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Community Health Assessment for MCH Programs and Policy Practice

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WENDY NEMBHARD: And I've tried to put together this talk from several different resources. I called on some good friends of mine, Dr. Bill Sappenfield, who I'm sure many of you know. And he has allowed me to shamelessly borrow many of his slides for this. As well as Dr. Rita DeBate from the University of South Florida, I have shamelessly borrowed needs assessment methodology from her in terms of the slides. So, any credit for those aspects of the presentation firmly go to them. They know that you have handouts of that and I just don't want to take any credit for something that I myself did not do. Also, there are some slides that I did put in here. I didn't completely plagiarize this talk. So those slides are mixed in, but Dr. DeBate's slides, you can tell that they're hers because they have green shading and handout in the heading of the slide. So I'm very thankful to them. Again, I've obtained permission to use this for the training. But if you'd like to use the information, I would ask that you please just contact them directly and make sure that it's okay if you like to use it for training, teaching other people or reproducing that information.

We have a lot of ground to cover today. And I've done what I hate other people doing, and that is I have too many slides than I could possibly cover in the period of time that we have. But I felt that it was better for you to have them, you can refer to them on your own time, than not to cover them or include them at all. So some things, I'm just going

to fly by really fast, and other things, I'll spend some time talking about. And then at the end, we have some things we're going to work through together to make this all more concrete.

So these are Dr. Sappenfield's slides, and he has put together a really nice presentation that I think you'll really benefit from. So the first is a public health planning cycle, which I'm sure you all are very familiar with. And in a perfect world, we would have these two activities going on jointly, and that is planning and implementing. So, planning would start with assessing the needs, developing strategies, formulating a plan and then implementing that. Once the plan is implemented, we monitor it, conduct an evaluation which then feeds back into planning, and this is a continuous process. However, this is more often what happens in our lives where we're doing all of this all at the same time. Without this nice cohesive step by step, we're expected to evaluate, assess budget, implement, monitor everything at the same time. And often, things don't get to feedback into themselves. So today, we're going to focus on the assessment part and how that feeds in cohesively together.

So, there's this problem in South Carolina where they, for example, they notice that there were some high percentage of women who are entering prenatal care late. And so, some of the things that you might think are reasons for this could be the underreporting of prenatal visits, physicians don't start prenatal care until the second trimester, there's a late entry in the WIC program. There might be transportation in childcare barriers. It might be an unintended pregnancy that's playing a factor. So,

although we've identified several potential reasons for the late entry in the prenatal care, what if we just look at the first one which was underreporting of prenatal visits?

Well, what are some potential strategies that could have been used to address that?

You could have said, "Well, there's vital registration manual having difficulty. The clerks are not trained adequately. There are physician record transfer problems." And you see a whole host of potential strategies to address this problem. And you could say, "Well, we're just going to choose five out of this list and address those." But is that really the underlying cause of why women are not entering care on time? It could be a lot of other factors that you haven't even thought of.

So you do some of - so why don't we often have the time to do all these really nice needs assessments every time something presents itself? The truth of the matter is because staff were overcommitted, there's often a lack of political will, limited expertise, insufficient resources, and I guess we could all say, "Amen to that," currently, or competing priorities and desires.

So what is the needs assessment? It's a systematic collection and examination of information for the purpose of making decisions to formulate a plan for next steps to lead to public health action. So that's the purpose or the definition of the needs assessment. So there are some qualities of needs assessment and there's conceptual framework and conceptual definitions. There's vision, it's a systematic process, it requires resources, it's action-oriented, and it's very cohesive.

There are several different types of needs of assessments. There are community needs assessments, population needs assessments. You could do an assessment of a health system, of a program, of a service, or specific health problem.

So we can break needs assessment process into two phases. And part one involves the identification and measurement of the health problem, prioritizing the health problems that are present. And then part two includes analysis of a particular health problem and then the potential strategies to address those specific health problems. So if we focus on part one, first, we have to figure out what is a health problem. Although it sounds fairly self-evident, it's not necessarily because is a health problem depending on what the community perceives as a problem or is it a health status measure? We have a particular number, for example, percentage of women entering prenatal care late. Does that define what a health problem is? Is it a health service deficiency? Is it something when we compare two populations then we decide there's a health problem? The process of identifying what is specifically a problem can be a little bit more challenging than we expect.

So when we talk about problem identification and verification, there are four components. There's the extent of the problem, the duration of the problem, the expected future course of the problem, and then there's variation over time. And I should have said that the first part of the talk is just fairly focusing on sort of like the conceptual idea of community health assessment, and the second half is going to be

focused on really the how tos, the nitty-gritty methods. So, if you bear with me for just a moment, when we get to the second part, I think it'll make a little bit more sense.

So, the purpose of the problem identification and verification is defining, describing and validating that there's a problem. So we all can have experience with the community perceiving that something is a health problem when in truth and in fact, the data does not support that it is in fact a health problem. So, even though the community is up in arms over a particular issue and a lot of resources might be mobilized to address that particular issue, in truth and in fact, compared to other things, it's not a real problem. And then the converse can be true, that there's a major health problem in terms of what the data is showing but the community has no appreciation that it is a problem or even considers it to be a problem. So, the process of identifying what a problem is and verifying that it truly is a problem shouldn't be overlooked. It really is important.

