Community Based Assessment:

A guide for HIV Prevention Workers

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INTRODUCTION

As HIV prevention workers, have you ever asked yourself the question, "What's going on in the communities that I'm working in?" Have you ever wondered how to access individuals that you don't normally come in contact with to understand their behaviors more fully? What do they think about your program, and how has it affected their risk behaviors? And what are the social and individual factors that affect their desire and/or their ability to reduce their risk for HIV and STDs?

The purpose of this guide is to give you some tools to answer these questions: in other words, how to do a *rapid assessment.* An assessment means simply using different tools to create a snapshot of what's going on in a community, and then using that information to modify programs to make them more responsive to community needs and challenges. Assessments can be used to identify several aspects of interventions, including whether or not they are workable in the community, appropriate to the community, and what obstacles there are to implementing them (Howard et al., 1998).

What does community mean? Here's how the World Health Organization and UNICEF define three types of community:

1. An *area* or *neighborhood*—a "group of people living together within a fixed geographic location."
2. *Social relationships*—"a set of social relationships mostly taking place within a fixed geographic location"
3. *Identity or common interest*—"a shared sense of identity such as groups of substance users" (Howard et al., 1998, p. 33).

In this guide, you'll find various methods of learning about a community, whether it's using snowball sampling to disseminate a survey or employing visual techniques to understand community attitudes and barriers to change. There are also tools here for the educator to assess what participants know about issues related to HIV and STDs. Other methods use problem-solving activities so that a prevention team can develop the most effective ways to change risk-taking behavior in partnership with the affected communities.

People working in HIV prevention often learn from the communities they work in, but they don't often gather the information ***systematically***. Using these techniques can give credibility to what you know, taking it beyond merely anecdote—"This is what I see out there and this is what I hear." Exploring issues in this way allows HIV prevention workers to separate out what may be based on a chance encounter with someone engaging in a certain practice from the practices that are common in the community. In this manner, prevention workers can determine what intervention strategies are necessary to target the behaviors that are truly a problem in a given community. Systematic assessment may also help to convince funders that resources need to be dedicated to solving the problems identified, or to justify the amount of time being spent on addressing the issues that we've heard about while doing our work.

One important thing to keep in mind is that assessment is not just a process of finding out *needs.* It should also be a way to find out about the community's *assets*—what are the strengths, talents, and/or resources that the community holds? Another way of looking at this is to examine community resilience, "the capacity of an individual (or group or community) to withstand negative influences and/or to bounce back after experiencing adversity" (Howard et al., 1998, p. 100).

How to use this manual: This manual is intended as a step-by-step guide to what we'll call "community based assessment." We'll define community based assessment as a way to examine the communities HIV prevention workers encounter in their work—men who have sex with men who gather in certain social settings, or injecting drug users who are found in certain geographic areas, for example. It starts with setting up the basic questions the assessment team wants to address, then gives them several alternatives to choose from that best fit what they're wanting to find out. This manual assumes that you'll want to do it as quickly as possible, and gives some examples of "rapid" methods of assessing what's going on. We've also included a community identification process that can be more thorough, but also takes longer to accomplish.

There are two broad ways to gather information. One is to understand how common something is—for example, by using a survey—and another is to understand *why* something is occurring. A survey, if filled out by enough people, can answer the questions, "How many people are doing this?" or "How many people believe this way?" But surveys are not the only methods of understanding all the factors behind why a community is doing something or why they think the way they do. Understanding some of the dimensions of behaviors can often be accomplished using other techniques. And these same techniques, when carried out as a first step, can help with developing a survey so that the most relevant questions are asked. Both of these approaches will be explained in the "Quantitative and Qualitative" section of the manual.

By using "scenarios," this manual illustrates different situations where the methods described are put into use. The scenarios and assessment team members aren't real, but many of the situations described come from real-life experience.

The manual is divided up into four sections:

- ***Getting started*** deals with the steps you can take to start an assessment or a project to gather information.

- ***Exploring what's out there*** describes methods for gathering information that are more *qualitative*, that involve some ways of answering the *why* questions and understanding the issues in as much depth as possible. Interviewing people individually or in groups (focus groups) is one way to do this exploration. Other methods are very visual and interactive and may involve problem solving activities, also done individually or in groups.

- ***Planning a survey*** focuses on ways to develop and carry out a survey, including some techniques to sample people from difficult-to-access populations.

- ***Special assessment approaches*** goes through more detailed instructions on how to conduct certain types of assessments.

What this manual will and will not do: This manual will give you basic information on techniques to gather information that will help you in your work and in improving your programs. It also provides references to sources for further information. In some cases, you may be able to pick up the manual and immediately put it to work for you. In other cases, you may want to look further, with this manual giving you places to look. If a publication isn't available in your local library, consider inter-library loan, available in most libraries free or for a minimal charge.

Part I. GETTING STARTED

As you begin to read this guide, you may have a very clear idea of what you would like to get out of it. Or, on the other hand, you may not have decided what type of assessment that you want to conduct, and plan to use the information you learn as background for future work. The following sections, "Getting Started," are extremely important *no matter where you are* in the assessment process. This section of the book will guide you through steps you can use to focus your assessment questions and build a solid foundation on which to conduct your project.

First, we'll begin with basic planning steps that will help you give your assessment specific goals and objectives to be met. Next, you will determine the "Big Questions" that you'd like to have answered as you complete this process. Defining the population and building on the knowledge that you may have already assessed focuses your project on the target population that you are hoping to learn more about. The last steps of this section include learning to acknowledge your prior assumptions, conducting a document review, and examining the role that the community plays in the assessment process. Finally, field safety and confidentiality are discussed, as well as the choice between qualitative and quantitative research methods.

Activities and scenarios have been included throughout this part of the guide to help you understand how the ideas are applied to real-life situations. The attachments that the text refers to can be found in the back of the guide, and include worksheets that go along with the assessment steps outlined in the guide.

What do you want to know?

STEP ONE:

The Big Questions

What you want to know may be as narrow as, "Last year, what was the average number of people seeking treatment in this city and for what drugs?" or as broad as, "What are the factors that cause women in the XYZ housing community not to insist on their partners using condoms?" We might describe these as the ***big questions,*** questions that we'd like to have answered to do our work more effectively.

Sometimes, what you want to know is clear. If it isn't, another way to come up with the big questions is to sit around and brainstorm with other members of your team (see the ***"What we'd like to know"*** activity below). While developing the big questions, make sure that the questions are not too narrow, and leave yourself open to finding out through your work that there are other questions that are more important to answer. But also, don't allow yourself to go off on other tangents just because something interesting emerges from the process. Be flexible without circling around and around and never arriving anywhere. Once the questions have been determined, *Number 1* on the sample project form (**Attachment 1**) can be completed.

Once the big questions are determined, then comes the task of deciding what methods will best answer those questions.

See the next part of this guide, "Exploring What's Out There", for a discussion of how to do this.

Activity 1: Setting up the questions to direct the assessment: **What We'd Like to Know**

1. Gather a group together, those who will do the assessment and those who have some knowledge or interest in prevention activities and/or the community. You can even include some members of the community in this process.

2. Each participant should write down on post-it notes or cards areas that s/he would be interested in exploring. Every idea should be written on *one* card and each card should have an idea. At this stage, don't be limited in what you want to know, just write it down.

3. The participants share their ideas by taping or attaching them to a wall or a large sheet of paper. If an idea is already posted, similar ideas should be taped or pasted over the top of the previous one.

4. Participants should then discuss what they see on the board. After the discussion, each can vote on 1-3 areas to explore. The top 3-4 areas can then be used as points for discussion on how to do the exploration. The group can do this immediately after deciding on topic areas, if the participants have already looked through the

manual and are familiar with some of the concepts in it, or they can take time to choose methods that would best answer the questions and come back together to decide.

5. Each topic should be listed together with a general idea as to how to address it, including an estimate of the amount of time the group thinks it will take, barriers/obstacles to doing the investigation and why it would be important to address this particular topic. After that, the group can prioritize by using one of the ranking exercises described in Part II, or by simply taking a vote or coming to consensus.

6. Once the questions have been determined, fill out *Number 1* on the sample project form (**Attachment 1**).

Example:
Community Assessment

Carlos, Ann, Julia, Robert, Sam and Alex are all HIV prevention workers for the Any Community AIDS Network. They met together and decided to spend 1-2 months doing assessments of the respective communities that they work with. Please see Attachment 1 at the back of this guide for a sample form. Carlos and Sam do outreach to men who have sex with men. Julia and Alex do presentations to individuals in drug treatment, especially adolescents. Ann and Robert work with one particular housing community in a low-income area. After they finish the assessments for their existing populations, all six are interested in finding out more about an area where they have heard that gonorrhea rates have risen substantially.

All six follow the activity above to come up with the "big questions" for their respective communities, with the exception of the area of high gonorrhea rates. For that area, they decided to do a "Community Identification Process," described on pg. 77. For the activities, all six met as a group to help work on the questions, although a pair was responsible for carrying out the assessment for each population. As they discussed each population, they had participation from members of each population in developing their questions.

- *Men who have sex with men (Carlos and Sam): What are the factors behind relapse from safer sex? What are the barriers that young MSM have when trying to practice safer sex? (See the following examples A and B, or* **Attachments 2 & 5** *at the end of this guide.)*

- *Individuals in drug treatment (Julia and Alex): What are the dynamics in male-female relationships that keep people from practicing safer behaviors? How does their drug and alcohol use affect this dynamic? (See example C or* **Attachment 3.***)*

- *Esperanza Housing Community (Ann and Robert): How concerned are individuals living in this community about HIV, AIDS and STDs? What are their ideas on how to improve the health of themselves and their neighbors? (See example D or* **Attachment 4.***)*

Throughout this guide, you'll follow some of the steps that these HIV prevention workers take as part of each assessment team.

The following examples show how members of this team would fill out the sample project form found in Attachment 1. Use their ideas throughout this guide to help get a better idea of how the community assessment process should go.

THE BIG QUESTIONS: What are the questions that I want to answer?

Example A: Carlos and Sam

A. What are the factors behind relapse from safer sex?

B. Who do MSM trust for information and support?

C. What do MSM know about gonorrhea and other STDs?

Example B: Carlos and Sam

A. What are the barriers that young MSM have when trying to practice safer sex?

B. Who do young MSM trust for information and support around safer sex?

Example C: Julia and Alex

A. What are the dynamics in male-female relationships that keep people from practicing safer behaviors?

B. How does their drug and alcohol use affect this dynamic?

Example D: Ann and Robert

A. How concerned are individuals living in this community about HIV, AIDS and STDs?

B. What are their ideas on how to improve the health of themselves and their neighbors?

Who do you want to know about?

STEP TWO:

Defining the Population

Chances are that you already know who your population is, at least vaguely. Take some time working with your team to describe it. Do you want to talk to people who live or hang out in a certain area, such as a bar or a park? Do you want to focus on people who engage in certain behaviors, such as injecting drug users? Some groups are easy to describe; others may take some thought. You may want to narrow down what we'll call the *population of interest* in terms of age or gender or ethnicity. Include all of this in your brief description.

Next, after defining the population of interest, give some thought as to ways to reach them. If you already do outreach to these individuals or in these areas, you're ahead of the game. But also think of other places where you may find them. One technique described in this manual, ***snowballing*** (see pg. 66), or following the steps outlined in a special assessment approach, the *Community Identification Process* (see page 77) may provide methods to reach individuals in different ways. You may want to interview *key respondents* or *gatekeepers*, people who have special knowledge about or access to members of the population. Refer to page 22 for information on key respondents and gatekeepers.

Once you've decided who to talk with, you can fill out *Number 2* on the sample project form (**Attachment 1**). Look at the following examples, or **Attachments 2-5** at the end of this guide, to see how our fictional assessment teams described their populations of interest.

<u>DEFINING THE POPULATION</u>: Describe briefly the population your assessment will be dealing with. Try to narrow down the target group, if possible, by describing characteristics such as age, gender, and ethnicity.

Example A: Carlos and Sam

Men who have sex with men, above 21 years old, who are "out." All ethnicities.

Example B: Carlos and Sam

Young men who have sex with men (18 to 21), those who are both "out" and those who aren't. We'll try to assess a diverse group ethnically.

Example C: Julia and Alex

All residents of the Esperanza housing community. This is in a very low income area.

Example D: Ann and Robert

Adolescent (15-18 year olds) males and females currently in drug treatment. Focus will be on residents of the Oak Haven and Cedar Hill drug treatment facilities.

How do you find out what you want to know?

STEP THREE:

Planning Procedures

Careful planning of an assessment project should be one of the first tasks of the project. By determining at the beginning what should be accomplished and how it needs to be done, you can avoid a lot of confusion. A well thought out, well-planned effort is far more likely to be successful than one haphazardly carried out on the spur of the moment. As you read through this guide, some sections will more clearly spell out what types of plans and methods are best for specific kinds of assessments. This section gives a general overview of how to plan an effort.

Goals & Objectives

A simple method to help you focus your thoughts and determine what information you would like to get out of your effort is writing down specific goals and objectives. A goal states the purpose of the assessment: for example, "To gain access into the injection drug using community in Dallas." An objective is a more explicit task, like "Identify three shooting galleries in the Sunset Neighborhood of Dallas."

The more specific the objectives, the easier it is to decide how they can be met and what methods and procedures should be used. Good objectives are:

- ***Specific:*** Contain detailed information that is clear and easy to understand.
- ***Measureable***: Your team should have a feasible way of testing each objective.
- ***Area-specific:*** Remember to keep the objectives focused on a specific geographic area. Also, is there a specific age group, ethnicity, or gender you would like to focus on? Include this information in the objective.
- ***Realistic:*** Most organizations have strict constraints on resources such as time, money, and staff. Keep the assessment doable, and don't get in over your head.
- ***Time Bound:*** Include in each objective the time period that it will be accomplished in. This sets goals for specific assessment pieces and allows for a workable timetable (Centers for Disease Control [CDC], 1999).

The most important thing to remember in planning is to be *reasonable* about what you can accomplish. Also, be aware that methods and objectives will almost certainly change during the course of the assessment. As new information is gathered, the way the assessment proceeds is also likely to change. Keep your options open, and stay flexible.

What do you already know about this population?

STEP FOUR:

Building on Existing Knowledge

Now, you have planned your assessment's goals, determined the big questions, and defined your population. Once you have determined the population that you are interested in working with, now is the time to describe what you already know about this population. Just as with previous steps in the process, have the program team sit down and write EVERYTHING they know about the population. The best way to do this is in a room with a big board. This list can include ethnicities, age range, language, education levels, clothing styles, geographical setting, community organization/structure, people you know that are part of the population, risk behaviors, slang related to the risk behaviors and so forth. With this information, you can develop the beginning of what's called a *taxonomy* of a population, which is simply a listing, defining and categorizing of all segments of the population.

Next, start bringing in other people to contribute what they know. This can be other coworkers, if you work in an organization that is large enough to have staff not directly on the project team. You can do this in a group session to save time. Give it an hour-and-a-half to two hours, if the staff schedule permits. If this is a new area or population, this step is called "internal knowledge" because you have not yet gone out to your population. You are still working on the "etic" or outsider perspective, unless some of your fellow staff members are part of the population or you involve members of the population in this discussion.

Several things begin happening at this stage. You expand on the information base created in step one: enhancing and confirming your understanding. You begin to identify individuals that can provide the insider's perspective, something very important if you decide to carry out a community identification process or if you want to use any of the qualitative methods like interviews. These "insiders" will greatly enrich your knowledge, providing information that you may never have been aware of or never could have found out about any other way. They can also provide entrance into the population.

See **Attachment 6** for collecting internal knowledge. You may want to go further and assess "external knowledge" from the community itself. See the section on page 82 for a description of a process to collect external knowledge, information from sources outside of your organization.

How does what you know affect how you interpret things?

STEP FIVE:

Acknowledging Assumptions

What you'll discover from talking to your coworkers in Step 4 is that people who have a lot of experience in the field acquire a lot of knowledge about the communities they work in. While this is very valuable, it's also important for them to step back and look at what they bring to the project that can affect the assessment or evaluation that they do using the methods in this manual. Before engaging in the assessment or evaluation process, it's important to do a self-assessment, or carry out a process known in qualitative research as "reflexivity." Even if you only want to do a survey, it doesn't hurt to do this self-assessment to gauge how much the questions are reflections of the beliefs and assumptions of the project team in a way that may not result in learning the most important information about the population you're interested in.

The self-assessment process is especially important when doing interviews and observations, techniques described later in the book. What are the issues that will impact upon what project team members see and hear? What previous experience do they have in the community? What assumptions do they make?[1]

First, define *who you are* in relation to gathering information. Think in general about what you bring in the way of experience, expectations, assumptions and concerns, and think about how this will affect the way you approach the project.

The next step is to describe more specifically what prior experience you have about the topic that is the focus of the assessment, the people involved or the settings where you'll do the work. What assumptions do you have about any of them?

Don't write a general account of your background and experience. Instead, focus on those experiences, beliefs and purposes that most directly relate to the population you're interested in and specifically discuss how they may affect your assessment or evaluation project.

When the team has all done this, they can sit down together and talk about these issues. As they process information together, the team can then discuss how it may affect what they think they are learning.

The point of the exercise is that we all have opinions based on our own experiences, but when we use the approaches outlined in this manual, we don't suppress them. Instead, we accept that our knowing is from a perspective and that we are aware of that perspective and how it affects what we see and hear. We describe our biases by analyzing them and communicating them, when it's appropriate.

[1] The process outlined was developed by Ronald Wilhelm, Ph.D., adapted from a process described by Maxwell (1996).

STEP SIX:

Doing a document review

Regardless of the type of assessment that you're planning, it's almost certain that a similar effort has been carried out in the past. By looking at previous work done in situations similar to your own, you can find good ideas and helpful tips on how to plan and carry out your own assessment. Reviewing past work can lead to the discovery of existing information on the population of interest, can describe possible pitfalls in the research process, or can simply help focus the effort.

What is a Document Review?

A *document review* involves the gathering of data on a topic from a variety of sources. The topic can be anything you choose—a community of IV drug users in Houston, relapse behavior in HIV negative MSM in San Francisco, community based assessments in Chicago, et cetera. The data can be published, such as an article in the *AIDS Education and Prevention* journal, or it can be unpublished, such as a report that a community organization gives to its board of directors. Helpful data and documents can come from many different organizations, including the local health department, the state Department of Health, community-based organizations and AIDS service organizations, and universities.

Planning a Document Review

The first step in conducting a document review is to determine what kinds of information would be useful. The easiest way to do this is to go back and look at the objectives you made when planning the assessment. For each objective, make a quick list of what kind of information you would like to find relating to this objective. For example, if your objective is to determine the number of IV drug users over 18 in downtown Austin in the past year, you may want to look for information on IV drug use, drug user counts, and Austin drug problems. Make a list of all the information needed, and then use this list to begin the document search. Keep in mind that although information may not be available for one particular geographic area, descriptions of similar programs throughout the country will also be helpful.

How to find data:

Documents can be loosely divided into two types: published data and unpublished data. There are different ways to search for the two types of documents.

Published Data

Published data is the information found in books, governmental manuscripts, journal articles, and the like. In general, this information will probably *not* be specific to any one community, but can be extremely useful for getting background information to help focus the assessment. In addition, if you can find an effort that seems close to yours, the methods detailed in the published document may be a good starting point for you to help guide your choice of methods.

The best way to locate published documents on specific topics is to conduct a *literature search*. If you have never done this before, it might be a good idea to talk to someone in your

organization who has experience conducting searches, or you may want to talk to a reference librarian at your local library. They can be helpful resources and can make conducting a literature search much easier.

Basic steps of a literature search:

1. *Determine a few keywords from your list of topics* (*heroin abuse*, *homosexuality*, etc.)
   A keyword is a search term—pick a word or short phrase that exemplifies the topic that you are looking for information on.
2. *Find an appropriate database to search.*
   This is where your local librarian can be helpful. Libraries have access to databases such as Medline or PsycInfo, which list journal articles and books going back for decades. They can show you how to use the database and search for the articles you need. Other databases may index magazines and newspapers for articles that might be useful.
3. *Look at the abstracts of the articles that the search returns*, and decide which are most relevant to what you're doing.
4. *Find the articles*—many journals will be available at the local university; if not (or if there is not a university in the area), articles can be requested from inter-library loan at most any local library.

Unpublished Data

Unpublished data are documents such as internal reports, personal communications, and other information that has never been published in a book or journal. This kind of information can be extremely helpful because it is frequently more relevant to a specific effort. Unfortunately, pertinent unpublished data is not always easy to find. Following are a couple of tips on where to start looking.

Area Organizations

Collaboration with other organizations in your area is important to carrying out a good assessment. Another community-based organization may have attempted to do an assessment similar to the one you're proposing, or maybe it has collected documents that could help you determine the appropriate methods to use. Contact AIDS service organizations and other community-based organizations in the area, as well as the local health department, and ask them if they have any information that relates to your topic.

The Internet

To narrow down a search, there are a couple of Internet sites you can look up that often have helpful information on HIV and other health-related or community-oriented topics. The ones with the most information are:

www.cdc.gov: The Centers for Disease Control and Prevention
www.caps.ucsf.edu: The Center for Aids Prevention Studies at the University of California-San Francisco
www.tdh.state.tx.us: The Texas Department of Health
www.who.org: The World Health Organization
www.nih.gov: The National Institutes of Health.

In addition, do a search of the World Wide Web using search engines such as *yahoo.com*, *altavista.com*, *excite.com*, or any other search site. When doing the searches, use appropriate keywords from a specific list of topics.

What role does the community play in this project?

STEP SEVEN:

Collaborating with the Community

There are two extremes to the approach of an assessment. One is for the project team to direct it all and the other approach is for the community itself to drive the process and the questions asked. There is a spectrum in between, with the mid-point being a process where the project team and the community work together. We've described their possible involvement in development of the big questions, where the community can help the research team determine the topics they'd like to explore.

Some of the processes you'll find in this manual take the community into account to varying degrees. For example, the Community Identification Process (CID) depends heavily upon community input to succeed. Rapid Assessment Procedures (RAP) are best carried out by indigenous members of the community, members who may already be part of the staff of your organization and on the project team. The method most associated with community involvement and collaboration is Participatory Learning and Action (PLA), a special assessment approach designed to encourage community participation. Although the visual techniques described in this manual that are part of PLA can be used by the project team without community input, the philosophy behind PLA is that the community will have a major role. This role can involve gathering information, developing solutions to the issues raised, and receiving and interpreting information that was gathered (for example, saying what they think the results of a survey mean).

Regardless of the methods chosen, forming a community partnership can often enhance the project. Although it's not always possible, as the project team considers the population, the questions and the methods, it might also factor in the level of community input and collaboration it would like to have. For more information related to developing this relationship, see "Entering the Community" (p. 22).

A NOTE ABOUT . . .

Field safety

Just as in any other field situation, safety is extremely important when conducting an assessment effort. Dangerous situations can occur in the field. You may already have field safety guidelines. If not, the following suggestions can help keep assessment team members safe when working with and learning about their population of interest.

