Final Report: Health Poverty Index Pilot Evaluation

Background

History

In 2001 the Department of Health (DH) commissioned the Social Disadvantage Research Centre (SDRC) at Oxford University and South East Public Health Observatory (SEPHO) to carry out a scoping project to plan the development of a tool that would help address the 2000 NHS Plan's mandate to reduce national health inequalities. This project identified and assessed the options and methods for the development of the Health Poverty Index (HPI), which included consultation workshops with a broad spectrum of people from the health sector, local and national government, the voluntary sector, charities, and academia across England.[1] The subsequent development of the HPI began August 2002 and a pilot version was launched April 2003. Feedback was provided by an expert technical advisory panel, which consisted of 25 interviews with people/groups working in various roles involved with the health inequalities agenda, representing all 9 Health Regions; and email correspondence. Following this consultation period, the HPI was revised and launched in its current form November 2004.

The HPI web-tool

The HPI is a web-based tool that allows for groups of people, currently differentiated by geography, to be compared in terms of their 'health poverty'. Health poverty is defined as a summary measure of both the present state of health and future potential. Its unique typology represents 'situation of health' in nine main domains— regional prospects, local conditions, household conditions, resourcing to support health, healthy areas, behaviors and environments, resourcing for health and social care, appropriate care, and health status. Each domain is comprised of a set of indicators, which are available as tabled data, bar charts, and spider diagrams (spidergrams). Indicators are composed of one to four sub-indicators. The 'HPI visualisation tool' and its complete description are available at http://www.hpi.org.uk/.

Evaluating the HPI

The HPI is targeted to an extremely wide audience, encompassing all those involved with informing policy development, policy management, and allocation of resources, as well as those measuring the performance of policies influencing health. In order to maintain the utility and validity of the HPI, it is important to understand who its users are and are not, how it is being used, what problems or issues exist with its current use, and how best to continue to monitor and evaluate these areas for future maintenance and development of this tool. The success of the HPI, broadly speaking, translates into potentially informed or 'evidence-based' health and public policy, which has societal level political, economic, social, and ethical dimensions. For example, informed prioritisation of program development and allocation of resources means a more cost-effective approach to reduce health inequalities.

Unfortunately, the evaluation methodology for internet- or web-based resources is not well-developed. The literature is mainly comprised of case studies using traditional methods; however, given the medium of the resource, many have used web-based surveys or questionnaires.[2-4] Some studies describe multi-modal approaches including the use of web-based surveys.[5-7]

Given the web-format of the HPI, a web-based survey has many ideal features for this pilot evaluation.[8-10] Web-based surveys are increasingly being used in evaluation research. Since the advent of free or minimal charge web-based survey programs, it is inexpensive and non-labor intensive to administer the questionnaire and analyze the results. Web-surveys also have a much quicker turnaround of evaluation findings, and thus can act as highly accessible tools for monitoring change over time. In some studies it has also been shown to have fewer completion mistakes than traditional paper surveys, and obviates the need for data entry and error in data entry. Also, for the HPI, given a very broad and geographically dispersed target audience, web-surveys offer access to larger populations, in different geographic areas. The validity and reliability of data obtained are comparable to those obtained by traditional methods.[11-14] However,

because of issues with sampling and frequently reported low response rates, external validity remains problematic.

The aim of this pilot evaluation was to identify the current state of use and performance of the HPI for the purposes of guiding the development of the tool itself and the development of a method for its future evaluation and monitoring, using a web-based survey. Survey objectives were 1) to determine who are the current HPI users, 2) to determine who in the target audience are not current users, and why not, 3) to determine how the HPI is being used, and 4) to determine what problems or issues exist with its current use.

Methods

This pilot evaluation was a web-based survey by email invitation to a convenience sample of the HPI target user audience. Surveymonkey, a well-known web-based software package for web-surveys, http://www.surveymonkey.com/, was used to design and administer the questionnaire.[15] The development, administration and data analysis of this survey took place from January to May 2005.

Questionnaire development

The objectives and lines of enquiry for the questionnaire were based on stakeholder input from the HPI development team and its current users. Seventeen semi-structured phone interviews were conducted with volunteers from the HPI user registry, from January to February 2005. Content analysis of these interviews established key topic areas for pilot evaluation (Appendix 1).

