP... (i) Secure indefinitely; (ii) Determined year by year; (iii) Time limited, project or contract based (i.e., soft funding); (iv) No funding for CDP/HLP.	Yes/No	The following algorithm was used to create scores for low, moderate and high stability. If (i)=Yes and (ii and iii= No) then stability = High; if (i)=No and (ii and iii = Yes) or (iv)=Yes then stability = Low; else stability = Moderate. Proportion responses indicating 'High' stability reported.
Does your organization currently have a separate budget line for CDP/HLP?	Yes/No	Proportion responding positively reported

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Variable questionnaire item(s)	Response categories	Scoring
Level of involvement		
<i>Social determinants of health:</i> How would you rate your organization's level of involvement in CDP activities that address the following factors: (i) social support; (ii) self-esteem; (iii) socio-economic status; (iv) work conditions; (v) social exclusion; (vi) income inequality?	1. Very low 2. Low 3. Moderate 4. High 5. Very high	Each item scored 1 to 5. The factor-based score for this scale was the mean of all 6 responses. Four items addressing behavioural risk factors were retained as single item variables, (i.e., tobacco control, healthy eating, physical activity, stress)
<i>Tobacco control:</i> How would you rate your organization's involvement in CDP activities that address tobacco control?	1. Very low 2. Low 3. Moderate 4. High 5. Very high	Score assigned to each response category as coded. Proportion responses indicating scores = '4' or '5' reported.
<i>Healthy eating:</i> How would you rate your organization's involvement in CDP activities that address healthy eating?	1. Very low 2. Low 3. Moderate 4. High 5. Very high	Score assigned to each response category as coded. Proportion responses indicating scores = '4' or '5' reported.
<i>Physical activity:</i> How would you rate your organization's involvement in CDP activities that address physical activity?	1. Very low 2. Low 3. Moderate 4. High 5. Very high	Score assigned to each response category as coded. Proportion responses indicating scores = '4' or '5' reported.
<i>Stress:</i> How would you rate your organization's involvement in CDP activities that address stress?	1. Very low 2. Low 3. Moderate 4. High 5. Very high	Score assigned to each response category as coded. Proportion responses indicating scores = '4' or '5' reported.
<i>Population needs assessment:</i> How would you rate your organization's level of involvement in the following needs assessment activities: (i) Assessing the burden of disease in your organization's target population(s); (ii) Assessing prevalence of risk	1. Very low 2. Low 3. Moderate	Each item scored 1 to 5. The factor-based score for this scale was the mean of all 3 responses. Proportion responses indicating

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Variable questionnaire item(s)	Response categories	Scoring
factors in your organization's target population(s); (iii) Identifying community, cultural, and organizational factors that influence CDP/HLP activities?	4. High 5. Very high	scores = '4' or '5' reported.
<i>Identify relevant practices:</i> How would you rate your organization's level of involvement in the following needs assessment activities: (i) Reviewing CDP/HLP activities of other organizations to find gaps in programming for your target population(s); (ii) Reviewing CDP/HLP activities developed by other organizations to see if they can be used by your organization; (iii) Finding relevant best practices in CDP/HLP to see if they can be used by your organization; (iv) Reviewing research to help develop CDP/HLP priorities; (v) Assessing organization's strengths and limitations and limitations in CDP/HLP; (vi) Consulting with community members to identify priorities for CDP/HLP?	1. Very low 2. Low 3. Moderate 4. High 5. Very high	Each item scored 1 to 5. The factor-based score for this scale was the mean of all 6 responses. Proportion responses indicating scores = '4' or '5' reported.
<i>Planning:</i> How would you rate your organization's level of involvement in the following planning activities? (i) Using theoretical frameworks to guide development of CDP/HLP activities; (ii) Setting goals and objectives for CDP/HLP; (iii) Reviewing your resources to assess feasibility of CDP/HLP activities; (iv) Developing action plans for CDP/HLP; (v) Designing, monitoring and evaluation of CDP/HLP	1. Very low 2. Low 3. Moderate 4. High 5. Very high	Each item scored 1 to 5. The factor-based score for this scale was the mean of all 5 responses. Proportion responses indicating scores = '4' or '5' reported.
<i>Evaluation:</i> How would you rate your organization's level of involvement in the following evaluation activities? (i) Monitoring CDP/HLP activities; (ii) Measuring achievement of CDP/HLP objectives; (iii) Using quantitative methods to assess impacts of CDP/HLP; (iv) Using qualitative methods to assess impacts of CDP/HLP; (v) Undertaking long term follow-up with the target population for CDP/HLP; (vi) Identifying best practices for CDP/HLP.	1. Very low 2. Low 3. Moderate 4. High 5. Very high	Each item scored 1 to 5. The factor-based score for this scale was the mean of all 6 responses. Proportion responses indicating scores = '4' or '5' reported.
Intensity of involvement – multiple settings		
How would you rate your organization's level of involvement in : <i>Tobacco control</i> activities in the following settings? (i.e., schools, workplaces, health care settings, community-at-large)	1. Very low 2. Low 3. Moderate 4. High	<i>Intensity of involvement across multiple settings</i> was measured for each individual behavioural risk factor as well as for multi-risk factor activities involving a combination of individual behavioural risk factors. Item responses to involvement levels in four

