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Results from the 2006 *Wisconsin County Health Rankings* User Survey

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Introduction: Wisconsin health officers are surveyed annually about the usefulness of the *Wisconsin County Health Rankings*. In addition to soliciting annual feedback from local public health officials regarding the *Rankings*, the latest survey (following the 2006 *Rankings)* had a second objective, to assess the perceptions of local health officers regarding health department capacity, policies, and programs, related to adding measures of county-level health policies and programs in future reports.

Methods: E-mail based surveys were sent to county and city health officers and consortia epidemiologists throughout Wisconsin.

Results: Overall, the response rate was 54%. All of the respondents had heard of the *Rankings*, and more than three-quarters had the same or greater interest in the 2006 edition over the previous year's report. The most common use of the *Rankings* was to educate and inform county board members or other policymakers. Overall, Wisconsin health officers thought that local health department capacity was important, although no single program or service was uniformly identified by the health officers as having the strongest impact. Further, most public health policy-making activities were not undertaken regularly by local health department representatives, and many health officers opined that public health policies and programs were not comparable across counties and cities.

Conclusion: Interest in the *Rankings* continues and most local health officers find the information useful. More effort should be given to training and technical assistance prior to release. More research is needed before measures of county-level capacity, policies and programs can be incorporated into the *Rankings*.

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Brief Report

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Introduction

The *Wisconsin County Health Rankings* is a publication of the University of Wisconsin Population Health Institute designed to provide an overview of health outcomes and determinants across the state of Wisconsin. Modeled after the UnitedHealth Foundation's *America's Health Rankings*, the *2006 Wisconsin County Health Rankings* was the fourth installment of this annual report. The goals of the rankings include the following: spark discussion of health issues, draw attention to the broad multiple determinants of health, highlight healthy counties, and identify counties in need of health improvement and possibly assistance. Ensuring the usefulness of the *Rankings* to those working to improve local public health is critical for the success of the report. Therefore, an annual follow-up survey is conducted with local public health officials in order to gather feedback and inform changes and improvements to the *Rankings*.

The *Rankings* are based on a model of population health which posits health outcomes as a result of health determinants and their distribution in the population. Health policies and interventions at the individual and community level impact health determinants and the way in which determinants shape health outcomes. Currently, the *Wisconsin County Health Rankings* provides summary measures of health outcomes and health determinants, but not of county-level policies and programs. County-level indicators of policies, programs and local public health system capacity and performance are relatively limited. To help determine which indicators can and should be used, questions regarding the inclusion of various indicators into future editions of the *Rankings* were added to the 2006 Rankings User Survey. This report summarizes the feedback received from survey respondents on both the current edition of the *Rankings* and their views on indicators of local health department capacity, policies, and programs.

Methods

Local public health officials were contacted in March of 2007 via email and asked to complete the *Rankings* survey online using the link provided in the message. Over the next two months periodic follow-up emails and a reminder phone call were used to encourage participation. The survey was sent to 70 county health officers, 24 local health officers (city and sub-county health departments), and 18 consortia epidemiologists.

The web survey consisted of two parts; the first section focused on feedback regarding the *2006 Wisconsin County Health Rankings*. Participants were asked about the usefulness of the *Rankings* to their work, ways in which they use the *Rankings*, and their satisfaction with the *Rankings* documents. The remaining questions related to interactions with the media regarding the *Rankings* and the respondents' perceptions of the local impact of the *Rankings*.

