



Kansas Public Health Association  
Membership Survey Results  
December 2008



## Membership Survey Report December 2008



This report provided by:

**Ruth Wetta-Hall, RN, PhD, MPH, MSN**

**Amy Chesser, PhD**

**Traci Hart, PhD(C)**

**Laura A. Waggoner, MUP**

Research and Evaluation Associates in Community and Clinical Health

University of Kansas School of Medicine--Wichita

1010 N. Kansas

Wichita, KS. 67214-3199

Phone: 316.293.2627 Fax: 316.293.2695

Email: [rwettaha@kumc.edu](mailto:rwettaha@kumc.edu)

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## Executive Summary

Researchers surveyed KPHA members at the annual conference and via email to assess their attitudes, preferences, and priorities in order to support strategic and operational planning for KPHA. Participants (n= 172) were 59% male and 41% female; the majority were between the ages of 41 to 50 and 51 to 60 (33% and 31%) and from the Northeast region of the state (47%). Most members had been employed in public health for one to five years (43%) or six to ten years (26%). Their primary job function was “Administrative/Supervisory” (38%), “Clinic Operations Staff” (19%), or “Health Education” (18%).

Nearly 100% of members reported they had internet and email access at work, and preferred a CD/DVD format for the KPHA manual. Most stated they have less than five hours per month to participate in KPHA activities, they could afford dues of \$40 to \$60, they would attend KPHA meetings in their own region and via televideo, and they preferred regional versus director-at-large representation to the KPHA board. For the location of the annual conference, members most preferred Topeka, Kansas City, Wichita, and Salina.

When asked to rate KPHA activities and services from 4= very important to 1= not important at all, the mean scores were: 2.33 for conferences/meetings, 2.29 for networking events, 2.28 for legislative advocacy, and 2.23 for collaboration. When asked to rate KPHA legislative priorities using the same scale, the mean scores were: 2.26 for tobacco control initiatives, 2.23 for healthcare coverage for young adults, 2.22 for eliminating health disparities, 2.17 for access to affordable healthcare. Finally, when asked to rate KPHA communication using the same scale, the mean scores were: 2.40 for member to member, 2.39 for region to region, 2.39 for member to KPHA leadership, 2.32 between different health entities, 2.26 between local health departments, and 2.24 between local health departments and the state health department.

In general, women, members aged 31 to 40, members from the North Central region, and members who have worked in public health for six to ten years rated all attitudinal items (activities and services, legislative priorities, and communication) as more important than other groups.

## Introduction

The mission of the Kansas Public Health Association (KPHA) is to serve as the primary, unifying organization promoting improvement in the health of Kansans and in public health practice. KPHA is the oldest and largest organization of public health professionals in the state, representing over 600 members from more than 50 health occupations and professions since 1920. KPHA brings together researchers, health service providers, administrators, teachers, and other health workers in a multidisciplinary environment of professional exchange, study, and action. KPHA is concerned with issues associated with personal and environmental health, including: federal and state funding for health programs, pollution control, programs and policies related to chronic and infectious diseases, a smoke-free society, and professional education in public health.

KPHA membership encompasses a range of over 130 health organizations across Kansas. About one-half of membership represent county and state health department staff (health officers, bureau chiefs, program managers, and field staff); one-third are university staff from University of Kansas, Kansas State University, Wichita State University, Pittsburg State, Emporia State, and Washburn; and the remaining one-sixth are staff from non governmental organizations such as the Heart Lung and Blood Institute, Kansas Action for Children, Tobacco Free Kansas, Hospice, Head Start, Academy of Family Physicians, Kansas Health Foundation, and many other health advocacy groups.

The purpose of this survey analysis was to assess attitudes, preferences, and priorities of KPHA members in order to support strategic and operational planning for KPHA. More specifically, the survey explored: (1) activities and services valued by the membership, (2) perceived legislative priorities for 2009, (3) prioritized areas and methods to improve communication among public health entities, (4) preferred opportunities to engage and include members, (5) perceived barriers to participation in KPHA, and (6) preferred method of KPHA representation.

## Methods

### Participants

The survey was conducted during the business meeting of the 2008 KPHA Fall Conference on September 17<sup>th</sup> and via an on-line survey for members who did not attend the meeting. Members at the Fall Conference responded to survey items anonymously using the Turning Point® software and keypad technology.

### Instrument

The survey, designed by the KPHA Membership Committee, consisted of four content areas to assess attitudes toward services offered through KPHA including: KPHA activities and services, KPHA legislative priorities for 2009, communication within KPHA and member preferences regarding KPHA activities. The first content area collected demographic information including: gender, age, state region, agency type, job function category, and years of public health practice.

To assist in prioritizing KPHA service activities, members were asked to rate the importance of four service categories using a four-point Likert scale (“4” representing the most important and “1” representing the least important). Finally, members were asked to rate what they believe are important public health issues for KPHA to provide advocacy support during the 2009 Kansas Legislative Session.

In an effort to improve communication within the KPHA membership, communication methods and communication patterns were explored. In addition, members were asked questions about KPHA involvement. The final content area served to assess KPHA membership barriers (membership dues, travel, and meeting attendance).

### Data Collection and Management

During the KPHA Business meeting, researchers informed participants about the purpose of the survey and how to use the Turning Point® keypads. Researchers emphasized that all responses were anonymous and no information was traced back to the individual. Voluntary consent was assumed, as the KPHA member was able to elect to not participate in the survey process or was able to decide not to answer a

survey item. No incentive to participate was offered. No protected health information was collected. Data associated with the survey did not contain identifiers.