Questionnaire design on question wording and question and questionnaire formatting were based on key questionnaire design texts.[16, 17] There were a maximum number of four questions per page. Surveymonkey's 'skip logic' which allows for adaptive questioning, conditionally displayed questions based on responses to other items, was used to reduce the number and complexity of questions for people with less experience with the HPI. Completion of certain items was enforced using JAVAscript, with a 'pop-

up' window alert before continuation to the next page. Respondents were able to go back and review responses on previous pages.

The questionnaire was first tested for content with the HPI development team. It was then retested with 20 first-time users of the HPI, for readability and technical functionality. After another set of revisions, final testing for approval was with the HPI development team (Appendix 2).

Questionnaire administration

This was a voluntary survey open to invited participants.   Because the survey was by email invitation with the questionnaire's URL, the site was not password protected. Each potential participant received three emails: a pre-notification email, one week prior to the invitation, to identify invalid emails and increase response rates; an invitation email in which participants were informed of the purpose of the survey, length of the survey, and confidentiality; and a reminder email, one week after the invitation, to increase response rates (Appendix 3).[18, 19]

Potential participants were sampled based on available email lists, which included the HPI user registry (108 emails), the Public Health Intelligence List (229 emails), the South East Public Health Intelligence Group, SEPHIG (129 emails), old consultation workshop participants 305 emails). Email lists were hand searched for duplicates. A total of 663 non-duplicate emails were identified. After the pre-notification email, a total of 461 valid emails were identified.

Respondents were prevented from answering same questionnaire multiple times, using the respondent's computer IP address to identify potential duplicate entries from the same individual.

No incentives were offered. Data was collected from April 20 to May 5, 2005.

Data analysis

Responses were automatically recorded with Surveymonkey and data was collected and stored on a secure password protected site provided by this software package. Data was downloaded into Microsoft Excel and analysed with SPSS. Content analysis was performed on all free text responses.

Participation rate (or overall response rate) was calculated based on the number of persons (unique IP address) who answered the first page, divided by the total number of people invited (valid emails). Completion rate was calculated based on the number of persons who completed the mandatory survey items, divided by the number of persons who answered the first page. Incomplete questionnaires were also analysed and counted in the denominator, and therefore responses reported in percentages do not always total 100%.

Results

Response

The overall participation rate was 41% (189/461) one week following the reminder email. The overall completion rate was 70% (132/189).

The users

Of the 189 responses, 84% (159/189) had heard of the HPI. The majority of people had heard about the HPI through the Public Health Observatories; others sources included the previous consultation workshops, the Department of Health, SEPHIG, and through Internet searches. The 16% (30/189) who had not heard of the HPI, included mix of people from different sectors including Primary Care Trusts, Acute Trusts, City Councils, County Councils, District Councils, and academia.

Of those who had heard of the HPI, 67% (107/159) had visited the website. The 28% (45/159) who had not visited the website held similar posts as those who had visited the website. Of those who had visited the website, 54% (62/114) had used the HPI. Of these 62 people, 35% (22/62) had used the HPI only once, 45% (28/62) had used the HPI two

to five times, and only 8% (5/62) had used the HPI more than five times. The overwhelming majority of people who used the HPI were public health or information analysts, public health information specialists and intelligence officers.

Using the HPI

In general, the survey respondents have used the HPI for health needs assessment, area profiling and equity audit at the Primary Care Trust and Local Authority level. People have used it to compare individual areas to other areas and England overall. Others have used it as background information in reports or presentations, or for their work to identify other important areas to target. Multiple people mentioned that one of its strengths is that it gives a 'wider picture' of health. People mentioned that future uses could include monitoring progress toward key targets and as an aid to partnership working.

To help facilitate the use of the HPI, 70% (44/62) requested that examples of how others have used the HPI be provided, 47% (29/62) requested a user guide be provided, and 19% (12/62) requested a workshop. A few people specified that they wanted additional 'technical' guidance whether in the form of a user guide or a workshop.