The second section of the survey was designed to gather pilot data to assist in the development of measures related to county programs and policies for future inclusion in the *Rankings*. Health officers were asked about the importance of specific health department capacity measures, including: number of full-time equivalent staff per capita, total funding per capita from all sources, funding per capita from local taxes, information technology capacity, and certification level. According to Wisconsin state statutes, local health departments can meet one of three levels of certification. Level 1 local health departments meet the minimum performance standards as outlined by the HFS 140 Local Health Department Review, which encompasses the local health department and Board of Health organizational structures as well as performance of the essential public health services. Level 2 departments provide basic services, plus additional services as guided by the state health plan. Level 3 departments provide a full range of public health services, and are led by a health officer with a higher level of credentials.[1]

Results

RESPONSE RATE AND SAMPLE

A total of 61 complete responses were received: 42 from county health officers (response rate of 60%), 9 from city or sub-county health officers (38%), and 10 from consortia epidemiologists (56%). The overall response rate for all respondents was 54%. The analysis of the second section of the survey focused only on responses from local and county health officers and not the consortia epidemiologists, because many of the questions related specifically to activities of health departments and the consortia epidemiologists are not necessarily affiliated with a specific health department. The response rate for the sample of local and county health officers was also 54%.

SECTION ONE – RANKINGS FEEDBACK

All of the respondents had heard of the *Wisconsin County Health Rankings*, and all but one city health officer had seen the 2006 edition of the *Rankings*. Of those who had seen the 2006 *Rankings* (n=60), over three-quarters had the same or greater interest in the current edition compared to the previous year (Table 1).

Table 1: Interest in the *Rankings*	
Interest in the 2006 *Rankings* compared to the previous year's (n = 60)	
Greater interest in this year's edition	25%
About the same amount of interest	62%
Less interest in this year's edition	3%
Was not aware of last year's edition	10%

Uses of and satisfaction with the Rankings

The public health officials who are most likely to use the *Rankings* in their work are those whose work centers around one or more counties. Although some city and local health officers reported using the *Rankings*, many do not, likely because county-level data may not be applicable to their work. Nearly all (94%) of the 52 county health officers and consortia epidemiologists reported using the *Rankings* in their work, primarily for educating policy makers and community partners, performing needs assessments, and identifying program targets. More details on the uses of the *Rankings* by county health officers and consortia epidemiologists are found in Table 2.

Table 2: Usefulness of the *Rankings* for county health officers and consortia epidemiologists (n=52)	
Uses of the *Rankings*	
Educating and informing county board members or other policymakers	83%
Educating and engaging community partners	58%
Identifying program targets	48%
Performing health needs assessments	48%
Stimulating public discussion	44%
Preparing reports	33%
Preparing press releases	27%
Other	8%
Do not use the Rankings	6%
Rankings are somewhat or very useful to their work	88%

Most of the respondents agreed that the *Rankings* help to increase awareness of the multiple factors that influence health and help generate interest in public health activities. Fewer (about 40%) of respondents feel that the *Rankings* help identify strengths and encourage cooperation within and across county agencies or help justify funding for addressing public health concerns (Table 3).

Very high rates of usage were reported for most of the *Rankings* documentation and information sources, with fewer than 10% of respondents reporting that they did **not** use the glossy *Rankings* report, the county snapshots, or the detailed full report. However, about half of the respondents did not participate in the pre-release teleconferences or use the online Webinar presentation (Table 4). The reason most frequently cited was that respondents were not aware of the teleconferences or Webinar.

Table 3: Goals of the *Rankings*	
Agree or strongly agree that the *Rankings* ... (n = 60)	
Help increase awareness of the multiple factors that influence health	80%
Help generate interest in public health activities	73%
Help identify strengths and encourage cooperation within and across county agencies	43%
Help justify funding for addressing public health concerns	42%

Table 4: Use of and satisfaction with *Rankings* documentation and information sources	
Did not use *Rankings* documentation	
All county snapshots (n=60)	3%
Rankings glossy report (n=59)	5%
Your individual county snapshot (n=58)	5%
Full Report (n=60)	7%
Pre-release teleconferences (n=60)	42%
Webinar online presentation (n=60)	57%
Satisfied (somewhat or very) with documentation if used	
All county snapshots (n=58)	78%
Rankings glossy report(n=56)	86%
Your individual county snapshot (n=55)	80%
Full Report (n=56)	84%
Pre-release teleconferences (n=35)	63%
Webinar online presentation (n=26)	65%

Media

Of all respondents, 32% reported that they or their staff had met with or talked to journalists, reporters, or others from the media regarding the 2006 *Rankings*. Only one of the local non-county health officers or consortia epidemiologists reported media contact, and this interaction was with a newspaper. Of the 42 county health officers, 19 reported one or more media contacts. Eighteen contacts were reported with newspapers, five of which were initiated by the health officer. Seven contacts were reported with radio, two of which were initiated by the health officer. Two television contacts were reported, one of which was initiated by the health officer.

