



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van T. Mitchell, Secretary

State Health Improvement Process – Survey - Website

Office of Population Health Improvement, Public Health Services

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Background

The Maryland Department of Health and Mental Hygiene (DHMH) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The Maryland DHMH uses the State Health Improvement Process (SHIP) to achieve this goal. The SHIP comprises of a website that captures data for 39 measures that represent what it means for Maryland to be healthy. Communications about the SHIP (e.g., data, trainings, major events), currently are most robust through the website and SHIP newsletter.

In 2016, Maryland DHMH conducted a brief survey on customer satisfaction with SHIP communications. The survey sought to identify areas of improvement for SHIP's: 1) website and 2) newsletter. Findings from this survey contributed to multiple quality improvement projects for SHIP.

This report captures the survey's findings pertaining to the SHIP website.

Methods

A set of survey questions was developed to focus this research. The questions were uploaded to Survey Monkey. Over half a dozen people piloted the survey questions. Areas of improvement were identified and applied to the final survey. The final survey tool consisted of 22 questions (Appendix). The SHIP newsletter and Local Health Improvement Coalition (LHIC) email lists comprised of the list of contacts. The survey was emailed to this list of contacts, posted on the SHIP website, included as an article in the SHIP newsletter, and advertised in the signature line of the SHIP email address. Further, survey messaging stated that the "survey can be shared with anyone else interested in improving SHIP." The survey was open for two weeks.

Quantitative and qualitative analyses were used to identify themes across responses. The newsletter and website sections were analyzed in separate reports.

Results

A total of 217 respondents participated in the SHIP survey's two sections on the website and newsletter (Table 1). The response rate is estimated at 20%. Most respondents worked at local health departments (44.6%, Table 1). Respondents represented all regions of Maryland and 19 of 24 counties. The top jurisdictions represented include: Baltimore City, Carroll County, and Wicomico County (22.4%, 10.4%, and 9.0%, respectively, Table 1). The top work types include: other, health educator, agency leadership, public health nurse, and behavioral health staff (34.5%, 19.0%, 16.9%, and 14.8%, respectively, Table 1).

The survey section on the SHIP website was initiated by 153 respondents and completed in full by 104 respondents (Table 1). Of respondents, 68.2% stated they had seen the SHIP website (Table 2). Of those respondents, most found the website “easy to navigate” (48.5%, Table 2). Most did not know that the SHIP webpage could be translated into over 100 languages or made to have larger font size (Table 2). The top reason why respondents accessed SHIP’s website was for data (82.7%, Table 2). The top purposes for which respondents use SHIP’s data are for needs assessments and strategic planning (58.7% and 55.8% respectively, Table 2). Top areas of improvement included: more timely data and more information on the data’s source and analysis (50.0% and 30.8% respectively, Table 2).

Discussion

Stakeholders of the SHIP website provided meaningful feedback about areas of improvement and illuminated concerns with SHIP data. First, it is important to note that survey findings may be non-representative of Maryland’s public health community. Respondents disproportionately represented local health departments. Additionally, while most Maryland counties were represented (all but 5), Baltimore City, Carroll County, and Wicomico County had the greatest number of respondents.

Still, respondents offered many recommendations for how to improve SHIP’s website and data. For example, respondents repeatedly asked for more granular data (e.g., zip code, minority groups); at the time of the survey, SHIP disaggregated by county and race/ethnicity (where data was available). Data suppression was used where sample size did not meet a designated reporting threshold; small sample sizes pose a concern for privacy/ confidentiality and reliability/ accuracy. If requested, some data may be aggregated (e.g., combining counties in a region for data on race/ethnicity). Larger sample sizes need to be gathered for underrepresented geographical or population groups.

Much of feedback echoed concerns that Maryland DHMH is aware of and working to remedy. More information on data as well as more timely data were top improvement areas. Both issues are influenced by the SHIP Manual. Over the last four years, a SHIP Manual has guided SHIP data collection and analysis—it has been passed among six pairs of hands. When protocols changed, they were not always updated in the manual. As a result, subsequent analysts waste time by following outdated instructions. An updated SHIP Manual is needed. In turn, this connects SHIP stakeholders with information on how to independently retrieve data (should they prefer) and more timely SHIP data.

