

“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

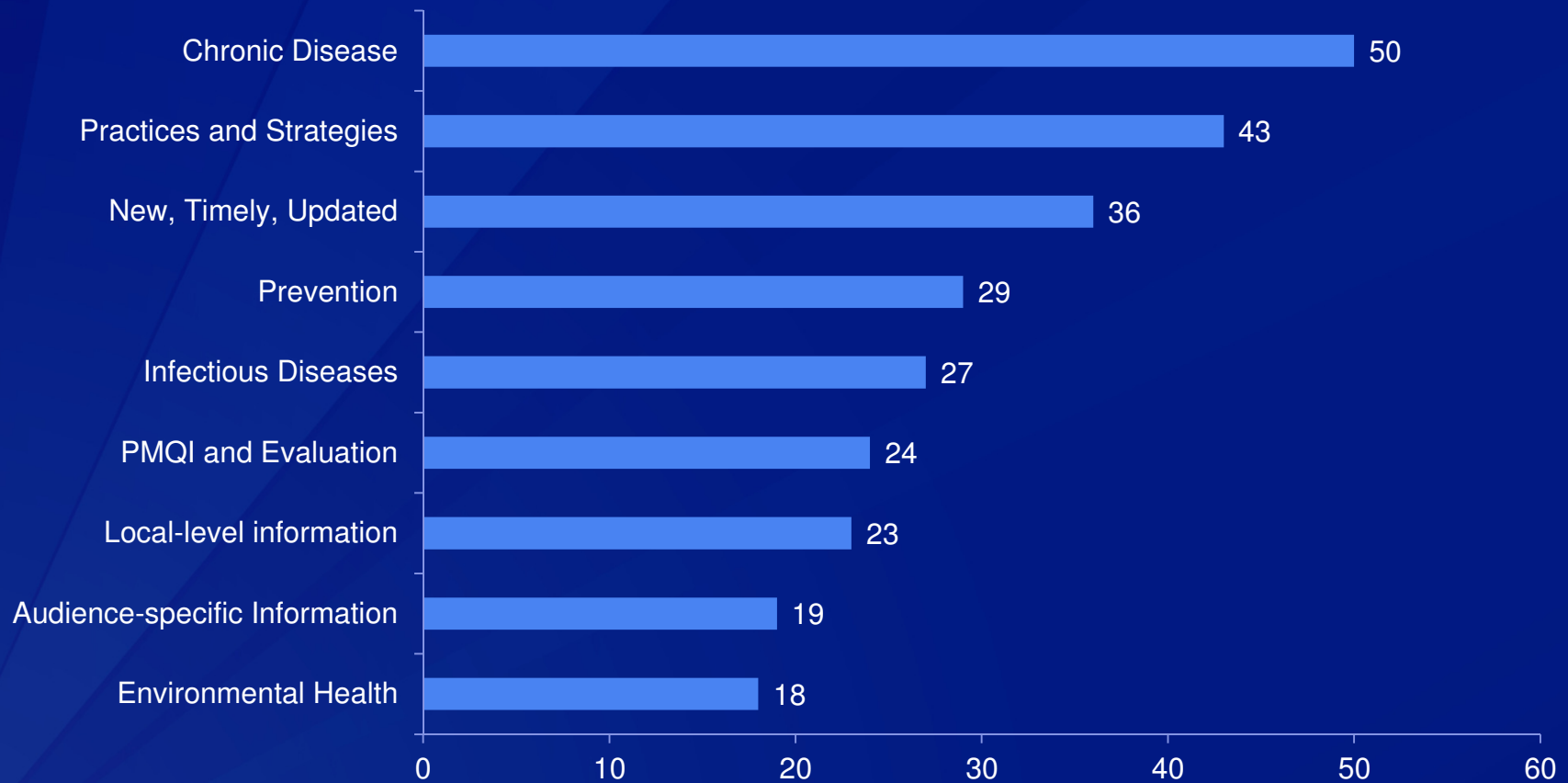
	Leaders (n=174)	Non-Leaders (n=56)
Evidence-based strategies	78%	57%
Information on what other jurisdictions are doing	51%	36%
Free resources and materials	44%	64%

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.

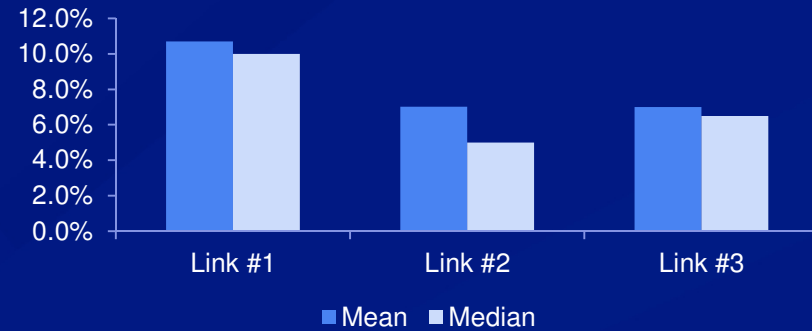
Click-through Rate controls for the number of emails opened each week which typically increases or decreases as the number of subscribers increase or decrease.

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

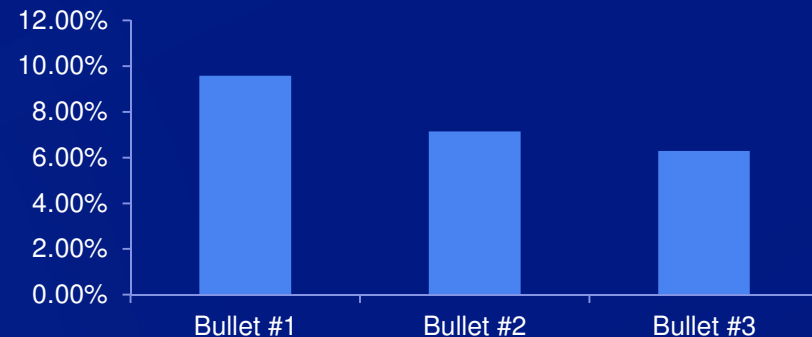
Number of survey respondents selecting a link declined as link position and bullet position declined.

- 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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