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Variable questionnaire item(s)	Response categories	Scoring
<p><i>Physical activity</i> activities in the following settings? (i.e., schools, workplaces, health care settings, community-at-large)</p> <p><i>Healthy eating</i> activities in the following settings? (i.e., schools, workplaces, health care settings, community-at-large)</p> <p><i>Multi-risk factor</i> activities in the following settings? (i.e., schools, workplaces, health care settings, community-at-large)</p>	<p>5. Very high</p>	<p>settings were summed and for each organization ranged from 4 to 20. Totals were recoded to range from 1 to 5 with 1=least intensely involved (sum 4-7); 2=less intensely involved (sum 8-10); 3=moderately involved (sum 11-12); 4=highly involved (sum 14-16); 5=very highly involved (sum 17-20).</p> <p>For intensity of involvement across multiple settings (all risk factors): 16 responses were summed creating a range from 16 to 80. This variable was scored 1 to 5 based on quintiles of the cumulative frequency. Proportion responses indicating scores =‘4’ or ‘5’ reported.</p>
Intensity of involvement – multiple strategies		
<p>How would you rate your organizations level of involvement in:</p> <p><i>Tobacco control</i> activities using the following strategies? (i.e., 1) group development; 2) public awareness & education; 3) skill building at individual level; 4) healthy public policy development; 5) advocacy; 6) partnership building; 7) community mobilization; 8) facilitation of self-help groups; 9) service provider skill building; 10) creating healthy environments; 11) volunteer recruitment & development)</p> <p><i>Physical activity</i> activities using the following strategies? (i.e., 1) group development; 2) public awareness & education; 3) skill building at individual level; 4) healthy public policy development; 5) advocacy; 6) partnership building; 7) community mobilization; 8) facilitation of self-help groups; 9) service provider skill building; 10) creating healthy environments; 11) volunteer recruitment & development)</p>	<p>1. Very low 2. Low 3. Moderate 4. High 5. Very high</p>	<p><i>Intensity of involvement using multiple strategies</i> was measured for each individual behavioural risk factor as well as for multi-risk factor activities involving a combination of individual behavioural risk factors. Item responses to involvement levels using each of these 11 strategies were summed and for each organization ranged from 11 to 55. These totals were recoded to range from 1 to 5 with 1=least intensely involved (sum 11-20); 2=less intensely involved (sum 21-28); 3=moderately involved (sum 29-36); 4=highly involved (sum 37-44); 5=very highly involved (sum 45-55).</p> <p>For intensity of involvement using multiple strategies (all risk factors): 44 responses were summed and ranged from 44 to 220. This variable was scored 1 to 5 based on</p>

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Variable questionnaire item(s)	Response categories	Scoring
<p><i>Healthy eating</i> activities using the following strategies? (i.e., 1) group development; 2) public awareness & education; 3) skill building at individual level; 4) healthy public policy development; 5) advocacy; 6) partnership building; 7) community mobilization; 8) facilitation of self-help groups; 9) service provider skill building; 10) creating healthy environments; 11) volunteer recruitment & development)</p> <p><i>Multi-risk factor</i> activities using the following strategies? (i.e., 1) group development; 2) public awareness & education; 3) skill building at individual level; 4) healthy public policy development; 5) advocacy; 6) partnership building; 7) community mobilization; 8) facilitation of self-help groups; 9) service provider skill building; 10) creating healthy environments; 11) volunteer recruitment & development)</p>		<p>quintiles of the cumulative frequency. Proportion responses indicating scores =‘4’ or ‘5’ reported.</p>
<p>Resource Organizations</p>		
<p><i>Resource adequacy:</i> In the past 3 years, your department, division or unit has allocated: (i) a sufficient number of staff for transfer practices; (ii) appropriately skilled staff for transfer practices; (iii) enough budget for transfer practices</p>	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree 	<p>Each item scored 1 to 5. The factor-based score for this scale was the mean of all 3 responses. Proportion responses indicating scores =‘4’ or ‘5’ reported.</p>
<p><i>Separate budget for transfer:</i> Was there a budget (over and above the budget for staff) allocated specifically for transfer of the reference innovation to the user organization(s)?</p>	<p>Yes/No</p>	<p>Proportion responding positively reported.</p>
<p>Target organization(s): In the past 3 years, has your department, division or unit transferred CDP/HLP innovations to any of the following types of organizations; (i) Health Authority / District / Service (provincial, territorial or regional); (ii) Public Health Units / Agencies; (iii) Community Health Centres; (iv) CSSS (Quebec only); (v) Family Health Teams / Family Medicine Groups; (vi) Non-Governmental Organizations (NGOs); (vii) Government (Ministries, Branches, Divisions); (viii) School boards; (ix) Health Professional Associations; (x) Regional Chapters / Branches of your</p>	<p>Yes/No</p>	<p>Proportion responding positively reported for each target listed.</p>