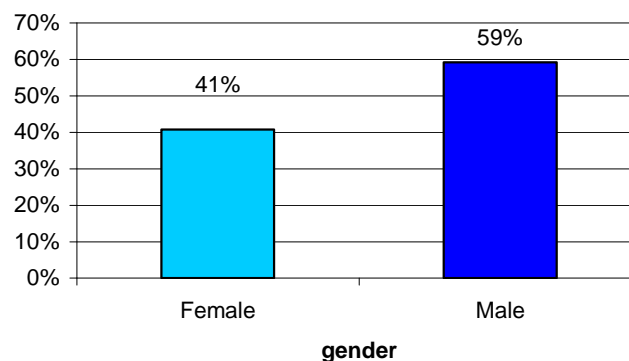
Researchers collected the same survey data from KPHA members not in attendance at the meeting. Those members were sent an email asking them to complete the same survey in an online format.

Using standard procedures, the survey data was imported into SPSS 15.0, checked for keying errors, and analyzed using descriptive statistics. Findings are included in this report.

## Participant (KPHA Membership) Demographic Information

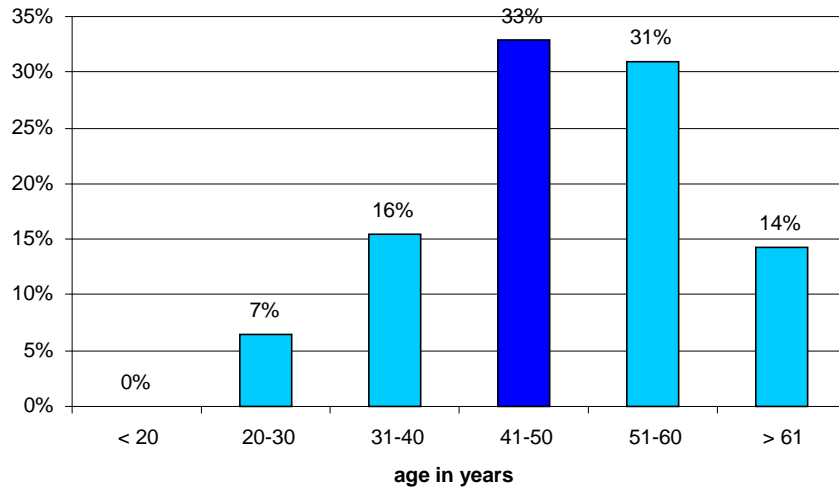
Fifty-nine percent (59%) of participants were male and forty-one percent (41%) were female; 172 members responded to the survey.

Figure 1. Participant Gender



The majority of participants were 41-50 years of age (33%) and 51-60 years of age (31%), followed by participants 31-40 years of age (16%), over 60 years of age (14%), and 20-30 years of age (7%) as seen in Figure 2

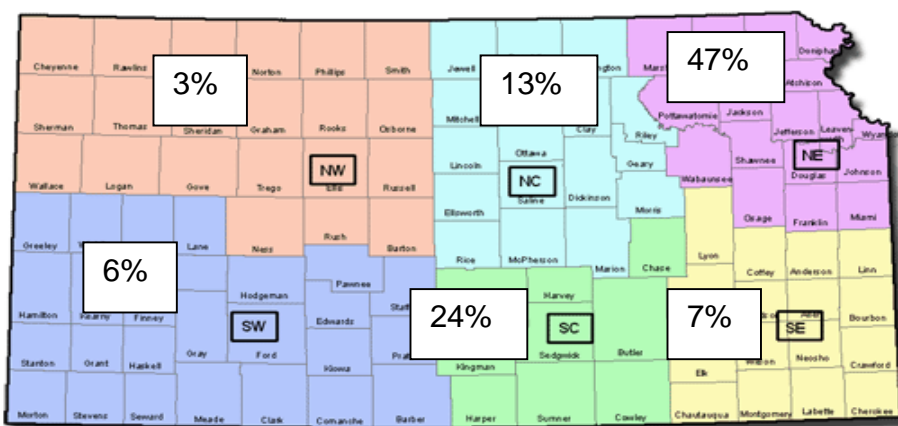
Figure 2. Participant Age



## Participant Work Information

The survey asked participants to indicate their employment region from six choices. (Figure 3) within the state of Kansas. The majority of members (47%) reported working in the Northeast Region. The rest of the participants worked in the South Central (24%), Southeast (7%), North Central (13%), Southwest (6%), and Northwest (3%) regions.

