

**UCLA Center for
Health Policy Research**

**Health DATA
Train the Trainer Project**

**PERFORMING A COMMUNITY ASSESSMENT:
CURRICULUM APPENDICES**

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APPENDIX A: DATA COLLECTION METHODS

Section 1: Asset Mapping

Purpose

Asset mapping provides information about the strengths and resources of a community and can help uncover solutions. Once community strengths and resources are inventoried and depicted in a map, you can more easily think about how to build on these assets to address community needs and improve health. Finally, asset mapping promotes community involvement, ownership, and empowerment.

What is a community asset?

A community asset or resource is anything that improves the quality of community life. Assets include:

- The capacities and abilities of community members.
- A physical structure or place. For example, a school, hospital, or church. Maybe a library, recreation center, or social club.
- A business that provides jobs and supports the local economy.
- Associations of citizens. For example, a Neighborhood Watch or a Parent Teacher Association.
- Local private, public, and nonprofit institutions or organizations.

When to use Asset Mapping

- *You want to start a new local program and need information about available resources.* For example, you are interested in teen mothers finishing their education. You could draw a community asset map that identifies school drop-out prevention, tutoring, and education counseling programs for young teen mothers. This helps you see what already exists, or if support services are lacking. You may find it is necessary to develop a program to help young mothers finish their education.
- *You are making program decisions.* An asset map can help you identify community assets and concerns. The map results help determine new directions for your program or identify new programs that need to be developed. For example, an asset map of food banks and nutrition resources for low-income families in your neighborhood may reveal that there is a lack of programs, or that existing programs are located in areas that are not accessible to families in your service area.
- *You want to mobilize and empower the community.* If you involve different community members in constructing the asset map, the process itself can be an organizing tool. For example, mapping local public services and identifying the dollars spent per community member can mobilize residents to lobby city or county council members to improve local public services.

Planning Asset Mapping

Identifying and mapping assets in your community can be easier than you think. The following are the steps to create an asset map.

- 1.1 *Define community boundaries*
- 1.2 *Identify and involve partners*
- 1.3 *Determine what type of assets to include*
- 1.4 *List the assets of groups*
- 1.5 *List the assets of individuals*
- 1.6 *Organize assets on a map*

1.1 Define community boundaries

The first step is to define your community's boundaries. Remember that geographic boundaries of cities or towns do not always reflect citizens' perceptions of their community or neighborhood. Decide what streets or landmarks are your boundaries. Use your partnership and residents to decide.

1.2 Identify and involve partners

Find people and organizations that share your interests. It is also important to involve people and organizations that have different community networks and knowledge about the neighborhood (its resources, residents and problems). Involve key people with a stake in your issue. Finally, involve enough people—community residents, organization staff, or volunteers—to complete all the activities needed to finish the asset map.

1.3 Determine what type of assets to include

There are lots of different types of assets. The most obvious are money and access to economic resources. Others include physical assets (buildings), knowledge and skills, political connections, legitimacy in the community, and access to the public (such as the media and clergy). Identify any specific skills or assets needed to address the issue on which you are focusing. For example, if you are looking at assets around physical activity among children, you may want to identify parks and recreation centers, YMCAs, athletic clubs or leagues, recreation classes at community colleges or after-school fitness programs. Link your purpose with the kinds of assets you want to identify.

1.4 List the assets of groups*

Make an inventory of all the groups (associations, organizations, and institutions) in your community.

- A. Begin by creating a list of those groups that are known. Use your partnership to help add to your list.
- B. Use other sources of information. These can include:
 - The **yellow pages**.
 - Local **neighborhood/city directories**, published for your community.
 - Lists of **neighborhood businesses**. Ask your Chamber of Commerce.
 - Published **lists of organizations or social service directories**. For example, the United Way publishes local directories with information on local organizations.
 - Lists of organizations, which are not generally published. **Community resource guides** produced by local organizations may be helpful.
 - The **local newspaper**. Print sources—such as local newsletters and regional papers—can give you insight into community happenings and resources.
 - **Bulletin boards**. Physical bulletin boards and community calendars can offer a wealth of information. They may be found at local recreation facilities, churches or other faith-based organizations and on local cable television.
 - **Local parks, recreation facilities, and community centers**. They may be the meeting places for many local associations and groups, such as volunteer, social, or special interest groups. Check the activity calendars of these centers to identify formal and informal local groups.
 - Your **friends and colleagues**. They may know about other lists available or know of groups, organizations, or community assets that are not on any lists.
- C. Update your list. It may be helpful to organize the list and make notes about:
 - Location
 - Type of services offered
 - Public-private membership

* Adapted from *Identifying Community Assets and Resources* by Bill Berkowitz and Eric Wadud. Retrieved from Community Toolbox-University of Kansas Work Group on Health Promotion and Community Development, June 17, 2003.

- Public-private governance
- Their available resources (material, facilities, staff)
- Their influence
- Their legitimacy

You now have an inventory of groups and group assets in your community—the associations, organizations, and institutions that are a fundamental part of community life and can be used for community development.

1.5 List the assets of individuals*

Another technique is to compile the assets of individuals. This approach can be more challenging as there are many more people than groups. You can get some of this information from key stakeholders—that is, key people who are familiar and knowledgeable about the community and its residents. You can also develop a door-to-door survey to identify individual assets. However, surveying the community in such a way is expensive and time consuming.

Identifying individual assets works best when working with a small community. The following are some helpful tips:

- A. Decide on the community or area you want to cover.
- B. Identify groups of individuals where asset identification may be helpful.
- C. Determine the assets you want to identify from individuals and draft your survey questions accordingly. Develop separate questions for knowledge, skills, contacts, and other types of resources of interest to you.
 - If taking an inventory of skills, decide what kind of skills you want: academic, computer skills, organizing, parenting, speaking different languages? Be as specific as possible.
- D. Design a method to ask questions. Different ways of gathering data include:
 - Mailing out a survey
 - Dropping off a survey at various locations
 - Using a door to door survey
 - Using a telephone survey

* Adapted from *Identifying Community Assets and Resources* by Bill Berkowitz and Eric Wadud. Retrieved from Community Toolbox-University of Kansas Work Group on Health Promotion and Community Development, June 17, 2003.

- Conducting interviews
 - Conducting group interviews
- ⇒ Each method has its pros and cons. Test your questions on a sample group and make revisions based on their answers and suggestions.

1.6 Organize assets on a map

Maps are important visual aids that help highlight available resources. Maps also explore resources and assets, and show the relationships among assets. Mapping community assets on street maps allows communities to see if there is a concentration of available programs, service overlaps, gaps in services, and unmet community health needs. The street map may highlight the need for developing programs to meet particular health needs of a community, and be helpful in writing grant proposals and talking to policy makers. The following describes how to map community assets using a street map.

General steps for mapping community assets on a street map:

- Find a map that contains the area you identified in 1.1 above. You can get a map of your community from different sources. Contact your local government (city hall) to see if they have a map of your community. You can also go to the following websites <http://www.mapquest.com>, <http://maps.yahoo.com> or <http://www.thomas.com> to find and print out an area map of your neighborhood. Remember to look for an area map that provides many details of your community and its boundaries, such as major streets, parks, freeways, lakes, or other landmarks.
- Compile a list of resources from 1.4 (groups) and 1.5 (individuals) above. Organize your findings by identifying the type of services provided or type of available skills; note the street address of every resource you have identified.
- Use dot stickers to identify the location of the groups and organizations you have found. Use different colors for different types of resources. This map becomes a visual representation of your findings, and perhaps reveals gaps in services and identifies areas for further work or improvement.
- If you have information on individuals, decide if you want to map each individual (such as mapping key community contacts at their organization's address) or types of individuals (for example, putting a number on a dot to indicate how many people in an area have nursing degrees).
- Summarize key points about what your members see on the map. You might ask: What are the underused assets? What resources could be included in your activities that are not currently involved? Where are the most obvious gaps, and how might they be filled?

- Use the asset mapping project as an opportunity to identify and develop relationships. The ways residents or interested parties talk and interact with each other—and form relationships—is a major part of community development.
- Determine what to do with the community asset map and with whom you will share the results. The next steps could be redirecting program priorities, applying for grant proposals, informing city board members, or contacting policy makers or funders.

General guidelines for presenting asset map data:

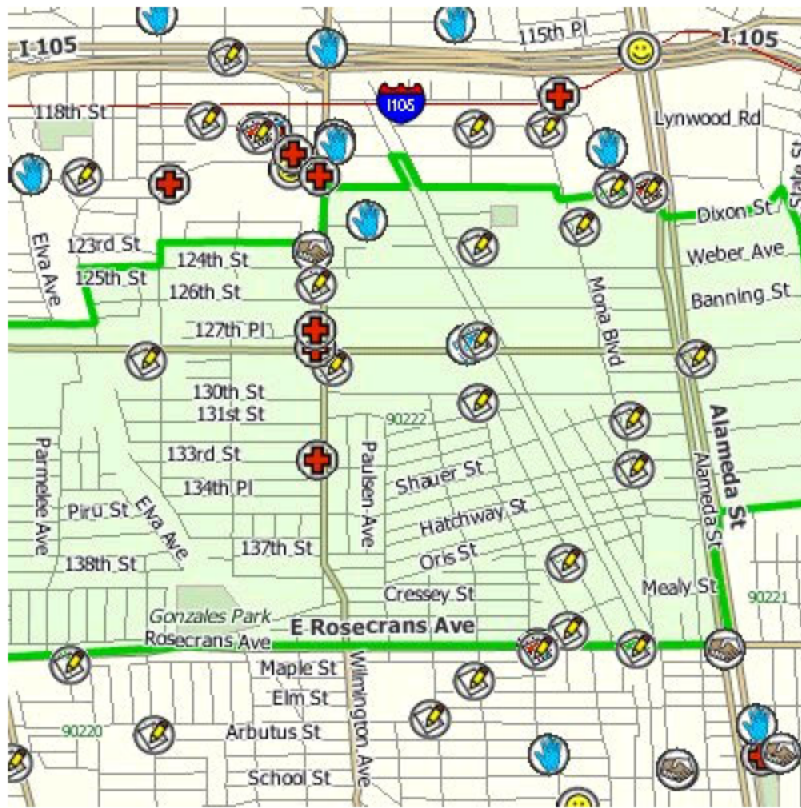
- The area map should be specific enough that it clearly shows your defined community boundaries.
- Enlarge the map if needed. Leave a border around the map with enough room to add a map legend and title.
- Purchase color dot stickers. Create icons for each asset that you have identified, by hand or on the computer. In your map you could include health services, parks and recreation facilities, businesses, clinics, schools, and transportation facilities.
- Create a legend that accompanies the color sticker dot.
- Sticker dots representing organizations or services might overlap on the area map. In this case it is fine to approximate the location.
- Remember that the map should not only be visually appealing but also highlight something. For example, show gaps in services, areas where services are needed, or where there exists a cluster of services in only one geographic area.

Figure 1. Map of a Los Angeles Community








This map was retrieved from Healthy-Children-Healthy City Asset Mapping Project at <http://www.healthycity.org/>

Figure 2. Asset Map of a Los Angeles Community



Site Legend

	Basic Needs
	Education
	Health Care
	Mental Health Care and Counseling
	Organizational / Community / International Services

This map was retrieved from Healthy-Children-Healthy City Asset Mapping Project at <http://www.healthycity.org/>

Advantages and Disadvantages of Asset Maps

Advantages	Disadvantages
<ul style="list-style-type: none"> • Builds on existing community assets • Mapping the inventory creates a visual depiction of existing and lacking assets • Data can be used to raise awareness about the availability of assets, develop or improve services and programs, or to apply for funding • Can generate a lot of community participation 	<ul style="list-style-type: none"> • Finding the right maps can be difficult, and mapping software can be expensive and difficult to use • Some community assets will be difficult to map if they don't have a physical location • Needs community buy-in and collaboration to adequately inventory up-to-date community resources

Resources:

To download geographic maps of your neighborhood from the internet: You can access neighborhood maps from Mapquest: <http://www.mapquest.com>, Yahoo! Maps: <http://maps.yahoo.com>, or the Thomas Brothers Maps: <http://www.thomas.com>. Right click on your mouse and select "copy." Then paste the map into a new document.

Websites that map important neighborhood information or available services:

- *Neighborhood Knowledge California*, <http://www.nkca.ucla.edu>. It assembles and maps a variety of databases that can be used in neighborhood research. It maps and displays many demographic indicators by city, such as income, race, education, age, language spoken at home, and housing.
- *Neighborhood Knowledge Los Angeles*, <http://nkla.ucla.edu>. NKLA is a Los Angeles wide interactive website focusing mostly on housing and neighborhood conditions.
- *Healthy-Children-Healthy City Asset Mapping Project*, <http://www.healthycity.org>. This website maps human and social service sites, public schools and non-profit organizations throughout Los Angeles County, where you can create a general asset map of your neighborhood. It may serve as a helpful first activity in conducting the community resource inventory.

Examples of asset maps:

- Community Building Resources; Community Capacity Building & Asset Mapping:
http://www.cbr-aimhigh.com/workshops/asset_maps.htm
- Youth Community Asset Mapping (see Mapping Gallery):
<http://www.eya.ca/youthmappers/>

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Section 2: Focus Groups

Purpose

Focus groups involve a series of guided discussions about specific topics with selected small groups, and are a way to obtain information about the needs in your community.

When to use focus groups

Use focus groups when you want:

- Narrative information about opinions, experiences, beliefs or perceived norms.
- To get feedback in your clients' own words about program strengths and weaknesses.
- To gain an in-depth understanding of a certain topic or issue.
- To support and expand on findings from surveys or other quantitative (numerical) data you have collected.
- To identify major categories and themes about a specific health problem and see how they relate to each other.

Planning a Focus Group

The following are steps involved in planning and implementing a series of focus groups.

- 2.1 Gather and review existing data*
- 2.2 Determine your purpose*
- 2.3 Choose your target audience*
- 2.4 Develop a discussion guide*
- 2.5 Schedule focus groups*
- 2.6 Recruit focus group participants*
- 2.7 Recruit moderator and note-taker*
- 2.8 Plan and conduct focus groups*
- 2.9 Compile and organize focus group data*

2.1 Gather and review existing data

Collect and review existing data to decide what additional information is needed from your focus groups. You can piece together a great deal of information about a community or issue from existing sources. Review existing data before you decide to do focus groups, as the information you need may already be out there.

2.2 Determine your purpose

It is important to define your purpose by identifying the information you want to get from your focus groups. Some questions to ask yourself include: What is the problem? What is the purpose(s) of your community assessment and focus group research? What do I need to know to address the problems? See *Step 3: Identify the Information (Data) You Need* (page 4-17) in the “Performing a Community Assessment” curriculum for more information on how to best prepare your questions. Once you have determined the primary questions, you can decide what type of data is needed. For example, do you want to collect data on community practices, community opinions, existing services, or service utilization?

2.3 Choose your target audience

To ensure that your focus group participants have the type of experiences and perspectives you are hoping to capture in your discussion, you need to select the participants carefully. You will want to capture differing experiences, but participants should also be similar enough so they feel comfortable sharing their views in the group. You may want a short survey to screen out people so your group has the demographic characteristics you want. For instance, if you want to do focus groups to learn more about sexual practices of Latino adolescents ages 13-18 in your particular community, you will want to make sure participants fill these requirements, i.e. that they are Latino adolescents between 13-18 years of age and living in your neighborhood.

As a general rule, your focus group participants should be similar and selected based on a set of criteria, such as the same age group, gender, and race/ethnicity. Your focus group criteria will depend on the community and problem you are investigating. If you are looking at the accessibility and quality of pre-natal care services in your community, then you want to conduct focus groups with recent mothers living in your community.

The following are some sampling techniques to help you choose your focus group participants:

Sampling Techniques

A. *Convenience Sampling:*

This sampling process saves time and effort. It is also the fastest and most inexpensive. A convenience sample is one where individuals are selected because they are handy or easy to find. For example, they could be clients from your organization or recruited from places where your target population often go, such as shopping malls, laundromats, hair salons, health fairs or the *Women, Infants, and Children (WIC)* offices.