- Always keep a basic awareness of your surroundings. Be an active observer, and don't let anything take you by surprise. If you have a "bad feeling" about a situation at any point, trust your instincts and *leave*.

- Plan the locations and times that you will be in the field conducting the assessment, and let your supervisor or coworkers know where you will be. Established check-in times can be very helpful too: if you miss a check-in, your coworkers will know where to start looking for you.

- Always work in teams. This is a simple and productive way to keep the assessment effort safe, and you reap the benefits of having two minds working on a problem rather than just one. Get to know your partner, communicate and be honest with one another, and always stay within hearing distance of each other in the field. If possible, carry communication devices like cell phones, pagers, or walkie-talkies in case you get separated from each other.

- Reduce your vulnerability to theft. Use basic safety rules, such as always keeping your car doors locked and all valuables out of sight in the trunk. Do not carry a purse into the field, and keep the cash you have on hand to a minimum. Carry ID with you at all times.

- Make *sure* that new outreach workers have adequate training before they go out into the field—don't rely on their common sense as a substitute for training. Supervisors should institute a field safety program and be sure that all new employees are initiated into the organization's rules and procedures (Valentine et al., 1993; Lee, 1995).

Your organization most likely has specific safety rules to be followed, and these rules are applicable in assessment situations as well as when conducting outreach. Be aware of your surroundings and always be careful, no matter what type of community-based effort you are engaged in.

AND ANOTHER ABOUT . . .

Confidentiality

As with field safety, confidentiality rules apply to assessments just as they do in outreach, HIV testing, or any other community activity. Keeping the confidentiality of the community members you are involved with helps ensure that they will trust you and be willing to help you again in the future.

Regardless of the type of assessment that's being conducted, a few basic confidentiality rules always apply. Always remove all identifying information from any reports, transcripts, or documentation of work you have done in the field. For example, in a focus group session, you will want to ask participants to use a pseudonym or use first names only when speaking in the group session since responses may be recorded on tape. In a survey or questionnaire situation, the survey instrument given to a participant should be assigned a number to be identified by that is in no way connected to the participant's identity.

If it is necessary for some reason to keep information on the identity of participants, this information should never be made available to anyone except relevant staff members working on the project. To ensure confidentiality, keep these records locked at all times. For computer data, make sure that both the computer and the specific file with participant data are both password protected. (Most word processing programs give this option when you store the files on disk.)

Before you go on to the next section . . .

CHOOSING QUALITATIVE OR QUANTITATIVE METHODS

What are qualitative and quantitative methods?

Methods for doing research, assessment and evaluation are generally divided into two broad categories: quantitative and qualitative methods. *Quantitative methods* are those that establish specific questions and gather information to support or reject a specific *hypothesis* or theory; for example, more than 50% of the people in XYZ neighborhood don't use condoms. Quantitative methods produce information in the form of *numbers* that are then compared using statistics.

One of the most meaningful advantages of the use of quantitative, number-based methods is that the results of this kind of study, on a limited number of individuals, can then be used to draw conclusions about a much larger population. By using techniques like random sampling, described later in this guide, you can assure that the results will extend to different situations beyond the one used in the initial assessment. Quantitative studies can be a very valuable tool when it's important to say something about a larger population than the one being directly surveyed. Not all quantitative techniques utilize random sampling to generalize to populations; however, this is one of their most useful benefits.

Qualitative methods, on the other hand, aim to study people in their natural social settings. Qualitative research involves field observations and talking to the target population to get information in a less structured way than the methods dictated by quantitative research. The advantage of these qualitative methods is that they can help in gaining more in-depth knowledge than can quantitative research. Qualitative tools, like interviews and observations, are best used for exploring new topics, when little information is known about the target population, and in situations where word-based, interview type data is preferred over numerical information.

The two methods can often be used together. As mentioned earlier, the assessment team can do several focus groups or individual interviews, then develop a survey based on what was learned to find out how common what they learned is in a larger group. A survey can also be followed by interviews or focus groups to interpret the results.

Most of the methods detailed in this guide, with the exception of the structured survey, are considered qualitative methods. Focus groups, community identification, and the like all rely on "word data" to produce insightful information on the population at hand. If and when a survey is used, this guide does provide some ways to create a questionnaire and to produce a sample to be surveyed.

Part II. EXPLORING WHAT'S OUT THERE

This guide is for those who are open to learning new things even in familiar places and among familiar people. The following section offers some techniques that can create learning opportunities. You may recognize interviewing techniques from news and entertainment programs, or you may have heard how focus groups are used in marketing. Other techniques presented here may not be as well-known to you, such as ranking exercises and sexuality timelines. All of these can be powerful tools to learn more and to use that knowledge to develop more effective programs.

Part II begins with information on how to get started. In this section are suggestions on how to keep track of what you're learning as you go along. You'll find some pros and cons of various methods of recording interview sessions and also a brief note about how to think about the process as you carry it out.

Following the initial information on getting started is a discussion on how to establish rapport with the population of interest. For those who've worked with their populations for a while and have already established trust and rapport, the information in this section may elaborate what they already put into practice. There are important points here that directly apply to carrying out a thorough assessment.

Rapport building information is followed by various methods of answering the big questions that you established in your assessment plan. This is where you make some decisions—pick and choose among the menu of tools we'll present here. Don't expect to use all of these or necessarily in the order presented. It may be that the question you want answered is so cut and dried—for example, "How many people living in the Oak Tree Apartments used a condom the last time they had sex?"—that you may want to go directly to the survey section and just do a survey among your population of interest. Feel free to do that, but it might be helpful to take a few minutes to skim through Part II just to make sure.

After you collect the information, then what do you do? Part II ends with some methods of organizing and interpreting what you have and gives you some direction on next steps, whether it's to go on to developing a survey or taking the information you've gathered and using it to modify your program directly.

Getting Ready

You're ready to get started. You've planned out your assessment journey. You've decided to use some of the planning techniques in Part I. There are just a few more tasks and decisions to get out of the way.

1. Decide how you will record what you find. During observations and informal conversations, you'll have to rely on field notes. For group and individual interviews, you can use a tape recorder to tape the conversation. If you do decide to use a recorder, let the participants know and get verbal or written permission from them to tape. There are advantages to tape recorders in that they provide exact quotes from participants and nothing is left out. The disadvantages are that the recorder can run out of tape and the moderator or interviewer may not notice. They can also be intimidating to the participants, in some cases. And if you rely solely on tape recorders, sometimes the recorder doesn't pick up important information like body language or emotions, so a backup note taker is always a good idea.

   If you rely on field notes, make sure to fill them out completely before meeting together as a team. Field notes should be complete and describe *everything*, even things that don't seem important at first glance. Don't trust future recall; the details may not be there later (Patton 1990). Sometimes a few key words can remind you of something, but don't wait to fill them out in more detail soon after, if it's not possible to do so in the setting (e.g., during observations). In the setting itself is when the information is fresh, and it won't stay fresh long if you wait.

2. Before you start an information gathering activity, plan a debriefing session to follow. Sit down with your team after an interview or focus group and discuss what you learned. Do it as soon as possible afterwards.

3. ***The best way to keep up with what you've learned is to discuss it as you go along and not to wait until the end.*** Regularly sitting down and discussing what you're learning can help you to decide if you're going in the right direction. Don't be afraid to modify the process and take it in a new direction if you're having problems with the techniques you're using or with the information that's coming out of the process.

Entering the Community

Before starting any assessment process, establishing rapport with the population of interest is essential. This rapport can come naturally (especially for peer field workers) or can be a challenge, as evidenced by the remark, "no one will tell you anything," that is sometimes expressed by individuals working in HIV prevention.

Identifying members of the population that you want to talk with can be facilitated by the identification of key respondents and gatekeepers. In qualitative research, you will often see the term "key informants" which Patton (1990, p. 263) defined as "people who are particularly knowledgeable and articulate—people whose insights can prove particularly useful in helping an observer understand what's happening." In this guide, we will refer to these same individuals as *key respondents*. *Gatekeepers* are those who can help with accessing the community or population, or they can block it, in some cases. Both key respondents and gatekeepers can enhance the rapport-building process so necessary for doing an assessment.

While there are no sure-fire directions on how to establish rapport, Glesne and Peshkin (1992) offer some suggestions that may be helpful. Their definition of rapport is "a distance-reducing, anxiety-quieting, trust-building mechanism" that primarily serves the interest of those of us who want to know more. A field worker need not be liked, although a mutual "liking" is useful. (There are some complicating factors when friendships come into play that we'll deal with a little later.)

Glesne and Peshkin offer the following attributes that are helpful to have when developing rapport: the ability to be "sensitive, shrewd, patient, nonjudgmental, friendly, and inoffensive." It helps to have a sense of humor, a "high tolerance for ambiguity" (double meanings), to learn the "language" (in whatever form) of those we're speaking with, to dress appropriately and to always respect confidentiality.

The following are some additional and related issues:

Act in culturally appropriate ways. If you are not from the culture, learn all that you can, through reading the literature of the culture, reading about the culture, and paying close attention to the ways in which individuals interact.

Your challenge is to fit in. Consciously monitor your behavior and make every attempt not to be offensive. This goes along with learning the language and dressing appropriately, but this may not mean adopting the same dress and language. Attempting to ***be*** a member of the culture when you're not may break the "don't be offensive" rule.

You have no control over your gender, age and ethnicity, although they may affect rapport-building or make it more of a challenge. On the other hand, what a field worker can't change can still be overcome in his/her work. For example, Dr. Stephen Koester conducted focus groups with African American women who used crack and found that these women wanted an opportunity to talk about the horrendous conditions that they experienced. All they wanted was someone to listen to what they had to say, and even

though Dr. Koester, a European American male, did not match them by gender or ethnicity, they still felt comfortable enough to talk with him about their lives (S. Koester, personal communication, 1997).

Be attuned to the non-verbal language of those you work with. Actions often speak louder than words.

Establish "reciprocity" in the relationship. If both parties get something out of the relationship, the more likely rapport will be established. See the "**Community Collaboration**" section in Part I, p. 16, for some thoughts about reciprocity—if the community is involved in the process, it's helping them too.

People will say more about sensitive issues when they know you. Multiple contacts are often required to establish this relationship.

Be aware of the emerging needs of a relationship once it is established. Pick up on what is required to maintain trust in the relationship.

Pay attention to social interactions in the larger group and how your presence affects these interactions.

Be authentic.

What a lot of people in the health field find is that most people want to talk and like to be asked their opinion. If they feel they are contributing something to your work, it can enhance their feeling of self-worth. Creating that type of relationship--"we need you, the community member, to help us with this program"-- is often enough to increase the success of an assessment/program development project and the work that comes after.

A note about establishing friendships: Even though field work often involves getting to know just a few people well, there are three "red flags" when relationships evolve into friendships:

- Field workers should avoid the tendency to talk only to people they like or are sympathetic to; instead, try to make contact with a variety of individuals.

- Field workers should be aware of those who "over identify" with them, causing them to act in ways the field worker "expects" them to.

- Friendships with some may restrict access of field workers to others because of those friendships.

For more information on the above, read Chapter 5, "The Personal Dimension: Rapport and Subjectivity" in Glesne and Peshkin's Becoming Qualitative Researchers. For more information about finding gatekeepers, intermediaries into a difficult-to-reach population, see the section on the **Community Identification Process** (CID) (p. 77) or the **snowballing** technique (p. 66).

Observations and Conversations

Two of the methods used in assessing what's going on in a community are methods that many if not all outreach workers already incorporate into their work: making observations in the community and having conversations with community members.

Observations are often the first step to entering a new community. A good guide to follow in doing an observation is the step-by-step guidelines below, adapted from the ones developed for the Community Identification (CID) process, a special assessment approach that is designed to help researchers understand and interact effectively with the community.

1. ***Identify places*** that you want to observe by doing a walk-through or drive-through of the area where you're interested in working. Look for spots where you can observe without being obvious, such as bus stops and eating spots.

2. ***Have a purpose for being there.*** Try to fade into the background—have a cup of coffee, read a newspaper. For safety reasons, always carry your project identification information with you and have it easily available.

3. ***Take in the whole scene around you.*** Note your general impressions. Then look at specifics—the physical layout of the area, traffic (both car and pedestrian traffic), the general condition of the neighborhood and the types of people in the area (their ethnicity, sex, age, business or purpose for being there, etc.). Pay attention to the interaction of people in the area, the pace of their interactions, how they dress, the "mood" of the area (if it's bright or gloomy, for example), how long people stay, any graffiti, and any type of posted information, such as in windows or on bus stops or telephone poles.

4. ***Record what you see,*** including the time, date, location and weather. Make notes without drawing attention to yourself. Writing down a few key words is often preferable to writing long sentences in a way that can look suspicious, *if* the words are enough to remind you of the detail that you can write later.

5. ***Observe vertically and horizontally.*** In other words, look from side to side as well as up and down.

6. ***Close your eyes and listen.*** Pay attention to noises or lack of noise. Listen to the tone of voices, the languages being spoken.

7. ***Pay attention to groups of people in the area.*** Note what appears to bring them together as a group and how they interact. Repeated observations can reveal that all or some of the poeple are "features" of the area, that you often or always find together there. Describe these groups each time in your notes, including a description of their members at each observation.

8. ***Make observations at different times of day.*** Describe what's the same and what's different depending upon the time of day—morning, afternoon, evening.

9. When making notes, ***describe only what you see and save the interpretation for later.*** "I saw someone pass a package off to a man about six feet tall" is describing. "A drug deal went down with a tall man" is labeling. An experienced outreach worker may be able to label, but it's best to try to describe as much as possible before making assumptions that allow things to be labeled, especially in a new area/community. In fact, when recording field notes after an observation, limit the notes to simply describing what went on until the team discusses together what they saw and decide if they have enough information to begin interpreting it.

In the case of HIV and substance abuse, observations are most likely the type described above, observations to simply observe what's going on. Another name for this type of observation is "natural group observations" that take place in "natural and unstructured settings." (CDC, 1999) The process of observing a community or environment allows for a broader understanding of risk behavior and the context in which these behaviors occur.

Another type of observation is called ***participant observation***, where members of the project team actually *participate* (as the name implies) in what's going on in order to learn more about the daily activities of a community. Because of our focus on HIV risk behaviors, participant observation usually isn't possible or desirable (and may even be illegal). But there may be ways to participate in the life of a community in a relevant way, for example, accompanying a community member on a trip to a health facility using mass transit. This type of participant observation may help team members to better understand how difficult it is for members of the community to access health care.

Conversations are informal ways of gathering information without set questions. Team members can begin by walking up to people, identifying themselves and asking general questions about community concerns, problems or challenges. They may ask about how the neighborhood has changed and solicit their opinions about such changes.

One method that combines both conversations and observation is the ***transect walk,*** a method which comes from the Participatory Learning and Action (PLA) approach described later in this manual.

Conducting a Transect Walk:

1. Develop several routes for several teams to walk or for the same team to walk at different times.

2. If possible, arrange for community members to accompany these team members.

3. Each team plans its transect walk by determining what they want to find out. Members can choose to simply converse with people along the way or can utilize one of the visual data gathering techniques described later in the book (pgs. 36-49) with people they encounter, if it seems appropriate.

4. After completing the walk, participants "debrief" by asking the following questions of themselves:

   - "What methods did you use to gather information?"
   - "What did you discover that was new?"
   - "How did you feel talking to community members on their own turf?

The purpose of these transect walks is to observe the community and to talk about things of local importance (Pretty et al, 1995). They can either be done early in a community identification process or after spending some time there.

As part of the assessment of the area with high gonorrhea rates, all six members of the Any Community AIDS Network team began their assessment with observations in various parts of the community. One pair made several observations at different times of day and days of the week at a park. One pair picked a particularly busy street corner. The remaining group observed several apartment communities in the area.

After a few sessions observing, the groups began to start conversations with people they encountered in the community. Some community members started their own conversations first and asked team members about why they were there. Each member gave his/her organizational affiliation, then told them, "We're here to find out more about what concerns people in this community have. What do you think?"

When they'd developed a rapport with several people in the community, including some key respondents and gatekeepers, each pair of the team followed the transect walk activity accompanied by community members. This activity helped them to understand even better what they'd been observing.

See the following example of how one group in the assessment team chose to conduct their observations, or refer to **Attachment 2** in the back of the guide.

OBSERVATION SITES:

Example A: Carlos and Sam
Geographic description of area (boundaries, etc.):
Will focus on Lake Park, Overland Hills, and downtown, all spots where MSM tend to congregate and socialize. Will observe at STD clinic located in Lake Park.
Anticipated observation sites (e.g., bars, parks, etc.):
Sexually transmitted disease clinic.

INTERVIEWING: Listening to Groups and Individuals

The interviewing process involves collecting information by speaking with *respondents*, those being interviewed, and recording their responses. This can happen in either an individual setting or a group setting. Interviews can help you:

- Gain acceptance into the community, especially if key respondents, people who know a great deal about the community, and gatekeepers, people who can help you gain access to the community, agree to be interviewed
- Get substantial information on hard-to-reach populations, such as drug users or non-identifying gay men
- Locate additional key respondents or other individuals to include in the assessment
- Give an insider's perspective on the community that you are studying.

Interviews can be invaluable in helping you gather information that cannot be found anywhere except in the community at hand—for example, a set of interviews can help you understand the underlying factors leading to HIV risk behavior in a certain population. Although anyone in the community can be interviewed, it is best to **start with the key respondents and gatekeepers,** as discussed in "Entering the Community", p. 22. In addition to giving you valuable information on your target community, interviews with these participants will also help facilitate your entrance into the community.

Individual Interviews

Individual interviews are conducted one-on-one between the participant and the interviewer. The interviewing can be either formal or informal.

Types of interviews: Formal interviewing involves asking a fixed, written set of questions on specific topics that are recorded in detail. Informal interviewing is less structured, and open-ended questions (questions that can't be answered with just 'yes' or 'no') are asked around a specific topic or topics in a flexible enough way so as to allow other issues to be addressed. For informal interviews:

- A checklist of topics is prepared in advance.
- Persons to be interviewed are identified and contacted. Interviews often happen at home or in a convenient location for the participant.
- The interviewer asks specific questions while observing the surroundings and the non-verbal language of the person being interviewed.
- The interviewer attempts to go beyond brief, superficial answers, seeking more depth through follow-up questions.
- The interviewer tries to avoid personal biases and keeps as objective as possible.
- Interviews should not interfere with the work or other activity of the person being interviewed.
- The interviewer should be patient and give the person being interviewed time to think without interrupting.

A formal interview is generally conducted the same way as described above, the only difference being that predetermined questions are asked in the same way in each interview.

Formal vs. Informal Interviewing

The advantages of the informal interview are that this technique is flexible enough to explore more complex issues that don't have predetermined responses. Because informal interviews result in a variety of responses, these interviews are often more information-rich than formal interviews. Formal interviews, on the other hand, can be better standardized to allow comparison between respondents, if that's more important to what you're trying to accomplish. This standardization can be less biased than the informal technique, since interviewers can't inadvertently change the questions or their intent.

The Results: Results from both types of interviews can be used for several purposes. Informal interviews are often used to create structured questionnaires with pre-set response categories based on the results of the initial interviews (for example, listing drugs that have been mentioned in the interview settings that the survey-taker will choose from). Interviews are also extremely useful for shaping programmatic and assessment decisions based on the needs of the community uncovered in the interview process.

Interview Participants: Recruitment for the interview process should first focus around identified key respondents and gatekeepers. Interview participants can be asked for the names of other possible participants (also known as *snowball sampling*; see Part III of this guide). If the topic is a particularly sensitive one, or if your organization is having trouble accessing the community, it may be necessary to provide some type of incentive to potential participants. These incentives can be nearly anything that members of the community would find valuable: bus passes, gift certificates, free samples, or, if you have the resources, a simple monetary payment thanking them for their cooperation. Before you undertake recruitment, select among the *purposeful sampling* choices on pages 33 through 35.

For qualitative interviews, there is no fixed number of interviews that you should set out to conduct, and time and resources may be limited. A good strategy to follow is to continue interviewing until you are getting little or no *new* information from each interview—meaning that the possible responses have likely been exhausted. Depending on your topic, this may be in the range of from 5 to 20 interviews; it's unlikely that you will need to conduct more than 25 interviews with members of any one group.

Group Interviews: Focus Groups

A focus group is a group interview guided by a monitor during which a number of people are invited informally to discuss an issue or what they think of possible intervention(s) in a community. Focus groups are used to gather information on the attitudes, motives, and beliefs of a population or community, and like informal interviews, are an excellent way of getting information-rich responses. The groups are also frequently used to acquire background information on a target population and to determine a community's demographics, perceived needs, and risk behaviors.

Strengths and Weaknesses of Focus Groups

Advantages of the focus group method include the fact that researchers can quickly gather a lot of information and observe much interaction in a short period of time—focus groups are more economic in terms of time expended than are individual interviews. The group situation also allows the researcher to gain insight into the manner in which issues are seen and debated among community members, which may in turn affect the researcher's choice of assessment or intervention. Problems with the focus group method include the fact that the group setting may affect how participants respond to questions; the logistics of getting everyone together in the same place; and the challenge of insuring equal status among group members so that they will speak freely. To address the logistics problem, consider interviewing people where they naturally gather if you want input from people in a certain area.

Planning a focus group

Prior to the meeting, a detailed guide of what will be asked and discussed in the group should be developed. (See **Activity 2**, p. 31 for a way to do this.) The guide helps the focus group facilitator to concentrate on the most important questions to obtain the maximum amount of relevant information.

Project staff should get written or verbal consent from participants prior to starting the meeting. A facilitator directs the meeting using questions in the guide, observing gestures and non-verbal communication and keeping the meeting moving; a notetaker/recorder records the overall reactions, opinions, and responses of the participants. The recorder may participate in the discussion as well, especially if the facilitator has not covered important questions in the guide.

The participants: One of the most important things to remember in choosing focus group participants is that they should be as homogenous (alike) as possible. For each focus group, choose members of the same culture, age, viewpoints, ethnicity, or whatever characteristics you feel may influence the topic under discussion. This strategy helps to make sure that the members of the group will participate in the discussion—in more varied groups, one or two members will tend to take the lead in discussions, and voices of other participants may be easily drowned out. In more homogenous groups, people feel more comfortable in sharing their feelings and opinions.

See the "Sampling" section that follows to learn about strategies on how to approach putting together focus groups. A good strategy is to keep participants within each group to having the same characteristics, but you can use the sampling strategies to mix up the characteristics of the *groups*, depending on what you want to know.

Size: The size of the focus group should be from approximately six to ten participants. With extremely sensitive or emotional subjects, however, it may be wise to limit the number of participants to four or five to encourage participation (Cote-Arsenault & Morrison-Beedy, 1999). You may have to recruit extra participants in order to account for no-shows.

Length and Number of Groups: The focus group should last approximately one and a half to two hours. Focus groups longer than two and a half hours should be

avoided; participants get bored with the subjects and the quality of their responses declines.

As with interviewing, you should continue to hold focus groups until no new information emerges and community opinions on the topic have been assessed. Generally, this will take at least 3 to 4 focus groups.