The majority of respondents felt somewhat or very prepared to meet with or talk to the media about the *Rankings* (60%), the health care measures and results (63%), the health behavior measures and results (63%), the socioeconomic measures and results (58%), and other public health issues (69%). Nearly half believed that at least a quarter of their county or local health board members saw the *Rankings* in the media (46%) or believed that at least a quarter of their county or local health board members are influenced by the *Rankings* (41%). The large majority (85%) agreed that, in general, public health officials can influence how health issues in their counties are covered by the news media, and a similar proportion (87%) agreed that the media influences policy maker actions.

Impacts of the Rankings

A majority of respondents believed it was somewhat or very likely that the *Rankings* increase media awareness of health (66%) and promote local programs and policies (55%). However, many respondents were unsure about the likelihood of other potential impacts of the *Rankings*, such as influencing the allocation of funding and improving health care quality, socioeconomic factors, or individual behaviors (Table 5).

Table 5: Potential impacts of the *Rankings*

	Somewhat or very unlikely	Neither likely nor unlikely	Somewhat or very likely
Increase media awareness of health	17%	17%	66%
Promote local programs and policies	20%	25%	55%
Influence the allocation of funding and resources	37%	42%	22%
Promote funding for local health assessments	37%	37%	27%
Improve health care quality	35%	45%	20%
Improve individual health behaviors	38%	42%	20%
Improve socio-economic factors	43%	47%	10%
Improve the physical environment	44%	36%	20%
Improve health outcomes	28%	40%	32%

Additional feedback

We also asked respondents to provide additional comments or suggestions for improving the *Rankings* in the future. These additional comments fell into four categories and are included in the Appendix.

1. *General comments*
   Respondent comments included suggestions to improve the environmental health indicators and increase the visibility of the *Rankings* report throughout the year. The measures of the physical environment used in the *Rankings* are currently being reviewed in an attempt to identify additional meaningful measures to be included in this section of the *Rankings*. Another respondent stressed the need for better data and larger sample sizes across the state. While we use existing data sources and do not collect original data to be used in the *Rankings*, we hope that the *Rankings* helps to draw attention to the need for expanded data sets across the state.

2. *The inclusion of data for local (non-county) health departments*
   The City of Milwaukee was included along with the 72 Wisconsin counties in the 2006 *Rankings* as a step towards making the report more useful to municipalities across the state. We will continue to examine the availability of city-level data for other areas of the state for potential inclusion in future editions of the *Rankings*.

3. *The release of the Rankings and interpretation and communication of results*
   Respondent comments included a suggestion to add information on the years of data used for each measure to the County Snapshots; we will examine the possibility of incorporating this information into the Snapshots for the next edition of the report. Another respondent questioned the comparability of the *Rankings* from year to year. The *Rankings* are intended as an annual picture of the health and health determinants of Wisconsin counties and because of changes and improvements to methods and measures they are not necessarily intended to provide a longitudinal overview of county data. We will add documentation to our website summarizing the changes and adjustments that have occurred in the *Rankings* from year to year in order to assist with interpretation. The County Snapshots do provide a longitudinal display of mortality outcomes in each county.