B. *Snowball Sampling:*

This sampling process is helpful if you do not have a place to easily recruit people or are working with hard-to-find respondents, such as illegal drug users or adolescent runaways. The main advantage to this process is that you can get referrals to potential participants you would otherwise not be able to find.

- Start by identifying one person who meets the criteria you have defined.
- Ask them to refer you to others they know who also meet the criteria (friends, family, or acquaintances).
- As each new person identifies more names the snowball gets bigger!

C. *Purposive Sampling:*

This involves selecting a focus group sample with specific characteristics. Your community assessment might be interested in people who have a particular health condition, such as asthma. You might expect that the experiences of people with asthma vary by its severity, or by their health insurance type, or by their immigration status. You would want to set up focus groups that represent the relevant variations.

- Start by identifying the different types of people who are important to include, such as those with severe and less severe disease.
- Identify where you can find these people. For people with severe disease it may be possible to recruit all participants from a single clinic. In order to find different people by health insurance type it might be necessary to recruit from a community clinic that accepts Medi-Cal, a public hospital where the uninsured go, and a private clinic that takes only private insurance.

D. *Probability Sampling:*

The methods discussed above are all called “nonprobability samples” since they do not select individuals at random. Probability samples, like picking a name out of a hat, gives every person in a group the same chance of being chosen. This is more difficult to do than the other methods. The advantage is that it allows you to generalize your statistics to the larger population. Because of the small number of people involved in most focus group studies, probability sampling is a less common sampling strategy than nonprobability sampling. See *Section 3.4 Choose your target population and sampling technique* (page 5-28) for more details on probability sampling.

How many focus groups?

The number of participants you need to recruit depends on how many focus groups you want to conduct. A helpful rule of thumb is to plan two to three focus groups for each population of interest. It’s always best to have more than one group for each

population to ensure that the perspectives and experiences you capture are representative of a larger population group. The more times you hear a particular idea or opinion discussed by different people, the more common the idea is likely to be. For instance if you are looking at adolescent sexual behavior you may want to conduct two focus groups of teenage girls and two focus groups of teenage boys. You will be surprised at how different one focus group can be from the other, even when recruiting from the same population group and using the same discussion guide. The more focus groups you can afford to conduct, the greater your chances of capturing discussions that accurately reflect the most common views of your population.

2.4 Develop a discussion guide

Focus groups involve focused discussions on specific topics, so a discussion guide is a tool needed to keep the discussion focused. It is a document that has an outlined script and list of carefully selected and sequenced open-ended questions that generate discussion. The discussion guide includes a script for the introduction, purpose, ground rules, focus group questions and closing statements. In addition, the discussion guide also makes sure that the different focus groups are conducted in a similarly structured way, ensuring that the data is collected systematically.

Finally, it is important that the discussion guide has the order of the questions you want answered. The following provides an outline to sequence the questions:

- **Introductory questions:** the first couple of questions help participants think about the topic. For instance, these could be general questions about their health such as what they typically do to take care of themselves.
- **Transition questions:** questions that get participants to move from the introduction topics to the ideas contained in the key questions. If conducting a focus group about breast cancer, transition questions could include those that ask where women go for information or services.
- **Key questions:** two to five questions important to getting the information you want to collect.
- **Ending questions:** questions that provide closure and reflection. These questions may also ask for suggestions or recommendations.
- **A summary question:** the moderator or note-taker summarizes the major themes heard throughout the discussion in a short oral summary (two to three minutes), then asks the participants if the summary covered all the major points.

Important note: Early questions take up the most time, so make sure you are conscious of the time so that the important questions are answered and you cover every question.

2.5 Schedule the focus group

Keep your focus group participants in mind when selecting a location and time of day. For instance, select a place in the community that is easy to get to. Also, select a time that will give you the best representation and attendance. The following are some guidelines for scheduling focus groups:

Choose a location

The focus groups should take place in a convenient and accessible location for participants. Look around for a location that is quiet and private. There needs to be enough space to set up a tape recorder and food. It is also important to select a neutral environment. Beware of potentially hostile or intimidating locations, or hosting organizations that may pose a conflict of interest with the topics to be discussed. Do a little investigative work and confirm with people to make sure you have selected the most appropriate, convenient and inviting location.

Select the time of day

Your focus group participants determine when you can conduct the focus group. For example, if you are looking at recruiting adolescents for your focus group you may want to schedule them in the afternoon right after school. For working adults, early evenings may be a good time, especially if are providing food.

2.6 Recruit focus group participants

It is very important to have the right people participate in your focus group. A screening tool can help you get the right people. The tool is a questionnaire that asks about a person's background to make sure they have the characteristics you are looking for in your group. The screening tool is also helpful in recruiting focus group participants.

Develop a screening tool

The following are the various parts of a screening tool:

- Introduction and explanation of the focus group, which includes background on the project and the information you are collecting.
- Questions that qualify people into your focus group recruitment targets. Depending on what information you are seeking and who you want to recruit, you may have several qualifying questions. For example, qualifying questions ask about the neighborhood where they live, their race/ethnicity, or their health insurance status. Demographic questions, such as age, marital status, number of children, education, and income are also common qualifying questions.
- An invitation could be made to those who meet all of your criteria. The screener can encourage the person to attend the focus group, highlight the incentives

offered, and give the person specific information about the date, time and location of the focus group. The screening tool plays an important role in recruitment.

Recruit participants

- Invite those who meet all your criteria
- Use the screener to make the focus group sound interesting and worthwhile
- Recruit participants at least a month in advance and call to remind them one week before the focus group
- Call again one day before the focus group
- Over-recruit by at least 20%, as not all participants will show up
- Highlight any incentives that will be offered

Offer incentives

Incentives include:

- Childcare
- Transportation
- Food
- Clothes (such as t-shirts or baseball caps)
- Gifts (such as coffee cups, water bottles or gym bags)
- Gift certificates
- Cash

These incentives may help you recruit and attract participants, and demonstrate that you value their time and insight. Determine the amount you can afford to attract and recruit participants, and give them out at the end of the focus group as an incentive to stay and contribute. Make sure what you give is appropriate for the population participating. Keep in mind that the chance to discuss their experiences and opinions may also be an incentive to some potential participants.

2.7 Recruit a moderator and note-taker

Identify a moderator to lead the focus group discussion. The discussion guide you develop with your partnership guides the moderator with the questions you want answered. During the focus group the moderator is responsible for setting up ground rules, keeping the discussion focused and on track, drawing out comments from quiet participants, and asking for clarification or additional information from participants when needed.

Moderator's Role and Skills

The following outlines the moderator's responsibilities and some of the skills required. This list can help you choose the most appropriate and qualified moderator. The ideal moderator:

- Is comfortable and familiar with the focus group process.
- Has experience facilitating groups or meetings.
- Creates and maintains a comfortable environment for participants.
- Remains neutral; does not provide personal feelings or opinions on what is being discussed.
- Maintains control over the group and the topics being discussed, but is careful not to lead the discussion or appear aggressive or controlling.
- Is a good listener; understands what is being said and knows when to ask probing questions that get participants to expand on or clarify their comments.
- Is a good observer; notices when participants want to speak and gives them an opportunity to share their comments. Draws out quiet participants and creates a safe place where they can talk.
- Doesn't put anyone on the spot, but watches for opportunities to bring quiet people into the discussion.
- Maintains group enthusiasm and interest.
- Respects participants and their comments.
- Communicates clearly in writing and orally.
- Has a good sense of humor.

Based on the focus group and topic being discussed, a moderator's own demographic characteristics should be taken into consideration. For example, if conducting a focus group on domestic abuse, a male moderator may not be the most appropriate person.

Note-taker's Role and Skills

Each focus group needs a note-taker who takes detailed notes and writes down observations. Since an audio tape will capture the details of the discussion, the note-taker will not need to write down everything word for word. Instead, this person's job is to listen carefully, observe group interactions, and summarize points and observations that are not captured by the audio tape.

The note-taker is responsible for the following:

- Making name tags for participants and moderator, using first names only.
- Operating the tape recorder.
- Handling environmental conditions (air conditioning, room set up, lighting, etc.).
- Taking care of food and refreshments.
- Handling and distributing incentives at the end of the discussion.
- Handling unexpected interruptions (such as late comers or outside noise).
- Keeping track of the time (being time keepers).
- Assisting in summarizing key points made.

Documentation methods (tape-recorder and note-taking)

It is a good idea to tape-record the focus groups and have note-takers. The tape-recording approach captures what was said by the participants while the note-taking approach records observations of the participants. Combined they can present a clearer picture of what was said and how participants responded or reacted.

Note-taking tips

- Make notes as complete and as clear as possible.
- Be alert for cues, posture, gestures, comments, or facial expressions that might explain how the participants feel and react to the question.
- Listen for cues as to important points, transitions from one point to the next, repetition of points for emphasis, and other issues.
- Do not try to take down everything that participants say. It is impossible and unnecessary because not everything is equally important. Spend more time listening and trying to capture the main points. The tape-recorded discussion should help you fill in any missing gaps.

2.8 Conduct the focus groups

A. Ground rules and procedure

Begin the discussion with a welcome and introduction, followed by an overview of your project, an introduction to the note-taker, moderator's role, ground rules, comments on confidentiality, and discussion questions. The overview should be

a frank discussion on what information you are seeking, and the importance of the topics that will be discussed. Emphasize how the participants and their community will benefit from what is learned. Ground rules include respecting others' opinions, ensuring equal group participation, and getting closure on each question before moving on. Finally, it is very important to stress to participants that there are no right or wrong answers.

B. *Confidentiality*

In addition to providing participants with information about the focus group, also assure them that you will not use their names or any other identifiable information in any publications or reports that you write. You may also want to tell them that the individually identified information and comments they provide will be kept confidential and not shared with anyone. It will be necessary for you to repeat this during the screening process and at the focus group in order to make participants more comfortable and open to participate. This may also help participants to share their perceptions and beliefs (please see *Section 2.9 Compile and Organize the Data* on page 5-22 for more information on confidentiality).

C. *Using a discussion guide*

As the moderator you should use the developed discussion guide as a road map to guide the discussion and follow it closely. It is important, however, to be flexible if the order of the questions change or you run out of time. Be prepared for this and have a plan for asking key questions before you run out of time.

D. *Moderating techniques**

- **Pause and Probe.** After asking a question, pause for five seconds. This five-second pause gives participants a chance to jump in and give their comments. Sometimes silence helps people build up the courage to speak. Follow-up probing questions, like "Would you give me an example?" should also be used when necessary to get more information from participants. Use probing questions only if issues do not surface.
- **Responding to participant comments.** Remember to stay neutral. Avoid using positive verbal responses such as "correct" or "that's good." Moderators should use encouraging remarks such as, "thank you for sharing that with us."

* This section was adapted, in part, from *Using Focus Groups for Evaluation* by Mary Marczak and Meg Sewell. Retrieved from the University of Arizona, March 2003.

- **Be aware of group dynamics.** Watch for the dominant talker, quiet participant, or rambler, to see if they are affecting the discussion.
- **Don't let any one person dominate.** If you allow people to constantly interrupt or let one or two participants take over, you run the risk of having other participants get angry and frustrated. To help prevent this, set up a ground rule about equal participation beforehand. At the first sign of trouble, refer to the ground rule about equal participation.
- **Draw out quiet participants.** Don't put anyone on the spot. Watch for opportunities to bring quiet people into the discussion. Learn participants' names and use them. (Note: participants will have nametags.) It may be helpful to say after a few questions, "Let's hear from those who haven't had a chance to talk yet."
- **Let participants respond to one another.** Encourage interaction among the group. If questions or comments are directed at you, try to deflect them and pose the question back to participants. If a participant looks at you and says, "Isn't that right?" ask the group, "has anyone else had a similar experience?" (Note: Moderators should speak less than any other person in the group.)
- **Keep the discussion on track.** Since important issues are usually related to each other, it is easy for groups to move into other areas. Participants need the freedom to explore connections and ideas, but try to keep the discussion related to the session's topic. Moderators should listen well and think quickly on their feet making sure the discussion stays focused.
- **Summarize comments before moving to the next question.** This helps participants know that you are about to move on to the next question.

E. *Length of focus groups*

Focus groups last one to two hours. It is generally a good idea to have two-hour focus groups for adults and one-hour focus groups for adolescents. This provides enough time to go through several questions and get a good amount of information.

F. *Focus group size*

Groups should be made up of six to 12 individuals who share the characteristics of the population you are studying. Try to over recruit and invite more people than 12, as there will always be no-shows.

2.9 Compile and Organize the Data

As soon as your partnership starts the process of collecting the focus group data, you will suddenly have a lot of data to manage. It is important to think about this while in the planning phase of data collection. Specifically, you want to discuss the following with your partnership and note your decisions.

- A. *What will the focus group data look like once it is collected?*
 - The information is comprised of narrative comments, which may fall into logical categories. They may be similar or may vary.
- B. *How will the data be collected and compiled?* (See *Appendix B: Computer Software to Compile and Analyze Data* on page 5-63 for software programs and computer resources that may help you with compiling the data).
 - ⇒ The focus group data you collect will be qualitative. After each focus group the moderator and note-taker should make notes and write down any additional comments. Within the next couple of days the note-taker—or other designated person—should type up the focus group notes, using the tape recordings to fill in any gaps or make clarifications. Really long documents are not very helpful, as there is no easy way to see relationships across different focus group discussions. So the designated person may want to consider organizing qualitative data right from the start into major categories. These categories are most commonly the focus group questions that were asked. This way, you have in your document all of the participants' discussion organized under each question.
 - One individual or agency should be assigned for creating the master file, developing the categories, and cutting and pasting the notes into the corresponding categories.
 - One individual or agency should also be assigned for keeping track of the audiotapes.
- C. *Where will the survey data be processed and compiled?*
 - It is important to plan ahead of time where the data is coming from and going to at all times during the data collection process. This eliminates any confusion that may arise when multiple partnership members and agencies take on the focus group collection and compilation activities. It also clarifies ahead of time what steps need to be undertaken to collect, enter, compile, and analyze the different data pieces.
 - Once your partnership has thought through the above two points, then you should have a clear idea of where each focus group will take place and where the data will be kept.
- D. *What about participant confidentiality?*

- ⇒ Ensuring confidentiality is critical. Depending on the nature of the topic it is a good idea to let focus group participants know that you will not use their names or other identifying information in your final report or publications. Assure them that their responses will be kept confidential. Results should focus on the content of the group discussion rather than identifying who said what. This may help encourage them to participate, and make them more comfortable and willing to openly share their opinions about your topic.
- ⇒ After collecting data from individuals—referred to as human subjects, there are a few important rules to consider when handling their responses:
 - Keep any identifying information in a locked place (such as name, phone number, address, social security number, notes and tape recordings from focus groups). This can be simply a locked filing cabinet drawer or password protected computer, which ensures that no one has access to the confidential responses of your sample population.
 - Keep identifying information in one place so that fewer people have access to private information. (repeat of above?)
 - Remove any identifying information that is associated with data. When transcribing your tape-recorded focus group conversations, indicate each respondent in your word document by assigning a unique number. You can start with “Respondent 1” and assign a different number to each participant you enter. Keep your focus group notes and any printed documents in a locked drawer.
 - Avoid collecting unneeded information. You can ask for demographic information and responses to questions without asking for personal information.

Advantages and Disadvantages of Focus Groups

Advantages	Disadvantages
<ul style="list-style-type: none"> • Flexible • Captures rich, in-depth data • Immediate results • Encourages and stimulates individuals to share more openly • Data can be combined with quantitative data to provide a complete picture about an issue 	<ul style="list-style-type: none"> • May be challenging to recruit busy and/or hard-to-reach participants • Need to schedule at least 2-3 focus groups to capture diversity • Difficult to generalize results to the larger population • Difficult to compare results across groups

Resources:

- American Statistical Association, Section on Survey Research Methods. **What Are Focus Groups?**
<http://www.amstat.org/sections/srms/brochures/focusgroups.pdf>
- National Science Foundation: **The 2002 User-Friendly Handbook for Project Evaluation.** <http://www.nsf.gov/pubs/2002/nsf02057/start.htm>
- Washington State University. **Community Ventures: Focus Groups- A Tool for Understanding Community Perceptions and Experiences.**
<http://cru.cahe.wsu.edu/CEPublications/wrep0128/wrep0128.html>

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Section 3: Surveys

Purpose

Surveys are a popular approach to collecting data and are often used in conducting community assessments. Surveys are composed of carefully crafted questions on a topic or issue. They are often used to gather information about the level of residents' health, social well-being, and access to services.