Figure 3. Respondent Representation from Six State Regions

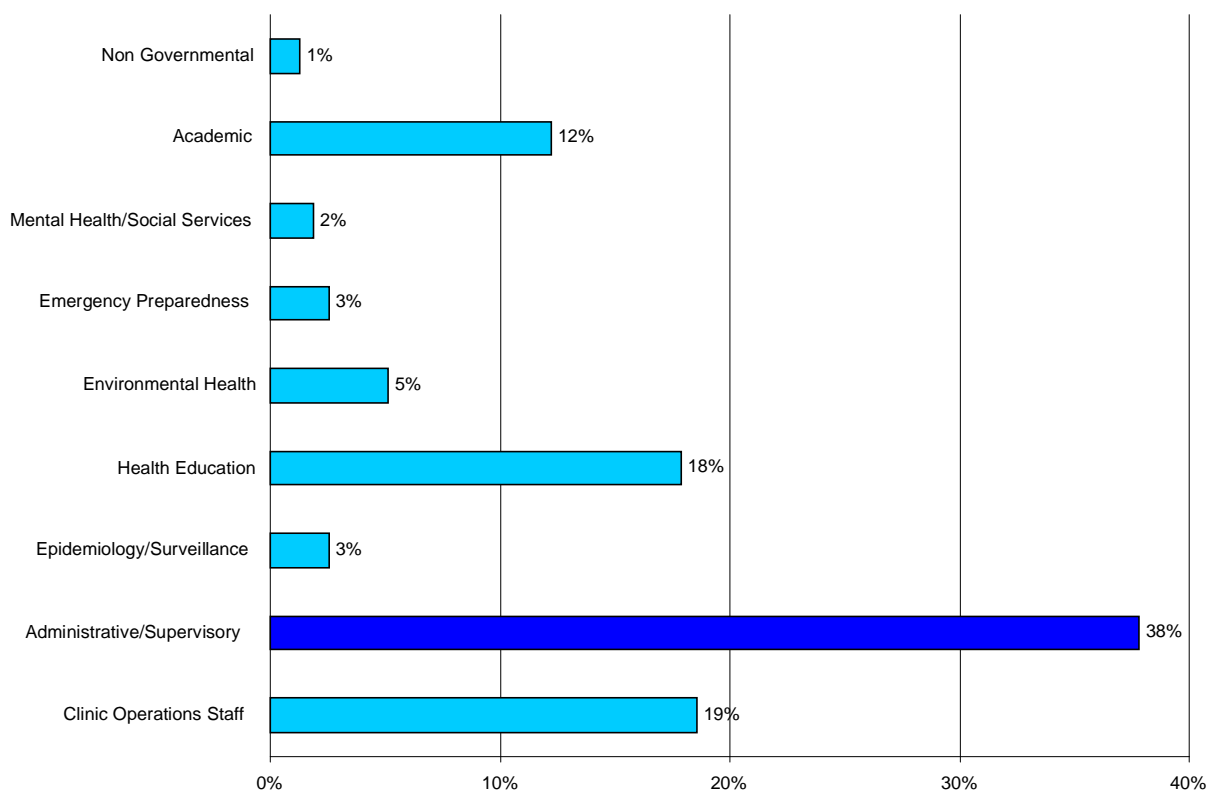


The majority (71%) of KPHA members responded worked in governmental (local, state, and federal) agencies. Fewer members indicated working in an academic setting (16%), non governmental agency (5%), and “other” (8%).

KPHA members reported having been employed in their current area for 1-5 years (43%), 6-10 years (26%), >20 years (15%), 16-20 years (9%), and 11-15 years (7%) as shown in Table 1.

The survey asked participants, “What one category best represents your primary job function?” The majority (38%) of KPHA members reported “Administrative/Supervisory” (see Figure 4). Clinic operations staff accounted for 19%, health education for 18%, academia for 12%, environmental health for 5%, emergency preparedness and epidemiology/surveillance for 3%, mental health/social services for 2%, and non governmental for 1%.

Figure 4. Primary Job Function Category



## Membership Interests for Involvement in KPHA

Nearly 100% of KPHA members reported having email and Internet at their place of work. Ninety-six percent (96%) of KPHA members prefer email as the primary means of workplace communication, while 4% prefer paper copies. Accordingly, most members prefer CD/DVD format for the KPHA manual. Paper copies are the preferred secondary means of communication (44%), followed by webinar (28%), bulletin board (16%), “other” (10%), and email (3%).

Seventy-nine percent (79%) of members have less than five hours per month to allot for KPHA activities. Twenty percent (20%) have 5-10 hours and 1% have 11-15 hours. Forty-one percent (41%) were most interested in special short term projects, 27% were not interested in participating in any activity, 19% were interested in workshop presentations, and 14% were interested in grant writing. Participants were most interested in committee work pertaining to conference planning (40%) and legislative action (36%), and were less interested in committees related to membership (14%) and administrative awards (10%).

Members had the most interest in new opportunities related to legislative advocacy (39%) and education topics in their practice areas (37%). Members showed less interest in mentoring (23%) and communication for KPHA members (1%).

The majority of members (47%) listed dues priced at \$40 to \$60 as the most affordable. Thirty-three percent of members marked dues priced below \$40 as the most affordable. Finally, dues priced at \$61 to \$80 and more than \$81 were the most affordable for 18% and 2% of members, respectively.

The majority of members would attend KPHA meetings in their own region and meetings via televideo (97% and 75%).

Most members (75%) prefer regional representation to director at large representation to the KPHA board.