So there is also this issue of prioritizing. And you can prioritize a health problem based on group consensus, which is always challenging. You can vote what a health problem might be. And there are criteria-based rating for determining what a health problem might be. So there's specific selection criteria that you can use to identify and/or prioritize what a health problem is, and this takes into account the magnitude of the problem, trends over time, the severity and/or consequences of that particular health problem, the perceived preventability, national and state goals, agency priority and political community acceptability.

Now in the real world, a prioritization of health problems might often be driven by state or agency political will, current program priorities, current funded activities, staffing patterns, resources, people that are available to work on the issue, and whether or not it's an important issue in terms of your heart reaction to it. So what we would say ideally should identify what a problem is or determine the priorities, first, is what often happens are sometimes at odds.

So Dr. Sappenfield has this really nice matrix that he recommends. And what it is, is you have the criteria that I just identified with the magnitude, trend, severity, et cetera, on the left and there's a weight that is assigned to it. So if it's a priority, then it gets a number - so, you put a number one here, acceptability, so forth and so on. And you go through, and here is where you list a particular issue in your community. And then you determine whether or not it's a priority, whether it fits in with your goals, the severity of the problem. And based on this grid, sorry, based on this grid, then it's easy to identify in a quantifiable way which issues become priorities in terms of addressing it for your community health needs.

So for example, low birth weight for this particular community is a priority whereas prenatal HIV is not. It ranks more in terms of a three and maternal prenatal smoking is a three. The preventability. Now, low birth weight, although it's a priority, preventability, it has a much lower score than prenatal transmission of HIV. So, you can develop your own matrix for whatever issues that you have and plug in these numbers and multiply through and quickly identify what things are priorities for you.

Then there's a problem-oriented needs assessment, where you have an analysis of a particular health problem. And we're going to talk about potential strategies to address targeted aspects of that. So there's a tool that can be used which is called the problem map, and I'm sure some of you might be familiar with this. But the basic components are the precursors. So, first, you have the problem that could be low birth weight. In our example, it's going to be teen pregnancy. But here is a problem, but there are precursors that cause the problem and then there are consequences after the problem presents itself.

So there are three different levels in terms of precursors. They're the direct causes. So our problem is teen pregnancy. The direct cause: initiation of sexual activity, continued sexual activity and then use or non-use or misuse of contraception. But what caused these factors? So sort of the causes of the cause. Well, it could be that their partner age disparity, teen girls initiating sexual activity with older partners, it could be due to unsupervised activities, or limited access to confidential services and where they can obtain contraception. But then there are factors that cause these factors. So what might those be? Well, there's social norms that might drive the disparity in partner age, or whether or not they are supervised activities, lack of after-school programs. There might be certain health policies that are present in the school district or in the county that govern whether or not teens have access to contraception. So, causes of the causes. And you can fill in this in much greater detail to really put down all the issues that involve teen pregnancy.

So here, you can see youth unemployment might be a major factor. Parenting knowledge, what do parents know about the services provided to teens for contraceptive use? Poor school connectedness. So you can see there are variety of factors here that can lead to this problem of teen pregnancy. So when you're trying to address what is the actual problem in your community, here you have teen pregnancy, but where in this line are you going to intervene? Likewise, there are consequences to the problem of teen pregnancy. So, again, there are direct secondary and tertiary effects.

So, some immediate effects may be that the teen chooses to have a termination or an abortion. The pregnancy might result in fetal death or it might result in a live birth. The teen chooses an abortion. There are consequences to having an abortion. There's consequences for the live birth that infant might be born pre-terminal low birth weight as a result of the teen keeping or choosing to keep the infant and it may result in school delay or dropping out. This can also cause, later on, impaired economic productivity. And you can see a whole host of factors that are consequences of teen pregnancy, both direct, secondary and tertiary. And again, this can help you identify all the issues that are involved and might also help you identify where you can intervene in your community to cause an effect.

So what I've just shown you is a problem map and you can use this because there are many causes and risk factors. There're many, many levels of influence. There's varied

opinions about the causes and solutions to the problem and there's a lot of scientific knowledge out there about these various problems. So how do you put it all together? Compounding the issue or stacks and stacks of local data. So if we go back to this, this is just the consequences. You can see there is a tremendous amount of data that you could plug into any one of these boxes. And this particular issue of teen pregnancy may overlap with other outcomes in your community. And so you can see very quickly that even though you're talking about teen pregnancy, where do you start the conversation and where do you start the solution? And by laying out as many factors as you can possibly identify, not just among your own agency but from community partners and people who are stakeholders in this particular issue, it helps to bring concrete discussion about the problem. So it's not just this vague black box of teen pregnancy. It also incorporates all the other issues that are bound up in that.

So the problem map helps you - shows you where you are and where you need to go or where you'd like to go. So the problem map is oriented around a single health problem. It shows causes and solutions. Did I - I think I've included this already. Okay. So, some steps for making or creating a problem map would be obtaining the community thoughts, reviewing scientific information, obtain and review local information, developing a consensus around specific issues that you've identified. You can quickly determine gaps in information. You can also determine potential steps and develop an action plan.