Some survey training and experience is generally helpful before conducting a survey. Check to see if your partnership members have any prior experience in designing and implementing a survey. Their experience and insight may provide guidance and help you avoid common pitfalls.

The most commonly used survey methods are:

- Mailed Surveys
- Hand-out Surveys
- Face-to-Face Surveys
- Telephone Interview Surveys

Qualitative information is usually collected using open-ended questions while quantitative information is collected by using forced-choice or directed questions. A survey may incorporate both types of questions. For instance, surveys may have quantitative questions that ask respondents how often they participate in sports or physical activities each week. These questions are structured and most likely have preset answers. Qualitative questions on the other hand are unstructured and provide a free response from participants. For example, a qualitative question may ask the respondent to, *Tell me why basketball is your favorite physical activity?*

When to conduct a survey

A survey is a good choice when you want to:

- Learn more about your community's demographic characteristics
 - age
 - sex
 - income
 - education
 - health insurance status
- Gather information from community residents on
 - behaviors
 - opinions
 - attitudes
 - beliefs

- Determine the level of knowledge that community residents have on a particular issue.
- Support, expand, or better understand quantitative or qualitative data you already have.
- Make comparisons between the rates in different population groups.

Planning a Survey

The following are some basic steps involved in planning and implementing a community survey:

- 3.1 Gather and review existing data*
- 3.2 Determine if the survey collection method is appropriate*
- 3.3 Determine your purpose*
- 3.4 Choose your target audience and sampling technique*
- 3.5 Select a survey method*
- 3.6 Design survey questionnaire*
- 3.7 Pre-test survey*
- 3.8 Publicize and distribute survey*
- 3.9 Compile and organize survey data*

3.1 Gather and review existing data

Collect and review existing data to decide what additional information you need from survey respondents. You can piece together a great deal of information about a community or issue from different sources. Make sure to review existing data before deciding to do a survey. The information you are looking for may already exist.

3.2 Determine if the survey data collection method is appropriate

Before designing a survey, determine what information you want to collect, and decide whether a survey would be the most appropriate method. For example, if you want a more detailed discussion on why teens in your community smoke, focus groups would be the more appropriate choice. But if you want to determine how many teens in your community smoke, how much they smoke, and how long they have smoked, a survey would be the best method. Before deciding to use a survey, be sure to review the various methods in this curriculum and determine which is the best approach to use in order to get the data you need.

3.3 Determine your purpose

Once you decide to use the survey method, define your purpose by identifying the information you need. *Step 3: Identify the Information (Data) You Need* in the “Performing a Community Assessment” curriculum (page 4-17) will guide you through

this process. It provides direction on how to best prepare and write the primary questions to be answered. Once you have drafted your primary questions, determine what type of data you need. For example, do you want to collect data on community practice, community opinions, or existing services and service utilization, or other issues?

Define survey content

The purpose of your survey determines the questions to be asked. You should be very clear from the outset what data is needed since it is nearly impossible to change or add questions once data collection has started.

3.4 Choose your target population and sampling technique

Before you start the survey, select your target population. This defines your “sampling frame,” or the known population to select from. The following are two steps in determining your target population.

- *Define the target population:* identify your group of interest or target population. This is the group of individuals from your community you want your survey to represent. If it is teens at risk for STDs, define the age range and define what is “at risk.”
- *Identify the geographic area of your target population:* where is your group of interest located? What are the geographic boundaries of your target population? This determines where your survey is conducted.

Finding potential participants using sampling techniques

Since you will be unable to recruit and study every individual in a given target population, select a “sample” from that population. A sample is the subset or portion of the population you select to study. A good sample accurately represents the population you want to survey. Sampling allows you to assume that the patterns you see in your survey are the same as the patterns you would find if you interviewed the entire population.

The sampling technique is the method you use to select the sample of people you want to survey. The technique you select largely depends on the following criteria: target population, accuracy, convenience, and cost. The following are several sampling techniques you can use to choose participants:

A. *Random Sampling:*

This is the best and most common process for selecting a survey sample that accurately reflects the population. It involves the following steps:

- First you need a list of people. This list is your population. For example, if you want a sample of students, go to local area schools and get their student rosters. The list can also be street addresses of houses or a range of telephone numbers (don't just select specific numbers in the phone book since a large number of phones are unlisted).
- Determine how many people there are in your population, and how many people you need to interview. If there are 1,000 students in a school and you want to interview 100 of them, you need to randomly select 100/1000 or one out of ten.
- You need to *randomly* identify those 100 students. Picking every tenth student is not random, so you need a table or computer program of random numbers to make the selection. One program is at <http://www.randomizer.org/form.htm>. You want one set of numbers (if you are doing one survey), you need 100 numbers in the set, and the numbers will range from 1-1000. Click on randomize and it will give you the numbers of the students to pick.

You can also do this in Excel. Let's assume you can copy and paste the list of students' names into a column in an Excel spreadsheet. Then, in the column right next to the names paste the function =RAND() which is Excel's way of putting a random number between 0 and 1 in the cells. Then, sort both columns—the list of names and the random number—by the random numbers. This rearranges the list in random order from the lowest to the highest random number. Then, all you have to do is take the first hundred names in this sorted list.

B. *Systematic Sampling:*

You can use this method when random sampling (above) is not feasible.

- First you need to start with a list of people. Let's say you have a list of clients from a community clinic numbered from one to 400 and want a sample of 40 from the list. (Note: the list must not be in any specific order such as alphabetical, insurance status, id number, or other regular pattern.)
- Begin your sampling by selecting a random number. This random number will be your starting point. Let's say you randomly select the number three.
- Next you will need to calculate the sampling interval. This is easily done by dividing your population by the sample you need. In this case you want a sample of 40 from a list of 400 clients. You would then divide 400 by 40 ($400/40=10$). Your interval is 10. Now let's go back to your random number of three. The first person chosen to be in your sample would be client number three. Your second person chosen would be client $3 + 10 = \underline{13}$, your third person chosen would be client $13 + 10 = \underline{23}$, and so on.

- If you come to the end of your list and don't have the sample size that you need, go to the top of your list and keep counting until you have the sample size that you need.
- You can also achieve the same systematic sampling technique even if you do not have a list of your target population. For example, if surveying patients at a clinic, you could approach every fifth person walking through the door. In this case, you will want to approach patients at different times of the day and week to make sure you include in your sample the variety of different kinds of patients who get care. In other words, mothers who take their children to the clinic during the day will be different from individuals who come after work, and different from patients who come late at night.

[Note: The following two sampling techniques will not provide you with a sample that accurately represents your population. However, these sampling techniques may be useful and appropriate if dealing with a hard to reach population.]

C. *Snowball Sampling:*

This sampling process may be helpful if you do not have a list of individuals to start with, or are working with hard-to-find clients, such as illegal drug users or adolescent runaways. The main advantage of this process is that you can get referrals to potential participants that you would otherwise not be able to access. It includes the following steps:

- Start by identifying a person who meets the criteria you are looking for.
- Then ask them to refer you to others they know who also meet the criteria (friends or acquaintances).
- As they identify names, the snowball gets bigger.
- This sampling process can be very helpful in identifying the right target population members and getting the number of respondents that you need.

Keep in mind that this sampling process does introduce bias. Bias is introduced if people refer others who are just like them, and have similar perspectives and experiences. Through the snowball sampling process you may end up with a group of individuals that are not representative of the target population you are seeking to better understand, and are common only among this particular social group. For example, if you start a snowball sample with an intravenous drug user, your final sample may contain a much higher proportion of drug users than actually occur in the general population. Thus any findings you draw about your sample, such as high rates of imprisonment, will most likely be much higher than is true for the entire population. But if your intention is to reach as many intravenous drug users as you can in order to describe the health status and perspectives of intravenous drug users, then this is an appropriate way to sample this hard-to-reach population.

D. Convenience Sampling:

This sampling process saves time and effort. It is also fast and less expensive, but gives information that does not reflect any larger population.

- A convenience sample is a sample where individuals are selected because they are easily accessible. For example, they could be clients from your organization or recruited from places your target population frequents often (shopping malls, laundromats, hair salons, or the *Women, Infants and Children* offices).

E. Cluster Sampling:

This sampling process saves time and effort, especially if doing surveys administered by someone in the community assessment partnership team. This method has been used in community surveys of people who live in certain geographic areas.

- This method divides your target population into groups or clusters. A number of clusters are selected randomly and then all of the random clusters are included in the sample.
- For example, let's say you want to know more about health insurance coverage in your community. The most commonly used clusters are neighborhoods (or zip codes or census tracts). Rather than collecting data from across an entire geographic area, a subset of neighborhoods is chosen that represents the entire community.

3.5 Select a survey method

Selecting the most appropriate method depends on a number of issues, including:

- types of questions being asked
- complexity of the questions
- timeline
- target population
- cost in terms of time and dollars

The following are various kinds of survey methods:

- A. Self Administered: These surveys are filled out by respondents themselves—without the assistance from interviewers—and can be given to the respondents in a number of ways. The following are two self administered surveys we review:

1. *Mail Surveys*
2. *Hand-out Surveys*

- B. Interviewer-Administered: These surveys are filled out with the assistance from trained interviewers and can be given to the respondents in a number of ways. The following are two administered surveys we review:

1. *Telephone Surveys*

2. Face-to-Face Surveys

	Advantages	Disadvantages
<p>Mail Surveys: Questionnaires that are mailed to individuals, homes, or businesses.</p>	<ul style="list-style-type: none"> • Lower in cost compared to other survey methods. Associated costs include printing, postage and staff-time for envelope-stuffing. • Participants control the time they need to complete the survey. • People may feel more comfortable sharing sensitive information in an anonymous way. • Through this method it is possible to reach more people and have a larger sample size. 	<ul style="list-style-type: none"> • Response rates are not very high for mail surveys. Common return rates are 20-30%. • Respondents may not complete or answer all the questions as there is no one there to clarify confusing questions. • It may take a couple of weeks before you start receiving completed surveys. • May limit the number of survey participants. Only individuals with a certain level of reading and writing skills may be able to respond.
<p>Hand-out surveys: Used when you have a large and attentive audience in a room or gathering. Surveys are distributed to this captive audience. This method allows for personal contact and an opportunity to explain the importance of the survey. Participants complete the survey and a researcher or volunteer collects them.</p>	<ul style="list-style-type: none"> • Participants control the pace and time needed to complete the survey. • More people are likely to complete the survey because they have exposure to a person explaining its purpose and importance. • The staff member collecting the surveys may review for completeness. • Surveys can be distributed wherever there is a captive audience (clinic waiting room, laundromat, health education class, high school class, or local festival.) 	<ul style="list-style-type: none"> • Because of the time it takes to make personal contact with the respondents and distribute the survey you have to limit it to a smaller sample size. • People from your selected survey location may not be representative of your whole population.
<p>Telephone Surveys: Surveys taken over the phone. The respondent is asked the survey questions by a trained interviewer.</p>	<ul style="list-style-type: none"> • The trained interviewer can build rapport with respondents over the phone. • More people are likely to complete the survey because they have a person explaining its purpose and importance. • A telephone survey usually has simple questions with limited choices for answers. 	<ul style="list-style-type: none"> • You need accurate and up-to-date telephone numbers of your target sample. • You cannot control who answers the phone or may only get an answering machine or no answer. • Telephone surveys can be very expensive in terms of money and staff time. • Respondents may be suspicious about the legitimacy of the survey without a face-to-face interaction with the person administering it. • May exclude those who do not have telephones from your sample. • Response rates are about 50%.

	Advantages	Disadvantages
<p>Face-to-Face Surveys: Surveys conducted in person. The respondent is asked the survey questions by a trained interviewer.</p>	<ul style="list-style-type: none"> • The trained interviewer can build rapport with respondents and explain the survey questions. • More people are likely to complete the survey as they have a person explaining its purpose and importance. • Longer and more complex questions can be asked and probing questions can be used to get detailed responses. • Respondents with low literacy and reading skills can be surveyed. 	<ul style="list-style-type: none"> • It takes some time to administer this type of survey. • Face-to-face surveys can be very expensive in terms of money and staff time.

Training Interviewers

If conducting face-to-face surveys or telephone surveys it is important to provide training for your interviewers. The purpose of the training is to provide the interviewer with some general guidelines on how to administer the survey in a consistent manner to all respondents. It is very important that they read the instructions and questions as written and not deviate from them. Finally, the training should also instruct them on how to clarify questions appropriately without influencing responses, as well as instructions on when to use probing questions.

3.6 Design survey questionnaire

The next step is to determine what types of questions to ask, either qualitative (open-ended) or quantitative (directed/close-ended) or both.

Once the question structure is determined you can start drafting your questions. Your survey questions should relate directly to the project purpose and goals. Asking too many unrelated questions fragments the survey.

The following are some considerations in designing survey questions:

- Survey questions should be directly in line with your Community Assessment goal(s) and objectives. Including too many interesting but unrelated questions may be distracting and does not provide the quality of information you want or need.
- The questions and reading level should be appropriate to the participants.
- Ask about topics with which your participants are familiar.
- Self-administered surveys should be visually attractive, clearly printed, well organized, and generally easy to complete.
- Questions should be logically ordered.

- Pay attention when writing questions with “skip patterns.” Skip patterns are directions that guide respondents where to go next based on how they answered the previous question.
- Avoid questions that have two questions in one (double-barreled questions).
- Avoid leading or loaded questions—questions that seem to guide respondents to answer in a certain way.
- When possible, use short and specific questions. Avoid vague or long questions.
- Assure respondents about their confidentiality in writing at the top of self-administered surveys, and discuss it before beginning an administered survey.
- Establish legitimacy by providing information about the agency or agencies in your Community Assessment partnership that are sponsoring the survey project.

Some tips on getting high response rates

General recommendations:

- Publicize widely.
- Give incentives to participants.
- Distribute your survey widely in order to ensure largest number of completed surveys.
- Clarify issues of confidentiality. This may encourage more people to complete the survey (see *Section 3.9 Compile and organize survey data* on page 5-36 for more information on confidentiality).

It is also a good idea to provide the name and contact information of the lead person or partnership organization heading the survey, in case the respondent wants to verify the legitimacy of the survey or has specific questions about the survey.

3.7 Pre-test survey

Before distributing the survey to your target audience it is a good idea to pre-test the survey with a small group of people from your target population. The purpose for pre-testing the survey is to get feedback on the survey questions and structure before sending it out. Completed pre-test surveys and respondents’ comments may tell you whether any questions were not clear, the instructions were confusing, the questions were too general, or if the survey instrument was too long. Pre-testing can also help identify questions that might be inappropriate or unanswerable.

3.8 Publicize and distribute survey

Try to publicize your survey a couple of weeks before distribution. Letting people know what you are trying to do and how the information collected will benefit them may help increase your response rate. Distribute your survey as scheduled. Try to adhere to the timeline you created, as significantly postponing the survey distribution date may cut short the time you have set aside for data collection and analysis.

3.9 Compile and organize survey data

As soon as your partnership starts the process of collecting the survey data, you will suddenly have a lot of data to manage. It is important to think about this while in the planning phase. Specifically, discuss the following with your partnership and note your decisions:

A. *What will the survey data look like once it is collected?*

- This depends on what the survey data collection instrument looks like and what types of questions are asked. Depending on the questions asked, either open-ended or closed-ended, you may have a mix of both quantitative and qualitative survey responses.

B. *How will the survey data be compiled? (See Appendix B: Computer Software to Compile and Analyze Data on page 5-63 for software programs and computer resources that may help you compile your survey data.)*

- ⇒ **If the survey data is quantitative**, then you want to develop a spreadsheet to tally the responses to each question. This can be as simple as a table with the survey question numbers across the top and each individual respondent along the side. Each person's responses to each question is put in the columns below the survey questions. This provides you with an easy way to make comparisons and see patterns between questions and responses.
- The spreadsheet should be developed along with the data collection instrument.
 - One individual or agency should take responsibility for coding the responses and entering the data into the spreadsheet.
- ⇒ **If the survey data is qualitative**, then you want to cut and paste all of the issues and key points into one word processing document. This may be a really long document, depending on how many open-ended questions you included in your survey. Really long documents are not be very helpful, as there is no easy way to see relationships or common themes across the different surveys. So you may want to consider organizing qualitative survey responses right from the data entry stage into major categories. These categories are most commonly the survey questions you asked. This way, you have in your document all of the participants' responses organized under each question. For more information about developing codes for analysis, see *Step 5 Determine How to Understand the Information (Analyze Data)* on page 4-37 in the "Performing a Community Assessment" curriculum.
- One individual or agency should take responsibility for creating the master file, developing the categories, and cutting and pasting the responses into the corresponding categories.