4. *Concerns about data for counties along the state border*
A few respondents expressed concern regarding the reliability of data used in the *Rankings* for counties located along the border with Minnesota, especially for health care measures. The health care measures included in the 2006 *Rankings* are based on population-based surveys and comprehensive Medicare data. These data capture services received both in Wisconsin and outside of the state. Therefore, the health care measures, and the data for other *Rankings* measures, are as reliable for border counties as they are for the remaining counties across the state. We recognize that the comparability of health care measures for border counties is a concern for some other health care data sources and will keep this point in mind as we search for additional measures to include in the health care section of the *Rankings*.

SECTION TWO – CAPACITY, PROGRAMS, AND POLICIES

Capacity

Health officers were asked to rank the importance, from very important (5) to very unimportant (1), of five health department measures in terms of their effect on public health capacity. All were considered to be important, and total funding per capita was considered the most important (Table 6).

Table 6: Importance of local health department capacity measures (n=51)	
Total funding per capita	4.5 (of 5)
Funding per capita from local taxes	4.4
Number of full-time equivalent staff per capita	4.3
Information technology capacity	4.1
Certification level	3.5

Activities

Health officers were asked about the frequency with which they or another representative of the health department had engaged in certain public health policy-making activities in the past year. Frequency of activities ranged from "very often" (5) to "never" (1). Most activities were undertaken "sometimes" while health department representatives "regularly" communicated with officials regarding proposed legislation, regulations or ordinances and participated on local boards or advisory panels responsible for public health policy (Table 7.)

Table 7: Frequency of public health activities undertaken by local health department staff	
Communicated with officials regarding proposed legislation, regulations or ordinances (n = 51)	3.6 (of 5)
Participated on local boards or advisory panels responsible for public health policy (n = 51)	3.6
Worked with the media to inform public health policy (n = 51)	3.4
Worked with a community coalition to develop a community health improvement plan (CHIP) (n = 50)	3.4
Worked to influence or create health policy regarding school health (increasing hours of physical education, healthy vending machine options, etc.) (n = 51)	3.2
Appeared before a civic group to speak about public health issues (n = 51)	3.2
Worked to influence or create health policy regarding regional planning (walking and biking paths, street lighting, etc.) (n = 50)	3.0
Provided technical assistance for drafting proposed legislation, regulations, or ordinances (n = 51)	2.6
Prepared issue briefs for local or state policymakers (n = 51)	2.6

Customer Satisfaction

Health officers were asked if customer satisfaction surveys were conducted at their health departments. Those who responded "yes" were then asked about the programs and services for which they conducted customer satisfaction surveys. Of the 43 respondents, 72% (n = 31) said their health department does conduct customer satisfaction surveys. Programs and services for which surveys were conducted are displayed in Table 8.

Four health officers each mentioned reproductive health/family planning services and general public health services. Two respondents each mentioned adult health screenings, injury prevention programs, emergency preparedness activities, and all services and programs. Customer satisfaction surveys were conducted at one health department each, according to respondents, for the following services and programs: child passenger safety, environmental health, weights and measures, responsiveness of reception staff, hospice, unwanted prescription drug disposal and a fitness challenge.

Table 8: Programs and services for which customer satisfaction surveys were conducted	
Program or Service (n = 31)	*Number (%)*
WIC	15 (48%)
Maternal and child health, and prenatal care coordination	12 (39%)
Home/personal health care	10 (32%)
Immunizations	8 (26%)
Birth to Three	5 (16%)

When asked whether customer feedback was used to implement program and service improvements, 81% (n = 35) of respondents said yes.

Programs and Policies

Health officers were asked which health policies and programs in their counties had the greatest impact on the health of their communities. Thirty-nine health officers listed the health programs and policies they thought had the greatest impact on the population they served (see Table 9). The policies and programs most often identified as having the greatest impact were immunizations and environmental health.