So here are some steps that Dr. Sappenfield created for problem-oriented needs assessment. First, you start with a theoretical framework. And again, that's where your problem map can help you once you frame the issue and you're clear on what you're talking about, because I find a lot of people are talking about the same thing but - or think they're talking about the same thing. So, even teen pregnancy, everybody - you bring several folks together in a room and you throw out the issue of teen pregnancy. What people mean by that may be very different. So, the health department might have a perspective on what teen pregnancy issues that they're trying to resolve, and then the community groups and parents and teachers, they all have different agendas or different interpretations of what teen pregnancy.

So, when you're talking about a problem, you think you're all on the same page, but you're really not. So, the community map can - so problem mapping can really help you to hone in what are people specifically talking about when they're bringing up this issue of teen pregnancy. Because people might be irate or upset in the community about teen pregnancy when, really, their real focus is on teenage women, girls not being able to finish school.

So, that's what the schools are focused on, is not being able to graduate, graduation rates, whereas this another group over here might be concerned about lack of access to contraception. So, even though you have all these people talking about teen pregnancy, you're going at each other, not working together, because you're not clear on what

aspect of this problem you're just really discussing, or trying to solve or trying to address. I think I skipped something.

So, the second step is gather readily available information, frame and choose critical questions, then develop the methods that you're going to use to address that, analyze and answer your questions, summarize your problem and present the results. The actual details of this, I'm going to get into in just a few minutes. So, some helpful things to do together, other needs assessments that have already been done. There's no need in reinventing the wheel if it's already been done by someone else. There are a lot of available reports. There are key data people that you can involve in the process, and there are key community people that you should involve as well.

So, when you frame and choose critical questions, you should ask yourself what are some of the remaining questions, what are questions that we haven't brought up, or issues that we haven't discussed so far? What is gained by answering the question? That's a real important one because a lot of times, we spend hours and hours and hours answering questions that really isn't going to lead you very far, isn't going to lead you anywhere productive.

Can the question be answered? That's often something we don't stop and think for ourselves is, can you answer this question with the data that you have? Can you answer this question by gathering the people together in the room? Is it really possible? How much will answering the question cost? And is that part of a bigger picture?

So, as I showed you with the problem map, teen pregnancy is really, as you are all very well aware of a larger problem, it's just one symptom of a greater problem that might be happening in the community. So, it may be that some of the consequences or some of the precursors leading to the problem could be answered by addressing some other issue in your community.

Once the community assessment process is over, you should summarize the findings by including a problem statement discussing the trends, identifying individual and community contributors and identifying individual strengths as well as community strengths. And again, I'll get into more detail about that in just a few minutes.

So, needs assessment is systematic collection and examination of information to make decisions to formulate a plan for the next steps leading to public health action. So, I've showed you two methods so far. One is the matrix for identifying a community problem. The second is problem mapping, where you can identify all the precursors and consequences for a particular public health issue.

So, there are some sort of debates that are raging. Should the needs assessment be qualitative or quantitative? Should you focus just on problems or should you focus on community assets as well? Should you do an assessment or a surveillance? Should your needs assessment be one time or ongoing? Do you do it yourself or do you

contract with another agency or external group to do it. Then, of course, this is more academic, but is it a science or an art?

And what are the answers to some of these questions, qualitative versus quantitative. I would submit that it's both. You need both pieces to do a needs assessment well.

Should you focus just on assets or problems? And again, I would say you need both.

Should you do just a one-time assessment or ongoing surveillance? And I think it depends on the problem that you're trying to address specifically. And whether you do it yourselves or you contract it with somebody else depends largely on resources, time and staffing.

And I think I'm going to skip over this part because I think it's fairly self-explanatory because I want to really get to the second part, and this is the methods. So, identifying concerns and needs, which we were talking about briefly. Downstream, what are the effects of the health problem, again, similar to what we saw before, midstream and upstream factors.

But when you're doing your needs assessment, you should think about these things.

What are the factors that are affecting health in your community? Well, there is the physical environment. What are some of the things – factors that are in people's environments that directly affect their health? So, it could be abandoned buildings, it could be no sidewalks if you're talking about obesity or physical inactivity. There are social environment factors that come into play. There's income and income inequity,

behavior and lifestyle factors, as well as family genetics and individual biology. So, we can't overlook any of those components. Those all should be things that you think about when you're formulating your needs assessment.

So, the first step is profiling your population. What are the key characteristics of the population? What is the health status of the people? What local factors are affecting their health and what impact do they have? What services are currently being provided in your community? What do local people see as their health needs? And what are the national state or local priorities that will come into play?

So how do you go about doing this? Well, first, you have to determine the characteristics of the population, and that you will use existing databases for - oh, I'm sorry, you don't have these slides in - there's only a handful of slides that you don't have in your packet, but this will be posted on the Web site so you can get this at a later date. So what are the characteristics of the population? Who are you trying to describe? So, our example was teen pregnancy, who - what population do you think we would need to characterize?

UNKNOWN SPEAKER: Adolescents.