## KPHA Activities and Services

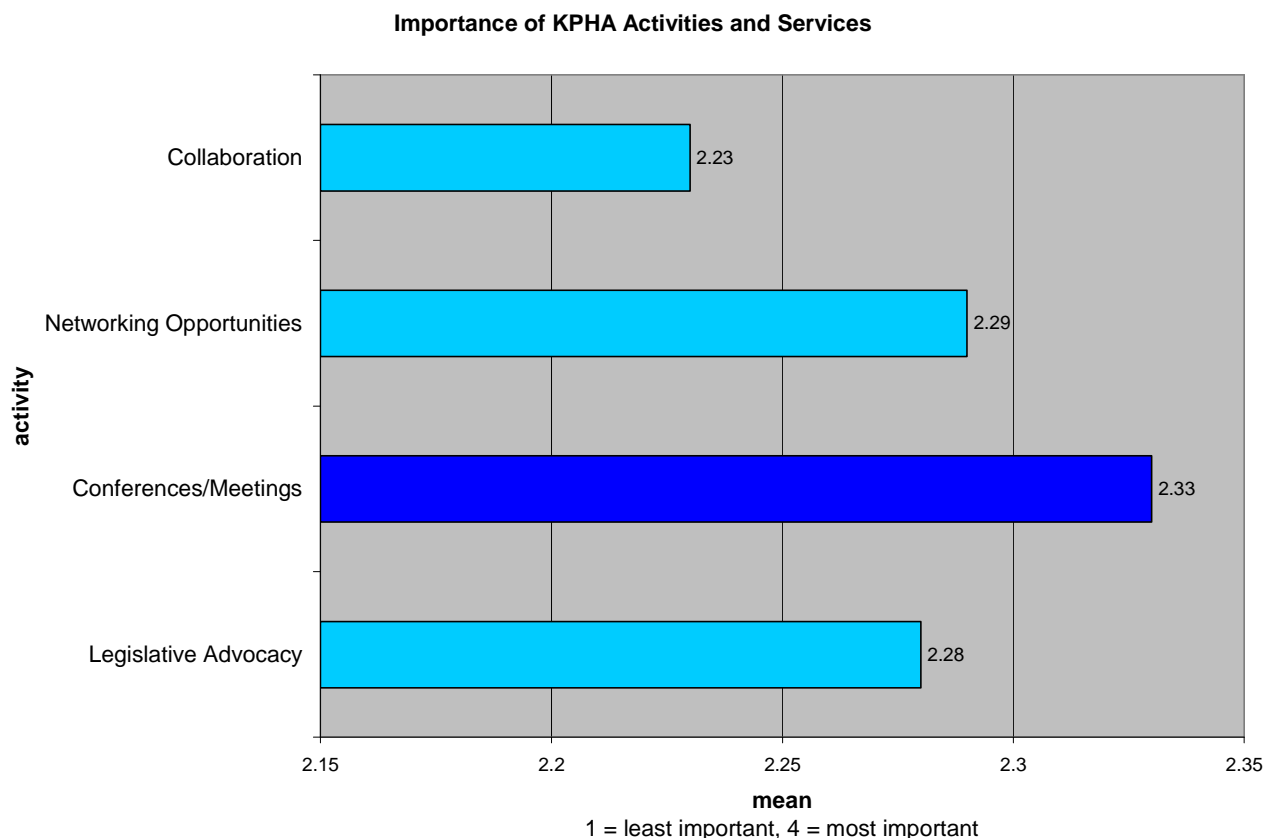
After gathering demographic information, researchers asked participants to rate attitudinal items, the first of which was KPHA activities and services. The following four categories comprised “activities and services”:

- **Legislative Advocacy**
  - Examples: Health Day, Legislative Forums, Lobbying, and Alliance of Health Advocates leadership

- **Conferences and Meetings**
  - Examples: Governor’s and Fall Conferences, meetings, and continuing education
- **Networking Events and Activities**
  - Examples: sections, informal meetings, orientation manual work group, statutes and regulations books, and other special projects
- **Collaboration** with public health agencies and other organizations.
  - Examples: participation with KHPA, KALHD, KDHE, KPLHI, KHI, and KHF Public Health Systems Group and grants from Kansas Health Foundation, Sunflower, and VISTA

Participants gave each individual activity or service a rating of: 4 = very important, 3 = important, 2 = somewhat important or 1 = not important at all. At 2.33, “Conferences and Meetings” received the highest average rating (see Figure 5).

