

Initial Report

Last Modified: 02/11/2014

1. Indicate your level of agreement with each of the following statements. I would like the 2015 HIP Survey planning process to include:

#	Question	Strongly Agree	Agree	Disagree	Strongly Disagree	Do Not Know/ Not Sure	Total Responses	Mean
1	A new team (not the current HIP Coordinating, Implementation and Washtenaw County Public Health Hip program staff teams) to advise and manage survey development and reporting.	2	3	14	4	13	36	3.64
2	A satisfaction survey completed by HIP partners (this was done in 2010).	9	22	1	0	4	36	2.11
3	An on-line feed-back form accessible from the HIP Survey website.	8	25	1	0	1	35	1.89

Statistic	A new team (not the current HIP Coordinating, Implementation and Washtenaw County Public Health Hip program staff teams) to advise and manage survey development and reporting.	A satisfaction survey completed by HIP partners (this was done in 2010).	An on-line feed-back form accessible from the HIP Survey website.
Min Value	1	1	1
Max Value	5	5	5
Mean	3.64	2.11	1.89
Variance	1.49	1.30	0.52
Standard Deviation	1.22	1.14	0.72
Total Responses	36	36	35

2. What are strengths of the Health Improvement Plan (HIP) Survey? (Strengths are characteristics of the project that give it an advantage) Example questions to ask yourself: - What does the survey do best? - What do stakeholders think the best qualities of the survey are?

Text Response

produces a statistically representative sample that can be generalized to the whole county ; uses questions that can provide comparison to other counties, state and nation

Comprehensive, local data on health outcomes, behaviors, beliefs, and environmental factors

Provides county level subpopulation data not otherwise available for broad public health promotion/prevention planning.

Provides local direction & measurements on key indicators. Allows for Washtenaw specific focus area to be explored in greater detail. Enhances funding and grant opportunities.

The county-level data is really important to have recent, local information to compare to state and national data.

The survey collects local health data.

Provides randomly collected health data that is 1. the best affordable data 2. statistically significant 3. the survey is implemented by someone better able to do it well.

Baseline countywide data from a reputable source that we can cite in our work and help guide our agency.

Does a good job supporting the team's programs.

Important snapshot of our communities and county.

That it gathers county-wide data and can be used to compare the health status of diverse populations

Provide useful information on demographics and trends for our area - grant seeking use, program planning use

It allows for national, state and county comparisons; allows for the inclusion of questions chosen by HIP partners (it is an inclusive process); repeatedly includes many identical questions each survey thus revealing key trends; has an online-searchable database of the questions each sortable by several population characteristics; will automatically generate data charts/ graphs so users don't have to; provides easy access to community health data for writing grants (grantors favor RFP's containing data that is as local, specific, and ongoing) which I believe provides a substantial advantage for being awarded competitive funds; I love HIP's county-wide long-term health improvement objectives (which we could not have without the HIP Survey) because they are great impact/outcome measures for strategic planning and evaluation efforts and they can be shared across partnerships (they also unify organizations around the same measurable outcome).

See variations within the county; pinpoint dramatic changes and trends, alert health groups to problems new and old, suggest priorities

community partners

That we can get localized data about Washtenaw County, on a broad range of topics.

It reflects trend data

identifies health issues; tracks progress of HIP objectives; provides an understanding of health disparities

Provides county-wide data on major health issues, including demographic data.

Asking the same questions each time allows us to see change over time. The survey is based on the BRFSS which is a nationally reputable survey. The BRFSS questions are valid and reliable.

The survey is planned by many partners, funded by multiple agencies. The survey results are available online. The HIP survey website is very easy to use. The results have allowed organizations to apply for and receive many grants. t

Local data collection. Its more meaningful than looking at the county in its entirety. Access to the data is very good. I like being able to cut the data multiple ways.

bring a wide group of stakeholders together. collects data we can depend on

1. The survey provides a wide range of health topics. 2. Data can be sorted in different demographic groups like age, income, etc. 3. Pretty much the same survey is done every 5 year so that data can be compared to look for trend (down or up). 4. Many of the questions are also included in the Michigan and US survey so that local data can be compared to broader groups.