WENDY NEMBHARD: Okay. So, someone said adolescents. So, we will need to define the characteristics of the population. And then in terms of health status, what sorts of things would you want to include in your assessment? Oh, I know you all know the

answer to this. Nobody wants to speak up. What are some of the health factors or health things that you would want to know about the adolescent population?

UNKNOWN SPEAKER: [Inaudible].

WENDY NEMBHARD: So, some...

UNKNOWN SPEAKER: [Inaudible].

WENDY NEMBHARD: Okay. So, someone said infant and maternal mortality by age group. Anything else?

UNKNOWN SPEAKER: Maybe utilization of substances and chronic health problems.

WENDY NEMBHARD: Okay. So, chronic health problems, utilization of substances. Any other ideas?

UNKNOWN SPEAKER: [inaudible]

WENDY NEMBHARD: Okay. So where they obtain healthcare if they obtain healthcare, that might be a factor. So, local factors affecting health. What are some local-level type things that you think might feed into that?

UNKNOWN SPEAKER: The availability of local resources.

WENDY NEMBHARD: Availability of local resources, but what types of resources?

UNKNOWN SPEAKER: Like different prenatal care for mothers [inaudible]

WENDY NEMBHARD: Okay. So, access to prenatal care, payment for prenatal care services, things of that nature. Health concerns and priorities of the local community. So what might you think would fall into this category that you would want to know?

UNKNOWN SPEAKER: [Inaudible] if there was a preference within the community [inaudible]...

WENDY NEMBHARD: Okay.

UNKNOWN SPEAKER: ...community standards and—

WENDY NEMBHARD: Okay. So, community standards and norms in terms of sex education or abstinence only, things of that - well, what might be helpful to know is do they even perceive this as a problem? Is teen pregnancy considered a problem in the local community? Is teen pregnancy considered a problem among adolescents? That would be important to know as well.

And then local and national priorities. You don't want to get halfway down the street and find out that you're changing gears. Now all of a sudden, teen pregnancy is no longer an important thing. Now, you have to worry about biological terrorism or something. So, I'm sure that's happened to many of you in this room where things have changed midstream. So, you want to make sure that before you undertake this, it's really a priority for your agency or your group. Oops, I skipped over a slide.

Okay. So, other things that you need to include in terms of characterizing your population is the geography. What is the physical boundaries of the area that you are trying to cause this or obtain information or do this assessment in? Because when you say teen pregnancy in our community, what does that mean? What are the geographical boundaries of that? Is that a county, is that a city, is that a school district? Where is this occurring and how far or how narrow do you want your effects to be?

So, if you, for example, I am in Hillsborough County in Florida and - so am I trying to target the entire county? Am I trying to do the lower half of the county? Am I trying to identify an area with a high teen pregnancy rate? Where is the scope of my reach in terms of doing this assessment? How many people? What are the number of people that you're trying to obtain information? So, again, this feeds into the geographical boundaries. But if it's the entire county, how many teens are there in your county or in that city? And what is your definition of teen or adolescent? That's always an important thing to identify as well.

Gender distribution is fairly straightforward. But I think if you start looking at age and gender combinations, males, male teens between the ages of such and such are important because it is not just a female problem, it's also a male adolescent problem. So, you might want to characterize so that age distribution may be different for girls versus boys, depending on what you decide to do.

Ethnicity and religion is often very important, especially in MCH outcomes. If you have a large Hispanic population that's Catholic, that will definitely affect what types of programs or services you may be able to offer. If you have a large population that's from India or Vietnamese or other - there may be other religious issues that drive the acceptability and accessibility of whatever solutions that you provide. So, you need to know that in advance. So, that's part of why you would include that in your needs assessment.

Population trends over time may be that there's a large migration of different groups coming in to your particular area that you're interested and you want to capture that, or there may be a large out-migration as well, which would affect your health indicator.

Language and literacy is also an important thing to include in your needs assessment. Again, you want to make sure that the literacy level, if you are planning to do any type of educational-based intervention, what is the literacy level? You might find that even though you're dealing primarily with high school teens, their literacy level may be very low to the materials that you're planning to develop, the support groups that you want to

do. For example, you might have to change the level of materials that you design to make sure that it's appropriate to their literacy level. So, even though they're officially in 11th grade, they may be reading at an eighth grade level.

Other measures that you'd want to include in your community health needs assessment would be the obvious things, mortality, morbidity, as somebody mentioned. It may be immunization rates, if you feel that that's relevant to your topic, specific health behaviors. The YRBSS survey may be helpful. Health service use, as someone mentioned before, prenatal care utilization, access to clinics. Times that the clinic is open might be a factor as well. Other health inequities in your community that are relevant to your topic, and rates of adverse pregnancy outcomes, if again, that's relevant to your topic.

So, local factors that also might affect health that you might want to include in your needs assessment may be work and unemployment-related issues. So what is the unemployment rate in that particular targeted area? And is that a problem and would that have any effect on your particular issue?

What are the work patterns? It may be that there are a lot of companies that are not currently hiring teens, so you have a lot of unemployed teens or you might have - if you had a different type of outcome, you might want to understand the work patterns that a lot of businesses – they can only work between certain hours. So, if you have your particular solution that you're going to do some sort of health-based education groups

and you schedule them for the same hours in which the teens can – that's the only window that teens can work, you might not get success because of that, so it's important to know that.

