

## Community Health Assessments (CHA) and Community Health Improvement Planning (CHIP) for Accreditation Preparation

### “Introduction to Data Collection”

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## Goals Of This Session

1. To provide an overview of commonly used data collection approaches for community health assessments
2. To clarify the differences between qualitative and quantitative information and the differences between primary and secondary data
3. To fully understand the benefits and limitations of various approaches
4. To conceptualize ongoing data collection approaches

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# Data Collection Options



## Each serves its purpose....

Key Informant Interviews

Secondary Data

Town Hall Meetings

Household Surveys

Focus Groups

Face-To-Face Interviews

Subpopulation Research



## Some Basic Definitions

### *Quantitative versus Qualitative Data*

- **Quantitative Data:**

Sometimes referred to as “hard data.” This is information or data that can be quantified or counted (rates, percentages, counts, averages). Can be either primary or secondary data. This quantitative information often has statistical properties that allow generalization to larger populations.

- **Examples:**

- Approximately 60% of the population is overweight or obese.
- Approximately 7.2% of households in the US are lead by single-mothers.



## Some Basic Definitions

### *Quantitative versus Qualitative Data*

- **Qualitative Data:**

Sometimes referred to as “soft data.” Information gathered through focus groups, comments given on surveys, or responses to open-ended questions. Open-ended survey items can be quantified through a process called “content analysis” that identifies themes.

**NOTE:** You cannot just do dozens of focus groups to get enough people for generalizing to the greater population!

- **Examples:**

- According to focus group participants, there should be increased awareness of available services in the area for those with depression.



## Some Basic Definitions

### *Primary versus Secondary Data*

- **Secondary Data:**

With secondary data, you are not doing the data collection yourself. Someone else is tracking or collecting, and you are simply gathering or reporting on what they found. You did not obtain the data directly from the individual.

- **Examples:**

- Mortality rates
- Cancer incidence rates
- Population & household statistics
- Communicable disease rates



## Some Basic Definitions

### *Primary versus Secondary Data*

- **Primary Data:**

With primary data, you are the one actually doing the data collection and you are hearing directly from the individual/respondent. Most common in surveys. Can be either quantitative or qualitative in nature.

- **Examples:**

- Surveys
- Focus groups
- Key Informant interviews



# Introduction to Surveys



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## Data Collection Considerations

### Surveys

- Various data collection options, each with its own set of pros and cons.
  - Telephone interviews
  - Written surveys
  - Online
  - Face-to-face interviews
  - Data collection sessions
- Give careful consideration to the survey development, logistics of data collection, and appropriate sampling strategies for the target population. Getting this right up-front will assist with analysis and reporting!



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## Survey Development Considerations

- There are a number of existing frameworks, surveys, and samples
- Keep in mind reading level! (use Word to assist)
- Translations may be needed
- Fully clarify the objectives of your survey before starting survey development
- Measuring behaviors versus the “whys” behind them
- Be sensitive to the length
- Always have contact information for survey
- If did previous assessment, use that survey as a starting point for discussions



## Pros & Cons: Telephone Surveys

| PROS  | CONS   |
|---|--|
| <ul style="list-style-type: none"> <li>•Response rates higher than written surveys</li> <li>•Greater control over sampling</li> <li>•Consistent with methodology for several key national studies (CDC's BRFSS)</li> <li>•Allows for clarification with complicated skip patterns</li> <li>•Works GREAT for seniors!</li> </ul> | <ul style="list-style-type: none"> <li>•Can be costly</li> <li>•Those darn cell phones!!!!</li> <li>•May miss out on some key subpopulations:               <ul style="list-style-type: none"> <li>-Language barriers</li> <li>-Undocumented</li> <li>-Pre-paid cell phones</li> <li>-Low-income/homeless</li> </ul> </li> </ul> |



## Pros & Cons: Written Surveys

| PROS   | CONS   |
|--|--|
| <ul style="list-style-type: none"> <li>•May tap into households without land lines</li> <li>•Cheaper than telephone surveys</li> <li>•Allows respondent to do the survey on their own time</li> <li>•Can distribute through community connections (schools, YWCA, community center, clinic, etc.)</li> </ul> | <ul style="list-style-type: none"> <li>•Cost of postage can add up, especially if multiple mailings needed (mass mailing not recommended)</li> <li>•Not as much control over sampling</li> <li>•Health assessment surveys can be long and skip patterns can be tough translating to written surveys</li> <li>•Response rates generally lower than telephone</li> </ul> |



*\*Might want to consider phone screen, followed by written survey being mailed*



## Pros & Cons: Online Surveys



| PROS   | CONS   |
|--|--|
| <ul style="list-style-type: none"> <li>•Probably about the least expensive approach to data collection (Survey Monkey, Zoomerang)</li> <li>•Might tap into younger age groups</li> <li>•Can easily generate reports from most web-based programs</li> <li>•Can be effective for key informant surveys</li> </ul> | <ul style="list-style-type: none"> <li>•Can garner a highly skewed sample</li> <li>•Data collection may take a long time until you obtain the sample size you would like</li> <li>•Depending on your settings, may have opportunity for person to fill out more than once</li> <li>•Generally get fewer verbatim comments to open-ended questions than with written or telephone interviews</li> </ul> |



## Pros & Cons: Face-to-Face Interviews

| PROS  | CONS  |
|---|---|
| <ul style="list-style-type: none"> <li>•Effective for hard-to-reach populations               <ul style="list-style-type: none"> <li>-Homeless</li> <li>-Undocumented</li> <li>-That that do not speak English</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>•Requires a lot of manpower</li> <li>•Can consume a great deal of time</li> <li>•If do not have volunteers, can be costly to hire out</li> <li>•If using volunteers, training and objectivity is paramount!</li> </ul> |



