

“Did You Know?” Evaluation

Presented by

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Purpose of the “Did You Know?” Evaluation

- ❑ To quantify success of the project thus far, as well as any improvements that can be made to increase effectiveness and usability of the product and satisfaction of health department staff.
- ❑ Specifically, the survey was designed to determine respondent
 - **Characteristics**
 - **Preferences for email delivery**
 - **Preferences for content**
 - **Decision making with regards to clicking on links**
 - **Opinion on utility**
 - **Suggestions for improving product**

Methodology, Intended Audience, and Response Rate

- ❑ **Data was gathered through a survey and email metrics**
 - Survey Dates: August 23, 2011 – September 12, 2011
 - Email Metrics: February 11, 2011 to March 9, 2012
 - Metric tracking first began for emails on February 11, 2012
- ❑ **Intended Audience: state, tribal, local, and territorial public health agency staff (STLTs)**
- ❑ **Respondent Universe: ~3,000 subscribers positively identified as STLT staff by email address out of 9,700 total subscribers**
- ❑ **Response Rate**
 - Respondent Goal: 500
 - Final # of respondents: 230
 - Response rate: 46%

Respondents came from a variety of states and a majority were local health departments.

❑ **41 states and 1 territory/pacific island**

❑ **Jurisdictions**

- 76% local (n=175)
- 17% state (n=39)
- 6% tribal (n=14)
- <1% territory/pacific island (n=1)
- <1% could not determine (n=1)

Most respondents were leaders in their health organization.

78% were leaders (n=174) and of those:

- **58%** public health directors, and/or their deputies
- **33%** health officials and/or their deputies
- There were nine other leadership roles including:
 - Program directors, managers, or coordinators
 - Nursing administrators and/or supervisors
 - Division or branch directors and/or their deputies
 - Board of health members

24% were non-leaders (n=56) and of those:

- **17%** nurses
- **7%** emergency preparedness staff
- There were twenty two other roles including:
 - Administrative/clerical staff
 - Health educators
 - Environmental health staff
 - Epidemiologists

* Respondents could select multiple roles and hold a leadership and non-leadership role simultaneously.

**IS THE CONTENT APPROPRIATE FOR AND
REACHING THE INTENDED AUDIENCE?**

Most respondents believe that they are the primary audience for “Did You Know?”

□ Most frequent responses

- 87% Local public health professionals
- 75% Public health leadership
- 72% Healthcare providers
 - This could be due to the fact that many local health departments are healthcare providers.
- 41% consumers / general public

□ Public health professionals who did not think they were part of the primary audience for “Did You Know?”

- 43% tribal (n=14)

**WHAT ARE THE PREFERENCES FOR
DELIVERY?**

Respondents like the current delivery day and frequency.

□ Best Day

- 58% Friday (current delivery day)
- 16% Monday

□ Frequency

- 70% Once a week (current frequency of delivery)
- 11% once a month

**WHAT ARE THE PREFERENCES FOR
TYPES OF CONTENT AND TOPICS?**

Leaders want more strategies while non-leaders want more free resources and materials.

Most frequent responses by all respondents

- 74% Newly released data and statistics
- 73% Evidence-based strategies
- 65% New CDC guidelines and recommendations
- 49% Free resources and materials
- 47% Information relevant to my local community

Commonalities Between Top 5 Answers Among Leaders and Non-Leaders

Newly released data, evidence-based strategies, new CDC guidelines and recommendations, and information relevant to my local community

