

2014 Member Survey

Part 1: Introduction and Overall Results

June 2014

INTRODUCTION

The 2014 National Physical Activity Society member survey is the fourth in a line of surveys conducted every two years and the first under the new organizational name. The previous surveys were conducted by the National Society of Physical Activity Practitioners in Public Health (NSPAPPH) in 2007, 2009, and 2012. NSPAPPH was renamed the National Physical Activity Society in 2013.

NPAS intentions for the 2014 survey were to profile the membership, determine training needs, and provide direction to NPAS leadership.

Profile questions covered work setting level (community, state, national, or international), type of employer, education level, professional background, amount of work (full or part time) devoted to physical activity, number of colleagues, state in which they work, and length of service in the field. These questions were designed to give NPAS leadership a clearer picture of who makes up the membership and are also useful in determining target audiences for training.

The survey included questions about the Physical Activity and Public Health Specialist (PAPHS) certification, which was developed by NPAS's predecessor organization, NSPAPPH, and is administered by NPAS in conjunction with the American College of Sports Medicine. The training section of the survey centered around competencies needed for PAPHS certification.

NPAS questioned whether respondents had been involved with public health accreditation efforts and if so, whether physical activity concerns were included.

Questions were included about integration of member activities with other national efforts, including the National Physical Activity Plan and the National Prevention Strategy, in addition to the use of the 2008 Physical Activity Guidelines for Americans.

For those working in state health departments, a series of questions was designed to elicit the level of influence the respondents had on public health direction.

Finally, respondents were asked their type of membership and suggestions for direction for the organization, along with their perceptions on the benefits of membership, and highest level of involvement with NPAS.

The survey, constructed in Survey Monkey, contained 31 questions on 15 pages. Response time was estimated at 15-20 minutes. Skip logic was included on several of the questions, making the actual survey shorter for most respondents. NPAS conducted the survey April 17 to May 7, 2014.

No federal funds were used in conducting or analyzing the survey.

Population

The survey went to 1,314 email addresses on the contact roster of the NPAS. 186 people attempted responses; 173 completed. Three people opted out. Ten addresses bounced. The opted out and bounced numbers were included in the 1128 unresponded.

Some 1,128 email addresses were listed as not responding, yielding a response rate of 16.4%. However, since the denominator may include second addresses for individuals and dead email addresses (ones that did not bounce but nevertheless reached no one), the actual percentage of individuals associated with the Society reached is probably higher.

The roster includes members, partners, and others who have been interested in the Society's work.

Timing

The survey was deployed the night of Thursday, April 17. Two reminders were sent, one on the morning of Wednesday, April 23, and one the afternoon of Thursday, May 1. Although these reminders were scheduled only for the people who had not yet responded, we did learn that prior respondents received them (a flaw in the Survey Monkey system). The reminders included a sentence not in the original post specifically indicating that partners were welcome to respond, too. The final reminder indicated respondents had until 3 p.m. Eastern on Wednesday, May 7. Survey was closed at 3:30 p.m. May 7, 2014.

Appeal

The opening message appealed to members to assist the Society in representing their needs. The message promised results to be available after compilation in May and June. The survey was mentioned in the opening paragraph of the April 2014 newsletter. The May newsletter thanked the more than 170 people for participating.

Pretesting

Four active Society members pre-tested the survey and recommended key changes before it was deployed. Committee chairs had opportunity for input both at the beginning stage and at the testing stage. All board members were given the opportunity to comment.

Randomization

Three questions randomized answer choices:

1. Which of the following activities do you work on often or sometimes (but not rarely)?

Check all that apply.

3. Which of the following policy and environmental change activities would you consider IMPORTANT and URGENT for your professional development and training needs?

Check all that apply.

18. As we look to the next year or two, what would you like to see this organization focus on?

Randomizing answer choices is thought to improve internal validity.

