Results from Cognitive Interviews Exploring the Reliability of the ASTHO Profile Survey

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Disclosure

My spouse, significant other, or I have had no relevant financial relationships to disclose within the last 12 months.





Background

- Overview of ASTHO Profile Survey
 - 2012 survey is third in series prior surveys fielded in 2007 and 2010
 - Collects information on SHA activities; structure, workforce; finance; planning and quality improvement; and health information management
 - Survey administered in October 2012 and held open until May 2013
 - 48 states and DC completed the 2012 Survey (96% overall response rate)



Background

- In addition to standard data cleaning, extensive follow-up conducted with states to verify data that appears in individual state profiles in report
- Asked states to confirm unusual numbers or particularly large discrepancies between 2010 and 2012 data
- Workforce and finance data particularly difficult to verify



Goal of Current Study

- Conduct cognitive interviews with personnel from state health agencies who responded to the survey to better assess the reliability of ASTHO's Profile Survey data, particularly the workforce and finance data
 - Understand what data may or may not be reliable and why
 - Gather feedback on how to better construct the survey to obtain reliable data



Methods

- Senior deputies from all 49 agencies that responded to the survey were sent an email from University of Kentucky inviting staff to participate in phone interviews
- Goal of conducting interviews with personnel from 20 state health agencies
- Current status: 5 interviews conducted



Methods

- Interview protocol developed by ASTHO and UKY
- Interviews conducted by phone by R.I. and are approximately 30 minutes in length
- Interviewees received copy of interview questions and individual state profile prior to call
- Interviews recorded and will be transcribed
- Protocol vetted by 2 current ASTHO staff who are former Senior Deputies to ensure clarity of questions



Interview Protocol

- What data provided by your SHA do you think is reliable and what data is not reliable?
- Difficulty reporting finance data
 - E.g., total expenditures, expenditures by category
- Issues with agency workforce data
 - E.g., number of FTEs, number of workers at different offices
- Challenges reporting services provided
 - E.g., state health agency vs. umbrella agency



Interview Protocol

- Understanding how Profile responses collected by state health agency
 - E.g., assignment of sections and review of responses
- Sources of unreliability
 - E.g., changing staff, different interpretation of questions over time
- Suggestions to improve reliability and other additional feedback



Sample Question

- What particular issues do you come across when reporting data related to agency finances?
 - We often observe large differences between Profile years in total expenditures and expenditures by category (e.g., administration, improving consumer health).
 - Is the way in which the question is asked creating problems in reporting total expenditures or expenditures by category?
 - How so?



Preliminary Findings

- Most of the data is reliable, particularly when source for data is same or question has not changed over time
- Vacancies and current number of employees are both moving targets; FTE is budget term while staff is HR term
- States may have unique structures that make common terminology difficult (e.g., office types)



Preliminary Findings

- Discrepancies often related to changes in who filled out survey and their interpretation of questions
- Sections of survey generally distributed to personnel with knowledge of that topic area and final responses reviewed by leadership
- Changes in administration and funding can lead to large changes in workforce and services provided - responses may truly change significantly from year to year



Preliminary Findings

- Suggestions for increasing reliability:
- Further refine and clarify definitions, and keep consistent from year to year
- Hold webinars specific to personnel filling out each section so that can answer related questions



Limitations

- Results potentially biased by which states agree to participate in interviews
- Accuracy of recall of information about process that occurred more than a year ago
- Social desirability in responses
- Changes in state health agency personnel



Next Steps

- Complete the remainder of the 20 cognitive interviews and analyze the data, using transcripts to identify common themes
- Use findings from cognitive interviews to further refine survey instrument and further improve data collection process
- Measure effectiveness of quality improvement efforts when collect and analyze data for next Profile Survey



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ASTHO Profile Survey resources:

http://www.astho.org/profile

ASTHO Profile of State Public Health, Volume Three - to be released May 2014!