Incentives: Even more than in interviews, incentives are often provided to members of focus groups. Monetary incentives can be given, as can other types such as those listed in the interviewing section. Other things that may increase participation in the focus groups include providing refreshments and childcare during the group session. Each participant should be given a reminder phone call the day before the session to check if s/he is still planning to attend.

The questions: As discussed earlier, a question list to follow should be prepared in advance of the focus group session. Questions progress from more general to specific ones on the topic, with allowances for clarification and probes along the way. The facilitator should begin with a "get to know you" question to help break the ice and get participants comfortable in the focus group situation. For a hour and a half to two hour focus group, a *maximum* of twelve questions should be planned (Cote-Aresenault & Morrison-Beedy, 1999).

The Facilitator(s): The facilitators' main job in a focus group is to keep the participants on task. Because of the nature of the session—participants are being asked to speak about subjects that they likely have strong feelings about—the discussion may easily wander, and the facilitator should concentrate on the list of questions and topics. It is helpful to have two facilitators, one to act as a moderator and the other to take notes on the discussion and record observations. Both of them should sit in the circle with the participants and not outside of it. It's extremely important for both facilitators to remain objective—if participants ask for the moderator's opinion on a topic, s/he should remind the group that s/he is acting as a facilitator, and it's the community's opinions that are important to the assessment.

Whether you are conducting focus groups or individual interviews, it's important to either pilot test your questions (individual interviews) or have a coworker familiar with the topics check over your focus group question list. As an interviewer, the most important thing that you can do is listen. Let the participants talk, and don't interrupt them during their discussion. Establish a communicative atmosphere that will help you collect the information you need.

Interview Question Development

Asking the right questions in your interview is an important part of the assessment process. The questions will influence the willingness of the subjects to fully participate in your interview, and they will determine how much good information you will get out of the interviews. Following is a technique that your group can use to help you focus on the questions you'd like to ask.

<u>Activity Two</u>: Creating questions by Brainstorming/the Delphi Technique

The objective of this activity is to help you develop a list of issues, topics, and questions for interviewing that you can later use to group, prioritize, and finalize your interview questions. The task involves what's commonly known as "brainstorming" to have the group come up with a large number of ideas that can then be pared down into a reasonable list of questions.

Step 1: Appoint a recorder who won't participate in the session, but who will record the group's ideas.

Step 2: Post the original questions that you want the assessment to address. Think of issues and topics that you want to tackle in the interview related to this question or these questions. Think adventurously, and include even ideas you might think are crazy. Encourage quantity—the more ideas the better. The group should be encouraged to suggest anything that pops into their heads.

Step 3: The recorder writes down each idea on a single card or piece of paper (1 idea per card).

Step 4: When brainstorming is finished, place the cards on the wall in a group by one or all of the participants. Again, put ALL the cards up—don't exclude the outlandish ideas yet. A large bulletin board and pins are useful for this.

Step 5: The group then must agree on how to cluster the cards. This clustering then helps form the basis for subdividing the ideas into themes. Prioritize the themes and the questions within each theme, and use this as a guide to creating your interview questions.

Source: *Pretty et al., 1995*

When you are conducting informal or open-ended interviews, how you phrase your questions can have a big impact on the responses you get. Are you leading the participants into giving you a particular answer through the way in which you ask the question? Are participants refusing to answer your questions because they consider them insensitive? A few simple rules can help you ask more effective questions:

Guidelines for Interview Questions

- *Ask open-ended questions.*

  An open-ended question requires the respondent to reply with more information than a yes or no answer. For example, "Do people inject drugs in your area?" will be answered with one word, but, "Tell me about the drug use that you see in your area," will probably get you a lot more information. Questions that ask *who*, *what*, *where*, *when*, *why*, and *how* are generally good open-ended questions.

- *Listen and learn, sensitively.*

  Allow the participant to fully respond to your question without interruption. Leave a few seconds' pause between asking the next question or probing for more information to make sure that s/he doesn't have anything else to say. Be sensitive to a person's beliefs and culture, and avoid making any remarks or asking questions that could be interpreted as derogatory.

- *Avoid leading questions.*

  A leading question is one that virtually guarantees that the respondent will reply with the answer that the interviewer was looking for. For example, "Wouldn't you prefer to have more health care options in your area?" By stating a question like this, the interviewer is making it clear that there is a "right" and a "wrong" answer to the question, and isn't truly measuring the individual's own opinions and beliefs.

- *Probe for more information.*

  After a respondent answers a question, take a minute to think about his/her reply. Did you understand everything that was said? Do you feel like you know the person's beliefs on this topic? Is there anything else you would like to clarify or expand upon? By asking "probing" questions during the interview, you can get more rich information on certain topics from your respondents, and you can tailor the interview, as it is occurring, to exactly the type of information that you find most relevant and useful (Pretty, 1995).

Sampling Schemes for Interviewing

Interviewing is a form of *qualitative* research, and the goal of the effort is to produce information-rich responses from a wide variety of subjects. This method is different from *quantitative* research, where the goal is to obtain a random sample of participants meant to represent the demographics of the population at large. The purpose of the interview is to gather a lot of information from the community on one particular topic, and sampling schemes (guides as to who to interview) can help determine who to recruit for the assessment. A discussion of the philosophy behind "purposeful sampling" and a list of different ways to sample for interviewing follows.

Purposeful Sampling, or "Deciding Who to Talk With"
Purposeful sampling can be described as "a strategy in which particular settings, persons, or events are selected deliberately in order to provide important information that can't be gotten as well from other choices" (Maxwell, 1996, p. 169). Individuals selected are "experts" in aspects of what is going on in their own community by virtue of living there and/or socializing with a particular group of people.

Michael Quinn Patton (1990) has described several different types of purposeful sampling strategies that may be helpful to you in focusing the assessment:

- **Extreme case sampling:** individuals selected using this method represent "extremes"; e.g., the most successful and the least successful. Someone using this strategy might interview both those who have succeeded in getting off drugs and those who haven't even attempted to do so. Or, they might interview the consistent condom users and those who've never used a condom. The logic of this method is that something may be learned from both ends of the spectrum that can help in understanding those in between.

- **Intensity sampling** is similar to extreme case sampling but doesn't seek out the extremes but the most intense cases, based on prior information and judgement. In HIV work, it may be those who have the strongest feelings about HIV prevention methods, such as using or not using a condom or reducing or not reducing the number of sexual partners.

- **Maximum variation sampling:** This sampling method is based on the assumption that "[a]ny common patterns that emerge from great variation are of particular interest and value in capturing the core experiences and central, shared aspects or impacts of a program," (p. 172) the last referring to the use of this method in program evaluation. To begin to use this method you must first identify the "diverse characteristics or criteria for constructing the sample." Then individuals are selected that might fit those criteria. To continue with the condom use example, someone using this method might choose the consistent condom user, the non-user, the occasional user, and the person who uses with a casual partner but not his/her main partner. In this case, the group members will be diverse instead of alike.

- **Homogenous sampling** is the opposite of the maximum variation sample. Instead, a small homogenous (individuals with similar attributes) sample is used to explore the subject in depth.

- **Typical case sampling** seeks out the "typical case," for example, the typical condom user. These characteristic individuals are usually selected with the help of key respondents, after what is "typical" is clearly defined.

- **Stratified purposeful sampling** has the purpose of capturing major variation as opposed to identifying a common core. Those within each "segment" of the sample are homogenous. (Note: Since the sample size is small, the findings cannot be generalized to a larger population in the same way as a stratified *random* sample might be. See the "Random Sampling" section, page 65 for an explanation of this.)

- **Critical case sampling.** A "critical case" is one who, according to Patton, "can make a point quite dramatically or [is], for some reason, particularly important in the scheme of things" (p. 174). For example, one social network of heroin users might be interviewed with the assumption that what is going on with them may also be occurring with other similar groups of heroin users in the neighborhood. If one group is more accessible and willing to talk and other are less accessible, they may provide insights applicable to other social networks of heroin users, with limitations. If a group of heroin users who are accessing social services are having problems, working with them may illuminate the more serious difficulties faced by those more marginalized. This strategy would be used when there is no good way to access a broader group.

- **Snowball sampling,** a method of identifying individuals to interview by referrals from others, is described in more detail in a later section of this book. Please see "Sampling Strategies," page 66, for discussion of this method of sampling.

- **Criterion sampling** means interviewing only those who meet certain criteria established ahead of time. For example, "African American adolescents who access family planning" might be established as the criteria.

- **Theory-based or operational construct sampling:** This is a more formal research version of criterion sampling, based upon pre-determined theory.

- **Confirming and disconfirming cases sampling** is used as a method usually in the exploratory phase of a project. Individuals who can confirm a hypothesis—for example, that lack of assertiveness is why a woman cannot get a man to use a condom—are interviewed. Then, those who do not believe the hypothesis are interviewed; e.g., those women who don't think assertiveness has anything to do with a partner's condom use.

- **Opportunistic sampling** is "following where the data leads" (Patton, 1990, p. 179). This method employs the flexibility that new information may lead to new sampling decisions that emerge as the process evolves.

- **Purposeful random sampling** is when a random procedure is used to choose those to interview. This might involve using one of the sampling methods described later in this

manual, including survey by roster or snowballing, to create a list of individuals from which a random sample is chosen.

- **Sampling politically important cases** is usually used for garnering information on public policy.

- **Convenience sampling** is simply interviewing who is fast and convenient to reach. This is the most common and *least desirable* sampling strategy.

Each of these sampling schemes can be used to recruit participants for both individual interviews, focus groups, and many other types of assessments. If you are using focus groups, remember to keep the groups homogenous to encourage free discussion.

Visual Techniques

Although asking questions is one way to find out what you want to know, there are other methods that can be very powerful in eliciting information from people individually or in group settings. Participatory Learning and Action (described later in this guide) is a community-centered assessment approach that uses what are called "visualizations" as one of its main techniques. Visualizations are a good way of gathering information and facilitating problem-solving that can be very valuable in developing and improving programs.

These visual techniques fall into five categories:

1. Mapping ;
2. Assessing change;
3. Analyzing systems;
4. Differentiating--by sex, age, wealth, or in other ways where power and control may be unequal; and
5. Prioritizing and comparing.

In this section, we'll look at activities that illustrate these five categories. The important thing to remember is that these activities can and should be adapted. They can even be adapted by participants themselves, revealing that the community priorities may not be the same priorities as those of the team doing the assessment. This modification of the activities can be very valuable in terms of the information that results from it.

An important first step before putting these visualizations into action is to develop a strategy to interact with the population you're interested in collecting information from, not just to use the activities in a "scattershot" manner. The interviewing sampling schemes discussed earlier can be a good guide to use. Have people do these activities in organized groups or in groups that form naturally, such as with people sitting at a picnic table at a park outreach site or gathering just outside an apartment in a public housing facility. These techniques can be combined with other qualitative methods, such as focus group interviews, to give a framework and provide more information to interpret findings.

Technique #1: ***Mapping***

Maps can be made of any area, such as a neighborhood, or even the human body. Mapping tells a lot about how people perceive something or gives specific information on where to find something, such as a shooting gallery or other places where people gather.

Community Mapping:

The map of a community can identify a range of things, including social services, sites of risky behavior, and community resources.

Steps to creating a community map:

- Develop contacts with knowledgeable community members and ask them what part of the community should be mapped.
- Find a good place to create the map and gather several community members together to create it.
- The process of creating the map should be participatory.
- Be patient as the map is developed; facilitators shouldn't interfere in the process.
- Give the map a title and list (if possible) the names of the participants who created it.

Mapping can be part of a "transect walk" described earlier—the mapping can occur before a transect walk and then the map is altered afterwards depending upon the consensus of the group doing the mapping.

A caution: Mapping should only be done once trust is set up between the assessment team and community members.

Examples:
Community Assessement

As part of the community identification process initiated in the area reporting high gonorrhea rates, the entire Any Community AIDS Network assessment team, following observations and interviews with key respondents and gatekeepers, developed a map of the area with area residents. They were able to find out where people gather to drink or do drugs, where anonymous sex was taking place, and points where risk reduction materials could be distributed.

Facilities Mapping:

Facilities mapping allows those who are familiar with a building or facility to describe it in detail. This type of mapping, which can also be thought of as "risk mapping" (D.E. Wigmore, personal communication, 1998) or "social mapping," can illuminate barriers, both physical and social, as perceived by staff or clients.

- ❖ The activity begins with mapping the general layout to a building, such as an agency or treatment center.

- ❖ Participants can use colored markers or stickers to map hazards, such as dangerous areas that are colored red (however they define "dangerous" or "hazardous") and "safe" areas colored green.

- ❖ Participants can also choose to do "social mapping," to identify where people gather (green) and where the leaders are (red). Colored circle stickers are helpful for this. The leaders can be identified as helpful (with a smile) or not helpful (with a frown).

- ❖ Have participants discuss what they see.

Julia and Alex used facility mapping as a first assessment step with young people in a drug treatment facility. Their maps, done in groups of 4-5, helped to explain the adolescents' perception of the social environment they were living in, and revealed some issues that were important for educators to take into account as they developed programs for clients of the facility.

Body Mapping:

The use of body mapping provides a way to determine community and individual perceptions about how the body works. *Body mapping should not be used to correct assumptions* (at least, not at this stage), but to simply understand perceptions and utilize this information when developing an intervention or interventions. If a perception is incorrect but not dangerous, it may not be necessary to correct it at any time. Allowing participants to feel "safe" in presenting their perceptions allows for more freedom to express themselves without fear of being ridiculed or demeaned.

Steps to creating a body map:

- ❖ Have the participants draw the body to address any health issue; in the case of HIV and STDs, have them draw the body of a naked woman and a naked man.
- ❖ Let them describe visually the reproductive organs, signs and symptoms of STDs, or erogenous zones, depending upon the health issue being explored.
- ❖ Facilitate a discussion among participants about what they see.

This activity can be done individually first, if possible, and then done in a group. Or it can be done in a group where there's already some group cohesion or members seem open to this kind of exploration. Women can map men and men can map women; then the two groups are brought together. In the case where sensitive issues, such as gender issues, can result in strong emotions, it is important to mediate the discussion.

Body mapping often brings out more than what's originally asked for. For example, a mapping exercise around beliefs about contraception may illuminate beliefs about what a desirable body type is. These issues often have to be processed with and between group members.

Ana and Robert used body mapping with several groups following presentations on STDs. Ana had group members divide into males and females, then had them map the signs and symptoms of infection. Robert observed the males mapping female bodies and Ana observed the females mapping male bodies. In addition to assessing how much the participants had learned from the previous presentations, they identified several relationship issues that emerged from the discussions that they incorporated into their presentations.

Note: *Care must be taken when doing any same-gender activity to acknowledge that there may be transgendered individuals in the group and to remind the participants to participate with any group that s/he feels comfortable.*

Technique #2: ***Assessing Change***

Seasonality Analysis:

The technique of seasonality analysis can be used to understand the relationship between time of events and issues of sexual health. For example, doing an analysis with a group of people (e.g., adolescents) to determine why the STD clinic demand increases or decreases and what happens during that time that can be linked to understanding sexual behavior.

- Draw a large square and divide the square up so that you create four squares (for spring, summer, winter, fall) or into twelve squares (for January-December). Label each square depending upon how you're doing the analysis—monthly or by season.

- Have participants discuss and either write or illustrate with pictures what usually happens at different times of the year. They can write or draw within each square or across squares. For example, a group of adolescents may illustrate activities common to them and/or their peers—work, going to the rec center, hanging out with friends. Have them discuss what happens regularly and what happens at different times of year (e.g., the State Fair).

- Discuss with them how different "seasonal activities" impact on sexual activity among their peers. Keep adding to the diagram as they identify more factors.

Ana and Robert used seasonality analysis to have residents describe activities and the community environment over several periods of time during the year. Several groups of residents decided to create a seasonal diagram divided up into the four seasons: winter, spring, summer and fall. Within each period, they discussed what generally happens in that period of time in the year. They wrote words and some groups added some pictures to illustrate the community's activities at that time. The team posted the diagrams in the community center and left them on display, along with the product of other visual activities. With this display, residents who didn't want to do the mapping but were curious as to how the maps came out had an opportunity to give their input. They then had casual conversations with these residents and learned more from them.

Among other things, this seasonality analysis revealed the times when adolescents engaged in risky behavior in the summer time and what they did, a fact that didn't come as a surprise to the team. But it also revealed that there were times when many residents were without jobs and turned to unsafe behaviors as a result of being out of work.

Daily Activity Charts:

Daily activity charts create another way to examine when sexual or drug activity may occur during the day. In Africa, these charts were used to show to the men how much work that women have and how this affects their relationships. When the men saw how much work the women did, they worked out the conflicts between them and the men agreed to take on more responsibility to improve their relationships. Adolescents can use this activity to talk about when their peers find time for sexual activity.

- ❖ Find a suitable group that is willing to talk about these issues.
- ❖ Find out if a "clock" drawing is preferred or a "linear" chart is better (see the linear example below).
- ❖ Activities can be represented by symbols that the participants agree upon.
- ❖ Discuss the differences between the different "clocks" represented, for example, between genders or different groups.

Below is a *very simple* activity clock for one day. You can repeat this over several different days, including weekends. Participants can make up their own activity illustrations or you can offer some suggestions.

= having sex = school = hanging out with friends = sleep

😐 = bored; thinking about having sex  = hang out at rec center

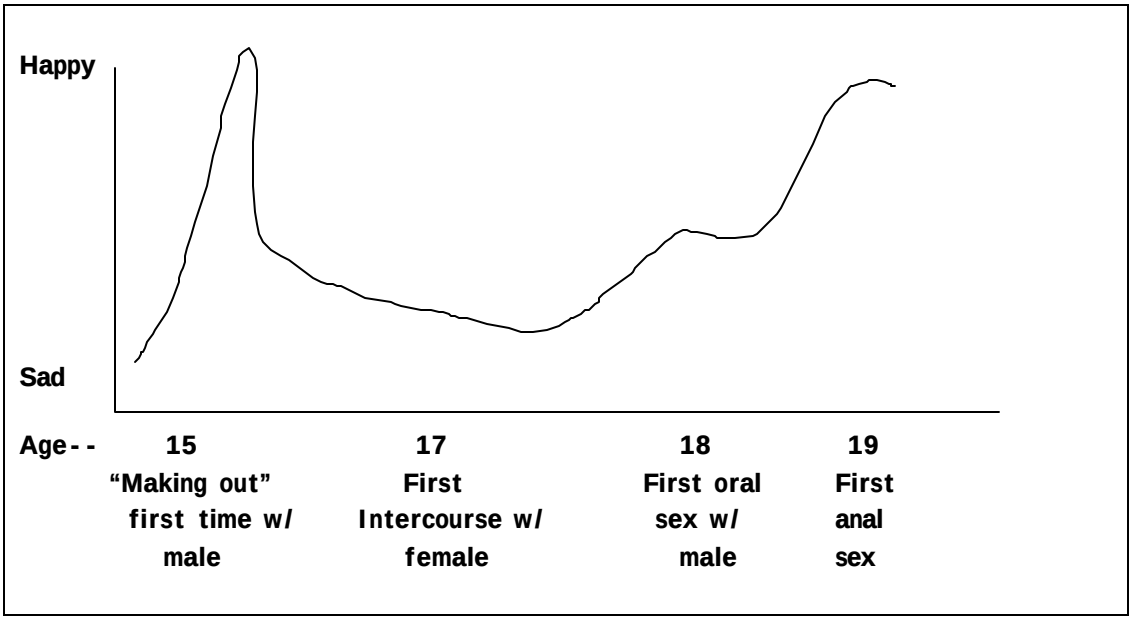
	
	😐

Sexuality Timeline:

Sexuality timelines can be used to examine issues around different events related to sexuality. This is usually done by individuals, but can be done in a group session to discuss group perceptions around sexual events, such as first intercourse.

- ❖ Identify several sexual events in a person's life. The facilitator can offer some suggestions, such as first sexual encounter, first intercourse (anal, vaginal, oral may be separated), first relationship, etc. For females, this can also include contraception, menstruation, and/or childbirth. (See the example that follows for a more structured approach.)

- ❖ The participant can then graph these events with time at the bottom and "happy" and "sad" along the side. The line is low for sad and high for happy. See the example below for a gay man. Have the participant discuss what s/he sees.



Carlos and Sam interviewed several young men who have sex with men. After asking them some general interview questions, they asked them to create a timeline and identify their age when the following happened: (1) he first thought he might be gay or bisexual; (2) he first told anyone he might be gay or bisexual, (3) he first had consensual sex with another man, (4) he first had anal sex with another man, (5) he first had unprotected anal sex with another man, and (5) he first had an HIV test.

Carlos and Sam then brought together three groups of these young men they'd interviewed. In addition to asking some specific questions in an interview format, they facilitated a discussion of sexual time points and assessed the participants' attitudes about each by creating a common sexuality timeline. Carlos and Sam learned about some of the barriers to safe behavior through the discussion that accompanied the activity.

Technique #3: ***Analyzing Systems***

Taking apart a system and analyzing it can be a very helpful exercise in determining how to impact the system. The two activities below are simple ways to do this analysis, and can be useful assessment tools.

Chapati Diagrams:
Chapati diagrams involve the use of circles to define relationships or to look at which institutions are important and how these institutions may be perceived in a community.

Steps to create a Chapati diagram:

- Individually or in a group, define a "central figure" (in the following example, the community the population of interest lives in).
- As the participant(s) draw(s) the diagram, the size of the circle can equal the importance or physical size of the institution; larger is more important, smaller is less important.
- The length of the lines between circles indicate actual distance as perceived by the participant/participants.
- The thickness of lines can indicate the importance of the institutions or frequency of contact; thicker means more important, thinner means less important.
- The perceived distance in terms of miles can be written on the lines that connect the circle to the center.

Below is an example of using a Chapati diagram to find out how major health institutions may be perceived in a community.