I love the fact that the mental and physical health questions (9 or more. . .days per month) and other questions can be used by organizations to cross compare populations

Provides some nominal information regarding women and infant health which are clear and historical markers for society health

Longitudinal trend data, comparability with state and federal data.

It captures a snapshot of risk factors and diseases of the county and some subgroups, it provides trend data, it has helped secure funding for some successfully projects in the county,

Provides historical and current health data for county populations.

Statistic	Value
Total Responses	28

3. What are weaknesses of the Health Improvement Plan (HIP) Survey? (Weaknesses are characteristics that place the project at a disadvantage) Example questions to ask yourself: - What problem(s) does the survey always seem to have? - What can survey planners do better? - What do I always complain about when talking to others about the survey? - What do stakeholders perceive to be survey weaknesses?

Text Response

achieving a representative sample of vulnerable populations and emerging racial groups
Methods! Lots of concern over the 2010 survey being done over landline only. Stakeholders do not feel the survey reaches a representative sample population by using only landline surveys. You can't include every subpopulation of interest and minority populations may be not included at all due to small numbers. It is adult focused.
Cost of completeing the survey.

The survey methodology only allows for English-language surveying, which may leave out some vulnerable populations' responses. The HIP also doesn't oversample some of the smaller sub-populations, such as Latinos, to get sufficient numbers for subpopulation comparisons. I also always wish the HIP survey could happen more frequently than every 5 years. Is there a way to ask whether a respondent is a student at UM, EMU, or WCC, as a "student" subset of the population? For example, binge drinking data may be skewed for the greater community due to this subpopulation.

We have concern about collection methods with the advent of cell phones that aren't connected to people in our service area (for whatever reason) selection bias due to selection methods. Reports are challenging and getting the data into usable formats for general population has not been effectively addressed.

No cell phones. Basically doesn't make the sample any good-- we wrote off much of the 2010 results knowing it had cut off tons of demographics in this community (by age, class, etc)

Complete neighborhoods are left out.

Data collection - conducting the survey through landline telephones misses a lot of potential respondents.

Some of the questions seemed to be driven by the agenda of the WCPH staff and don't seem to gather a "real" picture of county health. For example, there is lots of focus on whether people have access to exercise, sidewalks with curbs, but less focus on why people can't exercise or have access to healthy food. It might be helpful to educators to ask questions about school performance and if this is tied to access to healthy food.

not sure

I do not believe the data is being used nearly enough because there is a great lack of awareness of the data and how it can be used. To combat this, I suggest forming a media/communications task force whose goal is to develop and implement a comprehensive communication process to increase awareness of and use of the data. The best example of who has really capitalized on using the data to its fullest is the 5 Healthy Towns Project. HIP data and the objectives are consistently used and referred to in their work and they are now measurably improving the health of their target communities. I also believe that current partners and funders are not doing a good enough job of familiarizing themselves with and

using the data, including promoting it within their own organization. The ownership needs to be not only with WCPH but with its funding partners and others. Funders and partners need to be spreading the word about the data within their organizations - have a seminar and go over both the online database and the plethora of data presentations already developed and available. partners should be using the data in their goal setting, in their program evaluation efforts, etc. no room for promotion of prevention as too many mandatory questions on chronic health problems, difficult question wording
reliance on phone lines

1. Current regions (A2, Ypsilanti, W. Washtenaw) are not that illuminating--particularly "rest of county" seems useless. 2. Use of land lines a big problem

The most recent survey skewed to an older population due to land-line only calls

Are we reaching a representative sample by using phones? Glad we are adding cell phones this time because so few people have landlines. Are there other survey methods to reach mother people?

Not enough data collected on senior health, mental health, and substance abuse data. Include more age categories.

It can be difficult to get respondents from some groups in the county. A 2010 weakness was no cell phone sampling; this will be solved in 2015. Planners could better roll out results to community groups and the public. We could hold community conversations regarding results and record input from community as qualitative data.

It takes too long to decide on questions.

How sure can we be that the data is a good representation of all (some data just doesn't seem right to some groups)?