High and Low Responses

The highest number of respondents for a single question was Question 2, with up to 183 people indicating their level of experience on ten PAPHS competencies listed as measured via Likert scale. The lowest number of responses for a question was 16, for the desired membership benefits question (Q29), which offered no preset choices. Similarly, the “improve the value” open-ended question (Q19) had 29 answers.

The lowest number of responses for a question with preset choices was 28, a skip logic question asked of those who had answered that they were part of an accreditation process regarding including physical activity (Q8). Two other questions received 36 answers each. These were also skip logic questions, asked of statewide public health employees, addressing circumstances for communicating with state health officers (Q12) and ability to influence state health department direction (Q13).

Other

Whenever logical, a choice of “Other (please specify)” was included. Many people took advantage of this opportunity to provide comments.

RESULTS: OVERALL

Results in this section are reported for the full survey. Cross-tabulation analyses of subsection respondents and the resulting differences in their answers will be covered in Part 2 of the report.

Location

One hundred fifty-three (153) respondents indicated working in a state or territory (Q31), with the responses representing 44 states, two territories (Puerto Rico, and Palau), and the District of Columbia. The states that were missing were Indiana, New Jersey, Nevada, Rhode Island, West Virginia, and Wyoming. All other states had at least one person responding, whether those respondents worked at the community, state, or national level. While it wasn't possible to analyze responses of those not answering the state questions due to the way the question was programmed, NPAS roster does have several international members.

Work Setting Level

Fifty-seven percent (57%) respondents work at the community level, 29% at the state level, 13% at the national level, and less than 1% at the international level (Q9). Translated to raw numbers, 50 respondents indicated state level work, while 98 indicated community level.

Employer

Fifty-four people answered the yes/no question "do you work at the statewide level of a public health department" (Q10), which was asked of those who answered "state level" on the work setting level question (Q9) and those 15 people who skipped the work setting level question. Thirty-seven respondents said yes to statewide public health employment. Questions for these state public health employees are covered below.

Fifteen options were provided for type of employer (Q14) for those who answered "no" to statewide level of a public health department. Thirty-five people (28%) responded they worked in university or other higher education, making this the second highest choice behind state health department employees. Thirteen percent (13%) said they work at a local public health agency. Between five and eight percent said they work at each of the following: business and industry, consultant, local level not-for-profit, student, federal government, and local health care agency. A handful of people, 3% to 4% each, selected state level not-for-profit, national nongovernmental organization, state agency, K-12 school system, and private entrepreneur. One person indicated military and no one indicated local government unrelated to public health.

Work Status

Responses were fairly even across the choices for full or part-time work on physical activity (Q15). In a public health setting, 22% answered full time and 18% answered part-time. For those not in a public health setting, 19% answered full time and 15% answered part time. However, 40 people (23%) responded “other” and filled in the blank. Forty percent of respondents work full time on physical activity. *[Note for Discussion: This question should be eliminated next time.]*

Alone or with Colleagues

Responses were evenly split among the four choices for number of colleagues a respondent has (Q17): Work alone (22%), one other colleague (21%), 3-4 people (22%), and one of more than 4 people (18%). 6% were not sure and 11% responded other and provided comments.

State Public Health Employees

Thirty-seven (37) respondents indicated working at the statewide level of a public health department (Q10). Most of these are 4-5 steps removed from the state health officer (Q11). The most frequent responses for when a statewide public health department respondent is able to communicate with their state health officers (Q12) were when legislators request information or when program activities garner media attention. In relation to their influence on the state health department’s plans regarding physical activity (Q13), most said they were “able” or “somewhat able” to influence direction. Five responded that they are “not at all able” to influence direction. Only three indicated the ability to call a high-level meeting and come to consensus, and no one answered that their input was essential to the state health officer’s decision making.

Length of Time in Field

About 46% respondents answered they had been in the physical activity field ten years or longer (Q16). Close to 70% had been in the field five years or more. Only four respondents had been in physical activity less than a year. About 20% had worked in physical activity one to five years. The rest indicated “not applicable.”