Respondents raised an additional issue regarding data collection and analysis—the need for consistent data. This illuminated two major issues with SHIP. First, SHIP pulls data from 14 sources; SHIP does not collect primary data. At times, sources update data definitions that affect the comparability over time of SHIP data. The second issue with consistency had to do with invalid data. To address this, SHIP needs to work with subject matter experts to update data details in the SHIP Manual. Then, SHIP must build systems for collecting, analyzing, and reporting SHIP data to reduce human error (e.g., pulling data from the wrong line in a table, failing to censor, miscalculations). Quality assurance checklists also need to be instated to check major points of failure.

In conclusion, the top priorities of SHIP users should then be weighed against existing resources. For example, the SHIP will need to work with the website vendor to explore the ability to export data, charts, and reports. Further, a designated SHIP data analyst is needed to sustain SHIP’s activities, better address data collection, and provide more support to its users (e.g., inferential analysis, reports). Finally, SHIP needs to regularly gather feedback from its stakeholders; stakeholder feedback and customer satisfaction are crucial for getting data to the public health community.

The SHIP Survey’s findings concerning the SHIP website are outlined below. Paired with each finding is an improvement action(s) and timeframe for completion.

Summary SHIP Website Survey Findings & Areas for Improvement		
Finding/ lesson learned	Improvement action	Timeframe
SHIP users want SHIP website featured in SHIP newsletter.	Publish newsletter articles about SHIP website.	Ongoing
Vision areas on website seem arbitrary. Getting to county level data is not intuitive.	Work with vendor to promote easier navigation of website.	Ongoing
Data users want data maps, infographics, one page reports, and links to best practices.	Disseminate formal survey to further explore how stakeholders want SHIP data presented; analyze findings against existing resources.	12/31/17
Data users want the ability to export data and charts.	Investigate methods to connect users to data and charts (e.g., through website vendor, in house).	12/31/17
Data users want data by sub-geographies and sub-populations.	Advocate on behalf of SHIP data users for oversampling underrepresented groups (e.g., sub-geographies, sub-populations). Where sample size is large enough, SHIP should consider disaggregating data (e.g., zip code, census block, age, sex, minority groups, payer type).	Ongoing
Data users want information on how to independently retrieve data from source.	Provide more information on data source and analysis by updating SHIP Manual and publishing more detailed information on SHIP website	1/31/17
SHIP data needs to be updated in a timelier manner.	Engage in quality improvement of SHIP internal protocols, including SHIP Manual.	1/31/17
SHIP data definitions change.	SHIP can update data details but cannot change how sources perform primary data collection.	Ongoing
SHIP data is at times invalid.	Conduct quality assurance of SHIP data. Develop and implement quality assurance checklists. Engage in quality improvement of SHIP internal protocols, including SHIP Manual.	1/31/17

Appendix. Survey Tool (Questions)

#	Question	SHIP topic
1.	Have you seen the SHIP Health Action Newsletter?	Newsletter
2.	What can we do to encourage you to sign up and/or read the newsletter? You can sign up by emailing us at: dhmfh.marylandship@maryland.gov	Newsletter
3.	What is your overall satisfaction with the newsletter?	Newsletter
4.	How often do you read our newsletter?	Newsletter
5.	Please rank each part of the newsletter in order of importance to you. (1= most important, 6= least important)	Newsletter
6.	Regarding the newsletter's content, please rate your agreement level with the following statements.	Newsletter
7.	Regarding the impact of the content featured in the newsletter, please rate your agreement level with the following statements.	Newsletter
8.	What aspect(s) of the newsletter do you think need(s) most improvement? Under "Comments" please explain why and how we can improve or state "N/A" if no need for improvement.	Newsletter
9.	How often would you like to receive our newsletter?	Newsletter
10.	Would you be interested in providing content for this newsletter? If you selected "Yes", we welcome you to email us to learn more about how to do so: dhmfh.marylandship@maryland.gov	Newsletter
11.	Have you seen the SHIP Website?	Website
12.	What can we do to encourage you to visit and/or utilize the SHIP website? You can view the website at: http://dhmfh.maryland.gov/ship/Pages/home.aspx	Website
13.	Please rate the website's organization.	Website
14.	Have you used the SHIP website to access...	Website
15.	If you have accessed the SHIP website's data or best practices, for what purpose(s)? Under "Comments" please indicate why not if you haven't or state "N/A" if not applicable.	Website
16.	Did you know that you can have any SHIP webpage translated into over 100 languages to address linguistic barriers?	Website
17.	Did you know that you can view any SHIP webpage in a larger font for increased visibility to address visual barriers?	Website
18.	Which of the following areas of improvement are among your highest priorities? Please elaborate below.	Website
19.	What other ways of presenting SHIP data would be helpful for your work? Please elaborate below.	Website
20.	Please enter below your information. This information will help us understand what organizations and what positions utilize SHIP communications. This question is not mandatory.	Other
21.	Please provide additional information about your organization or office. What sector, focus area, or field within public health is most relevant to your work?	Other
22.	Please enter any additional comments or suggestions regarding SHIP communications below.	Other