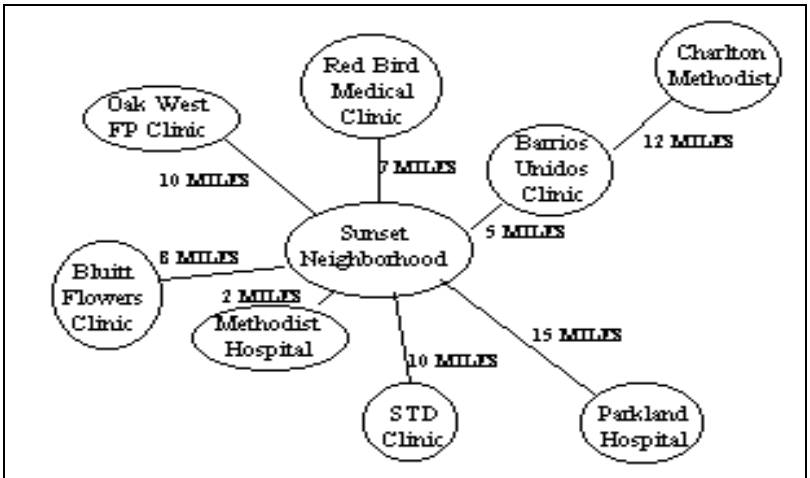


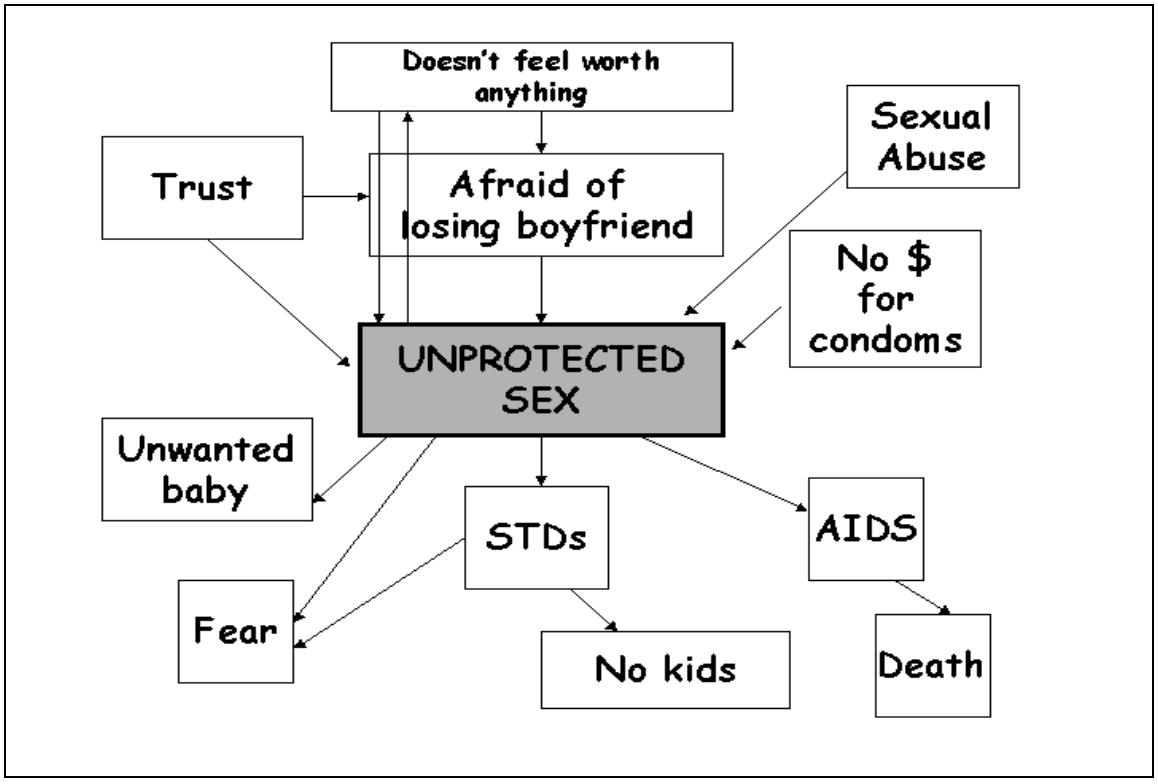
Figure 2. Chapati diagram of major health institutions as perceived by Sunset Neighborhood community members (not to scale)

Causal Flow Charts:

Causal flow charts help to identify a "cause and effect" relationship between different issues as perceived by a community.

Steps to create a causal flow chart:

- Decide what issue or problem should be the central one to analyze; write it in the center of a sheet of paper or on a card, putting a box around it.
- Write down on a sheet of paper or on cards (one issue per card) the things that cause or result from the problem or issue; try to keep issues "value-free" (in other words, avoid using "homosexuals" as the cause of AIDS).
- If cards are used, work with participants to arrange the cards to determine what causes what; otherwise, write them on a sheet of paper and draw arrows from one to another (arrows may work both ways).
- Plus or minus signs can be used to determine if a cause is negative or positive.
- If participants aren't satisfied with the diagram, start again.
- Have participants discuss what they see.



Problem Trees:
Problem trees are variations on causal flow charts. They, too, are mechanisms to identify the causes and consequences of specific problems, such as sexual health problems (World Neighbors, 2000).

- ❖ Brainstorm various problems faced by the community or the population of interest. You can focus the discussion by relating the problems all to sexuality and sexual health, or you can open it up to larger issues such as drug and alcohol use.

- ❖ Divide up into groups. Each takes a problem that they write on a card, and each card is posted on a tree trunk, drawn on large sheets of paper and posted on the wall. The small groups then brainstorm the causes of the problem and write those on cards that attach to the "roots" of the tree. They then brainstorm some of the consequences of the problem that become the "leaves" of the tree. Same colored cards should be used for each problem.

- ❖ The participants as a whole can take a "walk through the forest" and then describe what they see.

Chapati diagrams, causal flow charts, and problem trees can provide very detailed and important information that can be helpful to an assessment. After doing a Chapati diagram, a facilities mapping exercise can be done to identify barriers within the institutions identified. Or the activity can reveal what resources people use so that they can be asked about what they don't use—do they not know about other clinics, for example, or do they have a bad opinion of them?

Causal flow charts and problem trees can help people to see how certain health behaviors can result in other negative outcomes, and can help them look at what causes the behaviors. These types of exercises can initiate a discussion on problem-solving. Where can the community or the participants have an impact? What support and resources do they need? How can they offer suggestions and support to HIV prevention workers in their programs? See the **Problem Solving** section following for activities to help with this discussion.

Technique #4: ***Differentiating***

Access and Control is a technique used to analyze power relations.

Steps to create an access and control chart (male and female example):

- Assemble a balanced group of men and women, or do the activity in gender specific groups and then bring them together to analyze what they found.

- Identify issues that are important to people; list them vertically (see below for male/female example).

- Create four columns for "Who decides?" (access) and "Who makes it happen?" (control), with "male" and "female" under each (see below) Along the left, list whatever issues will be explored. You could add to the example below of "where and when to have sex" and "safer sex" a line for "contraception" or even "sexual positions" or "oral sex." If you do have an activity exploring gender in female-male sexual relationships, make sure to consider those who have same-gender relationships as well.

- Use marks on the paper or points to allocate across columns, with ten marks or points per issue per "access" or "control*"; the points given to males and the points given to females should add up to ten*. The more control is given to males versus females, the more marks or "points" are put under that column. For example, the group may give seven points to women under contraception for "who decides?" and three to men, but if she's counting on him for transportation to the clinic, he may receive seven points under "who makes it happen?" and she gets only three.

- *Pay attention to what is being said more than the numbers*. Simply doing the exercise reveals a great deal about relationships and power within relationships.

- *Always follow with an activity arriving at solutions*, such as identifying the top three difficulties or conflicts identified during the activity and carrying out a problem-solving session around these issues.

Examples of other situations that can be examined are: (1) same gender relationships (2) relationships with age differences, (2) relationships with unequal economic power, and (3) sex worker/client relationships.

	Who decides?		**Who makes it happen?**	
	Male	**Female**	**Male**	**Female**
Where to have sex	**5**	**5**	**6**	**4**
When to have sex	**7**	**3**	**3**	**7**
Safer sex	**7**	**3**	**7**	**3**

Julia and Alex did an access and control activity for several groups of males and females, then brought the groups together to discuss the results. The activity resulted in a lot of emotion that they had to moderate, but they discovered some very important issues emerging related to power within male-female relationships. Because no one in the group identified as gay or lesbian, they addressed this issue with the group and informed them that participation was voluntary and that anyone could participate and give his or her opinion about male-female sexual relationships, whether or not they now or ever engaged in them. They also solicited feedback before starting and invited participants to come up and discuss their feelings about this activity after it was over.

Because the exercise revealed some acceptance of power imbalances, Julia and Alex introduced into their educational sessions a "how it feels to be powerless" exercise and an assertiveness skills module that they modified with input from the participants who participated in the analysis.

Technique #5: ***Prioritizing and Comparing***

Free-Listing:

Free listing is another tool that can reveal a great deal of important information. Bernard (1995) describes the process of free-listing as, "a deceptively simple but powerful technique" used to explore a cultural domain. Individuals can be asked to list the days of the week, which most everyone will list the same, or to make a list of animals, a list that will vary greatly among the individuals surveyed. Trotter (1981) used free-listing with Mexican Americans, asking them to list remedies for health problems and what the remedies were used for. He was able to look at the lists and count the ailments most reported by men and those most reported by women, tell differences between older and younger individuals, and tell the differences between recent immigrants and those born in the United States.

An example more directly relevant to HIV work is one used with active drug users recruited for a National Institute on Drug Abuse (NIDA) HIV prevention program (Trotter, 1995). These individuals were asked to list all of the positive aspects of drug use. The purpose of the exercise was to identify barriers and potential positive reinforcement points for reducing HIV risks by reducing drug use. The investigators in this study were able to take the results and create a table. Below are the top five responses.

Aspect of Drug Use	Frequency[2]	Response Percentage[3]
Escape reality	6	38
Relaxation	5	31
None	3	19
Feel good	2	13
Gives you energy	2	13

Free-listing can be used to monitor cultural, gender and age differences regarding attitudes about substance use, STDs and/or HIV. The activity can also be used to make connections between STDs/HIV and related issues. For example, a free-list on condom use can help educators tease out gender differences on condom use barriers.

A simple free list exercise involves asking people the health problems they think are most common in their community. They can do this individually or in groups. They then determine the top five of most concern, again individually or in groups. Do HIV/AIDS or STDs appear among the top five?

Creating free lists can generate questions that can be used on survey instruments, identifying words and phrases to be explored in greater detail. Using free lists in this way will be discussed in the "Survey" section of the guide, Part III.

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[2] How many people identified it

[3] What percentage of the people asked identified this factor

Pile-sorting:

After free-listing on a topic, individuals can be asked to sort the concepts that go together or are similar. Pile sorting is usually done by writing a concept on a card, creating as many cards as necessary. Individuals then sort the cards, grouping them by similarity. Remind them that similarity is however *they* want to define it; there is no right or wrong answer. If they want to put a card in more than one pile, the facilitator has the option of creating new cards, if s/he wants.

Trotter (1981) writes that pictures, real objects, written labels, or combinations of the three, (such as description of risks for HIV infection) on cards are options. Participants then discuss their thinking behind why they sorted things the way they did, and this information is recorded.

Carlos and Sam used free-listing with men who have sex with men who gather at a local bar. At appropriate moments, they'd start up a conversation with individuals or small groups of men. They told them that they wanted to identify individuals to talk to that everyone respected. Using blank cards, they first asked the participants to write on each card the name of a person they'd invite to a party, up to ten names on ten cards. Then, they had them turn the cards over and jot down what about that person that would make them want to invite him. They then asked each participant to create two piles, one of those made up of the persons they believe have an influence on others and those who have less influence. As Carlos and Sam did this with several individuals, they analyzed what they found and were able to identify four names that kept coming up. Through the process, they also had some of the attributes of these individuals identified. They used this technique to concentrate their efforts on these four "peer leaders" as people who could influence those around them to reduce their risk for HIV infection. They also solicited their help in mentoring young men who have sex with men by creating positive role model stories to be distributed.

Problem Solving

After using a technique or techniques for identifying problems, how do you develop solutions? One option is for the assessment team to take all the information they've gathered and figure out for themselves what to do to effectively deal with the issues. This method will be discussed at the end of this section. Another method to supplement that task is the use of a problem solving activity with those who participated in the earlier visualizations. One such activity is the "By us, with us, for us" activity that was used in a participatory well-being assessment done in a housing community in England. Andrea Cornwall (1997) describes this activity in her report on the assessment:

"By us, with us, for us":
Residents of the community participated in an assessment with health professionals in the area. Through this process that incorporated visual techniques, residents identified various problems they confront where they live, but also acknowledged several strengths and assets of the community, such as community cohesion. (An important lesson: don't forget to name and acknowledge what people *have and have to offer* as well as what they *need*.)

After priority recommendations for solving the problems were identified by residents, the recommendations were then divided up into three categories:
- what the residents could do for themselves to solve the problem ("by us"),
- what residents could do with help from others ("with us"), and
- what residents needed others to do for them, if they could muster the resources from agencies and institutions ("for us").

Action plans were then developed by community residents.

Solution Trees:
Just as with problems, trees can be used to generate solutions. Participants can take an identified problem, then come up with solutions to the problem by creating "leaves" for the solution tree. Depending upon the group, a solution "wall" (large sheets of paper) can also work as an image. The solutions can be determined in small groups or in the group at large.

Here is a variation on this activity:

- Have the participants break up into small groups.
- Give each group a "problem" and the task of coming up with solutions. Have them write each solution on a 5" x 7" card.
- Give each participant in the group five beans or small objects of any kind. Each participant can assign their "points" to the cards laid out in front of them, even giving all five to one solution.
- The group counts the number of points per solution, then presents their top five or six. Members discuss why they assigned the number of points that they did.

The small groups or the group as a whole can discuss what is needed to make the priority solutions work.

The Next Step

Now that you've got all this information, what do you do with it?

You've collected information from interviews, you've gathered data from using visual techniques, you've observed and conversed—now what?

Before you start, take a breath and don't be overwhelmed by all the information that you've gathered together. Organize things into manageable stacks or computer files. Following is a step-by-step process to follow to keep your data organized for later use.

If you don't have access to a computer or a good typist, have one person collect copies of all the notes and observations. If someone can type and you have a computer, type the notes into a word processor (see below for computer program options). If you tape-recorded the session, listen to the tape together and discuss it, then write down the important quotes or type them into a word processor, if they are not already a part of the note taker's field notes. You can type up the entire interview, but that can take up to five hours for *each hour* you have recorded. Another alternative is to listen to the tape several times, as a group and/or individually, and then make your own notes compared against the note taker's, including your impressions. More people involved means more ears to hear what may be important and more people to contribute their impressions. *If anything at all is said that may be significant to consider or use later, get it written down.* At the end of this process, you should have a common description of what you heard and/or saw. If you use any of the visual techniques, the diagrams also serve as a record of what happened.

Okay, now you've got all of this stuff written down or typed out—*the second step is organizing what you have.* You can do this in one of three ways. We'll discuss each option.

1. Do it manually.

If no one on the team can type or has access to a computer, you'll have to rely on really good handwritten field notes and observations. If you have a copier, make at least two copies of the notes. *Keep one copy intact*, then take the scissors to the extra copies you've made.

First, think of broad categories. For interviews you can cut up the answers to the questions you asked and put them in separate stacks or folders, with a folder for each interview question. Keep adding to the folder as you do more interviews.

Besides organizing the interview data by questions, other category choices are called *themes.* For example, *condom barriers* can be a theme. You can create a folder for *condom barriers* and cut out any paragraphs related to condom barriers. If you have a full folder, you can create subcategories, such as *condoms: social barriers* and *condoms: breakage barriers*. Each one can have a folder. You may want to make additional copies of your notes and observations so that you can take the same paragraph and put it into several relevant folders.

2. Do it on the computer using a word processor.

a. Type up each set of interview, observation, and focus group notes *and store each as a separate file*. Put any identifying information at the top of the page, for example, the date; the type of encounter (interview, observation, focus group); the participant(s) (using a code number or false name for each to protect confidentiality); information about the setting, if relevant; and which researcher conducted the observation or interview.

b. Discuss what kinds of categories you want to have. One set of categories can be all of the answers to each interview question. Set up a different document file for each question (i.e., have a document called *Question 1,* another called *Question 2,* etc.), then *copy* and paste the answers between the main document and the questions documents. Use the "Window" option at the top to move between documents. (How many documents can be open at one time depends upon your computer and/or word processing software.) Always leave the original document intact. You can link the quote to the original document by adding a code or false name to the beginning or end of the paragraph before or after you copy it to paste.

c. Create other categories, such as *condom barriers* and set up a document file for each category, giving it the file name of the category. For each category, you can set up different pages within the document for the subcategories, such as *condom social barriers* and *condom use problems*. You can copy a paragraph into one or all of the sheets related to the proper category. Follow the instructions in number 2 above to link the paragraph to the original document. *(Suggestion: Break up large paragraphs into small paragraphs to make it easy to manage the text.)*

d. If the categories you want to use are too many to handle in a word processing program, and you have access to the Internet, consider downloading and using a text analysis software. The Centers for Disease Control and Prevention (CDC) provides one called "EZ-Text." Go to the next section to learn more.

3. CDC's EZ-Text: Qualitative Data Analysis Software

Several programs are available to make analyzing and coding (categorizing) your data easier. The Centers for Disease Control has developed a free program called EZ-Text that can create a database to manage the information you gather from an interview or other type of interaction. Although using a program like this isn't necessary, it can help you better organize your information, making the results of the assessment easier to use and understand (Carey et al. 1997).

EZ-Text and other programs like it are designed to help you categorize interview responses. The program will guide you through setting up a *database* to store your interview questions and responses in. The database is simply a set of files that holds your list of questions and each participant's responses during the interview. Next, you will make a list of *themes* or categories/codes that you feel best describe the responses from your interviews. The program will help you assign codes to each individual interview response. From this point, you can print out reports that show responses to specific interview questions, or reports that show how different responses were coded, and so on. Using EZ-Text or a similar program

makes generating these results fairly simple, and using the program is a good way to easily produce visible results.

If you think that you might be interested in using EZ-Text, check out the program's web site at http://www.cdc.gov/hiv/software/ez-text.htm. This site will tell you some of the features of the program, and also provides a link where you can download CDC's EZ-Text. Don't forget to download the manual as well—it provides some tutorials that are very helpful in learning how to use the program.

There are other software programs that are available to do the same kind of analysis of the information you gather, such as QSR NUD*IST or Ethnograph. These programs are generally more powerful than EZ-Text, meaning that you have more options for entering and analyzing your projects. However, this also means that they will probably be more difficult to learn to use, and, if your organization does not already own the software, they can be expensive to purchase.

Now that you've discussed what you've learned and categorized it, what do you do?

After you've finished the assessment, now's the time to ask yourself, "How does all this affect what we're doing now? How can we change our program to take into consideration what we've learned?"

If you've done a lot of activities, interviews, and observations, the amount of information you generate can be overwhelming. The key is to set aside a good amount of time to process the information. Start by brainstorming the important points that emerged from the process. Use large sheets of paper and make lists of the things you learned that emerged from the process. When the list is completed, follow a general discussion with a ranking exercise, like the one described in the problem-solving section of Part II, with each team member allotted 10 points. Rank the information by the number of points assigned to it. Don't throw anything out, just put them in the order of importance.

Go back to the categories and discuss the information that came up in the interviews or observations. Does a concern, barrier, or attitude jump out at you? Start a new list of what information comes from the exploratory process. Repeat the ranking exercise that you did with the team's original impressions.

Next, discuss what you have. The information may confirm that what you're doing is correct and there's no need to change the program. But likely some grounds for adapting your program will become apparent in the process. At that point, you can choose to pursue resources to adapt your current program. Or, you may choose to do a survey to see if some of these points your team has identified are widespread enough to warrant a programmatic change. *Before* you make either decision, it's important to see if what you've learned has been verified by using what's called *triangulation*.

Triangulation

Verifying Information from Different Sources

As we've discussed earlier, the viewpoint of the person collecting the data can sometimes interfere with the objective reporting of what s/he sees. "Triangulation" is a method designed to help verify the results of information from observations and interviews. Triangulation is performed after two or more sources of information have been gathered on the same questions—for example, the results of a document review and focus group responses. The goal of triangulation is to determine how much overlap is found from information from differing sources. Convergence, or similar findings among sources, lets us be more confident as to the accuracy of what we find and the conclusions we're inclined to draw, while "divergence," or dissimilar findings, means that an explanation for that difference needs to be investigated. In cases of divergence, more focus groups or individual interviews can be conducted to ask more specific questions that may clarify a certain issue. Another literature search may also be helpful to confirm results.

Example:
Triangulation

Carlos and Sam do outreach to men who have sex with men, and are interested in looking into a possible rise in gonorrhea rates in their area. They have completed the following assessments:

Document Review:
Carlos and Sam find 2 studies, in the Journal of the American Medical Association, that give figures showing that gonorrhea rates are increasing slightly in the United States over the past few years. In addition, their latest facts sheet from the CDC shows a more substantial increase in gonorrhea rates in their state.

Focus Groups:
They convened a focus group of young men who have sex with men that they work with, and had the group discuss STDs. Gonorrhea was mentioned fairly frequently. The group was specifically asked if they thought more of their friends were contracting this disease than in the past; the consensus was that they weren't sure, but they could be.

Observations:
Carlos and Sam did some informal observations outside of the area's main STD clinic. It appeared that many of the MSMs going to the clinic were interested in HIV tests, but not in any other STD testing.

Interviews:
When interviewing key respondents, Carlos and Sam heard that no one really knew whether anyone had contracted gonorrhea or not; they were much more concerned with HIV. Gonorrhea might be out there too, but since it was more easily curable, the population didn't seem to be very worried about it. In fact, the key respondents weren't sure if anyone had gonorrhea at all, and they certainly didn't think that rates had gone up.

From this information, Carlos and Sam found both areas of convergence and divergence. What they found from the document review and the focus groups seemed to be similar, but the observations and interviews might

suggest something a little different. They decided to go back to the key respondents to try to tease out more of the issues involved in this problem—did MSMs in this area not have gonorrhea, or did they simply not worry about it? Was it possible that there was a rising gonorrhea problem without the community really being aware of it?

By triangulating the points you've identified in this process, the more certain you can be that you're answering the **big questions** with valid answers. As you add more and more sources to the triangulation process, the more confident you can be that you have the answers you need.

What's next? If you want to do a survey, go on to the next section. If not, skip to the **Conclusion** for ideas on transferring what you learned into action.

Part III. PLANNING A SURVEY

Surveys are another way to learn about and learn from a group of people. According to the book, *How to Ask Survey Questions* (Fink, 1995), the definition of a survey is, "a system for collecting information to describe, compare, or explain knowledge, attitudes, and practices or behavior."

Doing a survey requires planning—planning what you want to ask; how to ask it; how many people to survey and how to reach them, either by mail, in person, or by telephone. Will you have team members asking the questions or will the respondents, those completing the survey, fill it out themselves? This guide addresses these issues step-by-step, so that you can make choices and initiate a survey as systematically as possible.

Although surveys are a great way of learning about a population, remember that the information you learn may not always be representative of the views of the population that you're trying to assess. If only a small group of people completes a survey, there is always the risk that their views differ in some way from the opinions of the rest of the larger group. This issue will be discussed in more detail in the following pages.

This section of the manual will first address the issue of developing a *survey instrument*, the list of questions that you'll be asking. Included in this section will be what to keep in mind in developing your questions and how to use a qualitative process, like the one described in Part II, to develop a questionnaire. Also included is information on drawing questions from existing surveys. After that comes sampling, the process of establishing a "sample" of a larger group and the size of this sample. Along with this, we'll illustrate the variety of sampling methods that you can choose from to find out more information about your population.

Developing a Survey

Although we often think of surveys as pieces of paper or sets of questions, a survey is something bigger than that. It's the entire process that we'll be discussing in Part III of this guide, from deciding who will complete the questions and how to reach them to determining what questions to ask and what to do with the information once the survey questions have been completed.