In general there were no technical problems with the website. One person reported difficulty printing onto one page. And only 13% (8/62) found the website difficult to use. Comments included difficulty returning to 'where you want to be' and limited flexibility to download information. Others commented on aspects about difficulty interpreting the data or display.

HPI Indicators

Thirty five percent (22/62) responded that they needed more detailed information about the specific indicators to use them appropriately. People requested varying degrees of detail- why the indicators are important, their 'pros and cons', why they were chosen, if they were created for the HPI or for another purpose, and technical detail on how the indicator is constructed (e.g. standardisation, composting, modelling, and area level weighting). People requested easy access to the definition and description, both a 'lay'

persons explanation and a more detailed explanation, which could be in a users guide. One person also requested that the definitions be more closely linked to the graphical displays, to minimise misinterpretation.

Problematic indicators identified by more than one person included ‘change in job supply’, ‘human capital’, ‘wealth’, ‘GDP’, ‘access to preventive care’, ‘quality of preventive care’, ‘preventive care resourcing’, ‘effective primary and secondary care’, and ‘psychological morbidity’. In general people felt that the problematic indicators only offered a limited perspective and/or the title was misleading, e.g. ‘human capital’ reflects more educational quality. People also had difficulty with the distinction between ‘primary care’ and ‘preventive care’.

Fourteen percent (9/62) requested other topic areas be represented in the indicator sets, including crime, self-reported health and quality of life, physical environment, obesity related to physical exercise, more on access to services (e.g. information on council/social housing) and more on primary care.

Data, Display, and Downloads

Most people preferred that the indicator data be provided as raw data (68%, 42/62), scaled data (64%, 40/62), and ranked data (61%, 38/62). Thirty-two percent (20/62) had problems interpreting the scaled data and 18% (11/62) had problems interpreting the ranked data.

Most also preferred that the indicator data be displayed in multiple ways, as a table (60%, 37/62), as a bar chart (56%, 35/62), and as a spidergram (58%, 36/62). Several people mentioned that they wanted the flexibility of format depending on the situation. One person requested maps, another person scatterplots. There was a very mixed response on how people preferred to compare the data, which in general corresponded to their job. Eighty percent (50/62) preferred to compare by Primary Care Trust, 65% (40/62) by Local Authority, and 53% (33/62) by sub-Local Authority; 68% (42/62) by age, 60% (37/62) by gender, and 58% (36/62) by ethnicity. Other commonly suggested

comparisons included by ward or super output area, areas by deprivation (e.g. quintiles), and over time.

Most people preferred that the indicator data provided be available to download in the same format - 71% (44/62) as raw data, 63% (39/62) as scaled data, and 61% (38/62) as ranked data; 77% (48/62) as a spreadsheet, 53% (33/62) as a spidergram, 47% (29/62) as a bar chart, and 44% (27/62) as a table; 77% (48/62) by Primary Care Trust, 66% (41/62) by Local Authority, and 56% (35/62) by sub-Local Authority.

Other comments

In general those who responded were very positive about the HPI; they found it a very useful resource, with even greater potential utility with more flexibility in area/group comparisons, and more detailed explanation of indicators, including access to sub-indicator data. In addition, people wanted links to other relevant resources (e.g. Index of Multiple Deprivation 2004) and national data sources, and more publicity or advertisement of the HPI. One person suggested targeting specifically within the NHS and Local Strategic Partnerships.

Conclusions

Survey findings

This pilot survey had a 41% participation rate after two weeks, and a 70% completion rate, similar to other web-based surveys described in the literature. Shortening the survey would likely have increased the completion rate. Unlike with conventional questionnaires, it is yet unclear the significance of a less than 60% response rate for its internal validity. However, there was good performance on the internal control questions used to assess internal validity. Although much of the findings can be summarized using numbers, this was largely a qualitative evaluation therefore statistical testing was not done on responses to questions. Denominators to calculate percentages included incomplete questionnaires and therefore percentages may be underestimations in some cases.

The major limitation of this pilot is the external validity of its results. Because of the email lists chosen for sampling, those surveyed were disproportionately in public health and in the South East region of England. Also based on the respondents, there was also a greater number of those working at the Primary Care Trust area level, and those working in analyst posts. Future assessments should sample a broader spectrum of people, including those working in different sectors (other than public health) and at different geographic levels.