- One individual or agency should take responsibility for keeping track of the completed surveys.

C. *Where will the survey data be processed and compiled?*

- Plan where the data is at all times during the data collection process. This eliminates any confusion that may arise when multiple partnership members and agencies take on the survey data collection and compilation activities. It also clarifies ahead of time what specific steps need to be undertaken to collect, enter, compile, and analyze the different data pieces.

D. *What about respondent confidentiality?*

- Ensuring confidentiality is very important. With any kind of survey it is a good idea to avoid collecting identifying information about your respondents, such as name, address, phone number, medical record number, or social security number. This is particularly important when surveying hard-to-reach populations such as recreational drug users. If you need to collect their addresses or phone numbers in order to administer the survey, then communicate very clearly to respondents that you will not use this information in any reports, nor will you share it with anyone else.
- After collecting data from respondents—referred to as human subjects, there are a few important rules to consider when handling their responses:
 - Keep any identifying information in a locked place (such as name, phone number, and address). This can be simply a locked filing cabinet drawer or password protected computer, which ensures that no one has access to the confidential responses of your sample population.
 - Keep identifying information in one place. This ensures that fewer people have access to private information. (repeat of above?)
 - Once the data is compiled, remove any identifying information associated with it. For example, if the data is from a quantitative survey, assign each respondent in your spreadsheet a unique number. You can start with “1” and just assign a different number to each survey instrument entered into the spreadsheet. If you need to know which person was assigned which number, then keep a sheet with names and numbers in the same locked drawer.
 - Destroy the list with names and contact information as soon as possible to avoid accidental or intentional disclosure. Some information collected may be very sensitive. For instance, if working with substance abusers you could potentially get served with a subpoena from a lawyer to turn in all of your documentation.

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Section 4: Key Informant Interviews

Purpose

Key informant interviews are qualitative in-depth interviews with people who know what is going on in the community. The purpose of key informant interviews is to collect information from a wide range of people—including community leaders, professionals, or residents—who have first hand knowledge about the community. These community experts, with their particular knowledge and understanding, can provide insight on the nature of problems and give recommendations for solutions.

The following are two common techniques used to conduct key informant interviews:

- Telephone Interviews
- Face-to-Face Interviews

When to conduct key informant interviews

- To get information about a pressing issue or problem in the community from a limited number of well-connected and informed community experts.
- To understand the motivation and beliefs of community residents on a particular issue.
- To get information from people with diverse backgrounds and opinions and be able to ask in-depth and probing questions.
- To discuss sensitive topics, get respondents' candid discussion of the topic, or to get the depth of information you need. Individual or small group discussions (two to three people maximum) create a comfortable environment where individuals can have a frank and open in-depth discussion.
- To get more candid or in-depth answers. The focus group dynamic may prohibit you from candidly discussing sensitive topics or getting the depth of information you need. Sometimes the group dynamic can prevent some participants from voicing their opinions about sensitive topics.

Planning the key informant interviews

There are several key steps involved in planning and implementing key informant interviews as a means for data collection. Review the following activities and prepare accordingly with your community partnership members.

- 4.1 *Gather and review existing data*
- 4.2 *Determine what information is needed*
- 4.3 *Determine target population and brainstorm about possible key informants*

- 4.4 *Choose key informants*
- 4.5 *Choose type of interview*
- 4.6 *Develop an interview tool*
- 4.7 *Determine documentation method*
- 4.8 *Select designated interviewer(s)*
- 4.9 *Conduct key informant interviews*
- 4.10 *Compile and organize key informant interview data*

4.1 Gather and review existing data

Collect and review existing research data and reports before determining what additional information needs to be collected from key informants, as the information you are looking for may already exist. You can piece together a great deal of information about a community or a health issue from different sources.

4.2 Determine what information is needed

The first step in preparing for your key informant interviews is to identify the information you want to gather. *Step 3: Identify the Information (Data) You Need* in the “Performing a Community Assessment” curriculum (page 4-17) guides you through this process and provides information on how to best prepare and formulate the primary questions you would like to answer. Once you have drafted your primary questions, next determine what type of data is needed. For example, do you want to collect data on community practice, community opinions, or existing services and service utilization? The type of data needed helps you identify the best people to interview.

4.3 Determine target population and brainstorm possible key informants

Before selecting key informants it is important to map out your population of interest, or target population. This target population could include all community residents living in a particular city or zip code, or could be a particular portion or group within that geographical region (such as a racial/ethnic minority, adolescents, or women). Once you are clear about the target population you can better brainstorm possible key informants who are knowledgeable and closely linked to your population of interest.

4.4 Choose key informants

Carefully select the key informants. Remember key informants must have first-hand knowledge about your community, its residents, and issues or problems you are trying to investigate. Key informants can be a wide range of people, including agency representatives, community residents, community leaders, or local business owners.

The first step in the selection process is to identify and create a list of potential key informants—individuals or groups you want to interview to gather information about your target population. In creating this list try to get a diverse set of representatives with different backgrounds and from different groups or sectors. This diversity provides a broad range of perspectives. For example, your list could include people from different sectors, such as health service administrators, religious leaders, city government officials, young mothers, minority populations, or youth advocates.

Second, you need to narrow down your list. Review your list and identify one or two persons from the same sector who you believe can provide needed information. However, keep in mind that your final group should have a diverse mix of key informants in order to ensure a variety of perspectives. For example, if investigating gang activity in a community, you could approach and solicit the input of a wide range of experts who are knowledgeable about the problem, such as church leaders, local store owners, neighborhood-watch-association representatives, parks and recreation staff, parents, youth advocates, police, and teachers.

Key informant diversity is important. If you only interview people of a particular background or sector you may end up with results that are one-sided or biased. Interviewing key informants from a wide range of sectors allows you to look at varying perspectives and underlying issues or problems.

The number of people you interview largely depends on your data needs, available time, and resources. Typically, 15-25 interviews are the most you need.

4.5 Choose type of interview

The next step is to select a technique to obtain information from each of the key informants—either by telephone or face-to-face. The technique you use largely depends on your key informant's availability and preferred choice, as well as your available time, resources and overall logistical feasibility. However, these techniques are not mutually exclusive; both options may be used effectively.

The following is a description of each:

A. *Telephone Interviews:*

Telephone interviews may be the most convenient and least time-intensive way to interview busy key informants. The major shortcoming of this approach is not having the personalized interaction that is otherwise possible through a face-to-face interview. However, if you develop a structured telephone key informant interview tool to address your primary questions, the telephone interview may provide all the valuable information you are looking for.

Arranging Telephone Interviews:

Once you have compiled your list of key informants, distribute this list to your partnership members and ask them to identify those individuals they know. If appropriate, the partnership members can help access key informants by personally contacting them, providing a brief explanation of the community needs assessment project, encouraging them to participate in the interview, and facilitating communication between them and the interviewer. The designated key informant interviewer would then contact them to schedule a convenient time to conduct the interview.

When contacting key informants, stress the importance of their input and let them know ahead of time about the time commitment. Telephone interviews should last no more than 15-25 minutes, as it is difficult to schedule longer periods with busy people. However, once engaged, informants may be willing to speak longer. So it is a good idea to schedule at least an hour of your time to allow for interviews that run longer.

B. *Face-to-Face Interviews:*

Face-to-Face interviews are the most frequently used format. This format is more time intensive because it requires additional scheduling and logistical planning. The advantages to this technique are that it provides a free-exchange of ideas, and lends itself to asking more complex questions and getting more detailed responses.

Arranging Face-to-Face Interviews:

Again, ask your partnership members if they know any of the identified key informants, and allow them to make the first contact. The designated key informant interviewer would then schedule a convenient time and place for the interview. As a general rule it is important not to schedule too many interviews in one single day. After each interview the interviewer should take some time to make additional notes and organize initial findings or impressions, so time should be allotted for this after each interview. Face-to-face interviews typically last 20-30 minutes. Again, once engaged, informants may be willing to speak longer.

Persistence is key. Making it into someone's busy schedule is not easy. Anticipate this challenge and don't give up! This is true for both telephone and face-to-face interviews. Continue calling until the pre-designated cut-off date.

4.6 Develop an interview tool

Prepare an interview tool to guide the discussion and make sure your questions are answered. The interview tool typically contains an outlined script and a list of open-ended questions relevant to the topic you would like to discuss. Begin with the most factual and easy-to-answer questions first, then follow with those questions that ask informant's opinions and beliefs. End with questions that ask for general

recommendations. Don't be afraid to ask probing questions during your interview, as these help to clarify informant's comments and get detailed information.

The following are the main components of the interview tool:

- **Introduction:** Before beginning the interview introduce yourself and your project. As a general rule the introduction you write should do the following: 1) help establish the purpose for the interview; 2) explain who is involved in the process (community partnership members); 3) establish credibility for the interview and yourself as the interviewer; 4) explain why their cooperation is important in collecting the information you need; and 5) explain what will happen with the collected information and how the community will benefit.
- **Key questions:** Draft five to ten questions important to getting the information you have set out to collect. The key questions should be designed in order to elicit more revealing information about your community issue or problem. Ask questions that draw upon the informant's expertise and unique viewpoint.
- **Probing questions:** Probing questions encourage participants to reflect more deeply on the meaning of their comments. These questions are also useful at getting people to think about the cause or root of the problem you are investigating.
- **Closing question:** Provide an opportunity for the key informant to give any additional information or comments. Also ask the key informants for their recommendations or solutions in addressing the problem.
- **Summary:** If time permits, quickly summarize the major comments heard throughout the interview and ask informants if you covered all the major points. Ask them if there is anything else they would like to tell you that you have not asked them. Finally, thank them for their time.

After completing the interviews it is a good idea to send follow-up "thank you" notes to the interviewees.

4.7 Determine documentation method

Compile interview information to ensure data collection efficiency, quality, and consistency across interviews. You want to make sure all the information you have set out to collect is captured.

There are two methods you can use to record the interview responses:

- **Note-taking:** Interviewers should plan to take notes during the interview as well as directly after. It is wise to type up and print the key questions you have drafted (approximately five to ten) leaving enough space between each question to manually write the key informant's comments while conducting the interview.

However, taking notes while interviewing someone could be quite a balancing act. Interviewers may find themselves engaged in the conversation and not taking notes. The best advice is to plan to take notes during the interview but not allow note-taking to disrupt the flow of the conversation. Immediately after each interview the interviewer should take some time to review their notes and fill in any details, expand on their note-taking short-hand, or add important comments or points made. It is a good idea to do this immediately after the interview when things are still fresh in their mind. Waiting several hours or a day may mean losing a lot of valuable interview information.

- **Tape recording:** Interviewers can also use a tape recorder to document what key informants say. This approach allows the interviewer to freely engage in the conversation without worrying about note-taking. The interviewer may take brief notes during the interview, write down and organize notes at the end of the interview and use the tape recording to fill in information gaps or details. It is necessary to get informed consent from the key informant to audiotape the interview. So it is a good idea to discuss the possibility of audio taping before scheduling the interview. In this scenario, it is important to emphasize that: 1) the interview will be recorded so that none of their important insights and discussions are missed; 2) the interview will not be recorded if they do not prefer it to be; and 3) the audiotape will not have their name on it and will be kept in a secure location.

4.8 Select designated interviewer(s)

Determine who in your partnership has the skills or background to conduct the interviews. Interviewers should be good listeners, have strong communication skills, be able to take detailed notes, be detail oriented, and comfortable meeting and talking to new people. For consistency it is wise to only have one or two designated interviewers.

4.9 Conduct key informant interviews

The interview tool your partnership develops will help structure the discussion and carefully sequence the various key questions. Interviewers can practice and familiarize themselves with the script and questions before meeting the key informants.

Starting the Interview:

The interviewer should begin by thanking the respondent and stressing the importance of the meeting. At this time the interviewer can make any clarifications and answer any questions about the community assessment and the purpose of the interview. However, careful considerations should be taken in order not to influence or bias respondents' answers.

Interviewers should listen carefully for recurring and new opinions or beliefs. They should take notes highlighting important points made. Throughout the interview it is important that interviewers pace themselves. In order to compare data collected and identify themes it is important to get answers to certain key questions from *every* person interviewed.

At the end of the interview ask the key informant if they have any questions or final comments. Let them know what will happen with the information and conclude the interview by thanking them for their time.

4.10 Compile and organize key informant interview data

As soon as your partnership starts the process of collecting the key informant interview data, you will suddenly have a lot of data to manage. It is important to think about this while in the planning phase. Specifically, you want to discuss the following with your partnership and note your decisions:

- A. *What will the key informant data look like once it is collected?*
 - This depends on what the key informant interview instrument looks like and what types of questions you asked. You may have a broad range of key informant responses.
- B. *How will the key informant data be compiled?* (Please see *Appendix B: Computer Software to Compile and Analyze Data* on page 5-63 for more details about computer software programs and computer resources that may help you compile your survey data.)

The key informant interviews you collect will be qualitative. After finishing a key informant interview, the interviewer should make notes and write down any additional comments or impressions. Within the next couple of days the interviewer or designated person should type up the interview notes, using the audiotapes (if applicable) to fill in any gaps. All of the interview notes, anecdotes, and discussion points need to be typed into one word processing document. However, this has the potential of being a really long document, depending on how many interviews were conducted and how long they were. Really long documents are not very helpful, as there is no easy way to see relationships across different focus group discussions. So the interviewer may want to consider organizing qualitative data right from the data entry stage into major categories. These categories are most commonly the interview questions that were asked. This way, you end up with a document of all of the interviewees' discussions organized under each question.

- One individual or agency should take responsibility for creating the master file, developing the categories, and cutting and pasting the notes into the corresponding categories.

- One individual or agency should take responsibility for keeping track of the audiotapes.

C. *Where will the key informant data be processed and compiled?*

- Plan where the data is at all times during the data collection process. This eliminates any confusion that may arise when multiple partnership members and agencies take on the survey data collection and compilation activities. It also clarifies ahead of time what specific steps need to be undertaken to collect, enter, compile, and analyze the different data pieces.
- Once your partnership has thought through the above points, then you should have a clear idea of where (when?) the interview data will start being collected and where the data will end up.

D. *What about informant confidentiality/anonymity?*

- Ensuring confidentiality/anonymity is very important. Depending on the nature of the topic, let key informants know that you will not use their names or any other potentially identifying information (such as title and organization) in your final report or publications. Assure them that their responses will be kept confidential—results will focus on the content of the discussion rather than identifying who said what. This may help encourage them to participate and make them more comfortable and willing to openly share their opinions about your topic of interest.
- After collecting data from individuals—referred to as human subjects, there are a few important rules to consider when handling their responses:
 - Keep any identifying information in a locked place (such as name, organization, title, phone number, or address). This can be simply a locked filing cabinet drawer or password protected computer, which ensures that no one has access to the confidential responses.
 - Keep identifying information in one place. This ensures that fewer people have access to private information. (repetitive?)
 - Once the data is compiled, remove any identifying information that is associated with it. When typing up your tape recorded key informant interviews, assign each respondent in your word document a unique number. You can start with “1” and just assign a different number to each key informant you enter. Keep your interview notes and any printed documents in the same locked drawer.

Advantages and Disadvantages of Key Informant Interviews

Advantages	Disadvantages
<ul style="list-style-type: none"> • Detailed and rich data can be gathered in a relatively easy and inexpensive way • Allows interviewer to establish rapport with the respondent and clarify questions • Provides an opportunity to build or strengthen relationships with important community informants and stakeholders • Can raise awareness, interest, and enthusiasm around an issue • Can contact informants to clarify issues as needed 	<ul style="list-style-type: none"> • Selecting the “right” key informants may be difficult so they represent diverse backgrounds and viewpoints • May be challenging to reach and schedule interviews with busy and/or hard-to-reach respondents • Difficult to generalize results to the larger population unless interviewing many key informants

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Section 5: Community Forums

Purpose

A community forum is an open discussion where community residents gather in order to raise important issues affecting them, such as health problems in their neighborhood. The primary purpose of this community discussion is to obtain input from a wide range of residents and stakeholders concerning their needs and identifying resources for addressing health problems.