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## Pros & Cons: Data Collection Sessions

| PROS   | CONS  |
|--|---|
| <ul style="list-style-type: none"> <li>•Great for hard-to-reach populations</li> <li>•Addresses literacy issues</li> <li>•Allows for use of audience response system technology</li> </ul> | <ul style="list-style-type: none"> <li>•Generally have to provide an incentive in exchange for participation</li> <li>•Sample may not be fully random</li> <li>•If using to supplement telephone data collection, mixing methodologies</li> </ul> |



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## Sampling Strategies

- The ultimate goal is for your sample to reflect the population demographics
- Develop a sampling strategy specific to your target area and population
  - Know overall population counts
  - Select desired sample size (Note error rates)
  - Will you be over-sampling in a specific area?
  - What end-deliverables will you want for reports? This will dictate the sampling strategy as well



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## Logistics of Survey Data Collection

- If garnering telephone lists or mailing lists, use a well-known, reputable firm (Experian, Marketing Systems Group); ask them how they validate their lists
- If mailing surveys, triple check the weight of the survey! Always send a pre-addressed, postage-paid return envelope!
- DO NOT associate names with completed surveys
- Be careful with offering incentives
- Have trained interviewers for telephone calls; make sure they follow the script!
- Promote the survey in advance (press releases, etc.)



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# Secondary Data Profiles



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## Secondary Data

- Complements primary data collection
- Fills in the gaps, information not provided by primary data collection efforts
- Every year, more and more data available
- Cons: Limited to what exists; below county level, data can be difficult to obtain and is often quite dated
- Many existing resources:
  - County health rankings
  - Census
  - State department of health



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## Secondary Data: Common Elements

- Population & Household Data
- Crime statistics
- Education levels
- Mortality rates (child and adult)
- Communicable diseases
- Children's health
- SMART BRFSS data
- Hospital admission information (ER, primary codes, ambulatory-sensitive conditions)
- Gather reports from other area agencies if available
- **Don't forget about the Social Determinants of Health!**



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## Key Informant Interviews/ Surveys

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## Key Informant Interviews

- A way to garner feedback from area professionals, elected officials, etc. Common target groups:
  - Elected officials (mayor; town council)
  - Health department
  - Hospital(s)
  - Clinics
  - Schools
  - Faith-based organizations
  - Chamber of Commerce
  - Businesses (pharmaceutical companies)
  - Social service agencies
  - Human service agencies
  - Not-for-profits (United Way, etc.)



## Key Informant Interviews: Data Collection

- Telephone interviews ideal: Allow for in-depth interviewing and probing
- Online surveys an option: Make sure you have current contact names and email addresses; best surveys are ones you can leave and come back into at a later time
- Generally a mix of open- and closed-ended questions



# Qualitative Research Components



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## Focus Groups

- Timing is often AFTER primary data collection, but depends on the objective (What are the issues? versus How can we better understand the key issues?)
- Requires an objective, strong moderator
- Participants can vary:
  - Subpopulations
  - Area professionals
  - “Joe Public”
  - Physicians (DIFFICULT; consider established meetings/groups)



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## Focus Groups: Tips

- Financial incentives are generally offered (\$50 common); not needed for professionals
- Have participants sign that received incentive
- Optimal size can be debated; recommend recruiting 12 for 10-12 to show
- Generally 90-120 minutes in length
- Hold at a convenient location (parking, well-lit area, public transportation)



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## Focus Groups: Tips

- Moderator dress is important
- Discussion guide/Moderator guide developed (don't get too caught up on word-smithing)
- Ensure anonymity of participants (use first name only on name tags...large print)
- Light refreshments often offered, depending on time of day
- Try to limit barriers (tables, etc.)



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## Focus Groups: Tips

- Start with ground rules to participants
- Recruitment:
  - Generally allow about two weeks
  - Send confirmation letters
  - Make reminder calls 1-2 days before
- If audio-taping, tell participants up-front
- May make sense to split males/females with certain groups



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## Focus Groups: Reporting

- Do not just regurgitate the verbatim conversation of the group; pull out key themes
- Use quotes to emphasize important themes and mentions
- Don't fall into the trap of "One person said this, one person said that."
- If multiple groups, what are common threads throughout
- Describe the demographics of the group



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## Town Hall Forums

- Larger than focus groups
- More free-flowing than focus groups; requires prompting with several key questions from meeting moderator
- Quite anecdotal in nature and generally one of the less commonly used approach for gathering data
- Works better in areas with large populations
- Often motivation is good will, not purely data collection
- One way to kickoff community health assessment



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## Ongoing Data Collection

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## Suggestions for Ongoing Tracking

- Need to be able to track interim progress between full assessments
- What are your evaluation methods in place?
- CQI mentality
- Simple approaches
  - Mini surveys
  - Real time data collection
  - Mechanisms for feedback
  - Simple counts; touch-points



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## Other Components for Consideration

- LPHSA; evaluating the local system's ability to address the 10 Essential Services
- Partnership Assessments (internal work)
  - Partnership Satisfaction Surveys
  - PARTNER tool
- GIS Mapping; integration into community health assessment
- Resource Manuals



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## Concluding Thoughts

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### Closing Thoughts: Data Collection

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- If you've seen one community health assessment, you've seen one community health assessment.
- Does not need to be cookie cutter!
- Make sure your full community is represented
- Don't forget about importance of reporting and sharing data (have a plan!)
- Ensure an engaged group of partners so that ownership is on everyone; don't go it alone



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# Questions & Discussion

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