Nonetheless, the survey results do highlight the broad nature of potential HPI users and uses. The survey results indicate that the HPI has been well-received by its current users. However, it still needs more publicity and advertisement; more support and guidance on how to use it; and more explanation about the indicators used. People want the flexibility of data, data output, and data comparison; and if possible, more flexibility in area/group comparisons. Also, the HPI should be explicit about what it can provide and external links to resources and other data sources that complement the HPI.

Evaluation methodology

This pilot also tested a potentially useful method to monitor the HPI in the future- an email invitation web-based survey. Future monitoring and evaluation of the HPI should include the use of web-based surveys. With adequate development and piloting, a reasonably good response can be achieved. In addition, the utility of an open survey associated with the website itself, in which an embedded link on the homepage can be featured, should be considered. ‘Pop-up’ windows or a forced screens to encourage survey participation should be avoided, so as not to discourage the website users. This may be more informative than the current ‘feedback’ link currently provided on the website homepage. However, this non-probability based sampling should not replace periodic use of probability based sampling using email or mail invitation, which has much better external validity and can better assess why the HPI is not being used.

A multi-modal approach is likely necessary, as web-based surveys are limited in their length and content, to get reasonable response and completion rates. In addition to using

existing web statistics available to determine how people are using the site, a registry, based on a free website registration, should be considered. Periodic collection of feedback prior to scheduled website updates, informed by the other methods of feedback, should include both short surveys and key informant interviews. The interviews conducted to develop this survey were invaluable, and if interviews are conducted in sufficient number to get a saturation of responses, the interview results should be relatively thorough and complete. A list of key informants should be extracted from volunteers of the current user registry. However, these interviews will not reflect novice user feedback.

The complete evaluation and monitoring of the HPI should incorporate periodic analyses of web statistics; periodic web-surveys targeting a broad audience, in addition to known website users; and key informant interviews.

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Appendix 1: Table of survey objectives and lines of enquiry from content analysis of stakeholder interviews

Survey Objective	**Lines of enquiry**
Who are the HPI users and non-users	• have people heard of the HPI • how did they hear about the HPI • who are the current HPI users and non-users • why are people not using the HPI
How is the HPI being used (and how can it be used)	• how have people used the HPI • what have people used the HPI for • how do people think it will be useful (future use) • how can we help people use the HPI • what sources of information do people use (instead)
What problems/issues exist with the HPI	• what are the technical problems with the website • what type of data is useful • do people understand scaled and ranked data • what type of graphical output is useful • do people understand the graphics, esp. spidergrams • what information do people want to download • what area level data do people want • what comparisons do people want to make • are the indicators clear, do they need clarification • what level of technical detail do people want • what are problematic indicators • what are other useful indicators

Appendix 2: Sample Questionnaire

SurveyMonkey.com
because knowledge is everything

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Home | New Survey | My Surveys | List Management | My Account | Help Center

Tuesday, May 10, 2005

Design Survey Show All Pages and Questions << Back

To change the **look** of your survey, select a choice below. Click 'Add' to create your own custom theme.

Theme: Cloudy Day Add

www.hpi.org.uk Edit Title Edit Numbering Edit Logo

Add Page

1. Welcome to the Health Poverty Index (HPI) evaluation tool. Edit Page Delete Page Copy/Move Add Logic

THIS SURVEY HAS A TOTAL OF 25 QUESTIONS. HOWEVER, YOU MAY BE PROMPTED TO END SOONER.

YOUR RESPONSES ARE STRICTLY CONFIDENTIAL.

Questions marked with * must be answered before continuing.