It may not reflect the diversity that exists; phones are becoming harder to sample; I wish the database allowed multiple combinations of factors instead of just 2 -- i.e., race and income, or gender and poor mental health days. How about gender and age and poor mental health days?r and

need more information on maternal and infant health including those stratified by race, class (if possible); also need more mental health data stratified by gender, race, class.

Lack of granular data, neighborhood level data, too few ethnic groupings, inability to capture transient and homeless populations, inability to run multiple cross-tabs from website.

not enough or no sampling of racial/ethnic groups, missing populations due to surveying land lines, survey is only in English, data not user friendly for community/grass roots agencies, SPSS data set not user friendly. Hip data not accessible to community members. Lack of strategic stakeholders at the table. Descriptive discussion to go along with chart data.

Statistic	Value
Total Responses	26

4. What are opportunities for the Health Improvement Plan (HIP) Survey? (Opportunities are elements that the project could exploit to its advantage) Example questions to ask yourself: - What external changes or advances can we use to move the survey forward? - Where do stakeholders want the survey to be in five years? - What new sectors, organizations, or partners could be at the table?

Text Response

internet based surveys; having county results more often than every 5 years; involve under-represented groups in the planning; 65% of adults employed at UM/UMHS live in Washtenaw County ; find ways to overlap with this population and UM/UMHS efforts

Changes in technology mean we have new ways to get in touch with people, and hopefully reach a broader segment of the population

The ACA incorporates local assessment expectations for health systems.

Provide community and stakeholder focus on long term trends and emerging challenges.

The HIP can capitalize on the needs of each health system in the county to create their own community health needs assessment and implementation plan by changing its surveying timeline to match that of those reports (every three years). If this happens, it is because those health systems NEED that data, and therefore, the HIP could leverage funding from them to offset the costs of conducting the survey more often. The survey could also be administered online as well. Maybe a random sample of people in the community could get an access code mailed to them, for them to take it online, which would retain some of the randomness of the sample? And others could be invited to participate, but have their answers weighted appropriately for self-selecting survey-takers?

Increasing awareness in advance of the survey so people are more likely to let themselves be surveyed than a cold call. We don't want too many changes to the questions to prevent loss of trending opportunities.

Work more with partners to figure out key questions they've needed/wanted data on but haven't had the capacity to-- maybe each gets to write one additional question.

Include new sectors previously left out of the process.

Is this survey providing us with the most in-depth look at health disparities in Washtenaw County? Are we asking the right questions to identify gaps in access to better health?

Not sure

Identify more resources to allow for oversampling more minority populations. Or, supplement the HIP Survey with health assessments using other formats/methods to reach specific minority groups. Getting organizations to consistently be at the table is challenging. HIP partners need help identifying how to go about getting and maintaining new partners. Of course I would say that assessing health needs at the neighborhood level is helpful....the question is, how to do it and where will the resources come from? Regarding the team that works on developing the HIP Survey instrument and process - WCPH has a history of being open-armed with a philosophy of community-based participation. The key is getting and keeping individuals engaged. I think that identifying some cherry-picked individuals to participate in the existing team would be a great idea. Let the goals of the task force drive who to invite.

include somehow if possible Latino/a heritage as a category, more on health promotion/logistics to accomplish this like farmer's markets, access...

we could add computer surveys

I think probably fewer questions are needed--what areas could be cut?
 Some of the questions that have been asked for several survey cycles include language that may not be relevant today or perhaps could be better explained.
 We could invite United Way and Catholic Social Services to the planning table. We have a real opportunity to improve our survey methodology this round (add cell sampling and possibly mixed methods). We could align survey schedule with CHNAs due every 3 years.
 It could be expanded to other regions - opportunity to spread the overhead cost of developing perhaps. I would like to see it done more often, every 2 or 3 years. In the new world of accountable care, there may be more organizations that will want to use this data for their planning purposes.
 If the survey could be done every year, that provides the opportunity to watch trends more closely and also provides opportunity to more statistical analysis including multivariate analysis. Questions related to how well the data represents the population could be addressed with the more intense statistical analysis. Clearly the cost is what inhibits a yearly survey, so the opportunity could only be realized if a novel survey method could be found.
 In my opinion, violence against women -- and possibly gun violence -- is a public health issue and should also be measured
 Not sure
 School of Public Health and other schools/students can be involved to help strengthen survey design and methodology, and also to help analyse the data.
 utilizing other community partners (UM & EMU students, businesses, etc.) to help defray the cost, plan, implement and analyze data, making the data very accessible (on website and through distribution on user friendly reports)
 To have working partners at the table that are capable of doing the day-to-day work of making survey process more effective.