During the discussion participants also have the opportunity to prioritize those problems that are most important to them and develop potential solutions. Creating ownership and collectively identifying action steps in a public gathering is an important step to ensuring action and support, and enabling problem solving among community residents, decision makers, and local organizations.

The data collection method used in a community forum involves a series of discussions during which time participants discuss their needs and concerns. This method is helpful in painting a picture of community concerns.

Conduct a community forum when you want

- To quickly collect information about a pressing issue or problem from a large number of people in the community.
- To involve community residents in the community assessment process by giving them an opportunity to voice their concerns.
- To identify and partner with community residents who are able and willing to help.
- To involve residents in your priority setting and action plan.

Planning and implementing community forums

There are several key steps involved in planning and implementing community forums as a method for data collection. Review the following activities and prepare accordingly with your community partnership members.

- 5.1 Gather and review existing data*
- 5.2 Determine what information you need*
- 5.3 Determine who should participate*
- 5.4 Plan a community forum*
- 5.5 Develop a publicity and promotion plan*
- 5.6 Recruit a moderator and note-taker*

5.7 Conduct the community forum

5.8 Compile and organize community forum data

5.1 Gather and review existing data

Collect and review existing research data and reports before determining what additional information you need to collect from community forums, as the information you are looking for may already exist. You can piece together a great deal of information about a community or a health issue from different sources.

5.2 Determine what information you need

The first step in preparing for community forums is to identify the information you want to gather. *Step 3: Identify the Information (Data) You Need* in the “Performing a Community Assessment” curriculum (page 4-17) guides you through this process and provides direction on how to best prepare and formulate the primary questions you would like to have answered. Once you have drafted the primary questions, next determine what type of data is needed. For example, do you want to collect data on community practice, community opinions, or existing services and service utilization?

5.3 Determine who should participate

Community forums should be open to everyone in the community who wants to attend. An effort should be made to invite a range of individuals with diverse backgrounds. These individuals could be community residents, stakeholders, teachers, area business owners, or local service agency staff members. It is especially important to invite individuals who have a vested interest in the particular problem you are trying to address and allow them to voice their concerns.

5.4 Plan a community forum

It is recommended that a planning group be formed to assist in the coordination of the community forum. The purpose of the planning group is to provide support, delegate responsibilities, and work on the publicity and promotion plan. The planning group should consist of partnership members as well as community leaders and residents. The following is a checklist of tasks that are involved in planning community forums:

- *Draft forum questions and agenda.*
Determine what information to collect during the community forums. This will help in structuring the community forum questions. As a general rule you should develop questions that get to the bottom of issues/concerns and barriers. In addition, questions that identify resources for change and possible solutions are equally important.

- *Determine date and time.*
Select a day and time that is convenient to community residents. In your decision keep in mind those individuals who have a vested interest. Evaluate your community and determine a day and time in which you are able to get the best representation and turn out. Some communities have had success with week-day evenings and Saturday mornings. However, you should informally ask some of your community residents to determine the best day and time.
- *Location.*
Select a site in the neighborhood you are working with that is easily accessed using public transportation. The location selected should also have enough parking available to accommodate your forum guests. Suggested locations include a local church, community center, park, or school.
- *Site and room accommodations.*
Select a location that is large enough to comfortably handle your invited guests and that is accessible for people using wheelchairs. The meeting room should also have the equipment needed for the discussion (such as a screen, podium, and microphone). Bring additional materials needed such as easels, flipcharts and markers. Finally, select a room that can be reconfigured so that if necessary you can break the big group into smaller groups for a more meaningful discussion.
- *Language/Translation Services.*
In order to attract and facilitate the participation and input of diverse groups, language translators may need to be used. Local community agencies may be willing to provide these services and the necessary translation equipment. The planning group may play an important role in securing these services.
- *Incentives.*
Incentives may help increase the number of participants at the community forums. Incentives may include childcare, food/refreshments, gift certificates, or raffles. However, in order to ensure wider participation, childcare and food/refreshments are essential.

5.5 Develop a publicity and promotion plan

A strategic publicity and promotion plan is needed to reach the widest number of participants. Publicity should begin four to six weeks before the community forums. Consider developing the following components of a publicity and promotion plan for your community forums:

- *Define objectives:* Determine the type of marketing you need in order to be successful. Identify specific objectives such as: How many residents do you want to attend a community forum? How many community forums do you want to have?
- *State the messages and benefits:* Be clear about the purpose of the community forums. The messages you develop should include any short-term or long-term benefits that the residents or community may receive as a result of their participation.
- *Determine publicity material and media outlets:* Discuss what type of publicity to use, such as flyers, public service announcements, newsletter/newspaper inserts, or local-access television advertising. Also discuss other resources you can use to distribute publicity materials, such as local restaurants, malls, hair salons, community centers, laundromats, or grocery stores. It is also important to utilize the media as much as possible (local newspapers and radio stations).
- *Define publicity strategies:* Use specific techniques to reach your target audience about community forums. It may be a good idea to partner with organizations in the area who can help with the publicity (churches, community centers, schools, or school organizations).
- *Create a timeline:* Creating a planning timeline allows you to see the tasks that need to be done, each of your partners' responsibilities, and the deadline for each task. This helps you stay on track with the many publicity tasks.

5.6 Recruit a moderator and note-taker

Moderator:

Following are some skills and responsibilities of a moderator. A moderator:

- Is comfortable and familiar with the community forum process.
- Has experience facilitating groups or meetings.
- Creates and maintains a comfortable environment for participants.
- Remains neutral throughout the discussion. Does not provide personal feelings or opinions on what is being discussed.
- Maintains control over the group and the topics being discussed. Is careful not to lead the discussion or appear aggressive or controlling.
- Is a good listener. Understands what is being said and knows when to ask probing questions. Probing questions get participants to expand on or clarify their comments.
- Is a good observer. Is aware when participants are ready to speak and gives them the opportunity to share their comments.
- Maintains group enthusiasm and interest.
- Respects participants and their comments.
- Is able to communicate clearly both written and orally.
- Has a good sense of humor.

Note-taker:

The main responsibility of the note-taker is to take notes, record the event happenings, and track participants' comments. The note-taker may also play a key role in making the discussion process visible for participants. Using an easel and flipchart the note-taker can legibly write the comments made by the various participants, being careful to use the exact words or descriptions given by participants so they feel they have ownership of the discussion process. Finally, the note-taker or moderator can ask the individual for clarification if the comments are unclear.

5.7 Conduct the community forum

Arrive early in order to set up the room and necessary equipment. Have the sign-in sheet prominently displayed at the meeting and make sure everyone signs in. Getting everyone's contact information is important for disseminating the meeting summary and involving participants in upcoming activities.

Before the start of the community forum a designated representative from the partnership should welcome participants, clarify the purpose, briefly go over the agenda, and review any ground rules. After this introduction and overview the moderator can start asking the questions that have been prepared in advance. The recommended time for the discussion is two hours in length.

In order to have a meaningful discussion, keep the group smaller than 30 to 40 people. If a large number of community residents attend it will be necessary to divide into smaller groups. Depending on the size of the anticipated audience there may be a need to secure more than one moderator and note-taker. The purpose of the moderator is to guide and engage participants in a meaningful discussion. The note-taker responsibilities are to record important topics covered to enable the moderator to fully engage in leading the discussion.

The following is an agenda template used by the Partnership for the Public's Health-Health Leadership Training Program in Long Beach to engage the community residents in a discussion about community health issues and concerns.

Community Forum Agenda

Materials needed for this session: Easel and flipchart, markers, masking tape and red sticker dots.

- I. Welcome and Introductions (10 minutes)
 - A. State purpose of community forum discussion.
 - B. Introduction of sponsoring group, facilitator and note-taker.
 - C. Review agenda.

- II. Community Discussion Session (1 hour, 15 minutes)
 - A. Provide an overview and instructions to group, including ground rules.
 - B. Discussion Questions:
The following are suggested questions to engage participants in a discussion about health issues/concerns in the community:
 1. What does health mean to you?
 2. What are the top three health issues in your community?
 3. What are some potential solutions to these problems?
 4. Identify some community assets (strengths) that may help address these issues.

- III. Report Back Session (25 minutes)
 - A. Summarize issues discussed, highlighting priority issues that were identified by participants.
 - B. Discuss a preliminary action plan based on solutions and community assets identified.
 - C. Announce next meeting to pursue next steps identified in this meeting.

- IV. Closing (10 minutes)
 - A. Final thoughts and acknowledgements.

Community Forum Follow-Up

Type up a summary of the community forum, including priority issues discussed and the list of “next steps” aimed at addressing the top health issues. Mail this summary to all participants, thanking them for their input and letting them know of upcoming opportunities for further involvement (i.e. upcoming planning meeting to address identified problems).

5.8 Compile and organize community forum data

As soon as your partnership starts the process of collecting the community forum data, you will suddenly have a lot of data to manage. It is important to think about this while in the planning phase. Specifically, you want to discuss the following with your partnership and note your decision:

A. *What will the community forum data look like once it is collected?*

- You will have notes for each forum that you conducted. The forum discussions and notes may differ among the different community forums.

B. *How will the community forum data be compiled?* (Please see *Appendix B: Computer Software to Compile and Analyze Data*, page 5-63 for more details about computer software programs and computer resources that may help you compile your survey data.)

The community forum data collected is qualitative. After finishing a community forum the note-taker should write down any additional comments or impressions. Within the next couple of days the note-taker or designated person should type up his or her own notes. All of the notes, anecdotes, and discussion points need to be typed into one word processing document. However, this has the potential of being a really long document, depending on how many community forums were conducted and how long they were. Really long documents are not very helpful, as there is no easy way to see relationships across the different community forums conducted. So the note-taker may want to consider organizing qualitative data right from the data entry stage into major categories. These categories are most commonly the community forum questions that were asked. This way, you end up with a document of all of the residents' discussion organized under each question.

- One individual or agency should take responsibility for creating the master file, developing the categories, and cutting and pasting the notes into the corresponding categories.
- One individual or agency should take responsibility for keeping track of the notes.

C. *Where will the community forum data be processed and compiled?*

- Plan ahead of time where the data is coming from and going to at all times during the data collection process. This eliminates any confusion that may arise when multiple partnership members and agencies take on the community forum collection and compilation activities. It also clarifies ahead of time what specific steps need to be undertaken to collect, enter, compile, and analyze the different data pieces.

Advantages and Disadvantages of Community Forums

Advantages	Disadvantages
<ul style="list-style-type: none"> • Can raise awareness and knowledge on an issue • Relatively easy and inexpensive to conduct • Allows for community and stakeholder participation in issue • Participants can identify new areas or topics not previously considered • Forums can help identify new leaders or stakeholders that may help in the planning and implementation of a project or initiative 	<ul style="list-style-type: none"> • May be difficult to schedule a series of public meetings with the community members and other stakeholders you want to reach • Participants may not be representative of the larger population as those who attend may not reflect the entire community or target audiences • Participants come with their own expectations and agendas

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Section 6: Direct Observation and Photovoice (Rapid Appraisal)

Purpose

Direct observation and photography helps to describe and visually depict community conditions. Observations and photographs are quick and relatively easy assessment methods that can be used to collect local data.

Use direct observation or photography when you want

- To get more information about the physical surroundings and resources of a community not otherwise available from existing resources.
- To learn more about and understand an on-going behavior, situation or activity. For instance, observing teenagers interact with their peers and observing how they deal with peer pressure.
- To get physical evidence of a problem(s). Photos can visually document activities and neighborhood conditions not fully captured in written reports. For instance, pictures documenting tobacco advertisements around schools may reveal damaging smoking messages directed at youth.
- To record ethnic diversity and health beliefs in a non-obtrusive way.

6.1 Direct Observation

In our daily lives we all observe different behaviors, situations, and actions, but in a very casual way. We see and hear things but rarely document what we observe. Direct observation allows for a more structured way to record what we see in our community. Through this method we can observe and record many different things, such as physical settings, people's behaviors and actions, or delivery of services in the community. For example, one can observe the availability of safer-sex supplies. This may involve sending trained observers to record how easy it is for teenagers to access and purchase condoms from drug stores. The observers may notice where condoms are sold and where they are located or displayed in the store.

Observation recording methods:

Recording your observations can be done using one or several of the following recording methods:

1) Observation Guides. These are pre-printed observation forms that list the items to be observed and provide enough blank space to record observations.

2) *Recording sheets or checklists*. These forms typically have yes-no questions or a rating scale used to evaluate the surroundings of physical structures in the community. They may also be used to rate harmful activity such as the sale or use of drugs in a specific area.

3) *Field notes*. This is the least structured of the above recording methods. A notebook is used to record the environment and/or behaviors. Usually a wide margin on the right-hand side of the notebook paper is left blank in order to allow for additional notes and also to facilitate later analysis of the written observations. Field notes usually have the date, location and any relevant information explaining what was observed.

Who can be the observers:

Observers could be anyone in the community including:

- Partnership members
- Community residents
- Stakeholders
- Professional staff members
- Interns/Graduate students
- Volunteers

Conduct the direct observations:

After deciding what to observe in the community and who will be your observers, begin conducting your direct observations. First, it is important to create a timeline to determine when all the observations should be done and when data analysis of the observation forms/notes should begin. Second, establish a rapport with the community and let them know what you are doing. Third, train observers about the purpose of the observations, how the observations will be used, and what to look for and record. An overview of the observation forms and how to collect and record data on the forms should also be included in the training. Finally, allow sufficient time for observers to do the direct observations. Make sure you receive a significant number of observations in order to analyze your findings.

Summary:

Direct observations can provide a wealth of information about the community. Used in combination with other quantitative data they can provide a vivid picture of community strengths as well as problems and needs.

6.2 Photo Documentation (Photovoice)*

Photovoice is a unique method that combines photography and social action. It provides cameras to community residents rather than professionals or outsiders. Thus, community residents have an opportunity to visually reflect their surroundings, and—most importantly—provide insight into their lives, experiences, and community problems through photographs. For example, through pictures community residents can document the number of alcohol advertisements and retailers in their neighborhood, and use their findings to restrict liquor licenses in the area.

According to photovoice developer, Caroline C. Wang, photovoice has three goals:

- 1) It allows community residents to show the strengths and problems of their communities.
- 2) It fosters dialogue about important issues through the photographs.
- 3) It provides a visual representation of community experiences and problems thereby engaging policymakers.

Photovoice allows residents to identify pressing issues and take steps to improve their communities through this photographic technique. It provides cameras to residents and enables them to photograph and write accompanying stories about community issues from their perspective. Finally, this process also allows them to organize and communicate their findings to policy makers.

Planning the Photovoice method

The planning stages of photovoice include:

- Conceptualizing the problem.
- Defining photovoice goals and objectives.
- Training the community residents on the ethics behind the approach, power, ways of seeing the photographs, and a tutorial on using the cameras.
- Devising the initial themes for taking pictures.
- Taking pictures.
- Facilitating group discussion about the pictures taken.
- Critical reflection and dialogue.
 1. Selecting photographs for discussion. This involves selecting the photographs that most reflect the community's problems and available assets.
 2. Contextualizing - telling stories about what the photographs mean. Residents describe the meaning of their pictures.
 3. Coding issues, themes, and theories that emerge in the pictures taken.

* This section was adapted, in part, from Caroline Wang's "*Photovoice: Social Action Through Photography*". Retrieved February 16, 2004 from: <http://www.photovoice.com/index.html>.

- Documenting the stories.
- Reaching policy makers, funders, media, and others who may be mobilized to create change.

Summary

Photovoice is a unique tool, showing the community from the residents' point of view. It is a method that allows people to define for themselves and highlight to others what is going on in their communities and what needs to be changed. Instead of seeking outside assistance for solutions, participants proactively develop their own ideas of possible solutions and advocate with appropriate policy and decision makers.

