Appendix I: PHRG/MCPH Data Needs Assessment

Maine Public Health Information Planning Project:

Data User Survey Findings

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Introduction and Objectives
As an important step in planning an Internet health information system for Maine, the Public Health Resource Group and the Maine Center for Public Health conducted a mail survey of public health information users in Maine. The survey was designed to inform on current information/data use including: what information/data is currently being used, what form, and via what medium that information/data is being conveyed, and what people are using the information/data for. It was also designed to help us better understand the information/data that people would like to use, the geographic level at which they would like the information/data, how they prefer to receive information/data. This report and the tables that follow highlight the findings from that survey.

Methodology
The Public Health Resource Group developed the survey instrument with the assistance of the Maine Center for Public Health and the project Advisory Committee. It included questions about current health data/information use and questions about what health information/data is desired, and how people prefer to access that information/data.

The sample was drawn from a list of Blaine House Conference attendees provided by the Maine Center for Public Health. Conference attendees were categorized by the type of organization there are affiliated with. The categories included:
1. Hospital
2. Health agency other than a hospital
3. School
4. Community coalition
5. State and local government
6. University
7. Private consulting/research group
8. Special services agency
9. Volunteer organization

Once grouped by organization, 177 individuals were selected to represent a broad range of organizations throughout the state.

Findings
A total of 76 individuals completed and returned the survey resulting in a response rate of 43%. Overall, the vast majority (93%) reported having Internet access at work, and 94% reported being somewhat or very comfortable using the Internet. 81% of respondents reported using the Internet weekly or more often.

In order to allow for meaningful analysis, the 9 categories of organization type were collapsed into the

following six categories based on respondents' primary affiliation:
1. Healthcare providing agency consisted of those originally categorized as:
   Hospital
   Health agency other than a hospital
   Special services agency
2. Education consisted of those originally categorized as:
   School
   University
3. Community coalition & volunteer organization consisted of those originally categorized as:
   Community coalition
    Volunteer organization
4. State and Local Government remained unchanged
5. Private consulting/research group remained unchanged
6. Private business/other consisted of those who responded that they worked for a private company or whose response was ambiguous.

Findings surrounding the type of data currently used, frequency of data use and types of data respondents desire overall and by organization type are presented in Table 1. Findings on the geographic level respondents currently use and the geographic level of data they would prefer overall and by organization type are presented in Table 2. Findings on the way respondents currently receive data, and the way they would like to receive data are presented in Tables 3 and 4. Findings on what respondents use data for are presented in Table 5, and finding on the barriers respondents face in obtaining and using data are presented in Table 6.

Analysis of the data revealed the following:

- The data that most respondents report using currently includes social and economic data (70%), BRFSS data (67%), census data, (51%), and vital statistics (50%) although, as indicated in Table 1, there is wide variation in data use by organization type.
- Data that respondents most desire and don't currently use includes: provider supply data (16%), annual population estimates (14%), outpatient hospital utilization data (14%), and infectious disease data (13%) although, as indicated in Table 1, there is wide variation in the data that is desired by organization type.
- Respondents reported currently using data at the state level (86%), national level (55%), and county level (55%). Respondent reported a preference for using data at the state (66%), town (66%), and county level (61%) if the data were available at those levels. There was little deviation from this pattern by organization type.
- The vast majority of respondents (91%) currently receive health information they use in hardcopy; two-thirds receive the health information they use electronically. Only 22% reported receiving health information on diskette or CD-ROM. There was little deviation from this pattern by organization type.
- The vast majority of respondents (91%) get the health information they use in the form of tables or reports, many (72%) also get the health information they use in the form of graphs or charts. Only 36% of respondents reported receiving raw data sets, and only 22% reported receiving health information in the form of a map. There was little deviation from this pattern organization type.

- Respondents reported that they would prefer to receive all forms of data, with the exception of photos and illustrations, via email or the Internet. Respondents prefer to receive photos and illustration in hardcopy. There was some deviation from this pattern by organization type. Those working for community coalitions and volunteer organizations and those working for state or local government reported preferring receiving hard copies of information to receiving information in electronic form.
- Most respondents reported obtaining health information/data for the purposes of education, assessment of community health and grant writing. However, there was some variability by organization type in what respondents use the information for.
- The greatest barrier respondents face in obtaining data is accessibility. Simply put, respondents are unable to find the information they are looking for, and/or are unaware of what is available. With the exception of community coalitions and volunteer organization that report cost of data as the most significant barrier to using health data, data accessibility was the most significant barrier for each group.

Conclusions

There is a wide demand for many different types of health information/data in this the state, and different types of organizations use the information/data obtained in many ways ranging from education to policy development. The most significant barrier to obtaining health information is thought to be a lack of accessibility to the information/data. Respondents either don't know where to find the information they are looking for, or are unaware of the information/data that is available.

In general, the Internet is an accessible tool that respondents feel comfortable using. While most respondents reported currently receiving most information in hardcopy, the Internet is the preferred vehicle for obtaining health information/data. The findings from this survey indicate that a web-based public health information system would be well received and that the project should move forward.