

“Collecting & Analyzing Qualitative Data in Community Health Assessments”

CHA/CHIP Demonstration Project
February 27, 2012



Presented By:
Lisa Scott McCracken

Webinar Logistics

- The lines are muted. If you wish to mute/unmute your line to ask/answer a question, please do the following:
- To **unmute** your own line, **press *7**
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- Throughout the presentation and during the Q&A session, if you have a question, please use ReadyTalk's 'raise your hand' feature or use the chat box to indicate you have a question. The facilitator will call your name and ask for your question.



PROJECT REQUIREMENTS: DATA COLLECTION AND ANALYSIS IN THE CHA

Lauren Shirey, NACCHO



Setting the Gold Standard for CHAs and CHIPs



- Your work will set the standard for others!
- Demonstration Project Key Features:
 - Engaging community members and LPHS partners in a meaningful way.
 - Addressing the social determinants of health.
 - Using QI and quality planning techniques.



Project Requirements: Data Collection and Analysis

“Community health assessment (CHA): *A process that engages with community members and LPHS partners to systematically collect and analyze qualitative and quantitative health-related data from a variety of sources within a specific community. The findings of the CHA are presented in the form of a community health profile and inform community decision-making, the prioritization of health problems and the development and implementation of community health improvement plans.”*



Project Requirements: Data Collection and Analysis

Engage Community Members

“Community members must be engaged in a meaningful and substantive way throughout the CHA and CHIP processes, including indicator selection, **data collection**, **data analysis**, data presentation and distribution, issue prioritization, CHIP creation, implementation of CHIP, and monitoring of results.”



Project Requirements: Data Collection and Analysis

Address the Social Determinants of Health

“Assessing the social determinants of health in their jurisdiction and ensuring that they are considered in indicator and data source selection, **data collection**, and **data analysis...**”



Project Requirements: Data Collection and Analysis

Required characteristics of the Community Health Profile:

- **Data and analyses** that do the following:
 - Describe the characteristics of the overall population (age distribution, race and ethnicity, socioeconomic status, etc.).
 - Demonstrate the use of a broad set of indicators of community health, well-being, and quality of life and multiple data sources.
 - Consider a range of issues that affect health directly and indirectly.
 - Incorporate data from a variety of sectors that influence health such as housing, education, transportation, etc.
 - Identify community members' definition(s) of health and relationship to cultural needs and values.
 - Identify desired health and health-related outcomes from the perspective of community members.
- Use federal, state, and/or local data as appropriate.
- Use **qualitative data** as well as quantitative data. **Include qualitative data on community perceptions, assets, priorities, and the community health context.**

Project Requirements: Data Collection and Analysis

Required characteristics of the Community Health Profile (cont'd):

- **Data and analyses** that do the following:
 - Demonstrate the use of indicators, **data collection methods**, and **data analysis techniques that allow for the identification and examination of health inequities**.
 - Choose indicators that represent a broad range of items that community members have indicated, or literature shows, may be inequitable.
 - Use **data and data collection methods** that can be **analyzed and reviewed for health inequities** (i.e., if a data source already exists for an indicator but the data cannot be analyzed for health inequities, consider using another data source or collecting new data on this indicator to fulfill this need).
 - Ensure that sample sizes are large enough, when appropriate, to allow for data analysis to examine health inequities between and among sub-populations.
 - Show that both community assets/strengths and resources as well as needs/gaps were assessed.
 - Compare jurisdiction data with that of neighboring jurisdictions, state, and/or the nation.
 - Include a review of trends and sub-population specific data when possible (e.g., if sufficient data are available on health status, risk factors, etc. for different racial or ethnic groups, then the data presented should be stratified by race and ethnicity).

PHAB CHA-related Requirements: Data Collection and Analysis

**Be sure to review the standards below to identify the measures and required documentation that PHAB seeks related to data collection and analysis. Details are available within each of the standards and their related measures.*

Standard 1.1: Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment

Standard 1.2: Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and On the Health Status of the Population

Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health

Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

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PHAB CHA-related Requirements: Data Analysis

For example...

Standard 1.1.1 T/L: Participate in or conduct a collaborative process resulting in a comprehensive community health assessment.

Required Documentation 2: Through regular meetings, the LHD must document that the partnership meets or communicates on a regular basis to consider new data sources, review newly collected data, consider changing assets and resources, and conduct additional data analysis. [Guidance: meeting agenda, meeting minutes and copies of emails could provide this documentation.]