Usually, the first issue involves the survey ***design***. What is a design? It's the structure of the survey based on what you're trying to accomplish. If you were trying to determine the difference an intervention makes, such as the impact of a prevention strategy on condom use, you might have two groups. One would take advantage of the prevention strategy (known as the *intervention* group) and one would not (also known as the *control* group). Then you could use a questionnaire to see what changes have taken place in the use of condoms among the two groups. You can also use a strategy to measure what changed in terms of the use of condoms by surveying a group of people as a pretest, delivering the prevention strategy, then surveying them again afterwards to see what changed.

Measuring the difference a prevention strategy makes by using a survey is very complex and is best done with the help of a statistician, an epidemiologist or someone who is trained in statistics and survey design.

For the purpose of this guide, we're assuming that you would want to do a survey in order to be able to *describe* what's going on in the community. This is called an *observational* design.

Conducting a survey is just another form of assessment—the use of a set questions asked verbally or on paper to find out more. So that's where we'll start—developing the questionnaire.

STEP ONE:

Questions to ask

Where do we start?

There are several ways to approach developing a survey. If you followed the step-by-step approach presented in Part I, you already have a good start toward developing the survey. By this time, you will have established some goals and objectives and the "big questions" that you want to know about. You may have even followed the steps in Activity 1, the brainstorming session. Now it's time to get down what you want to know and establish some questions to get at it.

First, choose among the following three options, then go on to **How to ask the right questions** that follows Option 3.

Option 1: Establish a set of questions from your experience and knowledge.
This option assumes that you have not followed the steps in Part II. You can use an activity similar to Activity 1 and brainstorm as a team everything you'll want to know related to the major questions you've established. Then, type up all the concepts and sort through them. Play with arranging them and grouping them the way you want. Think about how long you

want the survey to be, and cut out any questions that don't seem to relate to your major questions. Some questions may be combined if they seem to be asking the same thing as long as they don't become too complicated. A lot will depend upon how you will want to collect the information, which we'll come to in Step Two. If the questionnaire is to be completed by the respondents, you'll need to have clear instructions on how they are to complete it. Also, decide what information you want about the *person* completing the survey. Do you want to know his/her sex, age, and/or ethnicity? What else is important to know?

Option 2: Using the methods in Part II to develop questions.
One thing to keep in mind about any method of gathering information: no one will tell you what you don't ask about. The procedures outlined in Part II—focus groups and interviews and observations—can give you an abundance of information and can help you define new categories. These categories can then be used in a questionnaire to be answered by those beyond the groups of people you interviewed.

Just as described in Option 1, decide what you what you want to know about the person completing the survey, such as his/her sex, age, and/or ethnicity. Then, look at what information came out of the exploratory work you did as you implemented some of the techniques in Part II. Organize your field notes, transcripts and summaries and brainstorm lists to turn this information into questions to be asked on the questionnaire. For example, what drugs did people mention? What risks and barriers to safer behaviors emerged from the interviews and/or visual techniques?

If you're going through this manual and have a survey in mind, one method particularly useful for creating survey questions is the "free list" method described earlier on page 48 in this guide.

Trotter (1995) described how free-listing can be used to create the ideas for survey questions in quantitative research. If you use free listing to gather all the responses to a question, you can then use these responses as choices on your "fixed answer" survey questions.

Option 3: Using existing questionnaires
In some situations, you may be able to use questions from existing surveys. The questions from instruments developed by institutions such as the Centers for Disease Control or the National Institutes of Health have been carefully researched and validated, and they can sometimes be of use to you. Be careful, however, to use the questions as they are intended—in the same way that the original authors did. Also remember that the interpretation of the responses may not be the same in your population as in the one that the questions were originally directed to.

Following are some sources of questions on sexuality, STDs, HIV, and risk behaviors. The relevant questions in these questionnaires are often part of a survey dealing with much larger health issues. Some possible sources for questions include:

- The University of California-San Francisco Center for AIDS Prevention Studies. Online at www.caps.ucsf.edu/projects/instrumentindex.html. This site provides information from a number of surveys conducted by HIV/AIDS prevention researchers associated

with UCSF. Topics include condom use among Hispanics, Latino gay/bisexual men, measures of sexual attitudes and behavior of Latino adults, and psychological measures related to HIV and homosexuality. All survey questions are available for use, and detailed descriptions of the uses of the surveys are available in some cases. Almost all surveys are online in both Spanish and English.

- The *Management Group* is a consulting firm in Los Angeles that has created a web site with copies of surveys used in evaluating national HIV/AIDS demonstration projects, with field note and intake forms available online. Website: www.tmg-web.com/evalbttn.htm.

- The Youth Risk Behavior Survey. Online at www.cdc.gov/nccdphp/dash, or also available on a CD-ROM from the CDC. This is a school-based, self-administered survey given every two years to high school students in grades 9 through 12. Information is collected on injuries, tobacco use, alcohol and drug use, sexual behaviors, dietary behaviors, and physical activity.

- The Behavioral Risk Factor Surveillance System (BRFSS). Online at www.cdc.gov/nccdphp/brfss/about.htm; a CD-ROM version is also available from the CDC. The BRFSS is a CDC-funded telephone survey conducted in all states, with 1200 to 1500 interviews conducted per state per year. The surveillance system is intended to measure the prevalence of health risk factors and preventative health care behaviors. Topics covered in 1998 include health status, health care access, diabetes, exercise, tobacco use, fruits and vegetables, weight control, demographics, women's health, and HIV/AIDS. The HIV/AIDS section includes questions on AIDS education, condoms, perceptions on chances of getting infected, HIV testing, and sexual behavior change due to HIV.

- The National Health and Nutrition Examination Survey (NHANES). Online at www.cdc.gov/nchs/nhanes.htm. Collects information on health, medical conditions, and diet, with 5000 surveys conducted annually. Information available on demographics, health insurance, income, and a large number of medical issues and conditions, including blood pressure, cardiovascular disease, dermatology, early childhood, immunizations, kidney problems, oral health, respiratory health, and much more.

- Also available from the National Center for Health Statistics, at www.cdc.gov/nchs/ is the National Health Care Survey (survey of health care providers, including information on hospital discharge, ambulatory and nursing home care); the National Health Interview Survey (information on basic health and demographics as well as questions on current health topics); the National Immunization Survey; the National Survey of Family Growth; and the State and Local Integrated Telephone Survey (state data for tracking and monitoring current and emerging health and welfare policy related issues).

- Do a literature search on your topic to determine if similar studies in the past have employed survey techniques. You may be able to draw from these pre-existing questionnaires when forming your own survey.

How to ask the right questions:
Open-Ended Vs. Close-Ended

Once you've decided *what* to ask, now comes the decision about *how* to ask the questions in the best possible way. First, you can give the respondents a list of answers to choose from. Another option is to ask them what they think about something by giving them choices from a *scale*; for example, *strongly agree*, *agree*, *disagree*, or *strongly disagree* to a statement. Both of these options assume that you want to know about very specific things and allow the respondents to give very specific answers. These types of questions also allow you to compare the many responses you get in a more standardized way. The questions are considered *closed* since the answers are limited to certain responses.

Another option is to ask more *open* questions. You can ask how old someone is or ask him/her to give his/her opinion on something. These questions can reveal more than the closed questions, but they have one main drawback in a survey—the respondent has to write a lot or, if someone will be asking the questions verbally, the interviewer will have to write a lot to capture everything said. These types of questions can be more difficult to compare across respondents, unless they are carefully coded (categorized) into themes.

Following are examples of each of the options described above.

1. Which drugs have you used in the last six months (check all that apply)?
   Marijuana Heroin Cocaine Ecstasy Methamphetamines

2. Use this scale to answer the following question:

Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**
1	**2**	**3**	**4**

Circle only one.

Drugs are a problem in this neighborhood 1 2 3 4

3. How many sex partners have you had in the last six months? _____

4. What do you think keeps your friends from using condoms?
   _____
   _____
   _____

Questions 1 and 2 above are closed; questions 3 and 4 are open. Let's look at each type of question and some issues around each one.

Closed question with choices (Question 1): This type of question is easy to answer; the respondent only has to choose by checking the answers. The caution with this type of question is something we brought up earlier—no one will tell you what you don't ask about.

If you don't care about other drugs, following the example, then you don't have to ask about other drugs.

Closed question measuring attitude or belief (Question 2): Setting up a scale like the one above (called a "Likert Scale") is one way to assess beliefs and gives the respondent several options. You can also choose to have them answer 'Yes' or 'No' as an alternative. What is not included in this question is a "neutral" answer, or "no opinion," both of which you can add. To give them a more neutral option, you can make the scale from 1-5, with 3 determined to be the "no opinion" option. You can also choose to add a 'NO' to the side, for example, to allow them to opt out of giving an opinion on the subject. Another way of doing the scale is to use letters instead of numbers; for example, 'SA' instead of '1' means 'Strongly Agree.'

Some people believe that giving a "neutral" option is a way for the respondent to avoid answering the question, and answers from some respondents may all be answered as neutral or no opinion.

Another related issue has to do with asking embarrassing questions. One strategy is to ask the "negative" first when developing a scale, for reasons similar to the argument for including a neutral option. An example of this would be to have a question, "condoms are hard to use" and begin the scale with "Strongly Agree." That way, respondents have to move through the choices to disagree with the negative statement. This is especially important if someone is going to administer the survey face-to-face.

Open Question with Short Answer (Question 3): This type of question can provide specific information with minimal writing. If the exact number of partners or, say, the exact age of the respondent isn't important, you can develop categories where they simply have to check where they fall. For example, they can choose from among *0-4*, *5-9*, or *10 or more* for number of partners. If you decide to go with categories for numerical information, make sure that the choices don't overlap; e.g., *0-5, 5-10,* or *10 or more*. If numbers overlap, and the respondent has had five partners, which one does s/he choose?

Open Question with Long Answer (Question 4): Although this type of question can give you a lot of information, there are two potential problems: (1) you can get too much information and (2) too many of these types of question can cause hand cramping. Ideally, you would keep these types of questions to a minimum and, in self-administered questionnaires, would put them as close as possible to the beginning *or* space them out throughout the questionnaire. Also, the more space you give him/her, the more the respondent will think that s/he has to fill it up.

Some general guidelines when developing questions for a questionnaire

The guidelines below are helpful tips that can make your questionnaire easier for respondents to complete, and can help ensure that you get the kind of answers that you want. **Remember to always pilot test your survey on members of your staff or others so that you can see how well the questionnaire works before you begin giving it out to your target population.**

The Basics:

- Be specific in your questions, avoid ambiguity.
- Use complete sentences in phrasing your questions.
- Avoid abbreviations.
- Use language the questionnaire takers will understand. This often means avoiding technical terms, and being careful with slang. Test out the questions with potential respondents. Also, check the reading level—will your participants be able to understand the questions you are asking?

Question & Survey Length:

- Keep it short. Test the questionnaire out and see how long it takes to be completed. Fifteen to twenty minutes is ideal; thirty minutes is pushing the limit, especially without offering an incentive.
- In most cases, it's best to use short questions. This helps keep the survey short, and also helps participants understand the questions better.

Types of Questions to Ask:

- Ask only relevant questions. If you want to know about condoms, don't ask about hobbies.
- Don't combine issues. For example, don't ask, "Do you have a problem with drugs and using condoms?" This should be two separate questions.

Common Pitfalls:

- Avoid negative questions. "Should people not practice unsafe sex in order to not get a disease?" is a negative question. It's often very difficult to assess what's being asked.
- Avoid questions with bias. "What is your opinion of *drug addicts who refuse to get any help*?" is a biased question. Similarly, avoid loaded questions as well: "*A lot of people use drugs,* so how often do you use them?"
- Be careful of leading questions. A leading question is a question that makes it more likely that a respondent will give the answer that the interviewer wants: for instance, *"Don't you think that this area deserves better health care access?"* or *"So you believe that injecting drugs is bad?"*

Improving Your Responses:

- Watch time frames. People have trouble remembering what happened more than a year before. Ask questions like, "In the last seven days, how often did you . . .?" or "When was the last time you . . .?" For condom questions, the general consensus is to ask, "The last time you had sex, did you use a condom?" if you really want to assess if someone uses a condom. Most people can easily remember *the last time* they did something.
- If you are going to ask about sensitive issues (like abuse, rape, or anything else that your population may find sensitive), save these questions for the end of the survey. In addition, make it clear that respondents do not have to answer any question that they feel uncomfortable with.
- If you are asking about behaviors that people may be a little wary of admitting, one way to elicit responses is to ask "*How many times have you had sex without a condom?"* rather than *"Have you ever had sex without a condom?"*

- Factual questions, or questions that assess a person's knowledge of a subject, can be "set up" by using phrases like *"Can you recall how people get gonorrhea?"* or *"What do most people believe causes AIDS?"*

A final thought on designing your survey . . .

Self-Administered Vs. Interviewer-Administered Surveys

A survey can be either self-administered, where the respondent is given a form to fill out on his/her own, or interviewer-administered, where a member of the research team is on hand to read the respondent the questions and record the answers. There are advantages and disadvantages to each method.

Self-Administered:

The self-administered survey's greatest advantage is that it is so easy to conduct. You can design your survey, distribute copies to your target group, and then sit back and wait for the surveys to be returned. This translates into a much lower cost to your organization because no one has to be out helping respondents with the surveys. Because of this low cost, you'll probably be able to distribute more surveys and perhaps get a larger sample. In addition, when sensitive topics are included on the questionnaire, some people may be more willing to answer truthfully if they are returning the survey anonymously instead of telling their responses to an interviewer.

These surveys have disadvantages as well. Most important is the response rate—self-administered surveys have a far lower response rate than those given by an interviewer, so the gain that you get by increasing the number distributed may be diminished because no one returns the questionnaires. Writing good questions is even more crucial on this type of survey, because the respondents will have no one to ask for help when they are completing the questionnaire. Remember, again, to write at an appropriate reading level for the respondents. Finally, you may find that when the surveys are returned, many people have opted to skip lots of questions. This greatly reduces the quality of your data, especially if the respondents have skipped the questions that you are most interested in having answered.

Interviewer-Administered:

Interviewer-administered surveys definitely give you a higher quality of data than their self-administered counterparts. When an interviewer is present as the subject is responding to the survey, the respondent can clarify difficult questions, and the survey used can actually be more complex. You can write in things like skip patterns that wouldn't be feasible on a self-administered form; for example, you ask certain questions if the subject is male and different questions if the subject is female. You also have a little more control over who takes the survey, because the completed surveys don't depend simply on who decides to mail them back. Finally, the response rate for interviewer-administered surveys is much better than for self-administered versions.

The biggest disadvantage of conducting an interviewer-administered set of surveys is the cost. Imagine the logistics of having an interviewer out at an apartment complex, every day, completing surveys—salary alone is a major cost consideration. The data-gathering may take more time with this type of survey. Staff training is essential, because each staff member must be able to ask the questions on the survey in *exactly the same manner* each time he or she

administers it. Sensitive questions may also be a problem in that respondents may be unwilling to discuss such topics with a stranger. Socially acceptable responses (i.e., saying that you are drug-free when you are truly not) are more likely to be given in this type of survey.

Phone Surveys:

For the types of assessments this guide is meant to address—HIV prevention and similar situations—phone surveys are generally not a feasible alternative. The main problem with phone surveys is lack of response; people are getting increasingly annoyed and unresponsive to telephone survey intrusions into their home. In the case of HIV prevention, this method has many of the disadvantages of the interviewer-administered survey method, with few of the advantages of self-administered surveys.

SAMPLING STRATEGIES—RANDOM VS. NONRANDOM

STEP TWO: *How do I choose whom to talk to?*

Sampling Strategies

Once you've begun to think about what types of questions you want to ask, begin to consider to whom you're going to ask them. Sampling simply means determining how the participants of a survey will be selected. When a population is *sampled*, a smaller portion of the population is surveyed in order to get a good idea of the views of the whole group. The whole group is too large to interview everyone, which is why we sample. Your goal in developing a sample is to determine information about a larger population by surveying a limited number of people. By surveying 30 members of a 150-member group, your goal would be to identify information that is representative of the views of the *entire* group and not just the 30 members who were surveyed.

In an ideal situation, all members of the population would be surveyed to make a true determination of all of their thoughts on a subject; however, time and resource constraints generally prohibit us from being able to study the entire population. Sampling solves this problem by allowing you to draw conclusions based on only a part of the larger population. There are two basic methods of conducting sampling: *random* sampling and *nonrandom* sampling.

Random Sampling:

Random sampling is frequently considered the "best" method of choosing participants for a survey or other research design. Random sampling means that each member of the target population has an equal chance of being chosen to participate, and the selection of members for the sample is left completely to chance. The major advantage of this method is that it provides the smallest opportunity for *bias* to enter into the sample. A biased sample occurs when the sample you have chosen does not represent the entire population. For example, imagine you have a group of HIV positive people that consists of 100 men and 20 women. You take a sample, and the sample contains 17 women and 3 men. The sample in this case has a disproportionate number of women, and so it is considered to be biased.

Unfortunately, it isn't always possible to utilize random sampling. Random sampling's main shortcoming is that it requires that *all* members of the population be listed (so that each has equal opportunity of being drawn from the list). This condition can be difficult (if not impossible) to meet when you are dealing with hidden or hard to access populations, like injection drug users.

In general, if you want to use random sampling because you are going to draw generalizations about a larger populations, you will need to consult a statistician or epidemiologist to decide upon the proper sampling technique. As a rule of thumb, however, consider the following example:

Random Sampling

You want to survey injection drug users in a rehabilitation clinic to determine how rehab affects other facets of their lifestyle. A nearby clinic has 200 patients in recovery; you want to interview one-quarter of them, or 50 patients. You would like to be able to generalize to the whole clinic, so you're going to use random sampling.

From the clinic administration, get a list of all the patients in recovery. Begin by choosing one *randomly.* This doesn't mean begin with the top of the list—instead, use a procedure like closing your eyes and setting your pencil down on the page, and choosing that name. This person is your first subject. To make your sample of 50, go down the list starting with the first person chosen, and choose every fourth person to make up your sample.

Non-Random Sampling

The second type of sampling, non-random sampling, takes place when all members of the population do *not* have an equal chance of being chosen for the sample. Although this non-random sampling doesn't let you make statistical statements about the target population like you can with random sampling, the methods are useful in cases where random sampling is undesirable or impossible. This type of sampling is used more with qualitative situations such as the ones detailed in this guide.

Nonrandom sampling is frequently used in accessing hard to reach populations, and the procedures tend to be less time-consuming and easier to accomplish. *Snowball sampling* (see below) is most commonly used with hard-to-reach groups. Remember, however, that if you want to state that the information obtained from your survey is truly representative of the entire target population, you are going to need to use random sampling.

Purposeful Sampling

Non-random sampling is also referred to as non-probability sampling or *purposeful* sampling, meaning that some members of the population have a chance of being chosen for the sample, while others do not. Using this method, *you* define who you want for your survey—what subgroup of the population—and then you recruit them. Fink (1995) gives three example situations where non-probability samples are good to use:

1. **Surveys of Hard-to-Identify Groups:** As previously addressed, populations like gangs are notoriously difficult to conduct random sampling with, because not all members of the population are known and obtaining cooperation may be troublesome. These populations are well suited to non-probability sampling.
2. **Surveys of Specific Groups:** You may want to survey about an extremely sensitive topic, such as rape recovery or childhood abuse. In this case, if possible, it may be best *not* to approach all the eligible participants for ethical reasons—you may want to just speak with as few people as possible to garner the information you need.
3. **Surveys in Pilot Situations:** If you are conducting a survey simply for the purpose of program planning or for information on how to improve what you are already doing, random sampling is not considered necessary and a non-probability sample would be appropriate.

One type of sampling to avoid when you are conducting non-probability sampling is the *convenience sample*. A convenience sample means that you have no preset scheme for choosing participants for your survey, but instead decide upon the first few who come along. This method means that you know nothing about the characteristics of your sample as compared to the overall target population, and thus it is even more difficult to determine whether or not the results of your survey are applicable to the population that you want to learn about. Although convenience samples are undoubtedly the easiest to assemble, their use is strongly discouraged.

Special Sampling Strategies

Below are some specific sampling methods that may be useful for interviewing hard-to-access populations. All three are considered to be purposive sampling methods, as opposed to random sampling methods, *except* in cases in which they can be used to set up what's called a *sampling frame*, a list of all members of that population, from which a random sample can be drawn.

Technique #1: Snowball Sampling

Snowballing is a widely-used method of recruiting individuals for participation in focus groups, interviews, or surveys. The method builds upon initial contacts to help identify further contacts for interviewing or surveying. Snowballing has been used historically in major studies of populations and addictive behaviors, such as opiate addiction and marijuana use. The method works in this manner: one individual member of a group is identified, and this person is asked to refer another person, who then refers others. The technique is useful with hidden populations whose members are not easily identified any other way. The technique has other names, including *chain referral sampling, referral sampling, social networking, the cobweb technique,* and *spreading networks/spreading technique*.

Snowballing requires that the person you are interviewing knows and is willing to identify others within his or her social network. Contacts developed through snowballing can be interviewed directly, but remember that the results of such interviews are subject to potential bias (because snowballing is a non-random sampling method). Or, the contacts obtained could result in the creation of a frame or list from which members of a "rare" population can be randomly selected, reducing bias. For construction of the frame, a list of members of this population should be created to the point at which no new members are identified. Reduction of bias is best achieved by combining snowballing with other methods of identifying members of the target population.

Strengths & Weaknesses

You can easily use the snowball sampling method to help you recruit participants for activities like mail-back surveys, participant observation, and group and individual interviews *once you've identified at least some members of this population*. One of the really good things about snowballing is that it is a very inexpensive and simple way to build a sample for data collection. There are also a couple of weaknesses, however. For example, think of a situation in which the first population member you choose to sample isn't really a "true" member of the target population, but is more of an outsider. The referrals that s/he gives

you will be of more and more "outsiders", and you will never get an appropriate view of your target population—the "non-representativeness" of the original selection snowballs just as the technique was intended, but in this case not to your advantage (Hagedorn, 1996).

To avoid the above problem, you can try to exercise increasing control over referrals, making sure that individuals recommended are truly representative of the target population. Be active in the referral process. If you like, you can also suggest that participants refer people who are somehow different from themselves, and this may help to increase the diversity of your snowball sample (Biernacki and Waldorf, 1981).

Another general weakness of the snowball method is its failure to identify socially isolated members of the population. If many of these socially isolated members are missing from the sample, and if they are different in significant ways from the population as a whole, then the survey will be seriously biased because of their exclusion (Kalton, 1993).

How to Implement Snowball Sampling

Step 1: At the beginning of the study, people known to fit the target population criteria are recruited; for example, injecting drug users in treatment. Respondents are then interviewed as they are identified and located. Depending upon the population, these initial contacts may be difficult to identify because of the hidden nature of their behaviors. Community members, agency staff (such as staff of drug treatment centers), and even small or large media may help in this initial identification and recruitment.

