

Bulletin be utilised more strategically to advance the aims of public health in NSW, for example by leading debate and discussion in relation to the more complex and emerging public health issues.

CONCLUSION

Overall, the findings of the review were positive and there was unanimous support for the *Bulletin's* continued publication. The review and its recommendations present an opportunity for further development of the *Bulletin* to ensure that it remains relevant and useful to the field.

The aim of the *Bulletin* is to publish population health data and peer-reviewed information to support public health action in NSW. As public health develops in NSW and the

structures through which it is delivered changes, so the *Bulletin* should change to ensure that it remains relevant and useful.

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RESULTS FROM THE 2000 FAX-BACK SURVEY TO READERS ABOUT THE NSW PUBLIC HEALTH BULLETIN

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ABSTRACT

Publications must regularly reflect on their performance to ensure that they remain relevant to their readership and are fulfilling their objectives. In 2000 the 'NSW Public Health Bulletin Discussion Paper 2000' was released, with recommendations regarding all aspects of the *Bulletin* content, distribution and editorial management. A copy was sent to 1200 people with a fax-back survey seeking general feedback on the *Bulletin* and the recommendations. There was a response rate of 11 per cent. The survey identified broad support for the *Bulletin* and the recommendations. Findings included strong support for encouraging electronic access but maintaining the distribution of the printed copy. Subsequent changes to production of the *Bulletin* have included expanding the number of reviewers of articles and making improvements to the website.

In 1990 the *NSW Public Health Bulletin* was established to disseminate information among the newly formed public health infrastructure of the NSW health system and to provide regular feedback to practitioners on notifiable conditions, in particular communicable diseases. It has been in continuous publication since then, providing readers with

free access to population health data and peer-reviewed information to support public health action in NSW.

The 'NSW Public Health Bulletin Discussion Paper 2000' was released in November 2000. It described the purpose of the *Bulletin* and the production process. It also recommended future directions in all aspects of the *Bulletin's* functions, including the aims and objectives, intended readership and distribution, content and style, peer-review processes, archiving, and editorial management. The Discussion Paper was released to stimulate a broad discussion and encourage comment to ensure that the *Bulletin* remained a useful tool for the NSW public health workforce. It was published as a *Bulletin* supplement. To encourage feedback about the Discussion Paper's recommendations a survey was conducted.

METHODS

A one-page fax-back survey and a copy of the *Bulletin* Discussion Paper, accompanied by a covering letter from the Chief Health Officer of NSW inviting participation in the survey, was mailed to a purposeful sample of 1200 people in NSW in December 2000. The sample was based upon the standard distribution list used for policies and publications within the NSW health system but enhanced to ensure thorough coverage of the structures responsible for the delivery of public health functions. This group was further expanded to include members of the *Bulletin's* Editorial Advisory Committee, authors published in the previous two years and peer reviewers or guest editors. Although the *Bulletin's* distribution included a small

international readership, none of these readers were included. No reminder was sent to those who failed to reply.

The survey was in two parts. The first part asked respondents to identify their current job title and then sought 'yes' or 'no' responses about how they accessed the *Bulletin*, whether they used the index and if they had ever published in the *Bulletin*. The second part asked seven closed questions (again seeking 'yes' or 'no' responses) regarding respondents' support for the various recommendations made in the *Discussion Paper*. Open-ended responses were sought from those who did not support a recommendation. Simple frequencies were calculated for the responses to the closed questions and the open-ended responses were analysed for themes.

RESULTS

There were 128 responses: an 11 per cent response rate. Most originated from area health services (63 per cent); the remainder were mainly from the NSW Department of Health or the academic sector (Table 1). Respondents from area health services included 37 per cent from population health (divisions of population health and public health units), 21 per cent from administration (chief executive officers and health service managers) and five per cent from clinical areas.

While most respondents received the printed version of the *Bulletin*, approximately 40 per cent accessed the *Bulletin* via the web (Table 2). A similar proportion reported using the index. Approximately one third of respondents had published in the *Bulletin*.

Almost all respondents (97 per cent) supported the aims and objectives of the *Bulletin* as outlined in the *Discussion Paper*. Ninety-four per cent of respondents supported the recommendations that the *Bulletin* remain a peer-reviewed publication of 16–24 pages in length. Nineteen comments were offered in response to this question: eight suggested a higher standard of peer-review be adopted, using two reviewers for papers rather than one, and one suggested that indexing with *Medline* be sought. Several people commented that an important role of the *Bulletin* is providing current information and acting as a means of communication for the workforce. They expressed concern that all content might become restricted to material that is peer-reviewed. Five people commented on the length of the publication, observing that 24 pages or shorter was a good length. One person suggested that the appearance was tired.