Advantages and Disadvantages of Direct Observation and Photography

Advantages	Disadvantages
<ul style="list-style-type: none"> • Relatively easy and inexpensive • Data can be gathered quickly • Can create community input and participation • Provide descriptions and visual imagery that give meaning to quantitative data 	<ul style="list-style-type: none"> • Can be difficult to interpret and summarize photographs and observation notes • Can be difficult to represent the entire community experience

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APPENDIX B: COMPUTER SOFTWARE TO COMPILE AND ANALYZE DATA

APPENDIX B: COMPUTER SOFTWARE TO COMPILE AND ANALYZE DATA

I. Spreadsheet Software

What is a Spreadsheet?

A spreadsheet consists of a **grid of rows and columns**. Each box in this grid is called a **cell**.

		"Column"						
		A	B	C	D	E	F	G
"Row"	"Cell"							
1								
2								
3								
4								

Spreadsheets can be created by hand, using paper and pencil, or created with a computer software program. In computer software programs, the columns are labeled with letters (A, B, C ...) and the rows are numbered (1, 2, 3 ...). Thus any box or cell in this grid can be referred to in terms of its column and row label, for example C3, D17, or AA45.

Each cell in this grid can contain numbers, percentages, text, or formulas. The size of each cell can be adjusted to fit its contents. This is no problem with numbers, percentages and formulas. However, the amount of text that can be typed into each cell of a spreadsheet depends on how big you want your spreadsheet to be once you're done. Since the benefit of a spreadsheet is to be able to "eyeball" your data, it makes sense for as much of it to fit onto as few pages as possible. You can limit the amount of text entered into each cell by summarizing text points or using short-hand terms that are explained elsewhere.

Best use of spreadsheet software

Spreadsheet software is a good way to enter and maintain lots of collected data. Without a spreadsheet, you have to sort through stacks of surveys or notes every time you want to see your data, and calculate your summary statistics by hand. Once you enter your data into a spreadsheet, it is easily accessible and can be analyzed in different ways.

The essential quality of using computer software instead of paper and pencil for your spreadsheet is that you can use formulas. These formulas can relate the numbers in

one cell to others in the spreadsheet. For example, if “5” is entered in cell B12, and “6” is entered in cell D15, and the formula B12+D15 is entered in cell F20, then cell F20 will display the value “11”. The types of formulas most computer software offer include most mathematical functions. These are often called **summary statistics**, and usually include:

- The addition of two or more cells
- The subtraction of two or more cells
- The multiplication of two or more cells
- The division of two or more cells
- The mean average of the data in a range of cells
- The count of the numbers of responses in a range of cells
- The sum total of the data in a range of cells

Spreadsheet software can also be used to create **tables and charts** for presenting your data. All spreadsheet software packages include formatting for creating printable tables—including gridlines, shading, font options, and colors. They also include graph wizards for selecting rows and columns of data in your spreadsheet to create different kinds of graphs, such as line, bar, and pie graphs, and include different formatting options regarding graph titles, x-and y-axis parameters and titles, fonts, colors and shading.

What are some disadvantages of spreadsheet software?

When using spreadsheet software to enter and analyze your data, remember that the software can't tell you what kind of summary statistics, charts or graphs would be best to use with your data. Nor will it tell you how to interpret them. You need to be aware of what kinds of formulas you are creating and whether or not the “answer” the software creates for you is correct and meaningful.

Spreadsheets are best for data that can be somewhat quantifiable. Responses to data collection methods that take the form of long anecdotes or discussions are difficult to fit into a spreadsheet. Your best bet in that situation is to use word processing software, and only use a spreadsheet software program to create charts that help you characterize qualitative themes or participant characteristics.

What spreadsheet software programs are available?

The most common spreadsheet software package is Microsoft Excel. It is available for both PCs and MACs. The benefit of Excel is that it is compatible with Microsoft Word and Microsoft Power Point, which allows you to: 1) copy and paste text between a document, spreadsheet and slide presentation; and 2) copy graphs and charts from a

spreadsheet into a report or slide presentation. It is also the most widely available of the spreadsheet software, and so will be available on most computers being used by your community partners, as well as computers accessible for free use in local libraries or computer resource centers.

Other spreadsheet software that is similar to Excel:

- IBM's Lotus 1-2-3
- Mariner Calc
- Zim FastFeedback

Where can I go for more information?

- Analyse It, a statistical software add-in for Microsoft Excel (download a free 30-day trial version: <http://www.analyse-it.com/default.asp>). This software complements Excel by adding on higher-level statistical analysis functionality to the existing Excel program.
- Florida Gulf Coast University, Excel 2000 Tutorial: <http://www.fgcu.edu/support/office2000/excel/>
- The Land Grant, "Learning Lotus 1-2-3": <http://www.lgta.org/123/123.contents.htm>
- Mathsnet, "The A to Z of Spreadsheets": <http://www.mathsnet.net/a2zofssheets.html>
- Microsoft Excel webpage: <http://office.microsoft.com/home/office.aspx?assetid=FX01085800>
- University of South Dakota, "Excel Tutorial": <http://www.usd.edu/trio/tut/excel/index.html>
- Computing and Communications Services Office, "Lotus 1-2-3 the Basics": http://w3.aces.uiuc.edu/AIM/CCSOcourses/new-lotusbasics95_final.html
- ZDNet, Reviews and Prices of Spreadsheet Software: http://reviews-zdnet.com.com/Business_software/4502-3527_16-0.html?tag=dir-ss
- Microsoft Access or Filemaker Pro searchable Help Contents
- Do your own search by typing "Microsoft Excel" or "spreadsheet software" into the Google search engine: <http://www.google.com>

2. Database Software

What is a database?

A database is a collection of data or information that is related—such as name, address, phone number of a respondent. Databases are often called "relational databases" or "relational database management systems". This relational functionality is what makes

databases different from spreadsheets—although data is entered on a screen that looks just like a spreadsheet, the data is structured and stored in a way that can be easily sorted and retrieved in many different forms. You may already encounter database software every day in your work, as databases are more often used for management purposes (such as billing, medical records, and client tracking) than for research or evaluation.

What is the best use of database software?

Database software can be used to enter and store data from your community assessment data collection methods, which can include quantitative as well as qualitative data. Database software can be customized, so that you enter only the types of data (“fields”) you need to maintain the database.

Once data is entered or imported into a database you can run “queries” or create “reports”. Queries are specific data retrievals that give you only the data you wish to look at. For example, you could ask to see the data for all community members who reported smoking more than a pack of cigarettes a day. Or, you might want to see the insurance status of all African-American teenage male respondents. Since queries are customizable, you can retrieve any data in any way you wish.

Reports show data from multiple records at once. These can be generated from your data tables, from queries, or in any way you wish to look at the data. Since reports are also customizable, you can select to see any data you want in any format you want. Looking at your data in different ways and in different report formats helps you to see relationships and analyze your data. Printing out reports on a regular basis also allows you to make sure that you are collecting the type of information through your community assessment that answers your primary questions. It also helps you create and submit reports to community partners, the community, and target audiences—like policymakers and funders.

What are some disadvantages of database software?

As with spreadsheets, it is important to understand that database software does not organize and analyze data for you. It merely is a data compilation tool that can be customized and changed throughout your data collection, data analysis and data report-writing phases without losing the basic relationships between pieces of data.

Learning to use a database software program can be more time-consuming than a spreadsheet software program. The extra features and customizability make the software more complicated, requiring a longer learning process. This must be understood up front if you decide to use a database software program to manage your community assessment data, and have never used one before.

What database software programs are available?

Again, the most commonly found database software is Microsoft Access, as it can be found - along with Microsoft Word, Excel and Power Point - in any Microsoft Office Professional suite of software. The benefit of using Access is that it makes for easier importing of data and text into it from Microsoft Word and Excel, exporting of tables into Word, Excel and Power Point, and merging with Word for mailings or the like.

However, if you don't currently have Microsoft Office, then there are other database software programs that are just as good and may be significantly cheaper to buy. These include Claris Filemaker Pro and Microsoft FoxPro.

In addition, many clinics and hospitals have their own database systems that have been customized for their unique patient data collection and billing needs. If you are requesting anonymous and aggregated patient data from these sources, you may be able to receive data reports from these databases that help fulfill some or all of your data needs without having to collect data and create your own database.

Where can I go for more information?

Here are some helpful on-line resources:

- CompuMentor, Database consulting for nonprofits:
<http://www.compumentor.org/consult/db/default.html>
- Coyote Communications Technology Tip Sheet, Database, software and technology use: <http://www.coyotecom.com/database/index.html>
- Filemaker Pro website: <http://www.filemaker.com/>
- *Inside Microsoft Access*, the book: <http://www.elementkjournals.com/ima/>
- Microsoft Access website:
<http://office.microsoft.com/home/office.aspx?assetid=FX01085791&CTT=6&Origin=ES790020011033>
- Microsoft Access Tutorials:
<http://mis.bus.sfu.ca/tutorials/MSAccess/tutorials.html>
- The Access Web: <http://www.mvps.org/access/>
- Microsoft Access searchable Help Contents
- Do your own search by typing "Microsoft Access" or "database software" into the Google search engine: <http://www.google.com>

3. Statistical analysis software

What is statistical analysis software?

Statistical analysis software is typically used for the statistical analyses that spreadsheet and database software on their own cannot perform. As a result, most statistical analysis software programs are compatible with standard spreadsheet and database programs. After importing data from these programs into a statistical analysis program, they are able to calculate higher-level statistical analyses than either spreadsheets or databases.

Best use of statistical analysis software

Statistical analysis software can perform data analyses that range from basic descriptive tables (such as the number of clinic users by gender) to advanced statistics (such as regression analysis). In addition, these software programs also make it easier to calculate means, percentages, frequencies, and sums without having to create formulas or tables by hand. Some, like EpiInfo, also double as a database with data entry features, so that it can be the only software you need.

These programs also create data analysis output reports, which allow for easier transfer into report tables and charts for representing statistical analysis results. Some programs also create output and reports for direct import into word processing and web-based programs allowing for easier distribution.

What are some disadvantages of statistical analysis software?

Statistical analysis software can be extremely expensive, so be sure that you *absolutely* have to use it and that it meets your needs *well*, before investing in it.

Statistical analysis software is also difficult to use. Just as with spreadsheet or database software, you must keep in mind that these software programs are not able to determine which statistical analyses should be performed for your data. Nor are they able to interpret the analyses for you. Therefore, before using this software you should have a solid knowledge of statistics, how to perform the most appropriate analyses with your data, and how to interpret analytical results. Otherwise, the software will be unable to help you.

What statistical analysis software programs are available?

EpiInfo is a public domain software package designed by the U.S. Centers for Disease Control and Prevention (CDC) for the global community of public health practitioners and researchers, and is available for free download on their website. It provides for

easy database construction, data entry, and analysis with epidemiological statistics, maps, and graphs—so that all of the data collection, data entry, data management, data analysis and data reporting functions are all contained within one software package. The primary applications within EpiInfo are:

- **MakeView**—a program for creating forms and questionnaires which automatically creates a database.
- **Enter**—a program for using the forms and questionnaires created in MakeView to enter data into the database.
- **Analysis**—a program for producing statistical analyses of data, report output and graphs.
- **EpiMap**—a program for creating GIS maps and overlaying survey data on to them.
- **EpiReport**—a tool that allows the user to combine Analysis output, enter data—and any data contained in Microsoft Access or SQL Server—and present it in a professional format. The generated reports can be saved as HTML files for easy distribution or web publishing.

Although “EpiInfo” is a CDC trademark, the programs, documentation, and teaching materials are in the public domain and may be freely copied, distributed, and translated. For a tutorial on how to use this software, see <http://www.nhip.org/Learning%20Module/Epi2000/epiinfo2000.html>

There are several other statistical software packages that have a fairly user-friendly, Windows-driven design, and are well regarded among researchers. However, they usually require a high level of knowledge regarding statistics, data manipulation, and computer technologies. If your partnership or organization has the capacity and desire to use these more complicated software programs, you may want to check some of the websites and publications listed below. These programs include:

- SAS
- SPSS
- Stata
- XLStat

There are also several statistical analysis software programs especially designed for analyzing qualitative data. These include:

- ATLASTi
- Ethnograph
- HyperRESEARCH
- QSR NUDIST

- U.S. Centers for Disease Control and Prevention's free downloadable EZ-Text: <http://www.cdc.gov/hiv/software/ez-text.htm>

If you are considering using a software package for this purpose, please consult a research consultant or faculty member at a university who has conducted qualitative data analysis with such programs. These software packages can be very costly, and may end up being less useful than a simpler method, unless you are extremely experienced in both qualitative data analysis and computer software. For more information on this, please look on the Computer Assisted Qualitative Data Analysis Software Networking Project site: <http://caqdas.soc.surrey.ac.uk/index.htm>.

Where can I go for more information?

- Centers for Disease Control and Prevention, EpiInfo: <http://www.cdc.gov/epiinfo/> Contains free downloadable software, tutorials, and links to other web resources.
- B. Burt Gerstman, Data Analysis with EpiInfo: <http://www2.sjsu.edu/faculty/gerstman/EpiInfo/>
- Princeton University, Stata Tutorial: <http://www.princeton.edu/~erp/stata/main.html>
- SAS Software Customer Support Center: <http://support.sas.com/>
- SPSS Website: <http://www.spss.com/>
- Stata Statistical Software website: <http://www.stata.com/>
- Statpages.net, "Web pages that perform statistical calculations": <http://members.aol.com/johnp71/javastat.html>
- Statpages.net, "Free statistical software": <http://members.aol.com/johnp71/javasta2.html>
- UCLA Academic Technology Services, Resources to Help You Learn and Use Stata: <http://www.ats.ucla.edu/stat/stata/>
- XLState website: <http://www.kovcomp.co.uk/xlstat/index.html>
- Do your own search by typing the name of the statistical software program into the Google search engine: <http://www.google.com>

4. Computer Resources

If the organizations in your community partnership don't own or have access to computers, or computers with the software, Internet access, or other technological capacity you need, you may want to look for free computer resources in your area.

Here are some online resources you may want to check out:

- Alliance for Technology Access: Connecting children & adults with disabilities to technology tools: <http://www.ataccess.org/resources/>
- Asian Pacific American Network, Providing computer technical assistance for Asian/Pacific Islander community-based organizations in the Los Angeles area: <http://www.apanet.org/index.html>
- Center for Nonprofit Management: <http://www.cnmsocal.org/>
- Community Technology Foundation of California: Social justice, access & equity through computer technology: <http://zerodivide.org/>
- Computers in Our Future: <http://www.ciof.org/index.html>
- Techsoup: The Technology Place for Nonprofits: <http://techsoup.org/>

APPENDIX C: MATERIALS FOR STEP 5 DATA ANALYSIS EXERCISES

APPENDIX C: MATERIALS FOR STEP 5 DATA ANALYSIS EXERCISES

**Quantitative Survey Example for Exercise 5.4:
Survey of Community Parents About Child Asthma**

This is an example of a survey that is administered to parents who have a child between the ages of one and 18 years. The responses to these questions have been entered into the spreadsheet accompanying this survey, using the number codes next to each response.