Statistic	Value
Total Responses	23

5. What are threats to the Health Improvement Plan (HIP) Survey? (Threats are elements in the environment that could cause problems for the project) Example questions to ask yourself: - What are other counties doing that we are not? - What obstacles stand in the way? - What technology and other resources are available, but, not in use? - What potential economic and/or social changes can hinder the process?

Text Response

AGain, web based survey technology; sharing results across organizations in an efficient way while maintaining confidentiality

Population changes, difficulty in reaching a representative sample due to changing technology
Hard to do cost effective phone surveys now with cell phones so common. There seems to be less support for population data collection including the census.

Lack of funding. Cell use does not allow for capture of key audience groups. Small cohorts can lead to widely fluctuating results. (see last comment) Develop a panel of potential online survey respondents (see comment below)

This survey is only conducted by telephone, and not in person or by conducting targeted outreach to specific communities.

Financing the survey

Challenges in identifying the representative population with the loss of landlines. The cost of the survey is high, but stakeholders need to be reminded that cost is spread over 5 years. We need press buy-in for increasing awareness before, during & after the survey. What are other counties doing? I have no idea.

If cell phones aren't widely included, then the data in 2015 will be useless.

Communication still is a problem.

Not developing a survey that is relevant to the needs of the community and gathering data that health care providers and other community organizations can utilize to improve their services and ultimately the quality of life and health status of the people that they serve.

not sure, maybe be able to compare results easily with other counties in Michigan, other counties of similar size?

Well, the PPACA legislation around the now required CHNA/Implementation Plan, and now National Public Health Accreditation for health departments, has, if anything, only further solidified the need for ongoing monitoring of community health needs and then collaborating to improve community health. In addition, health care transformation and reimbursement changes are prioritizing the prevention and management of disease. So, from an societal and economic standpoint, public health approaches are being favored and recognized as part of the solution. These factors only strengthen the importance of community health surveillance at the local level. Our county partners have not successfully agreed to "adopt" as formal health outcomes any of the county health improvement objectives. I think that we are missing an opportunity to work towards common measurable health improvement goals by not doing so. Going forward, let's do this. But how? UM and UMHS have a body of students who could be of great help both from Biostats assistance, IT assistance, conducting qualitative data, analyzing data, etc. Let' more fully engage this asset in our HIP Survey and public health surveillance process than we are currently. Let's think outside the box on how to do this so that WCPH is not unfairly

saddled with the burdens of CHNA and Implementation planning.
 The dreaded cell phone dilemma with people who do not have land lines, we might lead with questions about healthy eating past current ones
 lack of resources to pay for everything we would like to do
 Change from land lines to cell phones with limited minutes
 Will be interesting to see with the inclusion of cell phones if the sample is more representative of the community
 As above, what other survey methodologies are available?
 If landline phones continue to be used to conduct the survey, the survey will no longer be effective as it will exclude major demographic groups
 It would be great if we could fine-tune the questions about insurance coverage to find out who is accessing ACA and who is not and why
 Not sure
 Resources, heavy burden on county epidemiologists to crunch all the data.Do
 limited financial resources,
 Short work bench. Funding. Community, academic, and other resouces available but not utilized.