NPAS Involvement

Only 11 respondents answered that the highest level of service they had given to NPAS or its predecessor, NSPAPPH, was board level (Q30). Seventeen responded that they had served on a committee or action team. Twenty-eight (28) said using or participating in training resources. Fifty indicated reading the newsletter was their highest level of involvement. Seventeen were new members, and 37 indicated no involvement. This question did not ask if respondent was a partner.

Professional and Educational Background

More than half of respondents (55%) have a public health background (Q20) and 38% cite community health education. Respondents were allowed to choose more than one answer. Thirty-five percent (35%) cite exercise science and 21% say they have been a personal trainer. Eighteen percent (18%) said nutrition, 14% said physical education in schools, 11% answered recreation, and 4% each said nursing and urban or community planner. Sixteen percent (16%) of the respondents selected other and offered comments.

The most selected response for highest level of education attained (Q21) was Master's degree (57%), followed by doctorate or terminal professional degree (22%). Eighteen percent (18%) answered bachelor's degree. One person selected associate's degree, four people indicated "other," and zero people selected high school as their highest educational attainment.

Integration with National Efforts

For all three of these questions, respondents could check all that apply.

One hundred seventy-two people answered the question regarding uses of the National Physical Activity Plan (NPAP) (Q4), with 71 (41%) saying they had not used the plan. Highest responses for use were to explain multi-sectoral approaches to public health (30%), persuading allies to participate in physical activity efforts (28%), informal technical assistance (24%), setting a framework for state or local planning (23%), broadening the sectors with which respondents partner (21%), and informing policy efforts (20%). Thirteen percent (13%) said they used the NPAP to justify their physical activity unit's function and purpose. Six percent (6%), 11 respondents, said they fully integrate their activities with the NPAP.

Asked how they have used the 2008 Physical Activity Guidelines for Americans (Q5), more than 100 people (59%) said issuing messages promoting a minimum of 150 moderate intensity minutes per week or 75 vigorous minutes per week. Large percentages also responded that they used the guidelines to promote strength training (45%), setting goals for a written plan (45%), interpersonal conversations (40%), partnering with school and adolescent health interests to promote an hour a day of physical activity for children (32%), correcting out of date written guidance on number of minutes and occasions of physical activity recommended per week (29%), and informing policy efforts (27%). Only 13% said they have not used the Physical Activity Guidelines for Americans. Seven percent (7%) responded "other" with comments.

For use of the 2011 Office of the Surgeon General's National Prevention Strategy (Q6), 51% of respondents said they had not used it. Popular uses for those who did were to explain multi-sectoral approaches to public health (28%), inform policy efforts (21%), persuade allies to participate in physical activity efforts (18%), set a framework for state or local planning (16%),

and encourage other state agencies to work with state health department as partners (14%).

[Note for Discussion section: this last seems to me a primary purpose for the NPS.] Nine percent (9%) said they have used the National Prevention Strategy to justify the unit's purpose.

Accreditation

Thirty-three respondents (19%) have been involved in a health department accreditation process (Q7), with 23 of those indicating that resulting plans address physical activity (Q8).

PAPHS Certification

Out of 131 responding to the question, 21 are PAPHS certified (Q23). Another 61 said they have plans to become certified (Q24). Respondents cited a number of reasons for not becoming certified (Q25), mostly around cost and relevance or personal benefit. Asked why they pursued certification (Q26), respondents split the answer choices fairly evenly (tangible demonstration of knowledge and skills, instant credibility, competitive on job applications, personal goal, and setting apart from others; 25 to 43 respondents selected each of those). Comments on the certification questions reinforced the lack of relevance seen.

Activities and Training Needs

The first question of the survey prompted respondents with 15 activities that might be conducted "often or sometimes" by physical activity practitioners (Q1). Respondents were asked to check all that apply, skipping those that they rarely did. 170 people responded to this question. More than half checked these two activities: Contacting partners to discuss physical activity efforts (61%) and building capacity of coalitions/partnerships to engage in physical activity activities (*sic*, 56%).