1. How old is your child? _____
2. Is your child male or female?
 - 1 Male
 - 2 Female
3. What race/ ethnicity is your child?
 - 1 Latino
 - 2 Pacific Islander
 - 3 American Indian/ Alaska Native
 - 4 Asian
 - 5 African American
 - 6 White
 - 7 Other single or multiple race
4. Has a doctor ever told your child that he or she has asthma?
 - 1 Yes
 - 0 No – finish with survey here if they answer no
 - 9 Don't know

5. How often does your child's asthma limit his or her physical activity – would you say always, most of the time, sometimes, rarely, or never?
- 1 Always
 - 2 Most of the time
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
6. Does your child currently take prescription medicine to control asthma, including an inhaler?
- 1 Yes
 - 0 No
 - 9 Don't know
7. During the past 12 months, how often has your child had asthma symptoms, such as coughing, wheezing, shortness of breath, chest tightness, and phlegm production?
- 1 My child has not had any of these asthma symptoms in the last six months
 - 2 Less than once a month
 - 3 Once or twice a month
 - 4 More than twice a month, but not weekly
 - 5 Every week but not daily
 - 6 Every day or almost every day
8. Did your child's doctor ever explain to you how to recognize early signs of an asthma attack and tell you what you should do?
- 1 Yes
 - 0 No
 - 9 Don't know

**Quantitative Survey Example for Exercise 5.4:
Data from Asthma Survey**

		Survey Question Responses:							
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
Respondents:									
001		13	2	1	1	2	1	3	1
002		5	2	4	1	3	1	3	0
003		7	1	5	1	1	1	6	1
004		14	2	6	1	4	9	1	0
005		6	1	6	1	5	0	1	0
006		2	1	5	1	1	1	6	1
007		10	2	4	1	4	0	2	9
008		9	2	3	1	3	1	2	0
009		8	2	2	1	1	1	6	1
010		8	2	1	1	2	1	1	9
011		7	1	1	1	2	1	3	9
012		3	1	5	1	1	1	5	0
013		4	1	5	1	3	1	3	0
014		16	1	6	1	1	1	5	1
015		18	2	7	1	4	0	1	1
016		12	1	2	1	5	0	2	0
017		2	2	3	1	3	1	4	9
018		15	1	4	1	1	1	5	0
019		11	2	5	1	3	0	4	0
020		12	1	6	1	1	1	4	1

Exercise 5.4B: Sample Focus Group Discussion

This focus group was conducted among women who are participants in the Women, Infants, and Children (WIC) program. They were recruited to participate in this discussion about feeding their children healthy foods. Each of these women have at least one child under the age of five. This focus group was recorded, and this is the transcription of the discussion that occurred. To protect the participants' confidentiality, all names have been changed.

FACILITATOR: So, Carol, what do you do to feed your child healthy foods?

CAROL: I try to do fruits, but it seems that the only fruits are when we go to my sister's house. I buy the fruits and they end up spoiling. I don't let them drink soda because of the sugar in it. Or sweets. I really don't care for sweets cause of the fat in them.

MARIA: Mine she eats broccoli, she loves a lot of food in the morning and she loves to have bananas in her cereal, or strawberries or peaches. She loves yogurt. I mean, I've taught her how to eat totally different from my first two. My first two ate junk like their mother. But this one is overweight, so I thought I'd change with her. But she is very active.

JANET: I can't get my youngest to eat anything healthy. He will sit for hours with a plate of vegetables in front of him and never eat it. I get scared and have to bargain with him... put some cheese on it, or take him to McDonalds if he eats some broccoli. I just don't know what to do. My other kid is not like this.

FACILITATOR: So what other things do you think makes it hard for parents to feed their children healthy foods?

RHONDA: What they see on TV - McDonalds, Burger King - the little toy offers. Just enough with the little toy offers that McDonalds has. The kids have to collect them, so where are the parents at? Taking the kids to McDonalds to get that little toy.

MARIA: What they serve at school is horrible. My kids eat these spicy Cheetos, and cheese burgers and all this stuff I never let them have at home. Only fruit, vegetables and beans and rice, tortillas. They are allowed to have candy at home, but they know they will eat only two candies, and it depends on what kind of candy. And that will be after their meal. Not before, nothing. That's all I can do!

CAROL: Let me tell you something. I used to never be able to get my kids to stop drinking soda because I always drank it and had it around the house. Now I don't drink it myself because of the calories in it. Since I stopped buying it, nobody drinks it.

2001 California Health Interview Survey

<http://www.chis.ucla.edu>

Race - UCLA Center for Health Policy Research by *Ever Diagnosed with Asthma*

Subset(s): Age in years: 1 - 18

Geographic Selection: County or county group: Los Angeles

	Race - UCLA CHPR													
	Latino		American Indian/ Alaska Native		Asian		African American		White		Other single/ two or more races		All	
Ever diagnosed with asthma	Est. N	%	Est. N	%	Est. N	%	Est. N	%	Est. N	%	Est. N	%	Est. N	%
Has asthma	117,000	8.6	1,000	26.1	31,000	12.4	52,000	20.8	111,000	14.9	12,000	19	325,000	12.1
Does not have asthma	1,251,000	91.4	4,000	73.9	217,000	87.6	197,000	79.2	635,000	85.1	53,000	81	2,357,000	87.9
Total	1,368,000	100	5,000	100	248,000	100	249,000	100	747,000	100	65,000	100	2,682,000	100

Source: 2001 California Health Interview Survey

Note: This table has been modified slightly from the original output obtained on AskCHIS <http://www.chis.ucla.edu/main/default.asp>

That original output showed that the number and percentage of American Indian/ Alaskan Natives diagnosed with asthma is statistically unstable.

2001 California Health Interview Survey

<http://www.chis.ucla.edu>

Race - UCLA Center for Health Policy Research by *Ever Diagnosed With Asthma*

Subset(s): Age in years: 1 - 18

Geographic Selection: Entire State of California

	Race - UCLA CHPR													
	Latino		American Indian/ Alaska Native		Asian		African American		White		Other single/ two or more races		All	
Ever diagnosed with asthma	Est. N	%	Est. N	%	Est. N	%	Est. N	%	Est. N	%	Est. N	%	Est. N	%
Has asthma	347,000	10.1	11,000	25.8	111,000	12.7	136,000	22	611,000	15.2	49,000	17.7	1,266,000	13.7
Does not have asthma	3,081,000	89.9	32,000	74.2	763,000	87.3	482,000	78	3,399,000	84.8	230,000	82.3	7,988,000	86.3
Total	3,428,000	100	43,000	100	875,000	100	618,000	100	4,010,000	100	280,000	100	9,254,000	100

Source: 2001 California Health Interview Survey

Note: This table has been modified slightly from the original output obtained on AskCHIS <http://www.chis.ucla.edu/main/default.asp>

**STEP 5 DATA ANALYSIS EXERCISES:
Answer Key**

EXERCISE 5.4A

- 1) What is the average age of the survey participants' children?
Summary of age responses/ # respondents = $182/20 = 9.1$ years
- 2) How many children are male? How many are female? What proportion of the children are male and female?
Male = 10; Proportion = $\# \text{male} / \text{total respondents} = (10/20) \times 100 = 50\%$
Female = 10; Proportion = $\# \text{female} / \text{total respondents} = (10/20) \times 100 = 50\%$
- 3) How many children are Latino? 3
How many children are Pacific Islander? 2
How many children are American Indian/ Alaskan Native? 2
How many children are Asian? 3
How many children are African American? 5
How many children are White? 4
How many children are Other? 1

What proportion of the children are Latino? $(3/20) \times 100 = 15\%$

What proportion are Pacific Islander? $(2/20) \times 100 = 10\%$

What proportion are American Indian/Alaskan Native? $(2/20) \times 100 = 10\%$

What proportion are Asian? $(3/20) \times 100 = 15\%$

What proportion are African American? $(5/20) \times 100 = 25\%$

What proportion are White? $(4/20) \times 100 = 20\%$

What proportion are Other? $(1/20) \times 100 = 5\%$

Create a table that allows you to compare the frequencies and percentages of race and ethnicity data. Put #s and %s in the columns, and the different categories of race and ethnicity in the rows. Here is an example of what a table might look like:

Race/Ethnicity	Frequency	Proportion
Latino	3	15%
Pacific Islander	2	10%
American Indian/Alaskan Native	2	10%
Asian	3	15%
African American	5	25%
White	4	20%
Other	1	5%

- 4) If the total population of this community is 54,786, and there were a total of 600 diagnosed cases of childhood asthma, calculate the rate of childhood asthma per 1,000 people.

Asthma rate = $(600 \text{ cases}/54,786 \text{ total pop}) \times 1,000 = 10.95$ cases per 1,000 persons. Or, you can round up to 11 cases per 1,000 persons

- 5) If the state rate of childhood asthma is 65 cases per 1,000 people, then how does this community compare?

This community fares better – it has less cases per 1,000 people than the state of California.

- 6) Calculate the frequency of each of the responses to question #5 among African Americans.

If we look on the survey, we see that survey question #5 asks “How often does your child’s asthma limit his or her physical activity – would you say always, most of the time, sometimes, rarely, or never?”

- If we look in the spreadsheet, we see that of the 5 African American respondents, 3 answered “always”, which means 60% of the African American respondents gave this answer... $(3/5) \times 100 = 60\%$
- 2 answered “sometimes”, which is equal to 40%... $(2/5) \times 100 = 40\%$
- However, the small numbers we are working with in these calculations fail to provide us with the confidence that these results are true for a larger population of African American children with asthma.

- 7) Calculate the frequency of the responses to question #5 among whites.

- Of the 4 white respondents, 2 answered “always”, which is equal to 50%
- 1 answered “rarely” = 25%
- 1 answered “never” = 25%
- Again, the small numbers we are working with in these calculations fail to provide us with the confidence that these results are true for a larger population of white children with asthma.

- 8) How do these frequencies compare?

- It is difficult to compare the responses to question #5 among whites and African Americans with any confidence, because of the small numbers that occur when we break the sample down into these small comparison groups. We might say that asthma symptoms are worse in African American respondents than whites, because they report either always or sometimes experiencing limitations to their physical activity, whereas 50% of whites experience these limitations rarely or never. However, we cannot be sure that these generalizations would hold up if we were comparing larger numbers of African Americans and whites. Therefore, we would report that the sample size was too small to compare the effect of asthma symptoms on physical activity in white and African American children with asthma.

EXERCISE 5.4B

- 1) What are the most common underlying themes that are being discussed in this focus group? Discuss these within your group until you agree on the same set of themes. These themes could take many forms. Here are some examples of some major themes:
 - Difficulty buying and eating fruits before spoiling
 - Parenting difficulties getting kids to eat healthy
 - Differences between different children's eating habits
 - Competition between junk food/fast food and healthy food
 - Competition with images on the media
 - Competition with food offered at school
 - Parent as a role model around eating behaviors

- 2) What main findings you can draw from this brief discussion?
 - It is hard to draw any concrete findings from this discussion, without reading the rest of the discussion to get some context and additional information. However, in order to summarize this one page of discussion, I might say that the mothers in this focus group:
 - Seem to understand what are healthy food choices and what are not healthy food choices for their children.
 - Identify challenges they face in providing healthy choices for their children, including: "negotiating" with their children to eat healthy food, buying fruits and serving them before they spoil, and overcoming the competition from sweets, soda, fast food, junk food, and food offered in school.
 - One mother was able to overcome these obstacles by not buying or drinking the soda herself.

- 3) Are there surprising findings? Why are they surprising?

This is a matter of personal opinion and experience.

- 4) What conclusions can you draw?
 - There are many different conclusions that may be drawn, which would depend on your purpose with this focus group and the discussion your group has around these focus group findings. I might conclude that these mothers can identify healthy eating choices and unhealthy messages for their children, and that these mothers would benefit from some hands-on strategies for overcoming barriers to providing health diets for their children.

- 5) Did your group disagree? Why? How can this help to draw your conclusions?

This type of discussion is very important for verifying your findings and strengthening your conclusions.

EXERCISE 5.6

- 1) What is the rate of asthma among African American children in Los Angeles?
(52,000 cases/249,000 total pop) $\times 1,000 = 208$ asthma cases per 1,000 persons
- 2) What is the rate of asthma among white children in Los Angeles?
(111,000 cases/747,000 total pop) $\times 1,000 = 149$ asthma cases per 1,000 persons
- 3) What is the rate of asthma among Latino children in Los Angeles?
(117,000 cases/1,368,000 total pop) $\times 1,000 = 86$ asthma cases per 1,000 persons
- 4) What is the rate of asthma among American Indian/ Alaskan Native children in Los Angeles?
(1,000 cases/5,000 total pop) $\times 1,000 = 200$ asthma cases per 1,000 persons
- 5) What is the rate of asthma among African American children in California?
African American: (136,000 cases/618,000 total pop) $\times 1,000 = 220$ asthma cases per 1,000 persons
- 6) What is the rate of asthma among white children in California?
White: (611,000 cases/4,010,000 total pop) $\times 1,000 = 152$ asthma cases per 1,000 persons
- 7) What is the rate of asthma among Latino children in California?
Latino: (347,000 cases/3,081,000 total pop) $\times 1,000 = 101$ asthma cases per 1,000 persons
- 8) What is the rate of asthma among American Indian/ Alaskan Native children in California?
American Indian/Alaskan Native: (11,000 cases/43,000 total pop) $\times 1,000 = 256$ asthma cases per 1,000 persons
- 9) Do these California rates differ from the rates in Los Angeles County?
 - The asthma rate is lower among African Americans in Los Angeles County than it is among African Americans in California.
 - The asthma rate is higher among whites in Los Angeles County than it is among whites in California.
 - The asthma rate is lower among Latinos in Los Angeles County than it is among Latinos in California.
 - The asthma rate is lower among American Indians/Alaskan Natives in Los Angeles County than it is among American Indians/Alaskan Natives in California.
- 10) How would you interpret these findings?

The interpretation of these County/State asthma comparisons are fairly straight forward. However, you will want to discuss within your group what, if anything, you think these differences might mean.

11) What conclusions can you draw?

Your answers to number 6 would be an adequate conclusion. However, if your group discusses any interesting interpretations in question 7, you may want to include these in your final conclusions.

APPENDIX D: ETHICAL CONSIDERATIONS IN HUMAN SUBJECTS RESEARCH

APPENDIX D: ETHICAL CONSIDERATIONS IN HUMAN SUBJECTS RESEARCH

Now that you are about to plan and conduct a community assessment, including collecting data from community members, it is important that you read this section in order to identify any potential risks or ethical considerations. This appendix covers Institutional Review Boards (IRB), the research approval process, and has some useful resources at the end to help if you need to gain IRB approval as part of your community assessment.

What are the key principles of ethical research I should be familiar with?

There are six key principles that provide a good framework for the ethical development of research:

1. **Value:** the research must aim to enhance health or knowledge.
2. **Scientific validity:** the research must be methodologically sound, so that research participants don't waste their time with research that has to be redone.
3. **Fair subject selection:** research participants should be selected fairly and equitably, and without personal bias or preference.
4. **Favorable risk-benefit ratio:** risks to the research participants should be minimized, and potential benefits should be maximized—the potential benefits to individuals and knowledge gained for society must outweigh the risks.
5. **Informed consent:** individuals should be informed about the research and provide their voluntary consent before becoming research participants.
6. **Respect for enrolled subjects:** research participants should have their privacy protected, the opportunity to withdraw, and their well-being monitored.

The concept of trust is the cornerstone of ethical research. The dignity and welfare of individuals who participate in research should be a central concern of everyone involved in the research project. The head researcher (sometimes called the "Investigator") is ultimately responsible for the conduct of the research, the ethical performance of the project, and the protection of the rights and welfare of the subjects.

Additional care must be taken with these special classes of research subjects who are potentially more vulnerable to risks than the rest of the community:

- Children
- Prisoners
- Pregnant Women
- Mentally Disabled Persons
- Economically Disadvantage Persons
- Educationally Disadvantaged Persons
- Terminally Ill Persons

- Students
- Employees

What is research?

Research with human subjects is a systematic investigation—including pilot testing, research development, and evaluation—with one or more participants designed to develop or contribute to generalizable knowledge.

Research may involve activities such as the analysis of data collected from people. Participation in these kinds of activities, particularly if you plan to publish the results, is considered human subjects research.

What is a human subject in research?

A human subject is a living individual about whom an investigator conducting research obtains data or identifiable private information. They are more commonly called research participants.

What are the potential risks for human subjects involved in research?

Risk: The probability of harm occurring as a result of participation in a research study. This harm could be physical, psychological, social, or economic.

Minimal Risk: A risk is minimal where the probability of harm or discomfort anticipated in the proposed research is not greater than what is ordinarily encountered in daily life—or during the performance of routine physical, psychological or educational examinations or tests.

The potential risks or harms of social-behavioral research include an invasion of privacy or a violation of confidentiality. It is important to consider these risks ahead of time, as they could result in:

1. **Social risks:** disclosure of personal or group attitudes, behaviors or preferences that may lead to stigmatization, discrimination, or prejudice.
2. **Psychological harms**, which may include:
 - Stress
 - Depression
 - Confusion
 - Guilt
 - Embarrassment
 - Loss of self-esteem

3. **Economic risks:** disclosure of an individual's personal information that may, if revealed to others, negatively impact employment, insurance coverage, or academic status.
4. **Physical harms:** could occur either by or against the research participant if exploring sensitive topics—such as domestic violence—or illegal activities such as drugs, gangs or other crimes.