Standard 1.1.2 T/L: Complete a Tribal/local community health assessment

Required documentation 1.a: Documentation that data and information from various sources contributed to the community health assessment and how the data were obtained. [Guidance: Evidence that comprehensive, broad-based data and information from a variety of sources were used to contribute to the health assessment. Sources may include...focus groups, town forums and listening sessions...]

Required documentation 1.c: A general description of health issues and specific descriptions of population groups with particular health issues. [Guidance: A narrative description of the health issues of the population and the distribution of health issues, based on the analysis of data (see guidance for required documentation 1.a)].

Webinar Objectives

At the completion of the session, participants will be able to do the following:

1. Re-state the CHA/CHIP demonstration site project requirements for quantitative data analysis.
2. Describe the related required documentation from PHAB Standards and Measures Version 1.0.
3. Evaluate gaps from secondary data sources and primary collection of quantitative data in providing direction for collecting qualitative data.
4. Determine what qualitative data needed to collect based on the indicator set and chosen community health improvement process model/framework.
5. Identify the advantages and drawbacks of the various approaches to collecting qualitative data.
6. Identify needed resources (time, manpower, funds, materials, facilitation expertise) for collecting qualitative data.
7. Discuss examples, samples, and resources of qualitative data collection methods and tools.
8. Describe how qualitative data can help communities consider and address health inequities.
9. Describe one technique for analyzing qualitative data.
10. Name one technology that can be used to analyze qualitative data.
11. Identify the limitations of qualitative data and methods for addressing limitations.
12. Identify ways to involve community members and partners in qualitative data collection and analysis.
13. Discuss strategies for overcoming barriers to obtaining existing or new qualitative data.
14. Determine what, if any, CHA/CHIP project qualitative data collection and/or analysis-related TA from which their site would benefit.

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COLLECTING QUALITATIVE DATA



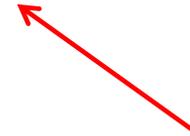
What is Qualitative Research?

Definition of Qualitative research:

“Qualitative research is designed to reveal a target audience’s range of behavior and the perceptions that drive it with reference to specific topics or issues. It uses in-depth studies of small groups of people to guide and support the construction of hypotheses. The results of qualitative research are descriptive rather than predictive.”

-QRCA (Qualitative Research Consultants Association)

www.qrca.org



Qualitative research is **NOT**:

- A count, measure, or statistical observation
- A substitute for quantitative research because of time and budget constraints



Types of Qualitative Research

Most common types of Qualitative research:

1. In-depth interviews (generally 30-90 minute interviews)
 - CTSA, FOC
2. Focus groups (generally around 10 individuals)
 - CTSA, FOC, LPHSA**
3. In-context observations
4. Diary/journal exercises



Qualitative research can be conducted via:

- Telephone
- In-person
- Video conferencing
- Internet

Benefits of Conducting Qualitative Research

Benefits of Qualitative research include:

1. Synergy among respondents, which allows for ideas to build upon one another (focus group settings)
2. These types of techniques allow researchers to go beyond what might be offered up in traditional surveys & allow you to reach certain populations that other traditional techniques do not reach (e.g. those living in poverty; homeless; undocumented)
3. Qualitative research provides the opportunity to “dig deeper” beyond the initial responses of the individual; gives a deeper level of understanding of the issues (e.g. better understanding of health inequities)

When to use Qualitative research:

- Questionnaire development (would need to happen early in the CHA process)
- To understand the feelings and perceptions that influence behavior (key with CHA research)
- To generate ideas for improvement (component of planning)
- To capture the unique language, culture, and perceptions of a particular target group (again, potential health inequities)

Types of Qualitative Research: Resources Needed

Resources needed for the most common types of Qualitative research:

	Time	Manpower	Funds	Materials	Expertise
In-depth interviews	4-6 weeks	Significant time for interviews	Telephone	Telephone	Strong in-depth interviewer, report writer
Focus groups	4-6 weeks	Recruiter, facilitator, report writer	Facility, incentives, refreshments, misc.	Facility, recorder, refreshments	Strong facilitator, strong reporter
In-context observations	Depends on # of observations	Skilled observer	Time	Minimal	Trained observers

Barriers



- I am having a hard time convincing people that qualitative data is reliable due to the fact that it is not a hard set of numbers and statistics.
- How much qualitative data is enough?
- How do I manage partners who feel as if “their” group/topic wasn’t selected?
- How do I effectively engage community members in recruitment, planning, facilitation, interpretation, etc.?
- When do I do group versus individual interviews?
- Should I both audio tape and video record?



