



UNIVERSITY OF WISCONSIN

Population Health Institute

Translating Research into Policy and Practice

Results from the 2005 Wisconsin County Health Rankings User Survey

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Introduction: The Wisconsin County Health Rankings is an annual project that ranks Wisconsin counties on health outcomes and health determinants using various data sources. We surveyed public health stakeholders and health care professionals about the Rankings in an attempt to make the Rankings as useful as possible for potential readers.

Methods: E-mail based surveys were sent to County Health Officers, County Board of Health Members, local public health administrators, and physicians throughout Wisconsin. Overall, the response rate was 34%.

Results: Most of the respondents had heard of the Rankings, while almost half had viewed them prior to taking the survey. 79% of respondents were satisfied with the Rankings overall. The most common use of the Rankings was to educate and inform county board members or other policymakers.

Conclusion: Most public health and health care professionals we surveyed were satisfied with the 2005 *Wisconsin County Health Rankings*. They reported that the *Rankings* is a useful product, but there are some aspects in need of improvement. As a direct result of the feedback we received, we will be taking several steps to improve the Rankings for 2006, including holding monthly teleconferences, censoring measures with a sample size less than 50, reporting on the City of Milwaukee in addition to Milwaukee County, and adding a measure of non-smoking policies to capture current efforts to improve public health, among other changes.

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Introduction

The *Wisconsin County Health Rankings* is an annual project conducted by the University of Wisconsin Population Health Institute. The report draws on various data sources to summarize the current health of a county's population and the current distribution of key factors that determine future health. Although the *Rankings* is intended to be a vehicle which summarizes and translates public health information to the public, it also stimulates discussion about the various determinants of health. In addition, by identifying counties that fare exceptionally well in a particular indicator, and likewise, counties that may have public health problems as evidenced by other indicators, it is our hope that public health stakeholders across Wisconsin can learn from one another to achieve the highest possible level of population health.

In an effort to make the *Wisconsin County Health Rankings* as useful as possible to the public health officials and stakeholders of Wisconsin, we annually use the feedback obtained from our readers, and incorporate the feedback for the next year's publication. To assess the usefulness of the *Wisconsin County Health Rankings*, we have surveyed public health practitioners annually about their perceptions of the *Rankings*. For 2005, the survey was extended to health care professionals as well. This report outlines the responses that we obtained.

Methods

An e-mail based survey was sent to County Board of Health members, county health officers, and health care professionals across the State in order to obtain feedback about the 2005 *Wisconsin County Health Rankings*. We selected 48 County Board Members from a convenience sample, and sent them an e-mail asking them to participate in the survey, with a response rate of 35% (n = 17). All 72 County Health Officers were surveyed, in addition to 16 local public health administrators, also chosen from a convenience sample, with a response rate of 60% (n = 53). The County Board Members and County Health Officers were sent an initial e-mail asking them to participate in the survey, and then a follow-up e-mail a month later. Overall, for the County Board Members and Health Officers, the response rate was 51% (n = 70).

Finally, 240 practicing physicians from across the State were surveyed with a response rate of 24% (n=58). The physicians comprised a 10% random sample of Wisconsin Medical Society members with e-mail addresses from specialty areas including family practitioners, internists, pediatricians, epidemiologists, general practitioners,

geriatricians, and preventive medicine physicians. The physicians were all sent one e-mail asking them to participate.

If the respondents had not previously seen or heard of the *Wisconsin County Health Rankings*, they were asked to visit the University of Wisconsin Population Health Institute web site featuring the *Rankings* and all the supporting documents, and then come back and take the survey afterwards.

Results

The majority of the respondents for the 2005 *Rankings* User Survey were governmental public health workers. The next largest group of respondents consisted of health care professionals. A small number of policymakers and public health practitioners in academia responded as well (See Table 1).