Privacy refers to the rights of a research participant to limit the access of their personal information to others.

Confidential data refers to personal or identifiable information about oneself given with the understanding that it will not be disclosed to others without consent.

Identifiable information refers to any information that could later identify the research participant to others, so that their responses could be linked back to themselves. Identifiable information could include: first or last name, address, phone number, place of work, job title, visible community position, or any other shared information that could identify the participant amongst their peers from the information they shared.

Confidentiality refers to the obligation of the researcher to restrict access to personal or identifiable information about the research participant.

Anonymous data refers to data collected without any personal or identifiable information. Ethical and legal concerns about confidentiality may be easily addressed by collecting only anonymous data from research participants.

- ⇒ In order for research to preserve a subject's privacy or confidentiality, it must include sufficient safeguards to ensure against potential harms resulting from an invasion of privacy or a violation of confidentiality. This can occur by collecting only anonymous data, or presenting individual data only in a summarized form.

What is informed consent?

Ethical research requires that research participants, to the degree that they are capable, be given the opportunity to consent to participating in the research. This is called "informed consent". Any informed consent process should include these three main components:

1. **Information.** This includes information about the research procedure, its purposes, risks and anticipated benefits, and a statement offering the subject the opportunity to ask questions and to withdraw at any time from the research. Many informed consent processes also include information about the organization or institution conducting the research.

2. **Comprehension.** The way in which informed consent and research information is shared is as important as the information itself. Researchers are responsible for making sure the potential research participant has comprehended the information before giving informed consent, has been provided information in a way that allows time for consideration or questioning, has been presented information in the preferred language, and makes sure that it doesn't require high-level literacy skills.
3. **Consent is voluntary.** Consent to participate in research is valid only if voluntarily given, without coercion, undue influence, or pressure.

What is an Institutional Review Board (IRB)?

An Institutional Review Board (IRB) is an entity created to review proposed research in order to protect the rights and safeguard the welfare of human subjects.

IRBs are responsible for reviewing and approving research involving human subjects, and are charged with a twofold mission:

1. To determine and certify that all projects reviewed conform to the regulations and policies set forth by the Department of Health and Human Services (DHHS) regarding the health, welfare, safety, rights, and privileges of human subjects.
2. To assist researchers in conducting ethical research that complies with the DHHS regulations in a way that permits accomplishment of the research activity.

Most large research hospitals, universities, and other research organizations have IRBs. In order to maintain a review process that is responsive to the concerns of all involved, federal regulations require that the IRB committee membership reflect the experience, expertise and diversity in academic, research and professional backgrounds, racial and cultural heritage, and a sensitivity to community attitudes. In addition, some communities have set up their own IRBs, in order to approve, negotiate and oversee all research conducted within their community.

If you collaborate with any researchers from any of these types of institutions for your community assessment, it is important to find out ahead of time if your community assessment needs to go through an IRB approval process. If you do need to gain IRB approval, then you will want to look further into the following resources to get more information about this process. In general, it is helpful to know that seeking and receiving IRB approval entails the following steps:

- Contacting the IRB to get the appropriate research approval application forms and instructions.
- Sharing research plan, data collection instruments, and relevant human subjects issues to the IRB review committee.

- Negotiating for approval of research by ensuring that the research is safe and ethical, and will protect the rights and welfare of human subjects.

What is HIPAA?

HIPAA, or the Health Insurance Portability and Accountability Act, is a federal medical privacy rule which took effect in April of 2003. HIPAA provides new federal protection to the privacy of *medical records*. If you are using clinic, hospital, or other records that were created when people were receiving medical treatment, there may be an extra level of consent that you need to obtain.*

What Research is covered by HIPAA?

1. Research that includes the review of medical records or biological materials with attached information; or
2. Research that results in the addition of new information to a medical record e.g., research in which a health care service is performed, such as testing a new diagnostic method, or a new drug, biologic, or device, creating new information in a medical record.

What is required?

In general, if you are going to obtain information from medical records, and the information you obtain can in any way be traced back to the person (via their name, address, phone number, social security number, etc.), you must first obtain specific permission from the person whose medical record you are going to use. If you would like to become more informed about the specifics of HIPAA, please consult the resources listed below.

* From <http://www.oprs.ucla.edu/human/NewsLetters/041103.htm>

Where can I go for more information?

1. American Health Information Management Association, "Online HIPAA Resources": http://www.ahima.org/pdf_files/HIPS_Resources.pdf
2. The Belmont Report: Ethical Principles and Guidelines for the Protection of Humans Subjects of Research: <http://ohsr.od.nih.gov/mpa/belmont.php3>
3. California HealthCare Foundation: Health Currents, "HIPAA Privacy: Separating Myths from Facts": <http://www.californiahealthline.org/index.cfm?Action=dspltem&itemID=102470>
4. *HIPAA Made Simple: A Guide to Fast-Tracking Compliance, Second Edition* by Margaret Amatayakul; published by HCPro, Inc. Available on Amazon.com.
5. Los Angeles Unified School District IRB, the Program Evaluation and Research Branch: <http://www.lausd.k12.ca.us/lausd/offices/perb/>
6. National Institutes of Health, Office of Human Subjects Research: <http://www.nihtraining.com/ohsr/site/>
7. Title 45 Code of Federal Regulations Part 46, Protection of Human Subjects (45 CFR 46): <http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm>
8. UCLA's Office for the Protection of Research Subjects: <http://www.oprs.ucla.edu/>
9. UCLA's on-line education and certification program for human research investigators and key personnel: <http://www.oprs.ucla.edu/human/certificate.htm>. Anyone can take this on-line course and get certified. Even if you aren't going through UCLA IRB approval, it's a great course on human subjects approval and how to design an ethical project.
10. U.S. Department of Health and Human Services, Office of Human Research Protections: <http://ohrp.osophs.dhhs.gov/index.html>
11. U.S. Department of Health and Human Services, Office of Human Research Protections, IRB Guidebook: http://ohrp.osophs.dhhs.gov/irb/irb_guidebook.htm
12. World Health Organization, Scientific and Ethical Review Group: http://www.who.int/reproductive-health/hrp/SERG_guidelines.en.html

APPENDIX E: RESOURCES

APPENDIX E: RESOURCES

The following are some resources you can refer to for additional information to help you plan and conduct a community assessment.

CONDUCTING A COMMUNITY ASSESSMENT

1. Association of State and Territorial Public Health Nutrition Directors. **Moving to the Future: Developing Community-Based Nutrition Services.** <http://www.vahealth.org/wic/session1.pdf>
2. Community Partnerships for Older Adults. **Study Circles Lead to Action on Aging.** <http://www.partnershipsforolderadults.org/resources/resource.aspx?resourceGUID=6267c16a-9acd-473a-87c6-73d70bd9616a§ionGUID=753922c9-ded1-4921-82cc-b087db71bc8c>
3. The International Development Research Centre. **Designing and Conducting Health Systems Research Projects: Volume 2.** http://web.idrc.ca/en/ev-33010-201-1-DO_TOPIC.html
4. The International Development Research Centre. **Designing and Conducting Health Systems Research Projects: Volume 1, Proposal Development and Fieldwork.** http://web.idrc.ca/en/ev-33012-201-1-DO_TOPIC.html
5. Iowa State University. **Preparing for a Collaborative Community Assessment.** <http://www.extension.iastate.edu/Publications/CRD334.pdf>
6. New York State Department of Health. **Community Health Assessment Clearinghouse.** <http://www.health.state.ny.us/nysdoh/chac/>
7. North Carolina Department of Health and Human Services. **Community Assessment Guide Book.** <http://www.schs.state.nc.us/SCHS/data/databook/2002/GuideBook2002.pdf>

FINISHED OR ON-GOING ASSESSMENT DATA/REPORTS

1. Annie E. Casey Foundation. **Kids Count Data Book.** <http://www.aecf.org/kidscount/>
2. Berkeley-Charleston-Dorchester Council of Governments and Trident United Way. **Measuring for Success 2004 Report.** <http://www.charlestonchamber.net/content.asp?name=Site&catID=2774>

3. Children NOW. **California Data Book.** <http://www.childrennow.org/california/rc-2003/county-profiles.cfm>
4. Children NOW. **Children's Report Card.** <http://www.childrennow.org/california/rc-2001/reportcard-2001.cfm>
5. Health Canada. **Community Health Needs Assessment: A Guide for First Nations and Inuit Health Authorities.** http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/bpm/hfa/transfer_publications/community_needs_assessment.htm
6. Healthcare Association of Southern California and the County of Orange Health Care Agency. **Orange County Health Needs Assessment.** <http://www.ochna.org>
7. University of Missouri – Office of Social and Economic Data Analysis. **Boone County Health and Human Services Needs Assessment.** <http://www.oseda.missouri.edu/special/booneco/>
8. The National Alliance for Hispanic Health. **Hispanic Health Needs Assessment.** http://www.hispanichealth.org/hhna2001_1.pdf
9. Twin Cities Metro Health Planners Group. **Twin Cities Metropolitan Area Minority Health Needs Assessment Project.** <http://www.mncounties2.org/metroplan/MinHealth.htm>

GRANT WRITING/ SEEKING FUNDING

1. Community Partnerships for Older Adults. **Budgeting Within a Partnership.** <http://www.partnershipsforolderadults.org/resources/resource.aspx?resourceGUID=4dae8611-08ee-449a-ba2a-b9e813adb93a§ionGUID=753922c9-ded1-4921-82cc-b087db71bc8c>
2. **The Foundation Center: Helping grantseekers succeed, helping grantmakers make a difference.** <http://fdncenter.org/>
3. The Foundation Center. **Orientation to the Grantseeking Process.** <http://fdncenter.org/learn/orient/intro1.html>
4. The Foundation Center. **Proposal Writing Short Course.** <http://fdncenter.org/learn/shortcourse/prop1.html>
5. The Foundation Center. **Glossary of Philanthropy-Related Terms.** http://fdncenter.org/learn/ufg/ufg_gloss1.html

6. Michelle K. Carter. **Organizing the Grant Writing Process: 7 Things to Do Before Writing (in English and Spanish).**
<http://www.scn.org/ip/cds/cmp/modules/res-grn.htm>
7. North Central Regional Educational Laboratory. **Finding and Developing Resources for Comprehensive School-Linked Strategies for Children and Families.** <http://www.ncrel.org/sdrs/areas/issues/envrnmnt/css/ppt/chap3.htm>
8. Partners in Information Access for the Public Health Workforce. **Links to Grants and Funding Opportunities.** <http://phpartners.org/grants.html>
9. Phil Bartle. **Community Project Resources (in English and Spanish).**
<http://www.scn.org/ip/cds/cmp/modules/res-int.htm>

BUILDING A COMMUNITY PARTNERSHIP

1. Community Partnerships for Older Adults. **Inclusion and Diversity Resources.**
<http://www.partnershipsforolderadults.org/resources/topicresources.aspx?sectionGUID=8da7bbe9-2d4b-4c2e-8a49-ff12b211ae54>
2. Community Partnerships for Older Adults. **Partnership Evolution.**
<http://www.partnershipsforolderadults.org/resources/levelone.aspx?sectionGUID=685aac05-0054-4c97-a59d-bbc828357000>
3. Community Partnerships for Older Adults. **Tools for Strategic Planning.**
<http://www.partnershipsforolderadults.org/resources/topicresources.aspx?sectionGUID=753922c9-ded1-4921-82cc-b087db71bc8c>
4. The Foundation Center. **Voluntarism: A Resource List.**
<http://fdncenter.org/learn/topical/voluntarism.html>
5. Kathryn Johnson (Editor), Wynne Grossman (Editor), Anne Cassidy (Editor). **Collaborating to Improve Community Health: Workbook and Guide to Best Practices in Creating Healthier Communities and Populations.** July 1997, Jossey-Bass. Available at:
<http://www.josseybass.com/WileyCDA/WileyTitle/productCd-0787910791.html>
6. **National Community Building Network.** <http://www.ncbn.org/>
7. North Central Regional Educational Laboratory. **Building Collaborative Partnerships.**
<http://www.ncrel.org/sdrs/areas/issues/envrnmnt/css/ppt/chap1.htm>
8. Phil Bartle. **Methods to Strengthen Communities: Raising Capacity in Low-Income Neighbourhoods (in English and Spanish).** <http://www.scn.org/cmp/>

9. Phil Bartle. **Community Empowerment: Some Key Words for Mobilizers.**
<http://www.scn.org/cmp/key/key0.htm>
10. University of Kansas. **Community ToolBox: Bringing Solutions to Light.**
<http://ctb.ukans.edu/>. (A comprehensive, hands-on community capacity building site).

LEADERSHIP/FACILITATION

1. Center for Collaborative Planning. **The Consensus Process.**
<http://www.connectccp.org/resources/14consensus.pdf>
2. Center for Collaborative Planning. **Coping with Conflict.**
<http://www.connectccp.org/resources/15conflict.pdf>
3. Center for Collaborative Planning. **A Gifted Facilitator.**
<http://www.connectccp.org/resources/17gifted.pdf>
4. Center for Collaborative Planning. **Facilitating Effective Communication.**
<http://www.connectccp.org/resources/16facilitating.pdf>
5. Center for Collaborative Planning. **Ground Rules and Agreements.**
<http://www.connectccp.org/resources/18groundrules.pdf>
6. **The Community Leadership Association.**
<http://www.communityleadership.org/>
7. The Community Partnership for Older Adults. **Brainstorming Tips and Processes.**
<http://www.partnershipsforolderadults.org/resources/resource.aspx?resourceGUID=5b1c9f3e-50a7-426d-bd72-795803718d77§ionGUID=753922c9-ded1-4921-82cc-b087db71bc8c>
8. Conflict Research Consortium, University of Colorado. **Consensus Building.**
<http://www.colorado.edu/conflict/peace/treatment/consens.htm>
9. The Public Disputes Program: Part of the Inter-University Program on Negotiation at Harvard Law School. **A Short Guide to Consensus Building.**
http://web.mit.edu/publicdisputes/practice/cbh_ch1.html
10. University of Florida, IFAS Extension. **Facilitating and Managing Group Participation: Effective Meetings.**
<http://edis.ifas.ufl.edu/pdf/files/pd/pd05100.pdf>

DATA COLLECTION METHODS

1. Colorado State University. **Quantitative and Qualitative Research Guide.** <http://writing.colostate.edu/references/research.cfm>
2. Professor William M. Trochim, Cornell University. **Research Methods Knowledge Base.** <http://trochim.human.cornell.edu/kb/>
3. The International Consortium for the Advancement of Academic Publication. **Resources for Methods in Evaluation and Social Research.** <http://gsociology.icaap.org/methods/>
4. University of Florida, IFAS Extension. **Questionnaire Design.** http://edis.ifas.ufl.edu/TOPIC_Questionnaire_Design
5. National Science Foundation, Division of Research, Evaluation and Communication. **User-Friendly Handbook for Mixed Methods Evaluations.** <http://www.ehr.nsf.gov/EHR/REC/pubs/NSF97-153/start.htm>. (Great information on many data collection methods).
6. Rob McBride and John Shostak. **Qualitative versus Quantitative Research.** <http://www.uea.ac.uk/care/elu/Issues/Research/Res1Ch2.html>
7. Shippensburg University. **Qualitative Methods Workbook.** <http://www.ship.edu/~cgboeree/qualmeth.html>
8. University of Wisconsin Cooperative Extension. **Qualitative-Quantitative Power Point presentation.** <http://www.uwex.edu/ces/pdande/evaluation/powerpt/QUANQUAL.PPT>

Asset Mapping:

1. Centers for Disease Control and Prevention. **Community Health Worker Program Materials on Breast Cancer and Cervical Cancer, Section on Asset Mapping.** <http://www.cdc.gov/cancer/nbccedp/training/trainpdfs/hb-commassess.pdf>
2. University of Wisconsin-Madison. **Identifying, Mapping and Mobilizing Our Assets.** <http://www.uwex.edu/ces/lmcourse/PDFs/assets.pdf>
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Para imprimir documento en version PDF:

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