Step 2: Begin to verify how appropriate the respondents are to fit the survey's purpose—are the respondents truly who they say they are in connection with the target group? One method to address this is to have the individual who initiates the chain make the initial contact with potential respondents. The assessment team may then choose to interview the individuals identified, or to compile the names and make a random selection among these individuals for the purpose of interviewing them. Take your time in the interviews: resist the tendency to rush to interview a potential respondent out of fear of losing contact with that person.

Step 3: You can facilitate the initiation and maintenance of the chains of respondents by using respondents as interviewers and consultants to the project. Make sure that these respondents truly understand the goals of the project, including the eligibility criteria (the specific characteristics you want) of the potential respondents they are recruiting. They should be able to represent these goals accurately to the community.

Step 4: You will be doing basic data analysis throughout the project, starting at the very beginning. Concentrate especially on sorting out and conceptualizing patterns (similar to coding around themes in the analysis section) and on monitoring the group of respondents to make sure that they reflect the general characteristics of the population.

Step 5: When using this method for qualitative research, determine when to stop interviewing. Repetition of themes that emerge from the interviews may be an indicator that the referral chain is nearing its logical end. Whether or not the sample is representational of the larger target group is another consideration when deciding whether to initiate new chains and continue interviewing. Unfortunately, finding certain types of respondents may be difficult to impossible.

Source: Biernacki & Waldorf, 1981

When in-person interviews are not the objective, snowballing can also be used to distribute mail-in surveys to hidden populations. For example, openly gay men can be asked to distribute packets to less open men. Each packet can contain an index survey (to be completed by the first, or *index*, respondent) and 2-3 network surveys marked as to the level of the network. The index man is asked to pass the other on to men in his network.

Snowballing can also be used to recruit members for focus groups. The researcher can approach people familiar with the target group and ask them to recruit 3-4 people who are then asked to recruit 2-3 people each.

EXAMPLES from RESEARCH: Using the Snowballing Method

Dispersed Populations

The sample for a study of the Mexican American population in Omaha, Nebraska was drawn from city census tracts. Five tracts were chosen for the sample. These tracts had reported a high concentration of Mexican American households. Randomly selected blocks were chosen (out of the five tracts), and households were screened for Mexican American families and interviewed. At each interview, the respondent was asked to refer another family within the tract area (via a map of the area). The names and addresses of each family referred were recorded. Using this referral method, the researcher was able to minimize the number of unproductive attempts to locate Mexican American households.

Lowering the number of unproductive contacts minimized costs. Based on the results of the study, it was found that this method was an efficient and cost effective way to locate subjects (Trotter, 1981).

Heroin Users

Dr. Stephen Koester, the recipient of a NIDA grant designed to reach heroin users in inner city Denver, has done extensive work with injection drug users (IDUs). Once he was in the community, Koester began connecting with other users from the network of current subjects. He used open-ended questions as a way to start conversations with subjects (i.e. "Think of a time when you weren't safe in your shooting and describe what happened."). Upon completion of the first set of open-ended questions, the subjects were asked to answer more difficult and thought provoking questions (i.e. "Think of a time when it is not so easy to be safe, what can you do about it?"). Koester used the snowball technique to contact individuals and employed narration/qualitative techniques to gather information (S. Koester, personal communication, 1997).

Adolescent Gang Members

Some methodological problems were found to exist with gang research. The problems stemmed from mistrust (of the system/researcher), and from the gang members' need to "front" (put up a false sense of who they really are). The main concerns of using snowballing with this population were: (1) lack of demographic recording, (2) determination of an appropriate gatekeeper (one to start the referral process), and (3) screening individuals for actual membership in the group. These problems were easily solved with careful attention to field notes/questions, and participant observation to identify both gatekeepers and authentic member of the group (Moore, 1991). (See **Survey by Roster** for an alternative strategy to identify gang members.)

Technique #2: Microsite Interview

The microsite interview technique focuses around doing surveys on the streets where members of your target population live or gather. The technique was utilized in the AIDS Community Demonstration Projects. Microsite interviewing, although developed for a quantitative research project, can also be adapted for qualitative use by community based organizations.

As part of the Community Identification (CID) process described on pages 77-86 in Part IV, you can identify areas where persons you wish to interview gather or live. Using maps you create after CID observations, you identify locations of no more than 2-3 blocks each where you can contact people. After you develop the survey instrument, you create a "schedule" for visiting these sites to conduct interviews. This schedule can be simple, or more complex (to increase randomness of respondent sample), as detailed in the examples below. The technique is called "microsite" because of the limited area in which interviews are conducted and the relatively brief time spent in each site. Time in a site is limited to prevent congregating of potential respondents around the interviews. This type of congregation can increase the bias of the survey and reduce privacy.

This method adapts itself for each target population, and it is done with a good understanding of the community. The length of any interview visit to a specific site is determined by the community response at the site, balanced against the need for "representativeness" and privacy for the respondents.

Strengths & Weaknesses

Microsite interviewing creates a sample that reaches people on their own turf and is highly cost effective in urban areas where people congregate. Compared to other methods, street intercept interviews are particularly effective for accessing homeless persons, unemployed, or other groups that have been under represented in traditional methods of surveys. There are problems with this technique, however. Bias can be a problem if simpler techniques for accessing the population are employed. To control for bias, you can use a more complex sample collection method; this is an area you may wish to discuss with a statistician or epidemiologist. Safety considerations may limit times of day for interviews and affect how representative of the larger population is your sample.

Training & Resources for Implementation:

When using microsite interviewing, training on how to correctly carry it out is important. Training should include sensitivity toward the group to be interviewed, safety issues, and questioning techniques (including probing). The more complex the sampling approach, the more training will need to take place for sampling techniques.

***Activity 3*: How to Implement Microsite Interviewing**

First, begin with your maps of the area (refer to the Community Identification process description in Part IV of this guide). The maps of the sites should contain street names, major landmarks, buildings or stores, et cetera. The purpose is to specify locations in which you can conduct interviews repeatedly over time. Next, you create a schedule of days and times of day to visit each site. This procedure can be as simple as a basic schedule or as complex as a computer program that selects random days and hours for interviewing at each site. The level of complexity is determined by how scientific the sample of persons you interview must be. If you need a scientific random sample you will want to randomize day of week, hour of day, place to start, direction to walk, and person to interview. For most programmatic work, a scheme that tells the interviewer how to choose people from among those at the site is sufficient. This could be "the 10th person you meet after starting at X corner", or some similar directions.

Tips for street intercept interviewing include not spending too much time in an area. The time spent interviewing should be taken into consideration for the privacy of the interviewee. Once people in an area know you are there (especially if you are giving incentives), people in the area may seek you out, which decreases privacy between you and the people you are interviewing. It is important to be sensitive to this phenomenon so that you can leave the area as soon as you sense that the confidentiality of the respondents may be compromised. If two interviewers go to a site and each conduct two brief interviews, they can then move on to the next site without creating a disturbance in the normal events in a site.

Technique #3: Survey by Roster

The "roster" method is an alternative to snowballing and has been used as way to overcome some of the snowball method's weaknesses when researching gangs. The method involves the creation of "rosters" of members; a roster is created for each separate gang. It can also be used in any situation in which there's an organized group of people that you want to recreate for the purpose of interviewing them. As with snowball sampling, it can be used to develop a sampling frame from which to draw a random sample.

Strengths & Weaknesses

In the case of members of gangs or other organized groups, the use of rosters in order to draw a sample may be more complete in comparison to the use of the snowball method. Instead of one person as initiator of a "chain" of potential contacts, with sampling by roster several individuals verify the inclusion of members of the roster.

A problem with this method is that you may run into disagreement among respondents as to who is truly considered to be in the group. With gangs, for example, there can be conflict as to who is a member of the gang and who is a "wannabe". As with snowball sampling, this method can lead to oversampling of individuals who are easier to find, with people who are more difficult to find or less willing to talk about the issues often excluded from the study (Moore, 1991; Hagedorn, 1996).

Overall, this method is most useful when dealing with gang members and is infrequently used outside of this target population. For more examples of how the technique can work, see the reference section at the end of this guide.

SAMPLE SIZE

STEP THREE:
Sample Size

How many people do I need to talk to?

Sample size is the number of people that you need to include in your survey to make the sample's responses representative of the larger target population. Sample size is partly determined by the type of study that is being conducted. For quantitative studies, determining the correct sample size is fairly complex. Because these random-sample studies are designed to make statistical comparisons between different groups, the sample size has to be large enough to make the study powerful enough to make the necessary comparisons. This sample size is determined by statistical calculations, and should be set by a qualified epidemiologist or statistician.

There is a general rule to determine how many people you want to complete a survey in order to reasonably know about the population as a whole. You first have to determine the size of the population. This may be easy when it comes to finding out the number of residents of an apartment complex or maybe even a neighborhood, but not so easy when it comes to estimating the number of heroin addicts who inject. In order to use these estimates, you have to ask the "yes or no" type of questions (or other questions with only 2 response choices) that are asked in the example that follows.

To be 95% sure that the answers are representative, a certain sample can be selected from the population depending on the population size. For a population of 50, you'd have to survey at least 44 people. For a population of 400, you'd have to survey around 200 people. And for populations of 3,000, you can survey 341 people (Krejcie and Morgan 1970). You can see that the larger the population, the smaller the percentage of people have to be interviewed to be 95% certain that the yes or no answers are representative of the larger population.

Carlos and Sam developed a short survey to be filled out by young MSM. They used snowball sampling to disseminate the survey through the social networks of these young men, with 110 (55%) completed out of 200 that they distributed. The survey questions were:

1. *Do you have oral sex?* • *Yes* • *No*

2. *Did you use a condom the last time you had oral sex?* • *Yes* • *No*
   (They found out through their focus groups that this was a sexual practice where young MSM don't use protection.)

3. *Did you use marijuana around the time you last had sex?* • *Yes* • *No*
   (In interviews with young MSM, many revealed that they used marijuana just prior to having sex.)

4. Did you meet your last sexual partner at: • the Main Street bar? • through a mutual friend?

(The Main Street Bar is a site where the team does outreach. During interviews with young MSM at other sites, many described meeting partners at this bar.)

At the end of the survey, the team found that all respondents reported having oral sex, but only 25% reported using condoms during oral sex. This supports what they heard in the focus groups.

A large percentage (60%) reported using marijuana around the time they had sex. This also supports what they learned from the interview results.

Only 10% reported meeting their last partner at the Main Street bar; 90% did not. This may mean that the interviews were carried out with more "out" young MSM and that the young MSM who took the survey were less comfortable meeting partners in this setting. Since 80% of the respondents reported meeting a partner through friends, and 20% did not, the second option may support this theory.

As part of the CID process (see p. 77), the entire Any Community AIDS Network team of six decided to conduct a survey in the community using the microsite interviewing technique. They found out at the area had about 500 adult residents, so they decided to conduct a survey to about 220 people. Because of their initial focus groups and interviews, and the fact that methamphetamine (speed) use was one of the major health challenges identified in a free listing exercise that they did, they focused the survey questions on methamphetamine use.

1. Have you used speed in the last six months? • Yes • No

2. If you have used speed in the last six months, did you use a needle to inject it?
• Yes • No

3. Do you know anyone who uses speed? • Yes • No

After conducting the survey, the team found that only 20% of the community members they approached refused to answer the survey, and most of them said that they were in a hurry. They added up the answers on the 220 surveys and found that only 5% said that they used methamphetamines in the last six months, and 80% of those said that they injected them. But on the question, "Do you know anyone who uses methamphetamines?," 70% answered "yes." The response to this answer pointed to the fact that methamphetamines were a problem in the community. The team concluded that methamphetamine use may be leading to unsafe sex and may possibly be a factor in the increase in gonorrhea in the area.

Now that I have the information, what do I do with it?

STEP FOUR:

Results

When you complete a survey, one of the first things that you'll want to do is to tally the responses to the questions. This is fairly easy for the closed questions—you can take a blank form and write beside each choice how many people said what. You can calculate things like the average age—if you asked for their ages—and how many people you interviewed are from a certain ethnicity or whether they're male or female. But if you want to make comparisons between people—for example, to say something about the average number of partners reported by the males compared to the females—that's when you may have to turn to more complicated programs.

Programs like Microsoft Excel, but especially others like EpiInfo (free through the CDC web site) and the Statistical Program for the Social Sciences (SPSS)©, were developed to do very complicated statistical calculations that will allow you to make many kinds of comparisons. If you didn't interview enough people, or when you divide them up by a variable like gender and find that the numbers in each group are too small, the results of your survey may simply be due to *chance*. This means that there's a good chance that your results don't really create a correct profile of what's going on among the people in the larger population from which you created your sample—your results are only true of the people you interviewed. This can occur even if you did use random sampling. Again, a statistician or epidemiologist can help you to determine how many people would need to be interviewed and how they would need to be selected if your effort plans to result in any kind of definite statistical conclusions.

If you interviewed enough people, and you chose them randomly from the population of interest, the information from the survey can help you develop a profile of the target population, combining their feelings and opinions to determine what the majority of the community thinks or feels. This information can then be used in many ways, depending on the assessment goals. Survey data can be used for program and intervention planning and evaluation, or it can be used as a stepping stone to make a more detailed questionnaire on more specific topics.

Interviewing as many people as you can and choosing them carefully based on what you know about the population you're interested in can possibly give you a snapshot of their behaviors and concerns. Just remember to be careful. Think about the "limitations" of any survey. Do your results reflect everyone who come into the bar or just those who come in from 6-9pm on weeknights, since that's when you asked people to fill out surveys? Does your survey of apartment community residents reflect the beliefs of people in that complex, or only the women because most of the men have refused to fill them out? The information garnered from a survey may be valuable, but avoid overstating its value.

Part IV. SPECIAL ASSESSMENT APPROACHES

The methods you've been introduced to in this guide are often incorporated into assessment strategies. Following are three different approaches that utilize the tools described in more detail in Parts I through III. These descriptions will introduce you to the approaches that follow. Each of the approaches have been thoroughly researched and evaluated.

Why use them?

It depends on what you are trying to accomplish. For example, if you want a process that's more structured, the *community identification process* spells out step-by-step what to do to assess a community. Its drawback is that it can be time-consuming.

If you want to know more about doing a *quick* assessment, the procedures in *the rapid assessment procedures* approach may provide the framework you need for a quick assessment.

And if one of your main concerns is increasing *collaboration* and *participation, participatory learning and action* emphasizes this facet of assessment.

So read on and decide for yourself if and of these approaches would be helpful in your assessment efforts. And if you want to know more detail, go to the references section that follows the text.

TECHNIQUE #1:

The Community Identification Process

A critical step in creating a community-based outreach program is becoming familiar with your target population. You may have already been associated in some way with the population of interest through service provision, social contact, ethnic ties, current or past behavioral association, sexual orientation, or a combination of contacts. The process of community identification is critical because it allows you to enter the population or community in question and build trust. Each step guides your entrance into the community and brings you more intimate knowledge of your target group.

The Community Identification Process (CID) uses a lot of the techniques we've discussed earlier in this book, so some of this information may be a review. The process draws from many different methods, bringing them all together to draw a comprehensive picture of the community you'd like to work with.

An Introduction: Anthropology

Anthropology is the holistic study of the human being. The ethnographer researching the community goes into the field to create a body of reliable data about the subject through *objective* fieldwork. To put it another way, a culture should be understood in terms of the categories created by the people themselves, and not those imposed by an outside observer. In the community identification process, you will be learning to understand people from their own unique point of view. The anthropological term for this understanding is "emic." Emic simply means seeing things from the perspective of the insider, or subject. Unless you are part of the target population, your point of view is from the outsider's perspective. This is called an "etic" perspective, as we discussed in Part I. For instance, walking through a neighborhood you just moved into may seem strange. You are an outsider (etic) learning how the neighborhood functions. The people already living there (emic) know you are an outsider until you have "learned the ropes." In essence, you are trying to learn the ropes from the perspective of that community. Along the way, you will gain the trust of that community, which may be the single biggest challenge to carrying out a successful outreach program.

Why Community Identification?

Why is this process important? Simply because time after time, social programs in this country fail due to the intervener having neglected to understand the persons toward whom the program is directed. If you arrive with the opinion that you know how to fix the problem according to your belief, you're in for a big surprise. In all actuality, the real problem may be much different. People may not respond to you. If you enter with the "conscious attitude of complete ignorance" (Spradley, 1979) and follow a specific plan of action, you'll save time and work in the long run. You will also come away with an accurate understanding of what your population truly needs. You may even earn their respect and trust in the process.

Rapid Ethnography

Community Identification (CID) is also called rapid ethnography. This approach starts with a broad focus and narrows it into an intensive investigation from which you develop a plan of action. The plan of action becomes your outreach.

Rapid ethnography is flexible and quick. With a good plan of action, it is possible to complete this process within a few months. A key item is note-taking; some steps will involve interviewing and specific forms. Copies of forms are included in the appendix**.** Realize that this is a referral process: someone gives you a name and that person then gives you more names, and so on until you have a network of interacting people and information. As you may recall, this sounds quite similar to the snowballing method that was explained in Part III.

Graphically, you can visualize the CID process as a series of concentric circles moving the researcher from a distant position, with little or no information about the target population, to direct proximity to the population, providing the target population with direct access to those creating interventions.

The CID process can help researchers collect qualitative data on public health risk-related behaviors and on the attitudes, beliefs, and values that a particular community or population holds. The process also looks at how these attitudes, beliefs, and values affect the types of behaviors targeted by education and intervention programs.

In a nutshell, the CID process includes the following:

(a) defining the population, creating taxonomies (classifications), and acquiring materials;
(b) surveying internal knowledge;
(c) summarizing internal knowledge;
(d) developing an external knowledge base;
(e) integrating information and refining segments;
(f) interviewing gatekeepers/opinionmakers and observing the community;
(g) interviewing community members; and
(h) interpreting the data.

Each of these steps will be discussed in the following section on implementing Community Identification. It has been suggested that the CID process helps researchers to confront and actively control preconceived notions, biases, and stereotypes that may affect the development of appropriate and responsive interventions and programs—the same type of process we discussed in Part I, “Acknowledging Assumptions”.

Goals of Community Identification

The CID was designed to help communities accomplish six basic goals. These goals are to:

1. Develop a clearer understanding of the target population and the subgroups within it.
2. Identify agencies and organizations already providing services to the target population.

3. Gain an appreciation of the barriers to behavior change that are faced by the priority population members, and illustrate how these barriers can be overcome.
4. Identify specific risk behaviors, as well as the conditions under which they occur.
5. Develop a plan for accessing at-risk members of the target population.
6. Generate support and cooperation from other agencies and community members.

Strengths & Weaknesses of CID

Strengths

One of the most important strengths of this method is that it provides a culturally appropriate and sensitive approach to research. By involving the target population, the researcher can bring the reality of the "streets" into the policy making or decision making branch of service agencies. This voice of the people ultimately results in decisions and policies that are meaningful to the target population.

Using this approach, public health practitioners from a variety of professional backgrounds are able to identify and gain access to populations that they are unlikely to reach through usual channels. CID allows public health and community-based organization staff to:

- Gain access to populations previously unsampled or incompletely sampled (for example, injection drug users or closeted gay men);
- Obtain results in a limited, specific period of time (approximately 6 months);
- Assure high degrees of replicability, reliability, and validity across researchers and target populations;
- Be rigorous in construction of interventions;
- Build skills in quantitative methods;
- Be successful even with limited or no background in qualitative research methods; and,
- Complete work with limited ongoing outside technical assistance and oversight.

Finally, you can use the community identification process with a wide variety of data collection methods, such as focus groups, individual interviews, in-person street interviews, and microsite interviewing (See Parts II and III of this book for more information about how to use these methods).

Weaknesses

Community Identification is a labor-intense process that cannot be hurried. At least 1.5 to 2.0 full-time positions are needed for as long as 6 months to conduct an assessment.

Training for CID

The CID training is a minimum of three days prior to initial implementation of the CID and, optimally, two additional days prior to the beginning of the individual interviews. The overall purposes of the training are to familiarize field and supervisory staff with the CID method, provide specific skills training, and develop commitment to the goal of the CID process: gaining in-depth knowledge of the target population through a rigorous qualitative process. The training is also intended to provide direction for field staff in voicing

preconceptions and biases and learning techniques for controlling them. A variety of skills are taught or enhanced during the training. The training is highly participatory, with all trainees engaged in all activities as direct actors and as analysts. The following is a listing of skills you will develop in CID training:

- Observation techniques
- Qualitative interviewing techniques and skills development
- Recording information and record keeping
- Debriefing techniques and skills development
- Data interpretation
- Field safety
- Data safety and confidentiality

For more information on CID training, please see the resources listed at the end of this guide.

Resources

The process can take as long as 4-6 months to complete. Staff resources must continue to be available, and management must buy into the concept of understanding the needs and values of the target population prior to intervention development. Pressure to begin the intervention can be substantial.

Following is a detailed description of how the CID process is implemented in the field. Although not a substitute for the training necessary before Community Identification is undertaken, this may help you get an idea of what the process is like.

IMPLEMENTING COMMUNITY IDENTIFICATION

❖ *Step 1: Defining and Describing the Population*

The goal for this step is to organize your knowledge of the target population. Write down everything that you know about the target population, with a goal of developing the population taxonomy—a listing, defining, and categorizing of all segments of the population. Please refer back to the process described in Part I, "Building on Existing Knowledge", page 12, for a detailed description of this part of the CID process.

❖ *Step 2: Survey of Internal Knowledge*

Step two involves finding out what other staff members know about the target population. This is especially helpful if you work in an organization that is large enough to have staff not directly on the project team. To save time, you may do this in a group session. You are describing the "etic" or outsider perspective, unless some of your fellow staff members are part of the population.

Here, you are expanding on the information you learned in step one, furthering your understanding of the target population. Areas of interests in this stage are: a description of the population, ways to access/barriers against access, ways to enhance access/eliminate barriers, locations for potential interventions, perceived risk, actual risk, factors for risk, referrals to gatekeepers and informal networks within the population, internal resources, other outside groups operating within/serving the population.

These internal knowledge interviews are carried out until no new references within the researcher's own systems are obtained (that is, redundancy is reached in the network), and all indicated staff have been interviewed. After each interview or short series of interviews, the supervisor should debrief the interviewer. The focus of this interaction is on interview content, context of the interview, responsiveness of the interviewee, clarity of response, and interview completeness. The purpose of these debriefings is to obtain information not spontaneously reported and to sharpen observation, interviewing, reporting, and debriefing skills in preparation for future steps.

Again, refer to "Building on Existing Knowledge" in Part I for a recap of this step.

❖ *Step 3: Summary of Internal Knowledge*

Now, organize what you have learned. Begin to identify patterns. Piece the elements together, paying particular attention to individuals identified as members of the target population. It should be possible at this stage to begin making an actual geographic map of where segments of the population can be found. This may simply mean taking a city map

and flagging places mentioned thus far. If you have the luxury, it is good to set aside space to plaster the walls with all the information collected, including any maps.