Table 1: Occupations of Survey Respondents

Sector In Which Respondent Works (n = 128)	
Public Health Worker (State, County, or Local level)	41%
Health Care Professional	39%
Policy Maker	5%
Academic	5%
Health Care Financing	1%
Other	8%
Currently serves on County Board	13%

Most of the respondents had heard about the *Wisconsin County Health Rankings* prior to taking the survey, with a lower percentage of people having actually viewed the 2005 *Rankings*. Overall, the interest generated with the 2005 *Rankings* was quite positive, with about a third of survey respondents having greater interest in this year's edition as compared to the 2004 *Rankings* (See Table 2a).

Table 2a: Awareness and Interest in the *Wisconsin County Health Rankings* Overall

Have heard of the <i>Rankings</i> (n = 128)	60%
Have viewed the <i>Rankings</i> (n = 128)	47%
Interest in the 2005 <i>Rankings</i> compared to the previous year's (n = 57)	
About the same amount of interest	58%
Greater interest in this year's edition	33%
Less interest in this year's edition	2%
Was not aware of last year's edition	7%

This was the first year that health care professionals had been explicitly asked to participate in the *Rankings* User

Survey. Although not as many physicians have heard about the *Rankings* as the public health practitioners of Wisconsin, about a quarter of physicians surveyed have heard of the *Wisconsin County Health Rankings* (See Table 2b).

Sector	Heard Of	Viewed
Public Health Worker (n = 53)	92%	91%
County Board Member (n = 17)	82%	53%
Policy Maker (n = 6)	83%	50%
Academic (n = 7)	57%	14%
Health Care Professional(n = 58)	26%	12%

One primary issue we tried to address in this year's *Rankings* User Survey is the methodological issues that have been raised regarding the 2005 *Wisconsin County Health Rankings*. We wanted to determine what respondents thought we should do with small sample sizes in counties, and also what they thought about the current weighting of health care determinants (10% Health Care, 40% Health Behaviors, 40% Socioeconomic Factors, 10% Physical Environment). Overall, the respondents agreed that the method for dealing with small sample sizes currently used in the *Rankings* (combining several years of data) is the preferred method. Also, 84% of respondents agreed with the current assignment of weights to the summary measures of health determinants, although the averages of the proposed alternative weights are also presented (See Table 3).

Preferred approach for reporting survey data when sample sizes are small for some counties (n = 56)	
Combine multiple years of data	34%
Combine regional and local data	18%
No preference	18%
Do not report estimates drawn from small sample sizes	14%
Use regional data rather than county-specific data	5%
Provide local data with explanation	2%
Use data from large-scale local surveys	2%
Agree with current weights (n= 57)	84%
Average of proposed weights (n = 9)	
Health Care	23%
Health Behaviors	31%
Socioeconomic Factors	26%
Physical Environment	20%

As previously mentioned, the primary reason for sending out the *Rankings* User Survey is to assess the usefulness of

the *Rankings*. In order to better assess the use of the supporting materials, such as the County Snapshots and other resources, we asked questions about the usefulness of these materials as well. Overall, 68% of respondents agreed or strongly agreed that the *Rankings* are useful for public health purposes, such as educating county board members or policymakers, and 79% of the respondents were satisfied with the 2005 *Rankings*. More detailed information is presented below (See Table 4).

Uses of the <i>Rankings</i> (n = 57)	
Educating and informing county board members or other policymakers	63%
Identifying program targets	49%
Educating and engaging community partners	46%
Performing health needs assessments	46%
Stimulating public discussion	33%
Preparing press releases	28%
Preparing reports	28%
Do not use the <i>Rankings</i>	16%
Other	14%
Agree or strongly agree that <i>Rankings</i> are useful overall (n = 57)	69%
How well <i>Rankings</i> accomplish goals (n = 57)	
Increasing awareness of the multiple factors that influence health	4.9 (of 7)
Generating interest in public health activities	4.4
Identifying strengths and encouraging cooperation within and across county agencies	4.3
Helping to justify funding for addressing public health concerns	4.2
Satisfied with <i>Rankings</i> overall (n = 57)	79%
Found web materials helpful (n = 57)	58%
Found supplements useful (n = 32)	
County Snapshots	5.6 (of 7)
Why did my county's rank change paper	4.4
Detailed methods and data tables	4.2
PowerPoint presentation	3.9
Associated Issue Briefs	3.5
Did not use supplements (n = 24)	
Not aware they existed	67%
Did not need supplemental info	12%
No interest in them	12%
No time	8%