Statistic	Value
Total Responses	23

6. Indicate your level of agreement with each of the following statements.I would like the 2015 HIP Survey reports to include:

#	Question	Strongly Agree	Agree	Disagree	Strongly Disagree	Do Not Know/ Not Sure	Total Responses	Mean
1	County-wide outcomes	23	13	0	0	0	36	1.36
2	Outcomes by regions (Ann Arbor, Ypsilanti, Western Washtenaw, etc.)	24	10	0	1	0	35	1.37
3	Outcomes by school districts	14	14	2	1	4	35	2.06
4	Outcomes by zip codes	21	12	1	0	1	35	1.51
5	Outcomes by neighborhoods	15	10	6	0	3	34	2.00

Statistic	County-wide outcomes	Outcomes by regions (Ann Arbor, Ypsilanti, Western Washtenaw, etc.)	Outcomes by school districts	Outcomes by zip codes	Outcomes by neighborhoods
Min Value	1	1	1	1	1
Max Value	2	4	5	5	5
Mean	1.36	1.37	2.06	1.51	2.00
Variance	0.24	0.42	1.64	0.67	1.45
Standard Deviation	0.49	0.65	1.28	0.82	1.21
Total Responses	36	35	35	35	34

7. Are you currently involved with HIP programs (Community Health Committee, Implementation Team, Coordinating Committee)?

#	Answer	Response	%
1	Yes	23	64%
2	No	12	33%
3	Do Not Know/Not Sure	1	3%
	Total	36	100%

Statistic	Value
Min Value	1
Max Value	3
Mean	1.39
Variance	0.30
Standard Deviation	0.55
Total Responses	36

8. If you currently are not involved with HIP programs, indicate why. (Select all that apply)

#	Answer	Response	%
1	Meeting time is not convenient.	4	31%
2	Meeting location is not convenient.	2	15%
3	Meeting agenda/discussion not relevant.	0	0%
4	Do not know/Not sure	2	15%
5	Other (specify)	8	62%

Other (specify)

My skills and interests are not particularly relevant
 personal time constraints
 Never been invited directly.
 Does not feel inclusive
 no information
 Other U of M staff are involved in HIP
 organizational capacity too low to expend on outside meetings
 Am very busy in two job roles

Statistic	Value
Min Value	1
Max Value	5
Total Responses	13

9. Indicate your level of involvement with HIP programs.

#	Question	I currently attend	In the past I have attended	I have never attended	Do Not Know/ Not Sure	Total Responses	Mean
1	Community Health Committee (CHC)	17	16	3	0	36	1.61
2	Implementation Team	7	9	18	1	35	2.37
3	Coordinating Committee	9	6	17	3	35	2.40

Statistic	Community Health Committee (CHC)	Implementation Team	Coordinating Committee
Min Value	1	1	1
Max Value	3	4	4
Mean	1.61	2.37	2.40
Variance	0.42	0.71	0.95
Standard Deviation	0.64	0.84	0.98
Total Responses	36	35	35

10. What are trends of the Health Improvement Plan (HIP) Survey? (Trends are aspects that look toward the future) Example questions to ask yourself: · How do stakeholders want to receive reports, fact sheets, updates about the survey? · Do stakeholders use the survey data more or less than they did in past years? · How are data tracked and analyzed year by year? · What are the benchmarks? · Are there any recent changes to the survey data population?

Text Response

racial and ethnic makeup of the county is changes as well as age of the population overall ; use HIP and partner organization websites to disseminate county level HIP data and health information such as fact sheets and reports

Trend data is very valuable to stakeholders, as is the ability to break the information down by geographic area, age, race, education, income, etc.

Via internet is most common way to access data and updates/analyses.

Post the raw survey results online, preferably behind an email request so that recipients can be tracked/ contacted. Hold a contest for public health students and others on the community to analyze and present on the data.

There is a trend in this community to want more social determinants data as it relates to health outcomes. Individual organizations focusing on specific issues always want questions to be included that address their own individual issue. Is there a way to overlay demographic trends (aging population, increasing Latino and Asian populations) with HIP outcomes data?

There should be some form of 'elevator speech' report by topic area, geographic area, diagnosis area & so on.

Who chooses the data population drives the data collected.