Figure 5. Means for *Activity and Service* Categories



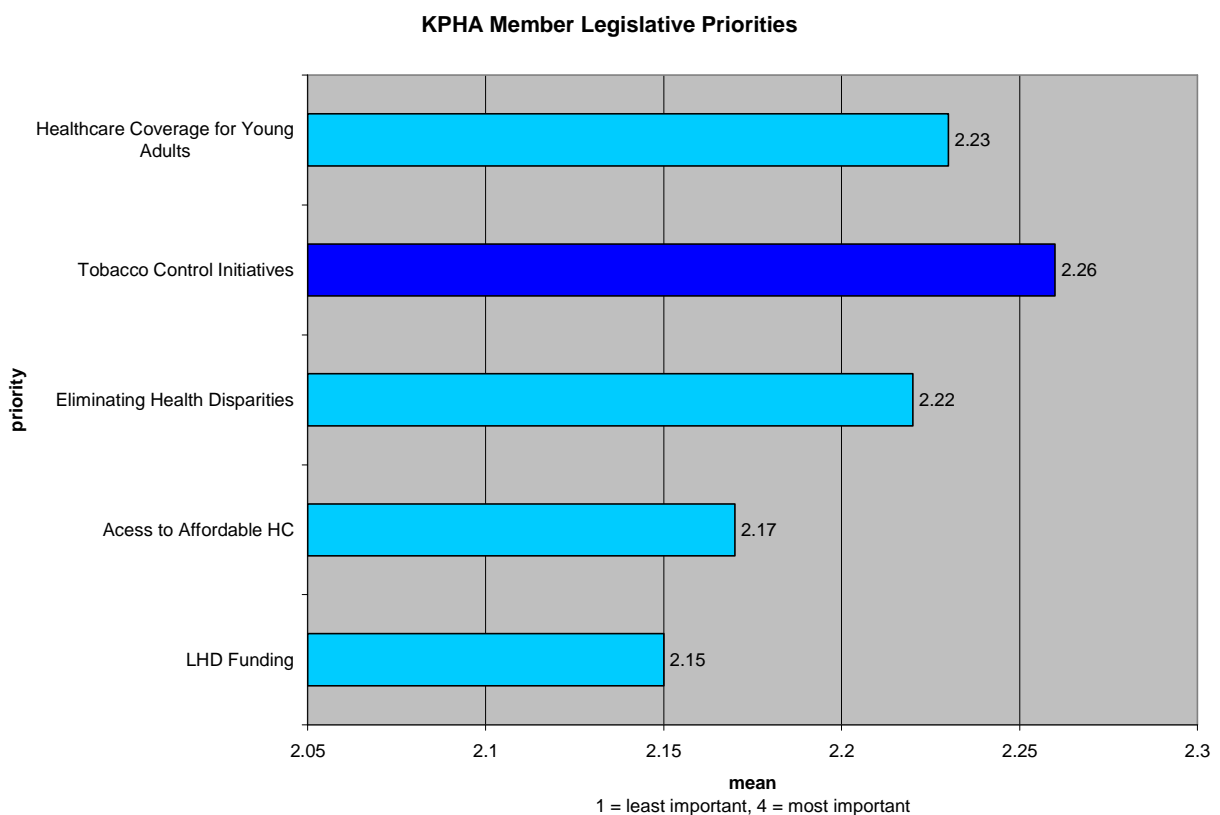
## KPHA Legislative Priorities

Using the same scale of 4 = very important, 3 = important, 2 = somewhat important or 1 = not important at all, researchers asked participants to rank the following legislative priorities:

- Funding for local health departments (LHDs)
- Access to affordable healthcare
- Eliminating health disparities
- Tobacco control initiatives
- Healthcare coverage for young adults

Figure 6 shows the mean responses for legislative priorities. Tobacco control initiatives were ranked highest (mean= 2.26), closely followed by healthcare coverage for young adults (mean= 2.23) and eliminating health disparities (mean= 2.22). LHD funding and access to affordable healthcare were ranked lowest with means of 2.15 and 2.17, respectively.

Figure 6. Means for *Legislative Priority Categories*



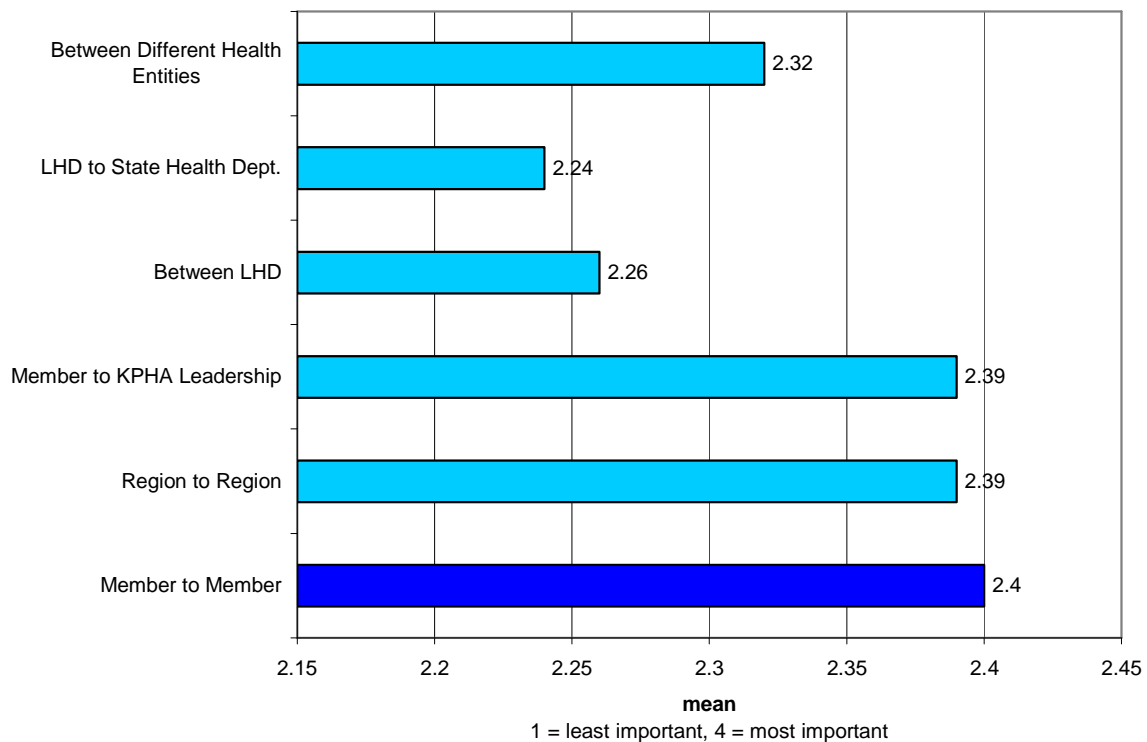
## KPHA Communication

Using the same scale of 4 = very important, 3 = important, 2 = somewhat important or 1 = not important at all, researchers asked participants to rank the following types of communication:

- Member to member
- Region to region
- Members and association leadership
- Between local health departments
- Between local health departments and the state health department
- Between different health entities

Members rated “member to member,” “member and association leadership,” and “region to region” communication highest, with means of 2.40, 2.39, and 2.39, respectively (see Figure 7).