Table 9: Health policies and programs that health officers believe had the greatest impact on the health of their communities	
Health programs and policies (n = 39)	*Number (%)*
Immunizations	18 (46%)
Environmental health: air, water and food safety, lead poisoning screening and prevention, animal control and licensing/inspections	17 (44%)
Maternal and child health, and prenatal care coordination	14 (36%)
Communicable disease: prevention, control, surveillance, and follow-up	13 (33%)
Tobacco control and prevention, and smoke-free policies/ordinances	13 (33%)
WIC	12 (31%)
Wellness, prevention and health promotion (general)	10 (26%)
Nutrition and physical activity	6 (15%)
Health screenings, including the Wisconsin Well Woman Program	6 (15%)
Personal health care/home health care	5 (13%)
Emergency preparedness	5 (13%)
Dental/oral health: fluoride, sealants, oral health care	5 (13%)

In addition to the policies and programs listed in Table 9, other programs and policies mentioned by less than five respondents as having the greatest impact included school health policies, reproductive health/family planning services, injury prevention activities, human health hazards services, Community Health Improvement Plan (CHIP) initiatives, the Birth to Three program, funding and legislation, and agent programs (Department of Health and Family Services, Department of Agriculture, Trade, and Consumer Protection, Department of Natural Resources, and Department of Corrections).

Finally, respondents were asked to provide comments and suggestions on incorporating county-level health programs and policies into the *Rankings*. Nine health officers gave feedback to this question with a majority of the respondents believing that county-level policies and programs are incomparable due to lack of standardization.

- Four health officers said programs and policies would not be comparable due to differences in staffing and funding, organizational differences, and differences in how programs and policies are defined and implemented.
- Two city health officers noted issues with city versus county level data. Some policies are written at the local versus the county level. Furthermore, lack of city level data in the *Rankings* makes it difficult for city health departments to determine which program and policies changes are improving the health of their populations.
- One respondent suggested linking commonly offered maternal and child health programs (WIC, reproductive health, prenatal care coordination, etc.) with prenatal and birth outcome indicators.
- One health officer mentioned including population size, agent status and certification level in the *Rankings*.

Conclusions

Rankings feedback

The *Rankings* continue to receive widespread exposure among local public health officials, with high reported levels of satisfaction and usefulness. Additional efforts should be made to make sure that all interested parties are aware of the numerous documents and information resources associated with the development and release of this annual report. Changes made based on feedback received in previous years – such as the availability of detailed county data in the *Snapshots* – have been well received. However,

additional efforts to describe the data included in the report, assist in the interpretation and communication of local results, and investigate the potential for including additional non-county units may be helpful to local communities. The feedback received from the survey will serve as a valuable resource during the development of the 2007 *Rankings*, as well as future editions.

Health department capacity, programs, and policies

Overall, Wisconsin health officers thought that local health department measures are an important element of public health capacity. Respondents identified a variety of programs or services as having the strongest impact on their local community.

The responses from health officers suggest that more research is needed before measures of county-level capacity, policies and programs can be incorporated in the *Rankings*. Currently, it is difficult to make comparisons across jurisdictions due to lack of standardization in reporting activities and outcomes, defining programs and services, and implementing and enforcing policies.

Future efforts to define, measure, and evaluate evidence-based public health policies and programs at the local level in Wisconsin must involve all local public health system partners. Health determinants are influenced by policies and programs administered not only by local health departments, but also by schools, hospitals, local providers, human services, sheriff's departments and other partners. Also, the health benefits of local policies and programs may not be confined within city and county borders. For example, environmental policies, smoking ordinances and health education campaigns may help, or hinder, neighboring communities.

References

1. Centers for Disease Control and Prevention (2006). Multi-state learning collaborative for performance and capacity assessment or accreditation of public health departments. Retrieved on March 12, 2007 from http://www.cdc.gov/nceh/ehs/EPHLI/Resources/MLC_Performance_and_Capacity.pdf

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Appendix: Rankings Feedback User Comments