Table 1. Respondent Characteristics	
	Response
Respondents	
TOTAL	217 (n)
SHIP Newsletter questions (initiated)	100%
SHIP Website questions (initiated)	70.5%
Workplace	
Local health department	44.6%
Health care organization (e.g., hospital, health clinic)	20.3%
State health department (DHMH)	8.1%
Other (e.g., academia, county government)	27.0%
Baltimore City	22.4%
Carroll County	10.4%
Wicomico County	9.0%
Other counties (all others represented except Caroline, Kent, Prince George's, Somerset, and St. Mary's)	58.2%
Work Type	
Other (please specify)	34.5%
Health educator	19.0%
Agency leadership	16.9%
Public health nurse	14.8%
Behavioral health staff	7.7%
Business and financial operations staff	7.0%
Epidemiologist/Statistician	7.0%
Public health informatics specialist	7.0%
Public information specialist	7.0%
Quality improvement specialist	7.0%
Office and administrative support	5.6%
Public health physician	4.9%
Preparedness staff	4.9%
Nutritionist	3.5%
Nurse Practitioner	2.8%
Oral health professional	1.4%
Physician Assistant	0.7%
Environmental health worker	0.7%
Laboratory worker	0.0%

Table 2. Findings

#	Question	Answer Options	Response
11.	Have you seen the SHIP Website?	Yes	68.2%
		No	31.8%
12.	What can we do to encourage you to visit and/or utilize the SHIP website?	Comments: <ul style="list-style-type: none"> ● Feature website info in your newsletter. ● Publish highlights of new research. 	
13.	Please rate the website's organization.	Very Easy to Navigate	14.5%
		Easy to Navigate	48.5%
		Neutral	36.8%
		Difficult to Navigate	0.0%
		Very Difficult to Navigate	0.0%
		Comment: <ul style="list-style-type: none"> ● Easier navigation of website. Vision areas are somewhat arbitrary. How to get to county level data? 	
14.	Have you used the SHIP website to access...	Data	82.7%
		Best practices (i.e., "SHIP Toolbox" or "Maryland Innovations")	49.0%
		Not Applicable	6.7%
15.	If you have accessed the SHIP website's data or best practices, for what purpose(s)? [Check all that apply]	Grant writing	41.3%
		Funding sources	23.1%
		Needs Assessment	58.7%
		Strategic Planning	55.8%
		Not Applicable	11.5%
		Comments: <ul style="list-style-type: none"> ● Find updated data. ● Compare data between sources. ● Educate students. ● General interest 	
16.	Did you know that you can have any SHIP webpage translated into over 100 languages to address linguistic barriers?	Yes	15.4%
		No	84.6%
17.	Did you know that you can view any SHIP webpage in a larger font for increased visibility to address visual barriers?	Yes	33.7%
		No	66.3%
18.	Which of the following areas of improvement are among your highest priorities?	More information on data source and analysis	36.5%
		More timely data	50.0%
		New or updated goals for existing measures	30.8%
		New measures	22.1%

	None	20.2%
19. What other ways of presenting SHIP data would be helpful for your work? Please elaborate below.	<p>Comments:</p> <ul style="list-style-type: none"> ● Stop changing data collection, measurement, and presentation. ● Robust sample sizes (to allow for more subpopulation data and analyses) ● Disaggregate data at lower geographical levels (e.g., county, zip code, census block) ● Disaggregate data at smaller population levels (e.g., age, race/ethnicity, other minority groups, sex, payer type) ● Ability to export data and charts ● Interpret data (e.g., significance) ● Ability to manipulate graphs, compare data between measures or between counties. ● Map data ● Produce reports (e.g., one page synopsis, infographics) ● Best practices/ resources/ links to counties that have turned the curve 	