Add Question Add Page

Edit Delete Copy/Move Edit Logic

*** 1. Have you heard of the Health Poverty Index (prior to the pre-notification email)?**

- No
- Yes

Add Question Add Page

2. Question 2 Edit Page Delete Page Copy/Move Add Logic

Add Question Add Page

Edit Delete Copy/Move

*** 2. Where (or from whom) did you hear about the Health Poverty Index?**

Add Question Add Page

Edit Delete Copy/Move Edit Logic

*** 3. Have you visited the Health Poverty Index website?**

- No
- Yes

Add Question Add Page

3. Question 4 Edit Page | Delete Page | Copy/Move | Add Logic

Add Question | Add Page

Edit | Delete | Copy/Move | Edit Logic

*** 4. Have you used the Health Poverty Index?**

- No
- Yes

Add Question | Add Page

4. Question 5 Edit Page | Delete Page | Copy/Move | Add Logic

THESE THREE QUESTIONS ARE ON THE POTENTIAL USES AND UTILITY OF THE HEALTH POVERTY INDEX.

Questions marked with * must be answered before continuing.

Add Question | Add Page

Edit | Delete | Copy/Move | Add Logic

5. How many times have you used the Health Poverty Index?

Add Question | Add Page

Edit | Delete | Copy/Move

*** 6. What current use(s), or potential future use(s), does the Health Poverty Index have for your work?**

Add Question | Add Page

Edit | Delete | Copy/Move | Add Logic

7. How can we help you use the HPI (select all that apply)?

- Provide a user guide
- Provide workshop(s)
- Provide examples of how others have used the HPI
- Other (please specify)

Add Question | Add Page

5. Question 8 Edit Page | Delete Page | Copy/Move | Add Logic

THESE TWO QUESTIONS ARE ON THE TECHNICAL ASPECTS OF THE WEBSITE.

Add Question | Add Page

Edit | Delete | Copy/Move | Add Logic

*** 8. Have you had any technical problems with the website?**

- No
- Yes (please specify problems)

Add Question | Add Page

Edit | Delete | Copy/Move | Add Logic

*** 9. Is the website difficult to use?**

- No
- Yes (please specify difficulties)

Add Question | Add Page

6. Question 10

Edit Page | Delete Page | Copy/Move | Add Logic

THESE TWO QUESTIONS ARE ABOUT HOW THE DATA ON THE WEBSITE ARE PROVIDED.

Questions marked with * must be answered before continuing.

Add Question | Add Page

Edit | Delete | Copy/Move

*** 10. Any problems interpreting the data?**

	No	Yes	Don't Know
Scaled			
Ranked			

Add Question | Add Page

Edit | Delete | Copy/Move | Add Logic

11. How do you prefer the data be provided (select all that apply)?

- Raw data
- Scaled
- Ranked
- Other (please specify)

Add Question | Add Page

7. Question 12

Edit Page | Delete Page | Copy/Move | Add Logic

THESE NEXT THREE QUESTIONS ARE ABOUT HOW THE DATA ON THE WEBSITE ARE DISPLAYED.

Questions marked with * must be answered before continuing.

Add Question | Add Page

Edit | Delete | Copy/Move

*** 12. Any problem interpreting the graphical display of data?**

	No	Yes	Don't Know
Table			
Bar chart			
Spidergram			

Add Question | Add Page

Edit | Delete | Copy/Move | Add Logic

13. How do you prefer the data be displayed (select all that apply)?

- Table
- Bar chart
- Spidergram
- Other (please specify)

Add Question | Add Page

Edit | Delete | Copy/Move | Add Logic

*** 14. How do you prefer to compare the data (select all that apply)? By...**

- Local Authority District
- Primary Care Trust
- Sub-Local Authority
- Age groups
- Gender
- Ethnic groups
- Other (please specify)

Add Question | Add Page

8. Question 15 Edit Page | Delete Page | Copy/Move | Add Logic

THESE NEXT FOUR QUESTIONS ARE ABOUT THE CONTENT OF THE INDICATORS.

Add Question | Add Page

Edit Delete Copy/Move Add Logic

15. In general, do you need more detailed information about the specific indicators to use them appropriately?

No

Yes (please specify information needed)

Add Question Add Page

Edit Delete Copy/Move

16. Are there any indicators you find problematic (select up to five)?

	Indicators
Indicator 1	
Indicator 2	
Indicator 3	
Indicator 4	
Indicator 5	

Add Question Add Page

Edit Delete Copy/Move

17. If possible, please explain what you find problematic (i.e. specific sub-indicators)?

Add Question Add Page

Edit Delete Copy/Move Add Logic

18. Are there any important indicators or topic areas which you believe are missing?

No

Yes (please specify and if possible suggest relevant data sources)

Add Question Add Page

9. Question 19

Edit Page Delete Page Copy/Move Add Logic

THESE THREE QUESTIONS ARE ABOUT DOWNLOADING OR PRINTING DATA FROM THE WEBSITE.