Figure 7. Means for *Communication Categories*



## KPHA Conference Site

Researchers surveyed participants, “If you were going to travel to a KPHA meeting or conference, which city would be your first and second choice?” Dodge City, Garden City, Great Bend, Hays, Salina, Topeka, Wichita, and Kansas City were the cities from which participants could choose (Figure 8 and Figure 9). Respondents reported a preference for both first and second choice for meeting location of Topeka, Kansas City and Wichita, respectively.

Figure 8. First Choice for Conference Site

N = 153 respondents

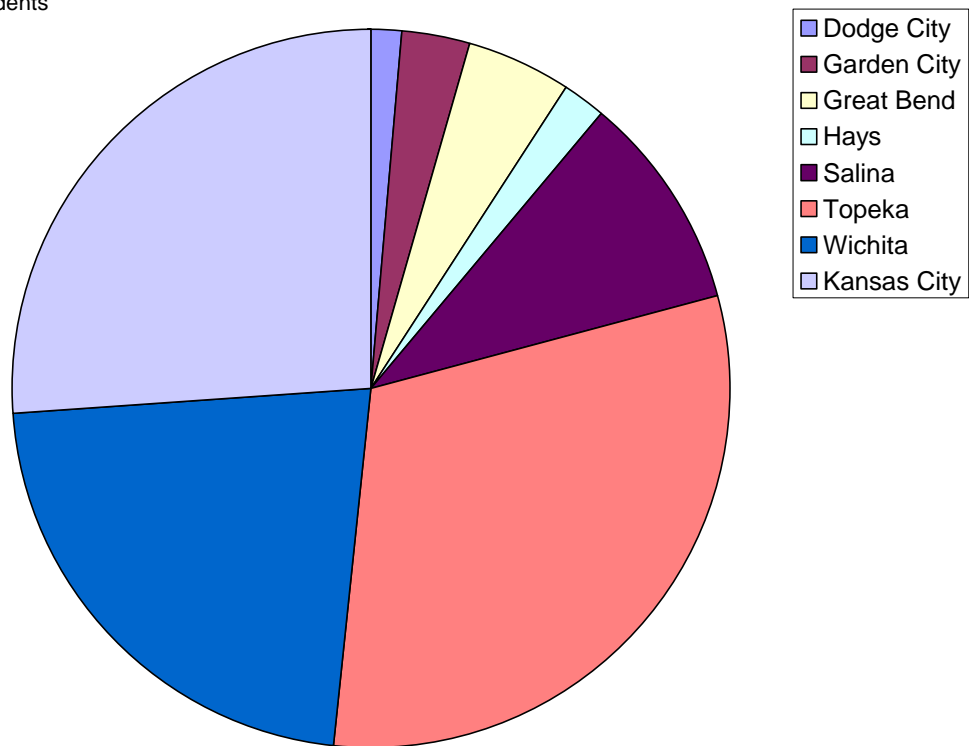
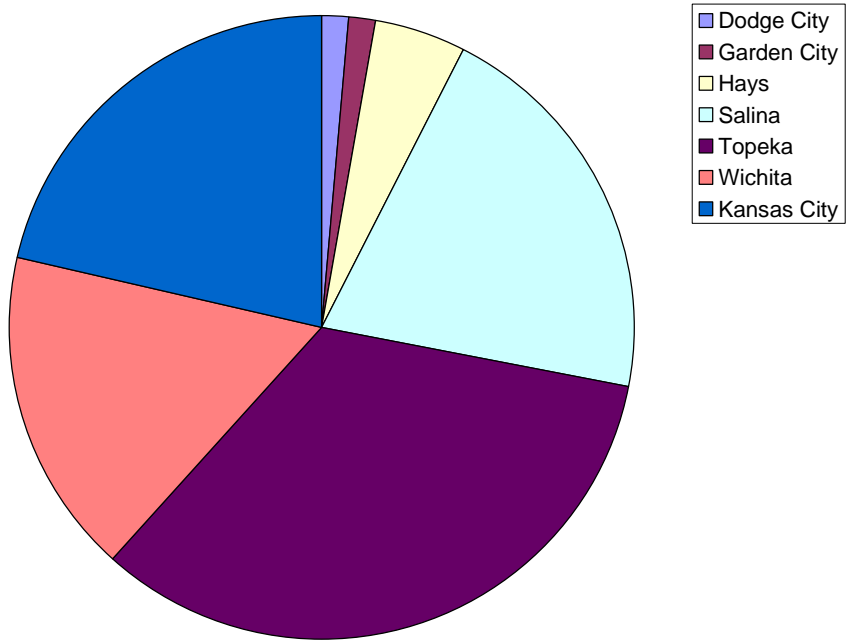


Figure 9. Second Choice for Conference Site

N = 149 respondents



## Attitudinal Differences between KPHA Members

### Gender

On all attitudinal measures regarding KPHA activities and services, legislative priorities, and communication, mean importance scores were higher for women than men, both for individual items and overall.