Eighty-nine per cent of respondents agreed that the readership should be encouraged to access the *Bulletin* through the Internet on the NSW Department of Health website. However, twenty-six of these respondents commented on the value of the printed copy, noting that a print version was needed for the foreseeable future and that access should not be restricted to the web version. The commonly cited reason was that not everyone has access to computers or to the web. This included many general practitioners, workers in early childhood centres and rural workers. Other reasons included: the time required to access and read a document on-line; that the printed version was quicker to read and; that some people had difficulty

TABLE 1

LOCATION AND PROFESSIONAL BACKGROUND OF RESPONDENTS

LOCATION (AND PROFESSION)	n	%
AREA HEALTH SERVICE		
Population Health		
Public health units (directors, communicable disease nurses)	11	9
Population health and planning divisions	7	6
Other population health workers (directors of mental health or sexual health, coordinator multicultural health, community paediatrician, women's health, director drug and alcohol, health promotion unit, population health statistician)	12	9
Community health (managers or nurses)	8	6
Early childhood nurses	9	7
Administration		
Area hospital executive / managers (health service managers, chief executive officers, area health service board members, human resource managers, director medical services, manager nursing services, director of nursing)	27	21
Clinical		
Clinical worker / specialist / manager or coordinator / Division of GPs	6	5
NSW DEPARTMENT OF HEALTH		
Departmental managers (epidemiology, policy, communicable diseases, nursing, environmental health, oral health, health promotion, health service planning, data and evaluation, public affairs)	22	17
OTHER AREAS		
Academic	13	10
Others	8	6
NOT STATED	5	4
TOTAL	128	100

TABLE 2

ACCESS TO AND USE OF *BULLETIN*, AND HISTORY OF PUBLISHING IN THE *BULLETIN* (N=128)

Bulletin access and use	Yes	%	No	%	No answer	%
Receives printed version	104	81	22	17	2	2
Accesses <i>Bulletin</i> through web	53	41	69	54	6	5
Uses the index	55	43	68	53	5	4
Ever published in <i>Bulletin</i>	38	30	83	65	7	5

negotiating information through the web. Many commented that they used both formats but for different purposes. Eight people suggested ways for improving the ease of access to and look of the *Bulletin's* web site.

Nearly all respondents (97 per cent) agreed they would like to see new types of regular features in the *Bulletin*. Ten comments were offered, including two suggestions for new areas: mental health and developments in vaccines.

Regarding the recommendation that there be an annual review of the Editorial Advisory Committee, 84 per cent of respondents agreed. However, of the 24 comments received, 20 suggested that annual review was too frequent and that a longer term was necessary. Two to three years was the common period suggested; more frequent review was considered potentially destabilising to the work of the committee. Rotating membership was suggested, as was inclusion of general practitioner representation.

Seven additional comments were received with the survey sheet. These covered a variety of issues including the need to keep the presentation dynamic and the importance of design to assist with presentation.

DISCUSSION

There was a positive response to the *Bulletin* and to the recommendations presented in the Discussion Paper. Although the survey contained mainly closed questions, the number of helpful comments offered demonstrated an enthusiasm for the publication. The low response rate, however, makes it difficult to draw general conclusions about the views of the whole readership.

Despite the low response rate there were a relatively large number of responses from senior health managers who were responsible for the population health workforce, such as chief executive officers and directors of Divisions of Population Health. In addition approximately 30 per cent of all respondents had published in the *Bulletin*.

The low response rate compares with the response to general readership surveys for other subscription or free publications and a previous readership survey of the *Bulletin*.² The *Bulletin* readership was first surveyed through a postal survey that was included as part of the February 1993 issue. There was an eight per cent response

rate.³ Surveys that have achieved higher response rates have used smaller, targeted samples.^{4,5}

Other possible explanations for the low response rate to the 2000 faxback survey were the use of a broad sampling frame and the design of the survey instrument. Several respondents offered the criticism that some questions on the survey explored multiple factors while allowing only a single closed response. The closed question format may have also stimulated the large amount of free text comment provided by respondents. Future *Bulletin* surveys should consider refining the methods to gain high quality feedback.

Following the survey the peer review process was strengthened; two reviewers have been used for each manuscript since 2001. However, not all material submitted to the *Bulletin* requires peer review as the *Bulletin* seeks to retain the balance between the role of a peer-reviewed journal and a source of timely information. Nearly half the respondents had accessed the *Bulletin* through the web, although at that time the site was not easy to navigate and only a PDF format was available. At the end of 2001 the *Bulletin* was also made available in HTML and the *Bulletin* home page was redesigned to make it easier to navigate and search. The *Bulletin* has remained available in printed format.

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