Poverty, average income, again, I think, is self-evident. Environment, pollution, sanitation, housing issues might be relevant. So, if that is relevant to your topic, you might want to accumulate as much information as you can about those particular issues. Social cohesion and support. What are some networks, whether they're formal or informal? Are there places that teens hang out? In our example, that would be most helpful for you to target those or access those groups. What do they like to do in their leisure time?

There's also destabilizing factors that you might want to find out in your needs assessment. For example, was there a big fire in a part of the city that now is – that teens used to go to that particular area after school for recreation? Now that there's a fire, that's kind of thrown everybody, destabilized that area so people have dispersed. You can also think of things like Katrina or tornadoes or other natural disasters that can destabilize existing networks or existing norms that change patterns.

Resources in your community, whether they're formal or informal, you may also want to acquire information about that. So, this is just a laundry list of things you can think about because often, people think of the obvious ones, morbidity and mortality, but there may

be some other factors you might now have previously thought of to include when you're doing your list.

So, how do you go about gathering information to do a needs assessment? Well, you can use existing records, asset mapping, town hall meetings, nominal group process, key informant surveys, community opinion surveys, central location intercept interviews and focus groups. These are fairly familiar to everyone here, I'm sure.

Okay, so using existing records and data. Advantages is low cost and it's convenient, has less demands on the planning group's time, but there are also some disadvantages. It's limited to information that's already been collected for other purposes that may not specifically meet your needs. It's hard to know the quality of data or how consistently or accurately it was collected, and the assessment may be limited for legal or ethical reasons. And this is a quote I try to pound into some of my students heads. No scientific discipline can be any better than the quality of its raw data. And so, when we look at numbers, charts, tables, graphs, whatever it may be, what is the quality of the data? What data quality, data quality, data quality, data quality, again I say, data quality.

So, when you're using or collecting data, get an advice from an epidemiologist if you don't have that background. It can save you a lot of hassle and headaches in the future. Be clear about the definition that you're using for health measure. I really want to stress this - if you have - if you circle, highlight, underline, put little stars - but really be clear what it is your measuring, what you want to measure, what you can measure, and what

you're actually measuring, because all three may not be the same. So, you may want to measure I'm trying to think of - I can't think of one with teen pregnancy, but you may want to measure one thing, but all that you can measure is something different. And what you interpret that data to mean then is completely different from A and B. So, you really need to be clear about what it is you're measuring and what can you measure, and then what you say about that when you - I've seen it in presentations over and over and over again. People stand up and say, "Well, based on this, we've now shown that blah, blah, blah, blah, blah," and they never measured it. This happens a lot with stress. People want to talk about stress that women are under. They never measured stress, but they cobble together different indicators and say, "Well, therefore, we have a high risk population for stress." Well, you never measured stress. What you measured were proxies for stress, and you want to make inferences about that, but it's - you didn't measure stress, you measured something else.

So, be clear about what you're trying to measure. Have data to compare it with over time or similar populations. A number in and of itself does not - is not necessarily informative, unless you can compare it to something else. So, if I just said that teen pregnancy rate in Hillsborough County is 25 percent, what does that mean? Does it mean - I mean, you could say, "Oh, that's really bad." "Oh, that's really good." It depends. Is that over time? Has it been going down? Is it going up? Compared to who? Compared to when, what? So, a number in and of itself doesn't mean anything unless you have something to compare it with or something over time. And when you're comparing data, are you comparing like with like? Are you really comparing the same

numbers? The meaning behind that number, is it the same between the two comparisons that you're making? So, obviously, these are things that I'm sure you've heard before, but I always like to throw it in there to remind folks.

So, the second method, aside from using existing data, is asset mapping. And this is where you have - an advantage is it's fairly simple, it's low cost. It provides overview of community needs and resources. It strengthens communication and coordination among organizations and agencies. Some of the disadvantages is that it may fail to identify some needs and resources, and it may be hard to control who responds to the inventory. So, what is asset mapping? Well, it identifies community assets. An asset can be a person, a physical structure or place, business, organization or group. And a lot of times we spend our focus on risk factors, the negatives in a community, but it's also nice to identify what are some of the assets in a community.

So, examples of this. If you can have it on the individual level, where you have skills - I apologize, it's not as clear as I thought it would be. An individual could have skills and talents, et cetera, that you - are assets. An organization could have citizen associations, cultural associations, religious organizations. Secondary building blocks are public institutions, police, libraries, et cetera, and you get the picture. This is not new to you by any means, but I just want to throw that out there as something you can consider for including in your community health needs assessment.

So, some concrete steps as to how to do that, get a map of the community. You can locate noticeable physical structures that are - you can consider an asset. You can brainstorm other assets, people, businesses, organizations. You can also get out there and put your tennis shoes on the pavement and just kind of walk around the community, see what's there that you didn't particularly see as an asset. You can refine or revise your list repeatedly. You can talk to other people and find out what they consider assets in their community that you might not think as an asset but that people who live in the area might feel of as a really great asset for them.