We also asked respondents to provide additional comments or suggestions for improving the *Rankings* in the future. The

additional feedback received fell into one of seven categories, including:

1. Continuing to increase user-friendliness and promotion of accompanying materials
2. Increasing the time between the release of the *Rankings* to Counties and to the media
3. Concerns about trending over various editions of *Rankings*
4. Including local Milwaukee data in addition to Milwaukee County
5. Concerns about physical environment measures
6. Concerns about small sample sizes
7. General positive comments

The verbatim text of the comments is included in the appendix.

Conclusion

In general, the comments and survey responses received were very positive. The majority of respondents have heard of the *Wisconsin County Health Rankings*, and most were satisfied and found it to be useful overall. One limitation of this survey to keep in mind is that we had a low response rate (34% overall), so the true response across the State of Wisconsin may differ from the rates we obtained based on the survey responses.

However, at the University of Wisconsin Population Health Institute we are making every effort to include public health stakeholders before the release of the 2006 *Wisconsin County Health Rankings* by holding a series of teleconferences throughout the summer months regarding methodological and communications issues that have been raised with the 2005 *Rankings*.

As part of our efforts to improve the *Rankings*, we will continue to solicit feedback from our interested readers, and continue to modify and expand upon the *Rankings* as needed. For example, in the 2006 edition, we plan to modify the methods and release of the individual measures based on the feedback we received. Some specific examples of how the *Rankings* will be changing for 2006 include:

- Holding monthly teleconferences prior to the release of the 2006 *Rankings*
- Censoring individual measures with a sample size less than 50
- Improving County Snapshots to provide a trend of each county's health outcomes over time
- Omitting Medicare vaccination data due to their inability to capture vaccinations provided in settings where no claims are submitted
- Adding a measure of non-smoking policies to capture a sense of current public health efforts in Wisconsin Counties
- Adding the City of Milwaukee to the *Rankings* to better understand the public health challenges originating in Milwaukee

While the majority of people surveyed were satisfied with the *Rankings* in 2005 (79%), we strive to increase this number so that all of our readers are thoroughly satisfied with the *Wisconsin County Health Rankings*, and are able to use this product to the full extent. As always, we continue to accept feedback, and welcome input from public health practitioners and health care professionals across the State.

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Appendix: Verbatim Text of User Comments

1. Continue to increase user-friendliness (and promotion of accompanying materials)

- I think the rankings are good however I think they are a bit complicated to understand, especially for county board members and members of Boards of Health. I realize the data drives this challenge.
- The ranking document has actually worked against us because it's hard to explain to Board Members who see it as a "competition".
- I like the way it has become more user friendly thru the years
- I like the colors you use for visual representation of the distribution. Continue the snapshots as it is easier for the public to tease out the information they want.
- The tutorial that goes along with the data is extremely valuable. At times the data is confusing.
- Did not know about several of the supplementals (why my county ranking changed, etc). Please promote more.
- This data should be presented at a forum in all hospitals as part of education for health professionals.
- The rankings for (County name) underscore the seriousness of problems in our region. We have not found a way to change the paradigm from acute care intervention to prevention and chronic disease management. We have not been able to reconcile opposing factions of government in conflict over who should solve these problems. I look forward to more publicity in hopes that more citizens will become involved in driving providers and policy makers in the direction needed to improve the rankings.

2. Increase the time between the release of the *Rankings* to Counties and to the media

- I appreciate having the document as a resource available when needed. I wish I had more time to lead my Board of Health in discussing the report. My preparation time is limited for doing that.
- I have plans to do some news articles based on the report. Again, time to do the extras is a factor. Thanks.
- Do NOT send press releases out before we have had a chance to look at the report in our counties. We are made to look stupid when they know the information before we do.