❖ *Step 4: Creating an External Knowledge Base*

Now it is time to get out of the office and access other sources of information identified as relating to the target population. There are three categories of information sources:

a. **Materials** - any items that deal with the population or segments of the population including books, videos, articles, reports, etc. You can take a look at the "Document Review" section of Part I of this guide for more information on how to collect these types of materials.

b. **Systems people with knowledge of the population** - These people would include members of service agencies and community-based organizations providing services to the target population, law enforcement, judicial systems, health care providers, etc.

c. **Interactors who are not part of formal systems or part of the population itself** - This would include such people as shopkeepers, taxi drivers, hotel clerks, bus drivers, etc.

Collect and review all non-interview related material available, realizing that this collection may continue throughout the remainder of this process. If you identified more than one person at any given agency as knowledgeable on the community, conduct a group interview. List all the names mentioned in association with the target population and keep track of how many times they are mentioned. The people named numerous times may be key information sources. You have reached the saturation point when the other systems or interactor persons to whom you are referred are people with whom you have already spoken and information begins to be repeated—no new information is being gained. The forms used for interviews at this stage are the same as those used in "The Big Questions" (p. 8); see Attachment 1 as well as Attachments 2-5 for illustrative examples. Debriefings are continued in this step.

❖ *Step 5: Integration and Refinement*

There will be new pieces of the puzzle to add, and there will be discrepancies that will warrant further research. This is a good sign. It is better to identify problem areas now instead of tackling them after an outreach program has started.

See where strengths and weaknesses are in the information collected so far. What areas of the puzzle are blank? Have you identified access points into the community for the next stage of the process? If not, what has kept this from happening? Constantly challenge the reliability and validity of the information you are receiving. Remember that this is still mostly an etic perspective so far!

❖ *Step 6: Gatekeeper Interviews*

In Steps 2 and 4, respondents may have mentioned people that serve as intermediaries into the target population. In this step, you will interview these individuals. Again, you get out of the office and may begin to work in areas where your population exists. Approach each person with a reference to the person who referred you to them.

This is a critical phase. Often, gatekeepers can serve as access points into the community. Gaining their trust and respect can make or break your program. It is important to familiarize them with your project and its goals. Try to let them know that they are a significant part of the plan and program. How you handle this first interaction is vital to the success of the rest of the program. You will be "feeling each other out" and establishing the trust relationships that are necessary. These gatekeepers may be the project's most valuable supporters. Remember to follow through on the leads provided at this stage. You will be tested in many ways and this ability to follow through will be one form of testing your sincerity and consistency. Do not skimp at this stage. Give yourself the time to do it well!

If you are conducting gatekeeper interviews in areas where the actual intervention may take place, begin to make observations (see p. 24). As you enter and leave the area, keep notes on what you see and hear. Remember, assume an attitude of complete ignorance and never assume you have an idea of what is valuable. Each time you return to the office, immediately conduct a debriefing on your observations. A debriefing guide is included in the appendix of this section. This is a short session where you are "grilled" by your supervisor to recall the facts of your visit to the community. GET INTO THIS PRACTICE! Create an actual written and narrative picture of what you saw on that trip and add this to your records. Pay attention to the details of the site and subtle nuances of behavior. This helps you understand networks and mobility or access patterns.

❖ *Step 7: Observation*

This step can actually take place along with the previous one. Now, you need to devote time to nothing but observations of the sites where interventions may take place. No matter what you do, expect to draw attention to yourself now. This attention can be good if you handle it well. Let the people that you will be contacting see you and get used to your presence. Go out at all times of the day, and all days of the week, so that you'll get a complete picture of the activity that takes place. Observations are discussed in more detail in Part II of this guide.

❖ *Step 8: Intensive Review of Data*

It's time again to meet with the project staff and look at all the information collected. It should now be possible to create a very accurate and full description of your target population.

You are looking for gaps in the information collected so that these can be filled. Also, it is time to start seeing what the information tells you about intervention concerns. Are the reasons for intervening still valid? Is an intervention even possible? Can the community mobilize to help? What are all the components needed to make the intervention work? Can several agencies form cooperative efforts? As you begin to ask these questions, you enter the second phase of the process. This is the initial creation of an intervention program.

❖ *Step 9: Individual Interviews*

Finally, you reach the emic perspective where you directly interview the target population. For a program that is true to the needs of its clients, this is the most important step of all. Who is the target population? What are the informal networks that they have established? What are their concerns and needs? What do they know or not know about the issue in question? These and many other questions are what you ask as you hold these interviews. Conduct the interviews in a group format or individually. You will find a sample of the external knowledge interview in **Attachment 6**. This is another one of those critical areas where you simply must not be stingy. Give this time and conduct as many interviews as possible using both the individual and group approaches.

❖ *Step 10: Data Reduction Within and Between Steps*

As you proceed through the CID steps, you create summative statements about information obtained in each step. You are requested to complete the summation for each step before undertaking the next step. After the internal analysis is completed, all subsequent summative steps are developed individually and then integrated with the preceding summative information. This results in an evolving etic picture of the entire risk population.

For each of the segments identified within the risk population, a narrative is developed, which includes at a minimum:

< Estimates of the number of individuals in the target population;
< Specific locations where members of the target population may be found;
< Barriers to accessing members of the target population;
< How to access members of the target population for individual interviews;
< Values of the target population as currently known (these could change or be based on conjecture depending on information then currently available);
< General trends that appeared in the information for this target population;
< Respondents' approaches to interventions; and
< Anomalous information obtained and how it has been accounted for in the data reduction.

For the key participant interviews (KPI), interviews with those with a great deal of knowledge about the population, a new analysis scheme is offered that includes specific information about working with the interview data. The KPI analysis can include such issues as:

< Demographics of the population;
< Mobility of the population;
< Daily activities and relationship patterns;
< Drug and needle behavior;
< Sexual behavior;
< Condom information and use;
< Use of and comfort with health care services; and
< Intervention-related information.

Two types of analyses are ideally performed on the KPIs. The first type is a vertical analysis. A vertical analysis focuses on developing a profile of each individual KPI respondent. For example, a profile would be a summary of a specific injection drug user or prostitute. This profile can then be compared to other individual profiles to establish points of concentration along a continuum of a risk segment in which you are interested. Even though the risk population has been divided into smaller risk segments, there will most likely be a range of individuals in a segment who can be placed along the continuum. The vertical analysis will focus on developing an emic or insider's view of cultural value orientations.

The second type of analysis to be used in the CID is a horizontal analysis of the KPI data. An example of this type of analysis would be a summary of all responses to each question posed in the interview, so that all responses to a particular question such as "How often do you share needles?" can be analyzed for patterns. The horizontal analysis examines the KPI based on an item by item review of the data from all KPIs in a risk segment. Depending on the questions, all or only selected items will be used for the horizontal analysis. The initial analysis of KPI items is designed to obtain the most critical information to inform the next phase of the project activities. The horizontal analysis provides a synthesis of data for each question. This synthesis allows for a comparison of responses across KPIs and among items. Finally, a report is developed detailing all of the findings from the KPIs and, as appropriate, comparing and contrasting those findings with the summary from the earlier steps. This detailed analysis then prepares you to continue on to other steps in formative research, to develop an intervention and field test it based on this data, or to continue on to administer KPIs with the next prioritized segment.

TECHNIQUE #2:

Rapid Assessment Procedures

Traditional anthropological research requires at least one year in the field and one year to write up. The usual survey requires one to three months to conduct, and one year or longer to process, analyze and write up.

Because health program planners don't have the luxury of a year in the field, using the methods described in the Rapid Assessment Procedures (RAP) takes only four to six weeks per community studied to wrap up data collection. You can accomplish this using one to two field workers, preferably from the community, and six additional weeks to analyze and write up the basic findings. Faster results are possible when your emphasis is on only a few questions.

RAP, also known as Rapid Ethnographic Assessment (REA), adapts standard anthropological techniques for use in evaluating health programs. It systematizes the data-gathering process, tapping into feelings, ideas and behavior. RAP can be used to develop a new program, but it also is useful in determining what about an existing program is working or not working and what program improvements can be made. Including individuals who know the language and culture of a community at risk, whenever possible, is an integral part of the data-gathering process, thereby facilitating entry into difficult-to-access communities.

The RAP method can incorporate the following anthropological research techniques that are common to other processes outlined in this guide:

- ***Formal interviewing*** that involves asking a fixed written set of questions on specific topics that are recorded in detail;
- ***Informal interviews*** where open-ended questions are asked around a specific topic or topics but in a flexible enough manner so as to allow other issues to be addressed;
- ***Conversations*** that are very informal discussions with one individual or a group of individuals where information is provided that is added to data gathered in a more formal way;
- ***Observations*** of what goes on in a community that are carefully recorded in detail;
- ***Participant observations*** by interviewers who participate in and observe the daily activities of a community in order to gather information about the community;
- ***Personal diaries*** that are used to record the daily activities and behaviors of the community being studied;
- ***Focus groups*** of community members who share characteristics in order to gain an understanding of how attitudes and behaviors work in a group; and
- ***Collection of data from secondary sources*** that are either published or unpublished, such as information from government agencies, community agencies operating in the area, and health service organizations.

Each of these techniques is discussed in more detail in Parts II and III of this guide. RAP can be used alone or with other methods for gaining initial access and understanding of a new community. This information can then be used for the following:

- ***Intervention design***--information about the community's attitudes, beliefs, shared norms and behaviors can be developed.
- ***Survey design***--preliminary studies can develop research themes and obtain information on subjects that are difficult to discuss in a brief, formal interview.
- ***During a survey***--a sub-sample can be studied more intensively to validate the survey response and develop its underlying meanings.
- ***Survey interpretation***--the anthropological data from both the RAP and survey can then help with survey interpretation.

Training & Resources for RAP

Ideally, fieldwork is carried out under the supervision of an anthropologist or someone with expertise in qualitative research methods. Having field workers from the community is the goal. Those who are part of the community supply preliminary contacts and facilitate the gathering of information. Whether they are from the community or not, there are several skills field workers must have or develop:

1. The ability to speak the language of the community;
2. The ability to listen carefully in interviews;
3. A respect for people and the capability to see and understand things from their perspective;
4. The ability to step away from the role of telling people what to do;
5. The ability to inspire confidence and trust; and
6. The skills to convey accurately what they have observed and learned.

In their data-gathering work, field interviewers maintain three types of records:

< a ***diary*** listing what happened each day;
< ***brief field notes*** to keep account of the questions and answers in every interview;
< ***expanded field notes*** written shortly after they interview an individual which contain comments and impressions about events that occurred. Interviewers should be discouraged from writing detailed field notes in front of a respondent, but should instead rely on very brief notes or key words as reminders.

Training of interview staff should last at least one week and should be provided in both a classroom and field setting. Scrimshaw (1987) suggested role-playing and participation exercises to demonstrate ethnographic methods. Interviewers then observe how field investigations are carried out; e.g., how to establish rapport and how to introduce oneself to the community.

Strengths & Weaknesses of RAP

Strengths:
Qualitative inquiry provides an opportunity to uncover information not available through a formal questionnaire. How individuals in a community perceive problems is often ascertained through the use of the qualitative methods. In RAP, qualitative methods provide

a framework to develop conceptualizations about health problems that can be shared between health care providers and the community in a short period of time, far less than in traditional ethnography.

***Weaknesses*:**
Good listening skills by field interviewers are essential in order to elicit the proper information and to "hear" correctly what's being said. A related concern is bias of the field interviewer that may emerge through what and how they choose to record or not record. RAP depends upon information that is not biased by inaccuracy due to the sloppy recording of information or the failure to acknowledge the limits of data collection. Failure to cross check information through triangulation (assessing information using several methods, see p. 53) may also be a concern.

Because RAP is a "rapid" method of using qualitative research methods, it does not offer as complete a picture as a full-blown ethnographic study would, where a great deal more time is spent on studying the community and developing relationships (Rist, 1980).

Following are the instructions that may help you utilize Rapid Assessment Procedures for your assessment:

IMPLEMENTATION OF RAP

The first step in using RAP is the selection of major objectives. The focus is on a specific goal; for example, the attitudes of people in a community towards HIV prevention efforts.

A strategy for carrying out the assessment should be made ahead of time; i.e., determining what methods will be done and planning for how they will be carried out. (See the **Exploring What's Out There** section, Part II, for ideas on methods and recruitment.) Planners should be flexible, altering the strategy as more information is gathered and attempts are made to implement it. In developing the strategy, planners can choose among the following:

- ***Informal interviews***
- ***Formal interview***
- ***Conversations***
- ***Focus Groups***
- ***Participant observation***

See Part II of the guide for detailed information on each of these methods.

In all of these efforts it is important for field workers to promptly write up notes.

In analysis, staff looks for patterns of responses (see page 51, "Organizing your Data"). A final report is then developed with recommendations. When results vary across communities, RAP procedures should be repeated.

TECHNIQUE #3:

Participatory Learning and Action

Participatory Learning and Action (PLA) is a type of "rapid appraisal". The predecessor to PLA was Rapid Rural Appraisal, or RRA. Put forward in the late 1970s, RRA was developed to overcome two obstacles: (1) the time delay in the use of long surveys which gathered information that came too late for use in decision-making and (2) the biases of development planners which resulted in decisions that stemmed from their contacts with elites rather than the low-income individuals most affected by the project(s). Following RRA, Participatory Rural Appraisal (PRA) was developed to include local people in the decision making involving assessments and program development and improvement.

As the technique left the rural area and came to be used in urban settings, the name changed to Participatory Learning and Action, which is an umbrella term for various approaches that put the community first in research and assessment, including Participatory Action Research (PAR). PLA has two essential characteristics: one, it is based on qualitative inquiry and two, it is based on participation of beneficiaries of the project in the information-gathering process.

As with other qualitative methods of rapid data collection, PLA uses semi-structured interviews, including focus group interviews and individual key respondent interviews. Another source of information in this method is oral case histories.

A second PLA tool is the use of visualizations, based on illustrating the data in both the collection and analytical stages. Some of these techniques are described in the Visual Techniques section of Part II of this manual. These visualization exercises are extremely important to the Participatory Learning and Action process, and can be very useful in eliciting different kinds of information from your target population.

Strengths & Weaknesses of PLA

Strengths

As with RAP, qualitative methods used in PLA provide a framework to develop conceptualizations about health problem that can be shared between health care providers and the community. The "visualizations" that are part of PLA provide new dimensions in portraying the problems and developing solutions that mesh well with qualitative methods. These visualizations are especially useful with a low-literacy population.

Weaknesses:

These are the same as with any qualitative method. Good listening skills by interviewers are essential in order to elicit the proper information and to "hear" correctly what's being said. Again, similar to RAP, PLA depends upon information that is not biased by inaccuracy due to the sloppy recording of information or the failure to acknowledge the limits of data collection. Information should be verified using triangulation.

Also important is the use of PLA methods as part of program development or an evaluation strategy and not simply as intervention activities. Sharing the information gathered and

having the community participate in the development of the questions to be asked are also vital. One of the principal philosophies behind PLA is that knowledge belongs to the community that it comes from and that the community is an essential element in the development of solutions.

What is the measure of *true* participation?

There are several ways to look at participation by the community itself. The "modes of participation" move from little participation to a point where the community itself carries out their own agenda, without outside help. There are several options in between.

Cooption: Representation from the community is established, but there's no real input or power by these community representatives.

Compliance: Those outside of the community decide the agenda and direct the process, assigning various tasks to community representatives.

Consultation: Community members get to give their opinions, but the analysis of what was said and the course of action are decided by those outside of the community.

Cooperation: Those inside and outside the community work together to determine priorities, although the responsibility for directing the process remains with those outside of the community.

Co-learning: Knowledge is shared between those inside and outside the community in order to create new understanding and collaboration on action plans, without facilitation by those outside of the community.

Collective action: The agenda is set by those inside the community who mobilize to make it happen, *without* outsiders to initiate and facilitate the process. [Martin 1997, adapted from Pretty (1995) in Cornwall (1996, p. 96)]

Where does your assessment fit?

CONCLUSION

You've learned something new, now what do you do? You've collected the information, analyzed it, discussed what you've learn and what it means for your work. When the time comes to actually adapt your program, there are several ways to look for answers.

- The Centers for Disease Control and Prevention have put together a "Compendium of HIV Prevention Interventions with Evidence of Effectiveness" that is available through their web site: **www.cdc.gov**. This resource has a list of effective interventions that are organized by population, along with information on how each intervention is implemented.

- If you incorporated problem-solving activities into your process, pay attention to what was offered. When possible, try to consider these when adapting your program.

- Review referrals and see what more you need.

- Look for ways to reduce or eliminate barriers.

What you learned is only a start. You may be heading on the right track or you may need to shore up some aspects of your prevention strategies to address the new information. Regardless, you're way ahead of the game by having carried out the assessment. Make plans for periodic assessments, maybe once a year, to see what's changed and what's new out there. And wherever possible, let the community—with its needs, challenges and resources—guide your program in the direction it needs to go.

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Attachment #1

PROJECT FORM
For
Community Based Assessment

This form is intended to help you plan your community assessment. Following the steps in Part I of the Guide, fill out the following questions.

Team Members: **Goal for Completion: / /**

1. The Big Questions:

What are the questions that I want to answer?
Note: It's best to keep the big questions to less than 3.

A.

B.

C.

Refer back to p. 8 of this guide for more information on the Big Questions.

2. Defining the Population:

Describe briefly the population your assessment will be dealing with. Try to narrow down the target group, if possible, by describing characteristics such as age, gender, and ethnicity.

Refer back to p. 11 of this guide for more information on Defining the Population.

3. Goals & Objectives:

You know your questions and population; now think about specific objectives you want your effort to accomplish, as well as an overall goal for the assessment.

GOAL:

Objective #1:

Objective #2:

Objective #3:

Objective #4:

Objective #5:

Refer back to p. 7 for guidelines on writing objectives.

4. Data Collection Methods:

Observations (see no. 5)
Individual interviews (see no. 6)
Focus groups (see no. 7)

Survey (see no. 8)

Visual Techniques:

Community mapping
Facilities mapping
Body mapping
Seasonality analysis
Daily activity chart
Sexuality timeline
Chapati diagram
Causal flow chart
Problem tree
Access and control
Free listing/pile sorting
Solution trees

5. Observation sites

Geographic description of area (boundaries, etc.):

Anticipated observation sites (e.g., bars, parks, etc.)

To be completed by: / /

6. Individual interviews

No. to be interviewed (estimated):

Purposeful sampling plan (see pp. 33-35):

Characteristics of participants:

To be completed by: / /

7. Focus group interviews

No. of groups (estimated):

Purposeful sampling plan (see pp. 33-35):

Characteristics of participants:

To be completed by: / /

8. Survey Plan

No. to be surveyed (estimated): _____

Sampling method:

Random, selected from an established group (e.g., drug treatment residents)
Snowball
Microsite interviewing
Survey by roster
Other _____

Comments:

Attachment #2

PROJECT FORM
For
Community Based Assessment

This form is intended to help you plan your community assessment. Following the steps in Part I of the Guide, fill out the following questions.

Team Members: Carlos and Sam **Goal for Completion: 9 / 10 /01**

1. The Big Questions:

What are the questions that I want to answer?
Note: It's best to keep the big questions to less than 3.

A. What are the factors behind relapse from safer sex?

B. Who do MSM trust for information and support?

C. What do MSM know about gonorrhea and other STDs?

Refer back to p. 8 of this guide for more information on the Big Questions.

2. Defining the Population:

Describe briefly the population your assessment will be dealing with. Try to narrow down the target group, if possible, by describing characteristics such as age, gender, and ethnicity.

Men who have sex with men, above 21 years old, who are "out." All ethnicities.

Refer back to p. 11 of this guide for more information on Defining the Population.

3. Goals & Objectives:

You know your questions and population; now think about specific objectives you want your effort to accomplish, as well as an overall goal for the assessment.

GOAL: **To identify factors related to MSM relapse into unsafe behaviors and to identify peer leaders who can impact these behaviors.**

Objective #1: **Carry out cause and effect analysis regarding unsafe sex relapse behavior with 20 gay and bisexual men recruited at our normal outreach sites.**

Objective #2: **Recruit participants for three focus groups from usual outreach sites; use body mapping around STDs as part of interview**

Objective #3: **Use free listing with 30 gay and bisexual men in order to identify potential peer leaders**

Objective #4: **Recruit at least one group from each site for social mapping of bars and gathering spots**

Objective #5:

Refer back to p. 7 for guidelines on writing objectives.

4. Data Collection Methods:

	Visual Techniques:	
☑ Observations (see no. 5)	☑ Community mapping	Chapati diagram
☑ Individual interviews (see no. 6)	☑ Facilities mapping	☑ Causal flow chart
Focus groups (see no. 7)	☑ Body mapping	Problem tree
	Seasonality analysis	Access and control
Survey (see no. 8)	Daily activity chart	☑ Free listing/pile sorting
	Sexuality timeline	Solution trees

5. Observation sites

Geographic description of area (boundaries, etc.):
Will focus on Lake Park, Overland Hills, and downtown, all spots where MSM tend to congregate and socialize. Will observe at STD clinic located in Lake Park.
Anticipated observation sites (e.g., bars, parks, etc.)
Sexually transmitted disease clinic.

To be completed by: / /

6. Individual interviews

No. to be interviewed (estimated): 20

Purposeful sampling plan (see pp. 33-35): Extreme case sampling

Characteristics of participants: MSM who practice safer sex consistently; MSM who used to practice safer sex but don't anymore

To be completed by: 8 / 15 /01

7. Focus group interviews

No. of groups (estimated): 6

Purposeful sampling plan (see pp. 33-35): Extreme case sampling

Characteristics of participants: MSM who practice safer sex consistently; MSM who used to practice safer sex but don't anymore

To be completed by: 8 / 1 /01

8. Survey Plan

No. to be surveyed (estimated): _____
Sampling method:

Random, selected from an established group (e.g., drug treatment residents)
Snowball
Microsite interviewing
Survey by roster
Other _____

Comments:

Attachment #3

PROJECT FORM
For
Community Based Assessment

This form is intended to help you plan your community assessment. Following the steps in Part I of the Guide, fill out the following questions.

Team Members: **Julia and Alex** **Goal for Completion: 9 / 10 /01**

1. The Big Questions:

What are the questions that I want to answer?
Note: It's best to keep the big questions to less than 3.

A. What are the dynamics in male-female relationships that keep people from practicing safer behaviors?

B. How does their drug and alcohol use affect this dynamic?

C.

Refer back to p. 7 of this guide for more information on the Big Questions.

2. Defining the Population:

Describe briefly the population your assessment will be dealing with. Try to narrow down the target group, if possible, by describing characteristics such as age, gender, and ethnicity.

Adolscent (15-18 year olds) males and females currently in drug treatment. Focus will be on residents of the Oak Haven and Cedar Hill drug treatment facilities.

Refer back to p. 11 of this guide for more information on Defining the Population.

3. Goals & Objectives:

You know your questions and population; now think about specific objectives you want your effort to accomplish, as well as an overall goal for the assessment.

GOAL: **To assess the knowledge of adolescents in drug treatment of the effects of STDs and the barriers to preventing STDs.**

Objective #1: **To use group sessions for residents to carry out a facilities mapping exercise to assess their social environment.**

Objective #2: **To establish eight focus groups, four male and four female, to answer questions about barriers to STD prevention with residents at the two sites (four per site).**

Objective #3: **To carry out body mapping, causal flow and access and control exercises in each of the eight groups**

Objective #4: **To develop a sexual health plan of action with these teens.**

Objective #5:

Refer back to p. 7 for guidelines on writing objectives.