So, a resource inventory survey may - an example that something you might use could be asking people what services or programs do you provide in alcohol abuse prevention and treatment. This is specific to alcohol abuse and prevention. So, if it was teen pregnancy or something else, you could fill in your issue there. How often do you provide these services? How much does your program or service cost? How many people do you survey each year? Do you have staff or facilities you would share with other groups? What other programs do you provide? So, this might be a sample survey that you sent out to businesses or organizations in your community.

The third method that you can use in doing community needs assessment are town hall meetings. Again, it's low cost, it's good for engaging a large number of people, it helps identify and prioritize issues, and it really helps to foster feelings in the community that they're a part of the process. Everyone has an opportunity to get up and say their five minutes or two minutes on a particular issue, and they feel that they're being heard and

that you are interested in what they have to say. The disadvantage is that it does not allow for problem solving. So, that's - you're not going to use this to solve a problem. You're really going to get this to get ideas, feedback, issues that you may not have felt were problems. Somebody in that town hall meeting might bring that to light. Does anybody use town hall meetings in their - at all? Do you have any comments on - did you find this method helpful or not?

UNKNOWN SPEAKER: [Inaudible]

WENDY NEMBHARD: Yes. Or just in general, for instance.

UNKNOWN SPEAKER: Well, the town meeting is useful. I mean, I used for giving evaluation of the community's perception to help us identify priorities for our Title V grant in general as we're doing it every year. So, I found it to be very helpful because it also brings out a lot of the community who may not voice their opinion to you or to your higher ups. So, it's a way for them to get their concerns on the table.

WENDY NEMBHARD: Okay. So, for the benefit of the Internet audiences, it's a good way to help people to get their issues brought out that they would not necessarily bring in a different form. It helps to identify priority areas for Title V, so that you've used it in the past. And that you did find it helpful in general. Has anybody else used town hall meetings? Familiar, yes, no? Okay.

Here's an example of something you might use to hold the town hall meeting. You send this out in general, and I think it's rather self evident, but I just included that in case you had not used one before.

Then, the fourth method is the nominal group process. Again, it's low cost, trying to think of all the low-cost things in budget-constraint environments. It's good for enlisting participation from group members having unequal power or expertise. And it helps identify and prioritize issues. Again, it does not allow for problem solving, but it's really good for eliciting information.

Key informant surveys are low cost as well. They establish connection o community leaders. They help identify which leaders support or prove your efforts. The disadvantages are that the leaders' opinions may be different from the community at large. But you want to make sure that you are touching base with the key informants, the leaders in the community, because they can make or break a lot of programs that you're instituting. So, even if they are not directly related to your issue, there are some gatekeepers that you do have to talk to regardless. And if they feel that if they're not part of - that they haven't been talked - spoken to directly by you, they will not support anything you do. So, this can help foster goodwill and participation in that way.

So, here's a sample interview for key informant. You can just ask, in your opinion, what are the major health issues in our community? Which are the ones you consider to be most important? What do you think are the causes of the health problems in our

community? In your opinion, how should these problems be reduced or eliminated in our community? And lastly, what approaches do you think might work best?

So, it's an easy, fairly straightforward survey that you can send out to the leaders, and they feel that they have - their organization has been represented, their voice has been heard. You might not necessarily take everything that they give you, but at least they've been involved in the process. Has anyone done anything similar to this in their communities?

UNKNOWN SPEAKER: [Inaudible]

WENDY NEMBHARD: No, well, you might not - you may have so many leaders in the community that it's not feasible to bring them in to the same room for a focus group, but if you send this to them or personally drop - brought it to them and they can fill it out and send it back to you.

UNKNOWN SPEAKER: Okay.

WENDY NEMBHARD: That way you - yes. Yes, so it's not a focus group; it's actually a survey that they would fill out. So, you could do it where it's anonymous or where it is identifiable, either way. Yes?

UNKNOWN SPEAKER: [inaudible] nominal group process [inaudible]?

WENDY NEMBHARD: The nominal group process is where you sort of bring people together. It's not for a focus group, but you sort of bring people from the community in to have a conversation about - you ask them the same questions. What do you think are health problems? So, it's not a focus group because it's larger than a handful of people in a room. But you have more of a - it's not as large as a town meeting where you have the entire neighborhood that comes. So, it's somewhere in between. It's between a focus group and a town hall meeting. So, you have - you might select - hand select people to come in and discuss a particular issue. But it's definitely a group involvement, but you don't want to limit it to just five people for focus group.

You can also do a community opinion survey. It gives a well-rounded view of the population, identifies the concerns, knowledge, attitudes, beliefs, et cetera, and allows people to give input to your health promotion efforts. A disadvantage is it can be expensive and time consuming. It requires appropriate skills and sample selection interviewing, et cetera. So, you can do a communitywide opinion survey, which is always kind of tricky sometimes. But I just want to spend a little bit of time on developing surveys. I'm sure most have - has everyone in here had experienced developing a survey? Yes? No? Okay, I'm seeing some people shaking their heads, some people not. So, I'm just going to keep going. And for those of you who've done it, you can sort of, I guess, take a nap. And those who - or you might actually find some things that you may not have heard before.

