

Local Public Health Indicators Awareness and Use Survey

Administered March 2008

Survey Results Compiled April 2008

65 total responses to survey

Responses came from:

- 29.3% Health Officers/Administrators (19)
- 32.4% Other Manager or Director/Other (21)
 - Time spent on assessment activities:
 - 92.5% <1/4 FTE (37)
 - 7.5% 1/4-3/4 FTE (3)
- 38.5% Assessment Staff or Manager (25)
 - Time spent on assessment activities
 - 4% <1/4 FTE (1)
 - 16% 1/4-3/4 FTE (4)
 - 44% >1/2-3/4 FTE (11)
 - 36% >3/4-1 FTE (9)

The data was analyzed in aggregate, by assessment staff/managers compared to “all other staff”, and by assessment staff/managers who spent less than or equal to .75 FTE time compared to those who spent over .75 FTE time on assessment activities.

95.4% or 62/65 were **aware of LPHIs**; 2 of the 3 unaware of the LPHIs were assessment staff/managers.

The most frequently answered **methods to receiving information** about the LPHIs were by a presentation at a meeting; listserv; email directly sent to them; and personal correspondence. Assessment staff/managers got the information mostly from a presentation and personal correspondence, while “all other staff” mostly got it from a listserv and presentation.

24.2% or 15/62 **had not been to the website** (12) or had been to website, but **had not looked at data for their county** (3). Four of these individuals were assessment staff/managers (4/23 or 17%), while 11 were “all other staff” (11/39 or 29%). Three of the four assessment staff/managers who had not been to the website at all worked more than .75 FTE on assessment.

What stood out about the data: (38 responses)

- Most gave specific indicators or data descriptions (21)
- Some concerns or issues (7) such as different definitions used, wanted more on determinants of health, data not available for all indicators, not replicable by them, worry about resources to support data ongoing
- Some talked about the format of the data (5) – all positive
- Other comments fell into:
 - Already knew this information (1) or nothing (1)
 - Just checked it out (3)

What was most useful information: (36 responses)

- Most described the comparison of data to others and the state or specific topics (23)
- Other comments:
 - Everything (5)
 - Format of the data (4)
 - Thankful that someone else did this for them (3)
 - Don't know or not sure how will use (2)
 - Wants EH indicators (1)

What health implications were identified in the data pertinent to own community: (34 responses)

- Specific data issues, but more on the relation of their county to the state (16)
- Using the data for planning (10)
- Already knew issues from own work (7)
- None or haven't looked (4)

Regarding LPHI website with 1 strongly agree to 4 strong disagree: (45 responses)

The data are well organized	1.4 average
Easy to understand the data on the website	1.5
Process to create LPHIs was sufficiently documented	1.7
The data met my needs	1.8

Assessment staff/manager rated the first, third, and fourth statement above lower than “all other staff.” Assessment staff/managers who worked less than or equal to .75 FTE on assessment rated all 4 statements above lower than assessment staff/managers who worked more than .75 FTE on assessment, than “all other staff”, and the aggregate group.

The LPHIs were **mostly shared with** public health management (64%), public health staff (64%), and the board of health (49%). 38% did share the LPHIs with a community group and 20% did not share with anyone. Two responses said they shared them with the media.

39% or 17/44 **developed a PowerPoint or other materials** to share the LPHIs with a group. Assessment staff/managers who worked less than or equal to .75 FTE on assessment were less likely to develop their own materials (77%) and had more responses to wanting materials developed (7 responses) than those working more than .75 FTE on assessment (40%/1 response).

The main theme of those wanting desired materials was a PowerPoint (8/21):

- PowerPoint template:
 - Describing criteria for selection
 - Ability to customize with own charts/data
 - Links to community action and national benchmarks
- Exportable charts from website (4)
- Trend data (2)

89% or 39/44 **have used or plan to use the data** from the LPHIs. The 5 who said no to this question were all assessment staff/managers.

The top 3 **ways the data had been used** were to identify or confirm a health issue; a planning process; and community education. Plans are to use the data across all areas evenly. In the other category, 3 discussed educating the board.

73% of respondents or 32/44 have **plans to work on health issues** identified by LPHIs.

The top 2 **ways the health areas have been worked** on are by forming a committee or partnership and developing or modifying an action plan. The top 2 **ways that they plan to work on the health areas** are by developing or modifying a program and obtaining resources to address the issues.

63.5% or 40/63 **have their own locally selected indicators** with 5 “all other staff” not knowing if they did or not.

Respondents indicated they would use the LPHIs along with their own set: (34 responses)

- Use both for priorities/improvements (12)
- Build off of LPHIs or merge or already have within own set (8)
- Another way to look at data (6)
- Won't use LPHIs (4) or internally only (1)
- Don't know (3)

Of the 18 who **did not have their own set**, 50% will use them as their primary set of indicators and 50% did not know.