3. Concerns about trending over various editions of *Rankings*

- Some difficulty for comparing each year, is when the parameters change. Once you have perfected the process, that should be less of a problem.
- Would like to see more trend analysis. This way we could determine if improvement is being made even if overall rank goes down (meaning others may be improving faster or more)
- They are hard to use in comparing years against each other as equal factors are not evaluated every year, i.e. physical environment. It is also hard to determine the connection between some of the data with the county rank, example Dodge County's YPLL seemed to improve but more people responded that they only ranked their health fair or poor. How do you balance fact with perception? I have never found this document to be helpful to me. I have shared it with my board but only as an informational piece because I would not be able to answer their questions.
- Trended data would be helpful now that will have 4 years of rankings
- Even as you improve the product, maintain enough consistency so that there is some comparability between the years. Continue to explain if the difference in the rank from top to bottom is a tight bell curve, that is very different from a big spread.
- What action will cause these determinants to change substantially? How large of a change could we expect to see from year to year.
- I like the quartiles - using as a goal to stay in top quartile and not get too tied up in any movement in rankings

4. Including local Milwaukee data in addition to Milwaukee County

- The biggest issue for Milwaukee County suburban health depts. is that we can't get local data for our community assessment and the City of Milwaukee data skews the county ranking so it is not useful for us except for grant writing data. I hope at some point we will be able to get local data in addition to county data for Milwaukee.
- Data collected by counties is not relevant for my department. My department serves two suburbs in Milwaukee County and the data is not broken down for my communities. Breaking data down by

zipcodes is also not relevant as the zip codes are shared with other communities.

- Our local health department is located in Milwaukee County but is part of municipal government. The county statistics mean very little to our municipality. I would request the ranking look at individual city health departments located in Milwaukee County.

5. Concerns about physical environment measures

- Physical environment scope is too limited many other factors should be considered. Example DNR water quality data base info (MCLs, etc.) could be added. Consider surface water quality issues economic base (industry vs. ag)
- My concern is that some of the measures used are not something we can affect at the local level. For example, nitrate levels (which resulted from misuse of fertilizers many years ago and will take decades to leach) and air quality (our major polluter is in a neighboring county. I always emphasize that the rankings are based on values/measures that assure reliable data; our local assessments are a better tool for determining our priorities (The ranking document does not consider what we have in place to address issues, our community strengths, etc.).
- Any other additional environmental factors that could be considered? It seems like housing stock and even nitrate in water (once it is there) may not be impactable for several decades. Something more fluid so can see an impact?

6. Concerns about small sample sizes

- I feel that in the smaller counties the rankings can be misconstrued. Better sampling is a must!
- Sample size is a concern of mine. I think that this is an excellent project, however, due to the small size of our county/ sample, I am not sure how accurate the data is. I think this could be very useful if collected differently.
- Again, the small counties are not accurately ranked. Menominee County only had 15 persons interviewed and results were not accurate due to the low number of persons involved with the survey.
- I don't think you realize the impact you have in Northern Wisconsin when you put these rankings out to the public and especially the media. It is difficult at times when this document is coming from UW Madison to tell the media that the results

could be biased based on the sample size and the individuals who you happened to make the calls to related identify behavioral risks. This year you might have called the right population who actually has insurance and access to medical care and next year you happened to call those individuals who have no health insurance, just got laid off, has no money and does not qualify for Badgercare. The media thinks that we are not doing our job in public health when you send something out like this with no caveat as to the description of how the information is obtained, small sample size of our communities, etc. I think you need to do a better job presenting this information so we are not doing damage control. For small agencies, we might have done some great things, such as development of biking/walking trails, offering every 3rd grader in the county a bike helmet with instruction on bike safety. This report does not reflect those type of things. The Northern Region WAHL DAB's would be willing to discuss this issue with anyone who would be interested anytime if the near future prior to releasing next years report.

- get correct data and call clinics or administrators or talk to doctors involved to make sure you are getting correct data
- Immunization and other data is often drawn from Medicare billings. In communities with rural health clinics the billings are submitted to a different intermediary. These billings are not captured in the standard Medicare billings and thus are not included in the statistics. In the case of flu immunizations for example this leads to completely inaccurate data and false rankings.

7. General positive comments:

- Thank you for doing this on a regular basis.
- Good job. I do read and compare the data.
- Keep up the great work!
- Thank you for your work on this project! It is truly a useful tool!