4. Data Collection Methods:

	Visual Techniques:	
Observations (see no. 5)	Community mapping	Chapati diagram
Individual interviews (see no. 6)	☑ Facilities mapping	☑ Causal flow chart
☑ Focus groups (see no. 7)	☑ Body mapping	Problem tree
	Seasonality analysis	☑ Access and control
Survey (see no. 8)	Daily activity chart	Free listing / pile sorting
	Sexuality timeline	☑ Solution trees

5. Observation sites

Geographic description of area (boundaries, etc.):

Anticipated observation sites (e.g., bars, parks, etc.)

To be completed by: / /

6. Individual interviews

No. to be interviewed (estimated):

Purposeful sampling plan (see pp. 33-35):

Characteristics of participants:

To be completed by: / /

7. Focus group interviews

No. of groups (estimated): 8

Purposeful sampling plan (see pp. 33-35): Homogenous sampling

Characteristics of participants: Four groups of males; four groups of females

To be completed by: 8 / 20 /01

8. Survey Plan

No. to be surveyed (estimated): _____
Sampling method:

Random, selected from an established group (e.g., drug treatment residents)
Snowball
Microsite interviewing
Survey by roster
Other _____

Comments:

Attachment #4

PROJECT FORM
For
Community Based Assessment

This form is intended to help you plan your community assessment. Following the steps in Part I of the Guide, fill out the following questions.

Team Members: **Ann and Robert** **Goal for Completion: 9 / 10 /01**

1. The Big Questions:

What are the questions that I want to answer?
Note: It's best to keep the big questions to less than 3.

A. How concerned are individuals living in this community about HIV, AIDS and STDs?

B. What are their ideas on how to improve the health of themselves and their neighbors?

C.

Refer back to p. 8 of this guide for more information on the Big Questions.

2. Defining the Population:

Describe briefly the population your assessment will be dealing with. Try to narrow down the target group, if possible, by describing characteristics such as age, gender, and ethnicity.

All residents of the Esperanza housing community. This is in a very low income area.

Refer back to p. 11 of this guide for more information on Defining the Population.

3. Goals & Objectives:

You know your questions and population; now think about specific objectives you want your effort to accomplish, as well as an overall goal for the assessment.

GOAL: **To carry out a well-being assessment in this housing community and assess residents' concerns about HIV, AIDS and other STDs.**

Objective #1: **To have three community gatherings to do assessment.**

Objective #2: **To talk with at least 20 men and 20 women in small informal groups to initiate discussion about health concerns.**

Objective #3: **To have one "solution session" with all residents who want to attend.**

Objective #4: **To disseminate information in various forms on the results of the assessment and problem solving sessions and solicit additional input.**

Objective #5:

Refer back to p. 7 for guidelines on writing objectives.

4. Data Collection Methods:

☑ Observations (see no. 5)
Individual interviews (see no. 6)
Focus groups (see no. 7)
Survey (see no. 8)

Visual Techniques:

☑ Community mapping
☑ Facilities mapping
☑ Body mapping
☑ Seasonality analysis
Daily activity chart
☑ Sexuality timeline
☑ Chapati diagram
Causal flow chart
☑ Problem tree
Access and control
☑ Free listing/pile sorting
☑ Solution trees

5. Observation sites

Geographic description of area (boundaries, etc.):
The Esperanza Housing Community and the area surrounding it bounded by Main, Commerce, Elm, and Salas Streets.
Anticipated observation sites (e.g., bars, parks, etc.)
The three main gathering areas of the housing complex. The four corners on the surrounding streets. Nearby Esperanza Park.
To be completed by: 7 / 1 /01

6. Individual interviews

No. to be interviewed (estimated):

Purposeful sampling plan (see pp. 33-35):

Characteristics of participants:

To be completed by: / /

7. Focus group interviews

No. of groups (estimated):

Purposeful sampling plan (see pp. 33-35):

Characteristics of participants:

To be completed by: / /

8. Survey Plan

No. to be surveyed (estimated): _____
Sampling method:

Random, selected from an established group (e.g., drug treatment residents)
Snowball
Microsite interviewing
Survey by roster
Other _____

Comments:

Attachment #5

PROJECT FORM
For
Community Based Assessment

This form is intended to help you plan your community assessment. Following the steps in Part I of the Guide, fill out the following questions.

Team Members: Carlos and Sam **Goal for Completion: 9 / 10 /01**

1. The Big Questions:

What are the questions that I want to answer?
Note: It's best to keep the big questions to less than 3.

A. What are the barriers that young MSM have when trying to practice safer sex?
B. Who do young MSM trust for information and support around safer sex?
C.

Refer back to p. 8 of this guide for more information on the Big Questions.

2. Defining the Population:

Describe briefly the population your assessment will be dealing with. Try to narrow down the target group, if possible, by describing characteristics such as age, gender, and ethnicity.

Young men who have sex with men (18 to 21), those who are both "out" and those who aren't. We'll try to assess a diverse group ethnically.

Refer back to p. 11 of this guide for more information on Defining the Population.

3. Goals & Objectives:

You know your questions and population; now think about specific objectives you want your effort to accomplish, as well as an overall goal for the assessment.

GOAL: **To assess barriers to safer sex for young MSM and identify potential "mentors."**

Objective #1: **To hold three focus groups to identify barriers.**

Objective #2: **To use free listing to identify and describe these barriers.**

Objective #3: **To use free listing and pile sorting to identify potential mentors with focus group participants and an additional 15 individuals.**

Objective #4: **To use snowball sampling for individual interview recruitment and to disperse a survey on risk behaviors.**

Objective #5:

Refer back to p. 7 for guidelines on writing objectives.

4. Data Collection Methods:

	Visual Techniques:	
Observations (see no. 5)	☑ Community mapping	Chapati diagram
Individual interviews (see no. 6)	Facilities mapping	☑ Causal flow chart
☑ Focus groups (see no. 7)	☑ Body mapping	Problem tree
	Seasonality analysis	Access and control
☑ Survey (see no. 8)	Daily activity chart	☑ Free listing/pile sorting
	☑Sexuality timeline	Solution trees

5. Observation sites

Geographic description of area (boundaries, etc.):

Anticipated observation sites (e.g., bars, parks, etc.)

To be completed by: / /

6. Individual interviews

No. to be interviewed (estimated):

Purposeful sampling plan (see pp. 33-35):

Characteristics of participants:

To be completed by: / /

7. Focus group interviews

No. of groups (estimated): 3

Purposeful sampling plan (see pp. 33-35): Criterion-based

Characteristics of participants: Young MSM between the ages of 18 and 21.

To be completed by: 8 / 15 /01

8. Survey Plan

No. to be surveyed (estimated): 175

Sampling method:

Random, selected from an established group (e.g., drug treatment residents)

☑ Snowball

Microsite interviewing

Survey by roster

Other _____

Comments:

ADDITIONAL RESOURCES

If you want more information on . . .

Assessment Design

If you want to seriously examine your framework for gathering information, a step-by-step guide to designing a qualitative assessment is found in Maxwell, Joseph A. (1996). ***Qualitative Research Design: An Interactive Approach.*** Thousand Oaks:Sage Publications.

Another resource on asset-based assessment is: Kretzmann, John P. and McKnight, John L. (1993) ***Building Communities from the Inside Out.*** Evanston:The Asset-Based Community Development Institute.

Community Identification Process

The **Dallas HIV/STD Behavioral Training Center** offers a two-day course on how to carry out a community identification process. For more information, contact Tracee Belzle at 214/944-1068, or tracee.belzle@utsouthwestern.edu.

An excellent overview of the Community Identification process can be found in:

> Tashima, N., Crain, C., O'Reilly, K. & Elifson, C.S. (1996). The community identification (CID) process: A discovery model. *Qualitative Health Research*, Vol 6(1): 23-48.

A good example of the use of CID in HIV prevention work is discussed in:

> Higgins, D.L., O'Reilly, K., Tashima, N., Crain, C., Beeker, C., Goldbaum, G., Elifson, C.S., Galavotti, C., Guenther-Grey, C. & the AIDS Community Demonstration Projects. (1996). Using formative research to lay the foundation for community-level HIV prevention efforts: The AIDS Community Demonstration Projects. *Public Health Reports*, Vol. 111(Suppl): 28-35.

Focus Groups

An excellent and easy-to-understand resource for planning and conducting focus groups is "The Focus Group Kit" published by Sage Publications (http://www.sagepub.com). The following small books are found in the kit:

> Morgan, David L. (1998). ***The Focus Group Guidebook.*** Thousand Oaks:Sage Publications. (Vol. 1)

Morgan, David L. (1998). ***Planning Focus Groups.*** Thousand Oaks:Sage Publications. (Vol. 2)

Krueger, Richard A. (1998) ***Developing Questions for Focus Groups.*** Thousand Oaks:Sage Publications. (Vol. 3)

Krueger, Richard A. (1998). ***Moderating Focus Groups.*** Thousand Oaks:Sage Publications. (Vol. 4)

Krueger, Richard A. and King. Jean A. (1998) ***Involving Community Members in Focus Groups***. Thousand Oaks:Sage Publications. (Vol. 5)

Krueger, Richard A. (1998) ***Analyzing & Reporting Focus Group Results.*** Thousand Oaks:Sage Publications. (Vol. 6)

Free Listing and Pile Sorting

Bernard, H. Russell (1995) ***Research Methods in Anthropology: Qualitative and Quantitative Approaches.*** Walnut Creek:AltaMira Press.

Participatory Learning and Action

De Koning, Korrie and Martin, Marion (1996). ***Participatory Research in Health: Issues and Experiences.*** Johannesburg:Zed Books Ltd. Although this is sometimes theoretical, it offers several chapters on case studies of the use of participatory methods. Your library may have this.

Pretty, Jules N., Guijt, Irene, Thompson, John and Scoones, Ian (1995). ***A Trainer's Guide for Participatory Learning and Action.*** London:International Institute for Environment and Development. This is a very practical manual on training, with almost 100 participatory activities.

For more information on participatory methods and visual techniques, **Pact Publications** offers several excellent sources of information. You can contact them via e-mail at **books@pactpub.org** to request a copy of their catalogue, or through regular mail at 777 United Nations Plaza, New York, NY 10017, telephone number 212/697-6222. Their web site is **www.pactpub.com**.

Another web site with good on-line full-text articles is found at the home page for the participation group at the Institute for Development Studies, at **http://www.ids.ac.uk/ids/particip/index.html**.

The **Dallas HIV/STD Behavioral Training Center** offers a course participatory assessment methods and visual techniques. For more information, contact Tracee Belzle at 214/944-1068, or tracee.belzle@utsouthwestern.edu.

Survey Design

An excellent and easy-to-understand resource for designing a survey is "The Survey Kit" published by Sage Publications (http://www.sagepub.com). The following small books are found in the kit:

Fink, Arlene (1995) ***The Survey Handbook.*** Thousand Oaks:Sage Publications. (Vol. 1)

Fink, Arlene (1995) ***How to Ask Survey Questions.*** Thousand Oaks:Sage Publications. (Vol. 2)

Bourque, Linda B. And Fielder, Eve P. (1995) ***How to Conduct Self-Administered and Mail Surveys.*** Thousand Oaks:Sage Publications. (Vol. 3)

Frey, James H. and Oishi, Sabine Mertens (1995) ***How to Conduct Interviews by Telephone and In Person.*** Thousand Oaks:Sage Publications. (Vol. 4)

Fink, Arlene (1995) ***How to Design Surveys.*** Thousand Oaks:Sage Publications. (Vol. 5)

Fink, Arlene (1995) ***How to Sample in Surveys.*** Thousand Oaks:Sage Publications. (Vol. 6)

Fink, Arlene (1995) ***How to Measure Survey Reliability and Validity.*** Thousand Oaks:Sage Publications. (Vol. 7)

Fink, Arlene (1995) ***How to Analyze Survey Data.*** Thousand Oaks:Sage Publications. (Vol. 8)

Fink, Arlene (1995) ***How to Report on Surveys.*** Thousand Oaks:Sage Publications. (Vol. 9)

GLOSSARY OF TERMS USED

access and control chart: visualization technique for differentiation that is used to analyze power relations.

assumption: the supposition that a particular statement is true; a fact or statement taken for granted.

bias: deviations in results from the true quantity or attribute being measured. Can occur in both qualitative and quantitative research.

body mapping*:* visualization mapping technique that provides a way to determine community and individual perceptions about how the body works.

causal flow chart: visualization technique for analyzing systems that attempts to identify a cause and effect relationship between different issues perceived by a community.

Chapati diagram*:* visualization technique for analyzing systems; involves the use of circles to define relationships or to examine importance and perceptions of institutions in a community.

close-ended question: type of interview question that leads to a one-word answer ("yes/no", etc.) from respondent. Generally considered undesirable.

community based assessment: method of examining the communities HIV prevention workers and other researchers encounter in their work. Includes use of assessment methods (focus groups, observation, etc.) to answer research questions about a population.

community identification: special rapid assessment technique developed to collect qualitative data on public health risk-related behaviors and on the attitudes, beliefs, and values that a particular communities or populations hold; examines how attitudes, beliefs, and values affect the types of behaviors targeted by education and intervention programs.

community mapping: visualization mapping technique using the map of a community of interest. Can identify a range of things, including social services, sites of risky behavior, and community resources.

confirming and disconfirming cases sampling: sampling strategy in which subjects are chosen according to whether or not they can confirm the research hypothesis. Usually used in exploratory phase of projects.

control group: in experimental research, group that is not varied in order to conduct later comparison with the intervention group.

convenience sampling: sampling strategy based on interviewing who is fast and easiest to reach; most common and *least desirable* sampling strategy.

conversation: informal way of gathering information by talking to members of the target population without set questions in mind.

criterion sampling: sampling strategy in which sampling units are chosen according to specific inclusion and exclusion parameters set ahead of time.

critical case sampling: sampling strategy in which sampling units are chosen because they make a particular point that the researcher is trying to demonstrate about the population.

daily activity chart: visualization technique for assessing change; creates a way to examine when sexual or drug activity may occur during the day.

document review: gathering of data on a topic from a variety of sources. Can be published or unpublished.

emic: the cognitive categories, logical constructs and ideology a group uses to understand its own culture; the folk or insider's view.

etic: the cognitive categories, logical constructs and ideology used by an outside analyst attempting to understand a group's culture; the analytical or outsider's view.

external knowledge: information gathered from sources outside of your organization. Generally includes information from the population of interest; emic knowledge.

extreme case sampling: sampling strategy in which cases chosen represent cases on the far ends of the spectrum of a chosen variable; i.e., which cases are the most and least successful at quitting smoking.

facilities mapping*:* visualization mapping technique in which those who are familiar with a building or facility describe it in detail. Can illuminate barriers, both physical and social, as perceived by staff or clients.

field notes: research records to keep account of the questions and answers in each interview, observation, or other interaction with the community of interest.

focus group: a group interview guided by a monitor; a number of people are invited informally to discuss an issue or what they think of possible intervention(s) in a community.

formal interviewing: interview technique in which a fixed, written set of questions are asked on specific topics that are recorded in detail.

free-listing: visualization technique for prioritizing and comparing; simple list-making process is used to explore a cultural domain.

gatekeeper: member of a community who can assist researcher in accessing the target population or who can block access.

goal: statement of the overall purpose of the assessment.

homogenous sampling: sampling strategy in which sampling units are chosen on the basis of their similarity to each other, with the goal of gathering as uniform a sample as possible.

horizontal analysis: analysis tool for interviews in which a summary of all responses to each question posed in the interview is developed; analysis of questions for patterned responses.

hypothesis: research question; statement of a theory to be tested.

index: in snowball sampling, first identified contact who begins the referral chain process.

individual interviews: interviews conducted one-on-one between the participant and the interviewer.

inference: to come to a conclusion from facts or premises; to guess, surmise.

informal interviewing: interviewing method involving the use of open-ended questions asked around a specific topic or topics in a manner flexible enough to allow other issues to be addressed. Less structured than formal interviewing.

intensity sampling: sampling strategy in which sampling units representing the most concentrated or intense feelings or information on a given variable are chosen.

internal knowledge: information gathered from within your organization. Does not include any information from the population of interest; etic knowledge.

intervention group: in experimental research, the array of sampling units that is given treatment or intervention strategies; group that is varied.

interview: method of research that involves getting information from respondents by talking with them (as opposed to observation).

interviewer-administered survey: survey type in which a member of the research team assists respondents in completing a survey, generally by reading the questions and answer options to the respondent.

key informant: see key respondent.

key participant interview: interview conducted in community identification process that focuses on important community members; includes questions to determine facets of the community such as population demographics, mobility, daily activities, or drug and sexual behavior.

key respondent: member of the community who is particularly knowledgeable and articulate; member whose insights be particularly useful in helping an observer understand the community. Also referred to as key informant.

keyword: search term; summary phrase that exemplifies the topic being explored.

leading question: type of interview question that guides the respondent towards a certain pre-determined response; question itself shows respondent the answer that the interviewer is expecting.

Likert scale: scale used in response to a survey question; designed to measure strength of attitudes. Generally four to five points are used (i.e., strongly disagree to strongly agree).

mapping: visualization technique in which maps are used to understand how people perceive something, or to give specific information on where to find something. Can be made of any area, such as a neighborhood or the human body.

maximum variation sampling: sampling strategy in which sampling units are chosen based on variation between units on a chosen characteristic or variable. Goal of sampling is to accentuate differences between those being sampled.

microsite interview: survey technique in which surveys are completed in a limited street area where members of the community or target population live or gather.

moderator: researcher leading a focus group, guides focus group discussion. Also known as facilitator.

natural group observations: observations of a collection of people that take place in the group's typical area or setting; observations in a natural or unstructured setting.

non-probability sampling: sampling strategy in which some members of the population are eligible to be chosen for the sample, while others are not.

non-random sampling: sampling strategy in which each member of the target population does not have an equal probability of being chosen to participate.

objective: explicit task that is to be conducted in an assessment. Should be specific, precise, measurable.

observation: research method involving detailed study of the actions, language, movements, and setting of a population or community.

observational design: type of survey design that describes what is occurring in a community or population; descriptive survey.

open-ended question: type of interview question that requires respondent to answer with more than a "yes" or "no"; question that leads respondent to answer with information-rich response.

opportunistic sampling: flexible sampling strategy in which researcher is encouraged to follow any new information gained while conducting the sampling process.

participant observation: research in which researchers carry out the observation as a member of the group being observed.

participatory learning and action: special assessment approach based on qualitative inquiry; stresses participation of beneficiaries of the project in the information-gathering process.

personal diary: technique in which researchers create a notebook used to record the daily activities and behaviors of the community being studied.

phone survey: survey in which respondents are telephoned by the researcher and the survey is administered over the phone.

pile-sorting: visualization technique for prioritizing and comparing; used after free-listing a topic; individuals are asked to sort similar concepts into piles.

population of interest: specific group of people with a common set of characteristics that the assessment is focused on. Also referred to as target population.

probe: type of interview question that leads respondent to speak further on a given topic; asked to get more information out of respondent on topic or issue at hand.

problem tree: visualization technique for analyzing systems; used to identify the causes and consequences of specific problems. Similar in use to causal flow chart.

published data: information found in books, governmental manuscripts, journal articles, and other documents in press.

purposeful random sampling: sampling strategy in which a random procedure is used to choose those to interview. Usually follows a method like snowballing to identify possible subjects, which are then chosen randomly.

purposeful sampling: sampling strategy in which sampling units are chosen deliberately in an effort to get important information that may not be available from all sampling units.

purposive sampling: sampling strategies in which researcher determines which members of the target population are to be sampled.

qualitative methods: research methods focused on the study of people in their natural social settings. Involves field observations, focus groups and similar methods; collects data used for content (rather than statistical) analysis.

quantitative methods: establish specific questions and gather information to support or reject a specific hypothesis. Quantitative methods produce information in the form of numbers that are then compared using statistics.

random sampling: sampling strategy in which each member of the target population has an equal probability of being chosen to participate; selection of sample is left entirely to chance.

rapid assessment procedures: special assessment approach that adapts standard anthropological techniques for use in evaluating health programs; systematization of data-gathering process, tapping into feelings, ideas and behavior.

rapport: feeling of intimacy with a person or community; creation of a relationship in which both parties feel comfortable discussing sensitive issues.

reflexivity: process aimed at determining your assumptions in regards to an assessment, and the way in which they affect that assessment. Description and acknowledgement of personal biases.

respondent: a person who is being interviewed, completing a survey, or in some other way answering the questions of the research team.

sample size: number of people included in a study that draws a subset of participants from the general population. Certain sample sizes are needed to make a study's results generalizable to the population from which the sample was drawn.

sample: a subset of a larger population that is used for gathering information; with the goal of generalizing to the population from which the sample was drawn.

sampling frame: complete listing of all members of a target population from which a random sample can be drawn.

sampling politically important cases: sampling strategy usually used for garnering information on public policy.

seasonality analysis*:* visualization technique for assessing change; used to understand the relationship between events and issues of sexual health.

self-administered survey: survey type in which respondent is given a form to complete without assistance from researcher.

sexuality timeline: visualization technique for assessing change; used to examine issues around different events related to sexuality, including group perceptions around sexual events.

snowball sampling: sampling strategy in which each individual sampled identifies others to participate in the process, thus creating a referral chain researchers can use to identify and sample appropriate subjects. Also referred to as chain referral sampling, referral sampling, social networking, the cobweb technique, and spreading networks/spreading technique.
stratified purposeful sampling: sampling strategy in which universe of possible sampling units is divided into smaller groups based on a chosen characteristic; homogenous samples are then chosen from each group.

survey: a system for collecting information to describe, compare, or explain knowledge, attitudes, and practices or behavior.

survey by roster: survey technique in which detailed lists of members are created; most frequently used in hard to find populations such as gangs.

survey design: the structure of the survey, based on goals of survey and what purposes the instrument will be used for.

target population: specific group of people with a common set of characteristics that the assessment is focused on. Also referred to as population of interest.

taxonomy: listing, defining and categorizing of all segments of the population; describes what the categories are and how they are related to one another.

theme: broad category description used to organize data from qualitative research.

theory-based sampling: sampling strategy that is a more formal research version of criterion sampling, based upon pre-determined theory. Also known as operational construct sampling.

transect walk: research method combining both observation and conversation; designed to observe community in action and discuss matters of local importance.

triangulation: research technique designed to help verify the results of information from observations and interviews; corroborating conclusions using a variety of different sources.

typical case sampling: sampling strategy in which sampling units are chosen that represent the most representative examples of a particular characteristic or behavior.

unpublished data: documents such as internal reports, personal communications, and other information that have never been published in a book or journal.

vertical analysis: analysis tool for interviews in which a profile is developed of each individual interview respondent.

visualization: techniques involving a variety of visual-based methods used to gather information and to facilitate problem-solving around issues.

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