Activities conducted often or sometimes (but not rarely) by 30% or more of respondents: writing promotional materials (42%), issuing messages on social media (35%), reporting to a funding agency (35%), providing technical assistance to communities with high disparities burden (32%), answering exercise physiology questions from the public (31%), and promoting safe routes to schools (30%).

Slightly lower numbers answered often or sometimes (but not rarely) to using the National Physical Activity Plan (25%; note that this questions is asked differently than Q4 on the NPAP), consulting with urban planners (23%) or transportation officials (22%), conducting or teaching health impact assessment (21%), and writing policy briefs (20%). Only 15% said they often or sometimes (but not rarely) speak with broadcast media personnel, and only 6% checked preparing public health accreditation documentation for the agency.

This question had 44 comment responses asking for other activities respondents do often or sometimes.

The question with the highest response on the survey was Q2: How much experience have you had in the following PAPHs competencies? This question used a five-point Likert Scale of no experience, very little, some experience, a good deal, or very much experience for respondents to indicate their self-rated experience level with the competencies named. A subset of PAPHs competencies had been identified. Ten items were listed, covering 11 competencies; two were contained in one of the questions.

[See addendum Excel spreadsheet on competencies by experience.]

Question 3 asked directly for respondents' important and urgent professional development and training needs on select policy and environmental change activities. One hundred seventy-seven people responded to this question. Answers are listed from highest percentage to lowest.

- A. Developing worksite policies that support physical activity (53%) 93 of 177
- B. Identifying appropriate policy strategies for different communities (49%) 86
- C. Evaluating policy and environmental change interventions (48%) 85
- D. Developing policies to support physical activity in rural settings (47%) 83
- E. Addressing the needs of high burden populations (45%) 80
- F. Developing policies to support physical activity in urban settings (44%) 78
- G. Communicating the value of policy and environmental change activities (44%) 77
- H. Analyzing policies for their public health impact (41%) 73
- I. Sustaining policy efforts (41%) 73
- J. Conducting health impact assessment (41%) 72
- K. Using data persuasively (39%) 69
- L. Garnering appropriate media attention to a policy effort (30%) 53
- M. Distinguishing between advocacy and lobbying (24%) 43
- N. Responding to requests from state legislators, city councils, and other political bodies (23%) 40
- O. Explaining steps in legislative processes (18%) 32

Membership

Asked membership status (Q27), 21 respondents indicated regular membership (have made one payment of \$75; note that paid membership began roughly 12 months prior to the survey.). Five indicated student membership (\$35). Eighty-four indicated they were associate members.

Four said they were partner organization representatives, 37 indicated they were unsure, and 20 said they are not members. This question is useful in cross tabulations, which will be covered in Part 2.

By far the most popular answers for value of membership (Q28)* were webinar training (79 respondents), website resources (78), and newsletter (75). Respondents also saw networking (51), ability to inform state or local policy (40), ability to influence national policy (30), and involvement in developing or implementing national initiatives (27) as valuable. Even the lower ranked responses had more than 10 people: avenue to obtain continuing education for PAPHS (24), discount to Journal of Physical Activity and health (21), discount for PAPHS exam (19), opportunity to practice leadership skills (17), and scholarship opportunities for conferences or trainings (14) *Note that this question was open to all regardless of membership status.

Organizational Direction

Several choices were given for organizational direction (Q18). Respondents were able to judge whether each choice should be a low, a medium, or a high priority; i.e., they were not asked to force rank their highest priorities among the list of seven possibilities. The table of responses is presented below ranked in ascending order by high priority response.