Major Differences in Top 5 Between Leaders and Non-Leaders

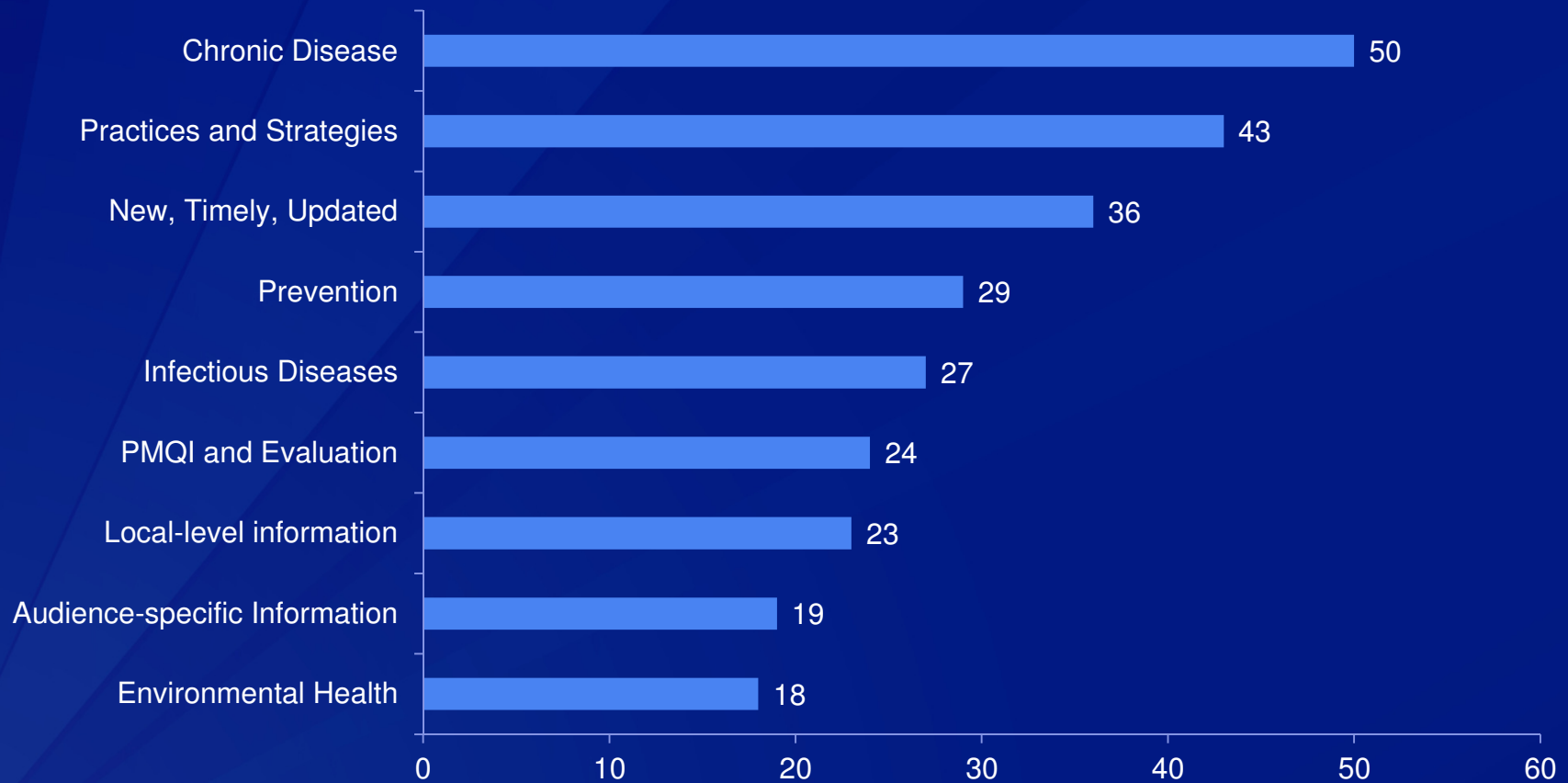
	Leaders (n=174)	Non-Leaders (n=56)
Evidence-based strategies	78%	57%
Information on what other jurisdictions are doing	51%	36%
Free resources and materials	44%	64%

Top 5 Content Types Respondents Would Link in Future Editions of “Did You Know?”

- Most frequent responses
 - 74% Newly released data and statistics
 - 73% Evidence-based strategies
 - 65% New CDC guidelines and recommendations
 - 49% Free resources and materials
 - 47% Information relevant to my local community
- Least frequent responses
 - 21% Upcoming events such as conferences, meetings, grand rounds, etc
 - 25% New journal articles and publications
 - 35% Updated policy information
 - 35% Workforce development materials including training
 - 40% Performance improvement information

Chronic disease information was of most interest.

What topics are you interested in seeing for "Did You Know?" in the future?
Topics where # Responses > 10 (n=183)



* Free response question

**WHAT MOTIVATES READERS TO
CLICK ON LINKS?**

Respondents and actual click data show a preference for link #1 and bullet #1.