So, before you put pen to paper, first thing you have to ask yourself is what is the purpose? Why are you doing a survey? Now, that seems sort of silly. I mean, you've already decided to do a survey, so why am I saying that you need to think about why you're doing a survey? Anybody have any comments on that as to why I would ask you to stop and think about why you're doing the survey?

UNKNOWN SPEAKER: You wanted to stay focused.

WENDY NEMBHARD: Because you wanted to stay focused. You have to have an underlying, at the end of the day, what is it that you need from the survey? Because surveys can take a life of their own. The more - they start to just snowball, and you start adding more questions and more questions and more questions, at the end, you forget why you were doing the survey in the first place. So, you get the data back and you realize you didn't even get the answer to your main question. So, you have to make sure you keep the purpose in mind.

So, before you start writing questions - a lot of people, they say, "Okay, we need to do a survey. Question one," then they start writing. No, no, no, no, no. Back it up and figure out what are the main variables that you want to get from the survey. So, when you analyze the data at the end, or whoever analyzes the data, what are - what is it that you want to be able to correlate together. This and this is associated or not associated, this increasing, decreasing, whatever. What are the variables that you want to have on that in your results? And then think about - so then you write down all the variables that you

think you could put on there - sex, income, education, smoking, birth weight, just - all just one, quickly, what are the variables. And then, go through and decide which variables do you need and which do you not need.

There are a lot of things we put on surveys that we really don't need. We're never going to analyze, but we just feel like you have to have it on there. So, really think about clearly what are the variables that you want, what are the variables you need, and what are the variables that you could live without if you didn't - if money becomes an issue and you can't get all the questions on there that you need, what variables can you live without? Because if you know that upfront, that helps you greatly in the future.

So, then, once you have your variables, then you translate those variables into questions. And what do I mean by that? Well, we'll talk about that, just hold that thought. Okay. Let's see, there are some variables that are composite variables. So, BMI, when you just somebody, "What is your BMI?" It's a composite question. So, you're going to combine two or more questions to form that variable. So, BMI consists of height and weight. So, those are two separate questions that you're going to roll up into the variable called BMI. So, make sure that you have the components of that variable that you need on the questionnaire.

Oh, okay, we're going to take a five-second - five-minute stretch break because she's going to change tapes.

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WENDY NEMBHARD: ...in the room. So we left off talking about composite variables. But I just want to keep hammering this over that variables should be selected based on their relevance to your purpose, because what ends up happening, and as I've said this before, as you start snowballing - well, it would be nice to know about - well, since we're doing a survey, we might as well ask about this and, oh, while we're doing - well, we might as well - what other opportunity are we going to have - so you start adding all these sections and more questions and more questions that may not be part of your objective.

Another good way to identify which variables you need is to list all the variables that had been shown to be associated with your particular outcome. So you might do a nice lit search or a quick lit review and find out. In the literature, what has already been shown or what have other studies included, whether they're covariates or direct ideologically or anything that you find that might be in the literature that would be relevant to your purpose or, I mean, to your outcome or your exposure, you can include as well.

Now, there are four types of variables. There are universal variables, the basic sex, age, race, blah, blah, blah. Then there are measures of time, ecologic measures, and then there are variables that delineate the study populations. This is just kind of...

Okay. So I've been told I cannot move. I have to stay exactly this way.

Okay. So the question people ask is, how many variables should you include? And the answer is as many as necessary and as few as possible. Don't you hate that answer? But it's true, because you don't want it to be so long that people don't finish it, but you also don't want it to be so brief that you don't get anything useful out of it either. Self evident. You have to keep reminding yourself of that as you're doing this process.

Okay. So two operations, two aspects that should be addressed is the operational definition should be formulated first, okay? And what do I mean by operational definition? Well, we're going to talk about that briefly, and then the scale of measurement to be used in the data collection. So those are two things that you need to think about, and we're going to dive into that right now. Okay. So there's the conceptual definition of the variable, and that means, like the dictionary definition, the medical definition or your agency's definition of the characteristic you want to measure, okay? Obesity, somebody's that's excessively heavy, whatever the definition is conceptually that you're trying to capture. Then there's the operational definition. What can you actually measure? And the two things may not be – are very different and distinct. You need to know that so that you could think about what that is.

So, an example, obesity. Here's a conceptual definition: excessive fatness, I mean he is overweight, a bodily condition which is socially regarded as constituting fatness. Okay.

That's the conceptual definition of obesity. What's the operational definition of obesity?

A weight, based on weighing in underclothes and without shoes, which exceeds by 10 percent or more the mean weight of persons of the subject's sex, age and height in a specific population. See, that's very different from just excessive fatness. That's just vague out there, broader, theoretical construct. But specifically, in your study, in your survey, how are you going to define obesity? So if that's how you're going to define that, then you need to make sure you have all the variables that you need to construct this.

You could also have a different – this definition, operational definition of obesity: a skin fold thickness of 25 millimeters or more measured with a Harpenden skin fold caliper at the back of the right upper arm, midway between the tip, et cetera, et cetera, et cetera.

That could be your definition of obesity. Or you could have a positive response to the question, are you definitely overweight? Or does your husband or wife think you're too fat? See, these are all measuring different - I mean, you're measuring something but are you really measuring what you want to measure? So you have to decide what – how are you going to define that, even high blood pressure, hypertension.