Figure 8. Activities and Services by Gender

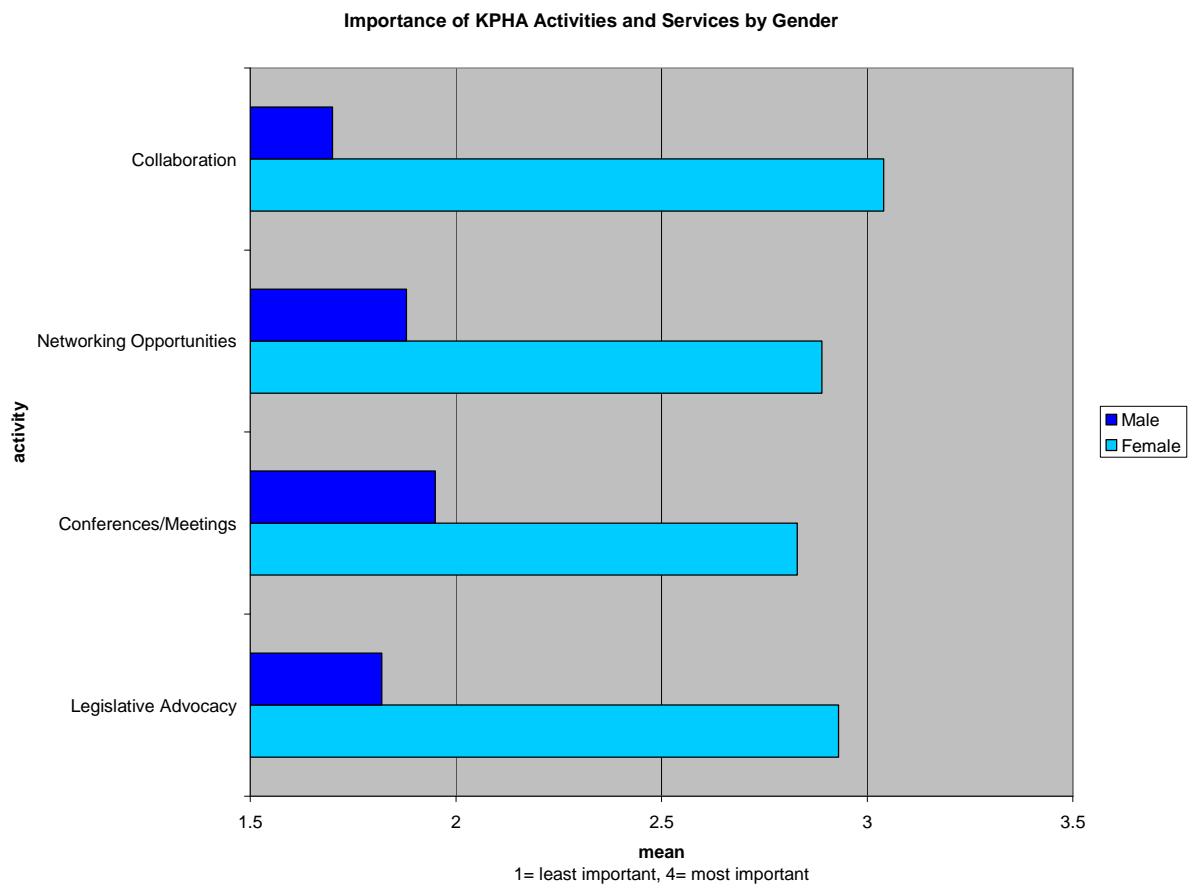


Figure 9. Legislative Priorities by Gender

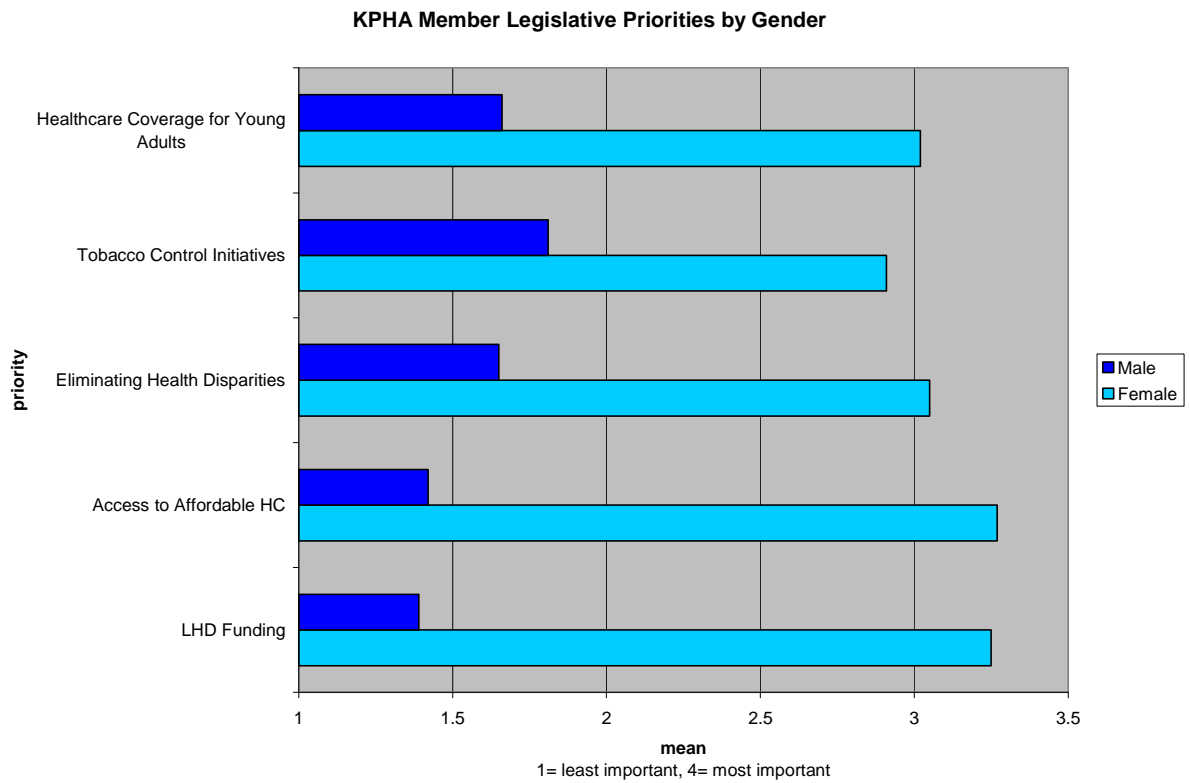
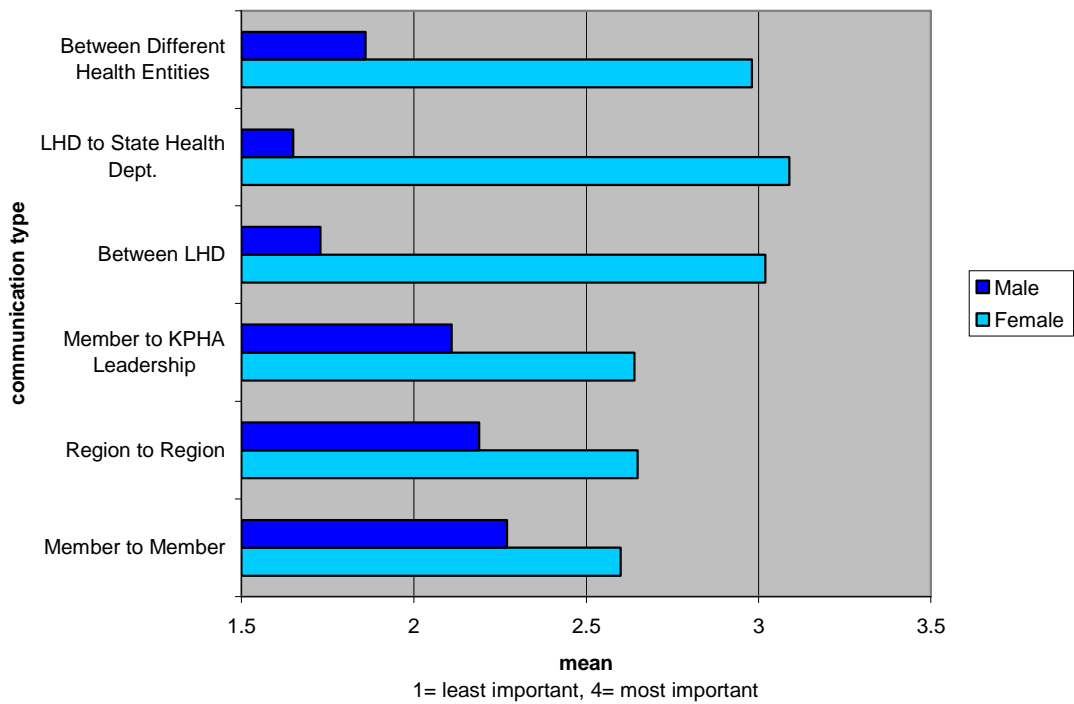


Figure 10. Communication by Gender



## **Age by Decade**

The following observations describe attitudinal differences among the various age groups:

- 31-40 year olds consistently rated attitudinal items as more important than other age groups. Conversely, members 61 years and older consistently rated attitudinal items lower in importance than other age groups.
- Regarding activities and services:
  - 20-30 year olds ranked conference and meetings (mean= 2.50) as more important than the other age groups.
  - 31-40 year olds found legislative advocacy (mean= 2.50), networking (mean= 2.42), and collaboration (mean= 2.38) more important than other groups.
- The 31-40 year old member group also rated all legislative issues as more important than the other age groups (see Figure 12). These findings suggest that KPHA should target the 31-40 year old age group for involvement and support of legislative advocacy.
- Three age groups (31-40, 41-50, and 51-60) ranked all forms of communication higher than the 20-30 and 61 and older age groups.

## **State Region**

Consistent mean differences were found among members in different regions of the state. North Central members rated KPHA activities and services and legislative priorities as more important than members from other regions. However, Southwest and North Central members ranked forms of communication similarly.

## **Years in Public Health Practice**

Members who have been employed in the public health field for six to ten years ranked attitudinal items higher than other groups. Accordingly, KPHA should recruit members who have worked for six to ten years in public health for committee work.

## **Agency Type**

Those members who work in academic and “other” agencies overall rated activities and services (means= 2.35 and 2.38) as more important than members from government and non government agencies.

**Primary Job Function**

For all attitudinal survey items, members whose primary job functions are emergency preparedness, academic, and non governmental attributed more importance to attitudinal items. However, it is important to note that the sample size for emergency preparedness, non government, and mental health/social services was small (n= 4, n= 2, and n= 3). Therefore, the importance rankings may not reflect the true means of the people who work in these fields.



## **Ruth Wetta-Hall, RN, PhD, MPH, MSN**

Research and Evaluation Associates in Community and Clinical Health

University of Kansas School of Medicine--Wichita

1010 N. Kansas

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