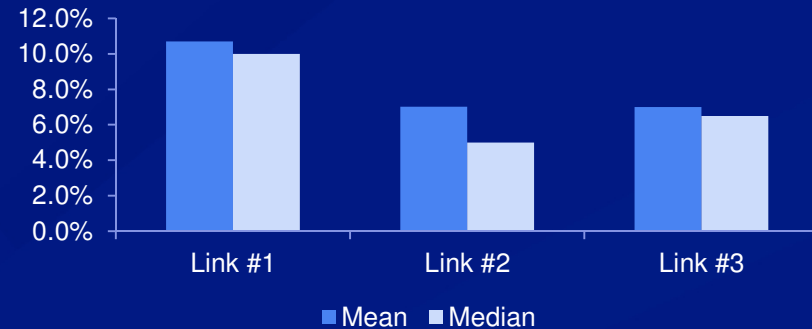
Click-through Rate controls for the number of emails opened each week which typically increases or decreases as the number of subscribers increase or decrease.

$\frac{\# \text{ Unique Link Clicks}}{\# \text{ Unique Email Opens}}$

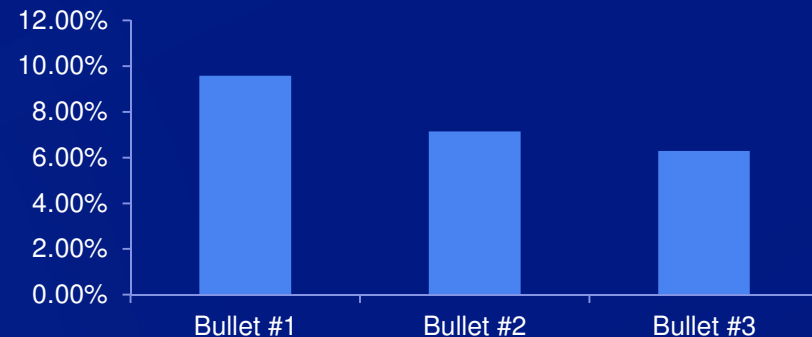
Number of survey respondents selecting a link declined as link position and bullet position declined.

- Link Selection by Link Position
 - **41.7% Link #1**
 - 21.3% Link #2
 - 22.2% Link #3
 - 14.8% Link #4
- Link Selection by Bullet Position
 - **49.1% Bullet #1**
 - 23.0% Bullet #2
 - 27.8% Bullet #3

Actual Mean and Median Click-through Rates by Link Position



Actual Mean Click-through Rates by Bullet Position



* See speaker notes for details on how this analysis was conducted.

**HOW DO RESPONDENTS USE “DID
YOU KNOW?”**

More than half of respondents have used “Did You Know?” to support or inform practices or policies.

60% have used “Did You Know?” to inform or support practices and/or policies at their work (62% of leaders and managers, 55% of non-leaders)

	Use	% of Respondents (N=100)
1	Used to Educate the Public	27%
2	Used to Prepare Materials	20%
3	Started, Changed, or Supported Internal Programs or Practices	20%
4	Shared with Task Forces, Work Groups, Committees, and/or Community Organizations	13%
5	Discussed or Presented to Board of Health	11%
6	Shared with Internal Staff	10%
7	Changed or Supported Internal Policy and/or Educated External Policy Makers	9%
8	Discussed with Other Public Health Leaders	6%
9	Evaluated Health Issues, Practices, or Policies	4%
10	Shared with Colleagues or Peers	3%
11	Used for Individual Professional Use or Knowledge	2%
12	Applied for a Grant	2%
13	Discussed with Elected Officials	1%

CONCLUSIONS AND OPPORTUNITIES TO CONSIDER

Opportunities to consider

- ❑ **Moving the most important content to the first link and first bullet**
- ❑ **Developing content that targets (or can be used by) multiple audiences, including the public**
- ❑ **Using these results to help characterize and understand Gateway users in general**
- ❑ **Continuing to provide:**
 - New data and statistics (preferably broken down by STLT jurisdiction)
 - Evidence-based strategies,
 - New CDC guidelines and recommendations.

Recommendations for further evaluation

- ❑ **Use findings to inform an evaluation of all / more OSTLTS communication products**
- ❑ **Conduct an A/B test to determine whether the preference for the first link and first bullet is caused by the link order, writing style, or content**

Limitations

- ❑ **Survey responses did not include non-subscribers, thus introducing bias**
- ❑ **Survey response rate was low which is typical for internet and email survey**
 - Dividing tasks into seven parts created small sample sizes for individual tasks which was in part caused by the lower overall survey response rate
- ❑ **Survey did not capture a large enough sample of tribal or territorial subscribers to draw conclusions**

Questions?

For more information please contact Centers for Disease Control and Prevention

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E-mail: cdcinfo@cdc.gov Web: <http://www.cdc.gov>

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



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