Questions marked with * must be answered before continuing.

Add Question Add Page

Edit Delete Copy/Move Add Logic

*** 19. What type of information do you want to download or print (select all that apply)?**

- Raw data
- Scaled data
- Ranked data
- Other (please specify)

Add Question Add Page

Edit Delete Copy/Move Add Logic

*** 20. In what format do you want to download or print the data (select all that apply)?**

- Spreadsheet
- Table
- Bar chart
- Spidergram
- Other (please specify)

Add Question Add Page

Edit Delete Copy/Move Add Logic

*** 21. At what area level do you want to download or print the data (select all that apply)?**

- Local Authority District
- Primary Care Trust
- Sub-Local Authority
- Other (please specify)

Add Question Add Page

10. Question 22- Comments Edit Page Delete Page Copy/Move Add Logic

Add Question Add Page

Edit Delete Copy/Move

22. Any additional comments or suggestions?

Add Question Add Page

11. Last questions Edit Page Delete Page Copy/Move Add Logic

THESE LAST THREE QUESTIONS ARE ABOUT YOU.

Questions marked with * must be answered before ending.

Add Question | Add Page

Edit | Delete | Copy/Move

*** 23. What is your job title (position)?**

Add Question | Add Page

Edit | Delete | Copy/Move

*** 24. What agency or institution do you work with?**

Add Question | Add Page

Edit | Delete | Copy/Move

25. OPTIONAL: Please provide your contact information if you wish to be added to the Health Poverty Index User Registry.

Name

Email

Phone

Add Question | Add Page

Edit | Delete | Copy/Move

THANK YOU!

Add Question | Add Page

<< Back | Preview

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Appendix 3: Sample emails

Pre-notification email

Dear Colleague,

I am writing on behalf of the Health Poverty Index (HPI) development team, to ask for your participation in a brief web-based survey, to help guide us in the next phase of the tool's development.

We would like to get an idea of who is using the Health Poverty Index and how we can improve it, to help you and the community in targeting health inequalities.

In the next 5-7 days, I will contact you again by email with a link to the survey. Even if you have not heard of the Health Poverty Index, we ask if you could participate in the first couple questions of the survey, as this information is very helpful as well.

Thank you in advance for your help. Any questions or comments, please feel free to email me.

Invitation email

Dear Colleague,

I am writing on behalf of the Health Poverty Index (HPI) development team, to ask for your participation in a brief web-based survey, to help guide us in the next phase of the tool's development.

Please, if you could, take a few minutes now or in the next couple of days to participate in our survey. Simply, click on the following link:

http://www.surveymonkey.com/s.asp?u=96967827894

The survey is a maximum of 25 questions, however you may be prompted to end earlier, depending on your responses. It takes about 6 minutes to complete the all 25 questions. Your responses are strictly confidential. And you may choose to exit the survey at any time.

Thank you in advance for your help. Any questions or comments, please feel free to email me.

Reminder email

Dear Colleague,

I am writing to remind those of you who have not yet had the chance to respond to the survey on the Health Poverty Index (HPI). The survey has a maximum of 25 questions, which will take about 6 minutes to complete. Your responses are strictly confidential and you may exit the survey at any time.

At your convenience, please simply click on:

http://www.surveymonkey.com/s.asp?u=96967827894

Your feedback is extremely important in informing the next phase of the development of the Health Poverty Index. Again, even if you have not heard of, or used the HPI website, we ask you to answer the first couple of questions.

My apologies, if you have already responded to the survey. As always, any questions or problems, please feel free to email me.

Electronic signature

Sincerely,
Dr. Jennifer Lin
Research Fellow
South East Public Health Observatory
HPI: www.hpi.org.uk