1. *General comments*

- Improve the environmental health indicators. (I realize that this is easier said than done!)
- Rankings is an important effort and document and deserves more attention at state and local levels and in the media. Rankings should be fully integrated into the local community health improvement process and Healthy Wisconsin 2010 goals. The report should be more visible to the public throughout the year rather than being rolled out for a brief time and then fading away.
- The rankings report is much improved over previous years. I participated in the pre-release teleconferences, which were well-organized and obviously taken seriously. I believe the focus of the report on the full spectrum of factors that influence health is very important and much needed, and I think the presentation of the data is clear and generally concise. Overall, I think you've done an impressive job with the data available to you. So it is with some disappointment that I indicate on my survey that the impact of the rankings report in my area is probably quite modest. It's hard to champion the data when so few county residents are sampled in the statewide telephone survey, some health care indicators are based only on the Medicaid population, and several indicators within the physical environment rely on dated data. To be honest, I don't think WI needs a rankings report each year. I think more time (and money) should be spent collecting better data on larger samples.
- The Ranking document has become more user friendly since its first release. The county snapshots are very useful from a local perspective. When the rankings are released generates media interest around public health, strengthening an already good relationship with our local media.

2. *The inclusion of data for local (non-county) health departments*

- It would be helpful to have City data. Our community rests within the border of [multiple] counties so the data is not useful.
- The Rankings mean very little to a municipal health department located in Milwaukee County. The municipal health departments need city data.
- The *Rankings* would be of much greater use if available to reflect my LPHD. Not a county HD.

3. *The Rankings release , and interpretation and communication of results*

- I still do not have a clear understanding of what the Rankings mean.
- They are very difficult to read. It takes a lot of time to really understand what they are saying.
- The changes in information support have been very helpful. Still need some improvement on information on why changes occur up or down to explain to officials and the media.
- Guide to interpreting the rankings should be very specific.....#1 county is the healthiest county etc.
- I am still dissatisfied with the way the snapshot of counties is presented. Generally the county board members or public will not look at where the data came from, how it was obtained etc. Some of the data used is from a 5 or 10 year average, some from the 2000 census etc. When you look at the snapshot for your county and the statements made about it strengths and weaknesses some of this may have improved in the past two years because intervention has progressed but when you list that factor as a weakness for the county it appears that our efforts are not working because it may be data from several years ago averaged. It potentially affects funding into that program because funding sources especially county government may feel that this is from the previous year data. I would feel better about the snapshot reports if you would list the years the data represents so individuals know it may be a 5 year average, etc or from the 2000 census and not from last year. A snapshot is a point in time but lets make sure if clearly reflects which point in time we are referring to for the data.
- I don't feel they have been comparable year to year and individual rankings gives the casual reader the impression there are significant differences between counties where none exist. I think individual counties would appreciate a more detailed look at the data, data sources to help understand the ranking and why or why not they can influence improvement.
- The document seemed fine. I should have studied it right away, however, because I felt unprepared for phone calls I received even though I had been on the teleconference. [Maybe it would be helpful for counties at the top and bottom of the *Rankings* to receive a personal call from staff to help them be better prepared for media calls.]

4. *Concerns about data for border counties*

- It would be helpful to understand what statistics go into the rankings. We are a border county with Minnesota so some statistics are included and some maybe missing (changing the results). Not all injury data for patients treated in Minnesota gets included in our statistics, for example, if someone was transferred to the Level I trauma facility - Regions - which is closest to Western Wisconsin. The report is excellent and very useful.
- Our county is on the border with Minnesota. Data you collect is not accurate for us because you do not have access to this state's information. For example, we will always be rated low for access to hospitals/health care because our county has no hospital. Yet, our citizens have access to some of the best care in the country directly across the border and do go there...yet that is not reflected in your information. I think your collection of subjective info from individuals on how well they feel or how active they are isn't very scientific. Each year can look differently depending on how someone felt the day they filled out the survey or whether they were honest or not. I have never found this information to be of any use to me in my work out here. I think the money you get for this could be spent on better collection methods for this data. I'm sorry to be so harsh, but I'm not a fan of this ranking data. I never share it with BOH members or the media because it is not accurate information for our area. I would not use it for our community needs assessments either because I just do not trust the data.