	Low priority	Medium priority	High priority	Total
Push for broader adoption of the Physical Activity in Public Health Specialist (PAPHS) certification	31.01% 49	44.30% 70	24.68% 39	158
Provide networking opportunities for professionals	17.31% 27	45.51% 71	37.18% 58	156
Expand professional development and training opportunities for members	5.06% 8	48.73% 77	46.20% 73	158
	13.13%	38.75%	48.13%	

Become more of a national “thought leader” on physical activity in public health	21	62	77	160
– Expand resources available to professionals and their allies on physical activity in public health	4.52% 7	44.52% 69	50.97% 79	155
– Become more involved in policy development and policy education efforts nationally	8.92% 14	36.31% 57	54.78% 86	157
– Increase priority on education to public that physical activity has health benefits for all people, regardless of weight or weight-related goals	10.56% 17	26.09% 42	63.35% 102	161

Highest priority responses included these activities:

1. Increase priority on education to the public that physical activity has health benefits for all people, regardless of weight or weight-related goals (63% of those answering the question said this should be a high priority; 26% medium)
2. Become more involved in policy development and policy education efforts nationally (55% of those answering the question said this should be a high priority; 36% medium)
3. Expand resources available to professionals and their allies on physical activity in public health (51% of those answering the question said this should be a high priority, 45% said medium)

Further analysis will be conducted on this question for Part 2.

Only a few respondents said these two activities were a low priority: Expand resources available to professionals and their allies on physical activity in public health (7) and expand professional development and training opportunities for members (8). In contrast, 49 respondents said pushing for broader adoption of PAPHS should be low priority.

Part 2 will analyze results of subsections of the survey in comparison to each other.

2014 NPAS Member Needs Assessment

How much EXPERIENCE have you had in the following PAPHS competencies? (The competency # is in parentheses.)				
Answer Options	How long have you worked in the physical activity field?		Rating Average	Response Count
	5-10 years	10+ years		
Create and communicate appropriate physical activity information on social media (1.3)				
No experience	4	9		
Very little	5	15		
Some experience	23	29		
A good deal	4	17		
Very much experience	3	8		
	2.92	3.00	2.97	117
Use public health data as a tool to develop community-based interventions (2.1)				
No experience	4	10		
Very little	4	1		
Some experience	10	17		
A good deal	15	30		
Very much experience	7	20		
	3.43	3.63	3.56	118
Review and recommend best practices and procedures for PA efforts (2.3)				
No experience	2	4		
Very little	0	3		
Some experience	9	15		
A good deal	18	29		
Very much experience	11	27		
	3.90	3.92	3.92	118
Use data to illuminate public health disparity and access issues (2.4)				
No experience	4	7		
Very little	3	7		
Some experience	13	23		
A good deal	11	26		
Very much experience	9	15		
	3.45	3.45	3.45	118
Interpret sources of data from professions outside of public health to inform program and policy development (2.5)				
No experience	4	9		
Very little	4	10		
Some experience	14	20		
A good deal	13	22		
Very much experience	5	16		
	3.28	3.34	3.32	117
Use theoretical frameworks and models to plan and evaluate physical activity interventions (3.1)				
No experience	1	8		
Very little	4	4		
Some experience	12	22		
A good deal	15	25		
Very much experience	8	19		
	3.63	3.55	3.58	118
Use quantitative and qualitative analysis to document physical activity programs. (3.8)				
No experience	1	7		
Very little	8	6		

Some experience	7	22		
A good deal	19	26		
Very much experience	5	17		
	3.48	3.51	3.50	118
Know the functions of governing bodies, such as school boards, planning boards, and state agencies (4.3), and roles of legislatures, executive				
No experience	6	7		
Very little	6	11		
Some experience	11	22		
A good deal	14	24		
Very much experience	3	14		
	3.05	3.35	3.25	118
Use media advocacy to advance physical activity (4.6)				
No experience	8	13		
Very little	8	18		
Some experience	13	25		
A good deal	9	12		
Very much experience	2	9		
	2.73	2.82	2.79	117
Apply assessment skills for population-based physical activity, such as surveys, diaries, pedometers, and accelerometers (6.3)				
No experience	2	6		
Very little	8	9		
Some experience	14	14		
A good deal	5	25		
Very much experience	10	24		
	3.33	3.67	3.56	117
<i>answered question</i>				117
<i>skipped question</i>				1