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Variable questionnaire item(s)	Response categories	Scoring
organization; (xi) Community groups / organizations		

Note: PHORCAST is an acronym for the **Public Health Organizational Capacity Study**. This program of research focuses on the capacity of public health organizations in Canada to reduce the burden of chronic disease. The work falls within the emerging field of public health services and systems research. In this context, we have undertaken two Canadian Institutes of Health (CIHR)-funded surveys (censuses in actuality) of all regional, provincial and national public health organizations in Canada engaged in chronic disease prevention/healthy lifestyle promotion. The overall aims of both surveys were to measure levels of organizational capacity across Canada, and to identify organizational capacity determinants and outcomes; CDP/HLP: Chronic disease prevention / Healthy lifestyle promotion; CSSS: Centres de santé et des services sociaux (Québec only); FTEs : Full time equivalents

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APPENDIX 3. Canadian public health organizations^a engaged in primary chronic disease prevention (CDP) at the regional, provincial and national level by type, year, and province (PHORCAST)

Province	Formal Public Health (n)		NGO (n)		Grouped (n)		Other (n)		USER (n)		RESOURCE (n)		BOTH (n)		Total (n)	
	2004	2010	2004	2010	2004	2010	2004	2010	2004	2010	2004	2010	2004	2010	2004	2010
NL	6	4	5	5	7	4	1	2	15	9	3	2	1	4	19	15
PE	5	0	4	4	3	2	2	2	12	4	2	2	0	2	14	8
NS	12	12	5	5	1	1	4	4	16	13	4	3	2	6	22	22
NB	1	2	4	4	1	2	0	2	4	3	1	2	1	5	6	10
QC	18	17	8	20	0	0	2	6	9	5	13	23	6	15	28	43
ON	36	34	8	9	37	15	6	6	65	36	12	15	10	13	87	64
MB	11	10	3	3	2	5	1	3	11	11	3	3	3	7	17	21
SK	12	14	3	3	3	3	4	3	16	15	3	2	3	6	22	23
AB	11	5	5	7	3	3	2	4	12	7	5	4	4	8	21	19
BC	14	10	3	3	1	1	3	2	14	8	3	3	4	5	21	16
Canada	0	0	10	9	3	3	2	5	6	2	8	9	1	6	15	17
Multi-province /Territory	0	0	7	7	0	0	1	2	7	3	1	2	0	4	8	9

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TOTAL	126	108	65	79	61	39	28	41	187	116	58	70	35	81	280	267
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^a Numbers represent eligible organizations. In a certain number of organizations eligibility could not be confirmed (n=29 in 2004; n=16 in 2010), since screening interview with senior manager was not completed.

Prince Edward Island - In 2005, all 5 Regional Health Authorities (RHAs) were abolished, and CDP became the responsibility of the PEI Department of Health and Wellness. This accounts for most of the decline in the number of eligible CDP organizations in PEI, from 14 in 2004 to 8 in 2010. *New Brunswick* - The total number of organizations included in the survey in New Brunswick increased from 6 in 2004 to 10 in 2010. In 2004, the 8 RHAs were undergoing transition and permission to screen these regional-level organizations for inclusion in the 2004-5 survey was denied. The New Brunswick government did, however, provide one interview on behalf of all RHAs. By 2008, the 8 RHAs were amalgamated into 2 organizations, and both were eligible for inclusion into the 2010 survey. *Québec* - The 2010 survey in Quebec included 15 regional level NGOs engaged in CDP which could not be screened in the 2005 survey, accounting for the notable increase in the number of organizations included in 2010 over 2004 (from 28 to 44). *Ontario* - In Ontario, the Healthy Communities Fund replaced the Heart Health Network in 2009. By 2010, several coalitions that had participated in the Heart Health Network were no longer active as they prepared for a new focus. Therefore the number of CDP organizations that participated in the surveys declined from 87 to 65 in Ontario. *Alberta* - In 2008, 9 RHAs and 3 provincial boards/commissions were abolished and replaced by one provincial health services board covering 5 zones. [Currently we list 5 FPHO orgs in Alberta. This number reflects 5 different sub-units of the provincial health services; 3 cover different zones and two are AHS departments that serve the province as a whole] *British Columbia* – In 2004, the majority of health service delivery areas (n=16) comprising the 6 health authorities data were conducting CDP programming activity that was HSDA-specific. By 2010 CDP-related programming had become consolidated in certain health authorities, and therefore the number of ‘organizations’ included in the surveys declined from 21 to 16.