

OFFICE OF PUBLIC HEALTH ASSESSMENT

Satisfaction Survey Results for the Indicator Based Information System for Public Health (IBIS)

August 2015



INTRODUCTION

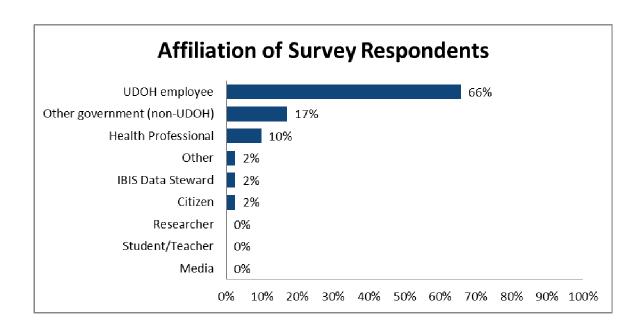
The Utah Department of Health (UDOH) Indicator Based Information System (IBIS) provides numerical data and contextual information on the health status of UtahnS and the state of Utah's health care system. It provides access to health indicator reports, datasets, and publications on a variety of health topics. Much of the information is available for different geographic areas such as local health district, county, and Utah Small Area, as well as for different populations, such as by race, gender, or age group. Information on the site is useful for assessment, trend tracking, and evaluation. IBIS is developed and maintained by the Office of Public Health Assessment (OPHA) within the Center for Health Data and Informatics. One of the goals of OPHA is to dissemi-



nate health data to health care professionals and the public in a user friendly format. In order to assess the success of meeting this goal an online survey was created to gather baseline information regarding the content and usability of IBIS.

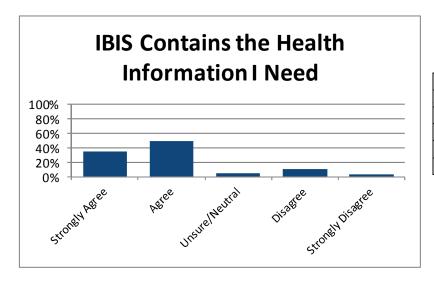
METHODOLOGY

An online survey was created in Google forms. A link to the survey was posted on the IBIS website asking users to provide feedback. Additionally, an email was sent to known IBIS users within UDOH and at the local health districts asking them to provide feedback. The survey was available for three weeks. There were 41 responses to the survey, which is estimated to be approximately 12% of the visitors to the site during that timeframe. Below is the breakdown of the affiliation of survey respondents. The majority of respondents were employed by UDOH, the second highest response was other government non-UDOH employees, followed by health professionals.



IBIS CONTAINS THE HEALTH INFORMATION NEEDED

Eighty-three percent of respondents agreed that IBIS contains the health information they need.



| Strongly Agree | 14 | 34% |
|-------------------|----|------|
| Agree | 20 | 49% |
| Unsure/Neutral | 2 | 5% |
| Disagree | 4 | 10% |
| Strongly Disagree | 1 | 2% |
| | 41 | 100% |

When asked what data they would like to have added to IBIS users indicated wanting data from:

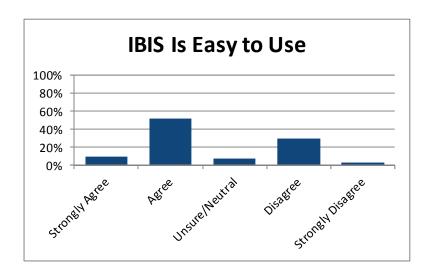
- Behavioral Risk Factor Surveillance System questions
- Chronic Disease Self-Management Program
- Diabetes Self-Management Program
- All Payer Claims Database
- Census
- Medicaid and Medicare
- Student Health and Risk Prevention Survey
- National Violent Death Reporting System
- Healthcare Effectiveness Data and Information Set
- Consumer Assessment of Healthcare Providers and Systems
- Age-adjusted cancer incidence rates from the Utah Cancer Registry
- Incidence data for chronic diseases
- Current domestic violence information by county or health district
- Age range customization under advanced population
- The ability to breakdown more indicators by race and ethnicity

Some of the data already existed in IBIS, some has been added since the survey and some is not available currently to OPHA. However there are some datasets that OPHA can pursue adding to IBIS.

IBIS IS EASY TO USE

Sixty-one percent of respondents agreed that IBIS was easy to use, but 32% disagreed.

| Strongly Agree | 4 | 10% |
|-------------------|----|------|
| Agree | 21 | 51% |
| Unsure/Neutral | 3 | 7% |
| Disagree | 12 | 29% |
| Strongly Disagree | 1 | 3% |
| | 41 | 100% |

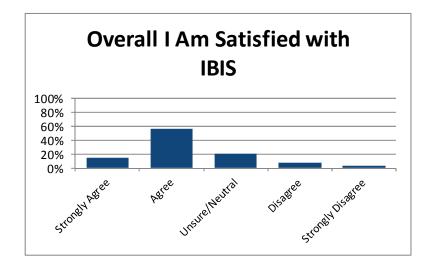


When asked for suggestions to improve the usability of IBIS respondents indicated:

- The ability to cross tabulate data
- Less jargon and text
- Better organization
- Focus on most important and most used health indicators
- Simpler query builder page
- Better visualizations
- More tutorials and training videos
- More customization options (age and smaller areas like zip codes)
- More assistance for users to know when to choose age adjusted versus crude rate and in understanding the statistics.

OVERALL SATISFACTION WITH IBIS

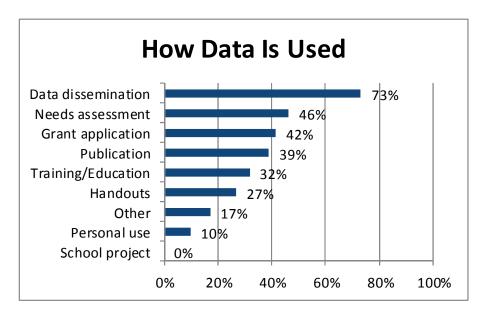
Seventy-one percent of respondents stated they were satisfied with IBIS overall, 20% were unsure, and 9% disagreed.



| Strongly Agree | 6 | 15% |
|-------------------|----|------|
| Agree | 23 | 56% |
| Unsure/Neutral | 8 | 20% |
| Disagree | 3 | 7% |
| Strongly Disagree | 1 | 2% |
| | 41 | 100% |

HOW DATA IS USED

When asked how they used the data in IBIS, the most popular reason was data dissemination, followed by needs assessments, grant applications, and publications.



DISCUSSION

OPHA had received anecdotal feedback regarding the utility of the IBIS system. Concerns expressed were that it was not easy to use and they could not find the data they needed. This initial survey was used to gather baseline data from a larger number of respondents on usability and content. This survey was completed prior to the most recent enhancement release of IBIS. After the close of this survey IBIS was updated and some of the usability issues identified in this survey, such as organization, have been improved. The results of this survey will be used to plan future enhancements in functionality, data, and training content. Another survey will be conducted in 6-12 months to determine if improvements have led to greater ease of use and overall satisfaction with IBIS.