Not sure

WCPH does a great job of annually collecting and reporting on numerous local health-related data sets, one being the HIP Survey. Maybe a communications task force can also include promoting these data sets as well as the HIP Survey? WCPH has even begun monitoring and reporting on relevant data from local hospitals (ex, suicide data). In the future, I believe it will be important to continue to incorporate more hospital data into the CHNA process. Idea: When new reports or presentations on the data are developed and posted to the HIP website, please share this using the CHC listserv - send some sort of data alert? This will be a great way for everyone to stay up with the latest and greatest. Please see other comments below.

I come to meetings so am informed and I worked on one of the questionnaire group topics so was well informed, need more now than ever to have this data

i don't know

I think the access to care information is really important

The most recent survey was difficult to use as the sample reflected only land-line users

Affects of increasing numbers of older adults on health issues.

We can look to New York City's BFRS process. They do it yearly. They use this survey data to evaluate their policy changes and programs.

I would like to receive updates via email. I use the data more than I did in the past years. I love the trended data. it is the most meaningful.

Given the increasing frequency of health issues in the good, data trends are becoming more important as facts to the general public. Worsening health stats are the prominent news item, but hopefully all the dollars spend on programs will begin to reverse the trend. Good news about health may actually cause many to join the good health groups (ok - if everyone else is losing weight, I guess I will too).

It is most practical to produce reports developed in way that is straightforward, simple, visually appealing (tables, graphs, charts, colors) consultation document format.

Do not know, but it would be good to know what these are.

user friendly and accessible reports, graphics/pictures, the community is becoming more diverse, more tech savvy

Current health disparities outcomes, from HIP Data, donot clearly and justly represent the lack of health equity across the county.

Statistic	Value
Total Responses	21

11. What other comments would you like to share about the HIP Survey?

Text Response

Very large investment, difficult to sustain.

Suggestion: I happen to be a member of the Gallup Panel. By learning about me and my responses to various surveys, Gallup can cheaply reach out and get timely info. I assume that they statistically adjust based on my reported demographic info. Each survey is tied to an identifier. Perhaps as part of the survey and ingoing a cohort could be recruited which would be willing to respond to online surveys. Gallup Panel Support email galluppanel@gallup.com or calling 1-888-297-8999

We depend on the data and expect it to be available for many years to come.

none

It is important to keep in the mind that our local BRFSS (HIP Survey), is modeled after the State and National CDC BRFSS in part so that we can compare WC results with other states and the nation. The CDC-based approach is designed to capture data from a representative sample of the general population, which means that oversampling of minority populations must occur in order to make the survey results of minorities valid/reliable. HIP partners currently have received partner funding to oversample African Americans and the western side of the county. I wish we could oversample both the north part of the county and the south so that these regions could stand alone. Since using the CDC/MDCH BRFSS approach requires additional funding to conduct over sampling of minority populations, perhaps there is a different route we, as a partnership can go in the future. I know we would all like to be able to over sample many more minority populations than are already done, but we need funding, or we can change altogether our approach to assessing community health needs. One idea: use only the free Washtenaw County BRFSS surveys (n=300, annual) that MDCH conducts for general population data, and then HIP partners can conduct other health assessments to reach specific minority populations such as the Chinese, Russian, etc. The pro's and con's of this need further investigation. What are other counties doing nationally? Regarding the SPSS dataset that available to funding partners only: since this is publicly owned and paid for data, why not make the SPSS dataset available to all? Anyone using SPSS will be familiar with the caveats of small cell sizes and its implications - besides, WCPH staff regularly presents data that is not statistically significant and small cell sizes anyway. Also, the current structure of the SPSS dataset could be modified to make it more user-friendly. Partners have resources and technical experts to help make this happen. Further, by making the set more user friendly, this may reduce the bottleneck of data analysis requests WCPH is burdened with. Let's continue to rid the barriers to community accessing of the data. Hey, this is all exciting..thank you for the chance to share!

I think it is a wonderful resource I have used esp with respect to my area of interest.

Comments above delve into some issues need think about.

none

It's a very thoughtful survey.

Trend data is great but some of the trends followed are perhaps not as relevant today and there should be more opportunity to break with some of that info to assess other more relevant issues

The results are always beautifully presented.

Create an effective HIP Survey team that works solely on the survey.

Statistic	Value
Total Responses	11