FGrp Facilitator's Guide: What questions to ask?

- Introduction and setting the tone is important
 - Ground rules
 - Role of facilitator
 - Let them know you are audio taping (or video if using that as well)
 - Repeating objective(s) for the group
 - Facilitator dress, demeanor, etc. is important
 - What if there are observers?
- With questions, let pre-identified indicator set guide this discussion (Are there holes? Is there indicator data we don't fully understand?)
- Can often start with larger, over-arching question, then probe for more detail. Example:
 1. Are there any barriers in _____ for individuals with diabetes as they seek out treatment?
 - a. Availability of specialists?
 - b. Able to obtain needed medications, blood-sugar testing supplies, etc.?
 - c. Costs?
 - d. Transportation to physicians, specialists?



Resource: CT Association of Directors of Health: "Conducting Community Focus Groups"

http://www.cthanded.org/HEALRT/SM_G.pdf

In-depth Interviews: What questions to ask?

- Data collection tip: Advanced communication, schedule appointments!
- Combination of closed and open-ended often beneficial way to organize
- Can use similar questions to a focus group; starting broad, then probing into more detail if needed
- Specific questions will depend on topic/objectives
 - Is this specific to a particular topic?
 - Is it general, such as “what do you see as the key public health or healthcare challenges in our community?”



Considerations for Qualitative Research: Race/Cultural Differences

- Will need some insight and assistance with recruitment
- Setting is important
- Recruitment tips
- Facilitator is important (bilingual?)
- It is important to fully understand and articulate cultural differences in how healthcare needs are met, perception of needs, etc.



Resource: Quirks Market Research Review (Dec 2011)
“Avoiding pitfalls in conducting Hispanic focus groups”



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ANALYZING QUALITATIVE DATA



Analyzing the Data: Focus Groups

- The ability to pull out key themes is important; a strong writer is important to this....do you consider a separate facilitator and writer?
- For focus group reports, it is important to give background on recruitment, participant demographics, etc.
 - Organize narrative according to the facilitator/discussion guide
 - Integrate quotes through (watch the confidentiality!)
 - Conclusions section
- Be careful with “one person said.” Total regurgitation of every word not necessarily helpful in reporting.

Analyzing the Data: In-depth interviews



- The level of organization and detail recorded during the interviews will set the stage for the analyzing and reporting.
- Again, follow the interview guide to organize the report.
- Report can also be organized according to whether or not the interviews are anonymous (individual summaries versus aggregate reporting).
- Report can also be organized by “category” of respondent if that makes sense.
- Note key themes and integrate supporting quotes and examples.
- What are key conclusions?

Technologies for Qualitative Data

- Variety of software programs/tools exist for “analyzing” qualitative data
 - Most largely assist with organizing & coding
 - Do not replace the interpretation
- Helpful with large sets of qualitative data (e.g. open-ended questions or comment fields on surveys)
- Examples: SPSS, Atlas, EZ-Text, CAQDAS, others
- Software versus manual Content Analysis
 - What is Content Analysis?



Resource: CDC Brief: “Analyzing Qualitative Data for Evaluation”

<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief19.pdf>

Barriers



- Should we transcribe the focus groups word-for-word?
- How do I effectively use existing qualitative data from other groups and some of our partners?
- How do we extrapolate from neighborhood level data to a citywide interpretation?
- How do I synthesize all of this qualitative information into meaningful feedback?

Tips If Contracting Out Qualitative Work

- As with quantitative data, even if you are contracting the work out, there are things you keep top of mind:
 - What is their experience and training with facilitation?
 - What is your role/responsibilities versus their role/responsibilities?
 - Are they clear on how to effectively engage community partners in the process?
 - Are they fully informed of the other research components and findings?
 - Are you clear on the deliverables? Request sample reports!



Resources

QRCA (Qualitative Research Consultants Association)

CASRO (Council of American Survey Research Organizations)

American Association for Public Opinion Research

CDC (Centers for Disease Control & Prevention)

NACCHO (MAPP Clearinghouse: Facilitator tips)

Holleran Focus Group Manual



Questions and Discussion



Last Word

There will be no CHA/CHIP Webinar on the regularly scheduled training days in March: 3/14/12 and 3/26/12.

We look forward to seeing you in Dallas on 3/29/12 – 3/30/12!

**Please complete the evaluation before
logging off the webinar.**

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