Okay. We all know, okay, it's - the conceptual definition of hypertension. But specifically, on your survey, how are you going to define those people who are hypertensive? Are they people who say that, yes, they have high blood pressure, or are they going to be people who are currently taking high blood pressure medication? Is it people who've ever been told in their life that they were – so how are you going to make that your definition for hypertension? Because it can be very different and you don't want to miss any – you don't want any false negatives or false positives. You want to minimize that

as much as you can. So, for each new variables, you need to be clear on what that means.

Okay. So it's always nice to have a conceptual definition of a variable, but it's essential to have an operational definition. That is not optional. You must, must, must have that, because otherwise, you end up with - and this happens all the time - you end up with data that you don't know what it means. At the end of the day, you have this answer to a question, and what does it really mean? So people said yes to it, but what does that really mean? You didn't measure what you thought you were measuring.

Okay. Often, you have to use proxy measures. So, you can't actually do the measurement of growth in utero of an infant, so you have to use these proxy measures like birth weight or growth appropriate for weight, all these different proxies that you're using. But you've to just realize that it is a proxy and it's not actually measuring what you would like it to measure. So here's a few more examples of things that people – measurements that people include on surveys but are really very non-specific.

Okay. So if somebody says, "I want to measure occupation." What does that mean? Do you want their present occupation, their usual occupation, the occupation for which the person was trained, or what they actually do if the person's retired? Did, did you want the one that they spent the most time doing? I mean, what do you mean by occupation and what are you trying to measure by occupation? So, in MCH research, epidemiologists, we always throw occupation on there. For programs, I see a lot of

PRAMS and other data sources, they have occupation. But what are you really trying to say about occupation? Because a lot of people make these extrapolation. Well, this means that – well, what does that really mean? What did you measure? You ask, what is your current occupation? Well, they could've been working in that job for two weeks. What does that mean? That doesn't mean anything. So you have to think about, again, why are you asking that question.

Education is always a bone of contention. Do you want the numbers – years of education or the last grade obtained? The type of educational institution they last attended or the age of completion of full-time education? So you ask somebody, "What is your education?" Now, you can see there's a broad spectrum. There is the person who graduated from high school, went to college, went to graduate school, got a job. There's a person who graduated from high school, live life for 25 years, went back, got a degree. So why are you asking education? What are you trying to make it say? Is it representation for income? Are you trying to measure something else? Are you trying to determine their literacy level? I mean, why are you asking for their education? And once you understand why you want that variable, then you can frame the question in the way that will give you the answer that you're really seeking, because you might ask for your last grade attained. And so now, you know that they have a 12th grade education. But why were you really asking that? Are you trying to figure out what their income level is? Because that might not mean anything, because there are a lot of people who only have a high school education who have higher paying – I mean, so why are you asking that question?

Income is very dicey. Do you mean personal income, family income, the household income, the average family income, income from all sources, from gainful employment? And by gainful, I want to underscore gainful, because some people are not doing gainful or legal employment activities. Do you want their total gross earnings, what they're actually living on? Why are you asking for their income? So somebody – because you have two people making \$70,000 a year, one person is in debt and the other person is not. Is that really equivalent? What are you trying to really capture? How much money do you have to live on each month? That's a very different thing than just saying, "How much money do you make a year?"

A lot of cities have shown that whites and blacks' income is not equivalent. So, somebody who is black, who is making \$65,000 a year, versus somebody who's white that's making \$65,000 a year, or somebody who's Hispanic that's making \$65,000 a year. There's a wealth factor that you have included in that. There're people who have stocks and bonds and real estate and properties, and so they're making \$65,000 a year, but they have all these assets, savings, bonds, mutual funds, blah, blah, blah. Then this other group of people who don't have that, they only have \$65,000 a year and they're supporting three uncles and aunt and two cousins. I mean, that's a different picture completely. So you say, "Well, all the people making \$65,000 a year or more blah, blah, blah. But that really – is that really fair to say? So think about why are you asking that question. You may not be able to obtain exactly everything you want, but at least you stopped and thought about why you're putting that on your questionnaire.

Social class. Most of the time, when we ask questions about income, education, occupation, we're trying to describe social class. And it is – it's much more complicated than we like to believe and it's very, very difficult to disentangle and make any inferences about. But really, what you're - often, what people are trying to describe is that difficult to describe construct – variable, social class. So you might think about whether or not you want to combine variables together to paint a particular picture or one variable is sufficient, whether you need that level of detail or you don't need that level of detail. But you need to at least think about it before you just throw education, occupation and income on there. Think about what is it that you're really trying to say. In my experience, most times, we're trying to characterize a certain group of individuals by certain social factors to say, "Okay, these are the people that are most at risk." But by using income alone, that doesn't paint that picture well. By using education alone, it doesn't paint that picture well.

Ethnic group. How many surveys have you seen where you – they ask, what is your race? What is your ethnicity? Why are you asking that question? I'm not saying you shouldn't ask that question. I'm saying why are you asking that question? Are you really trying to find out the country of birth, the father's country of birth, the mother's country of birth? Are you using it as a proxy for the person's perception of themselves or what society is perceiving them to be? So you need to think about, when you ask that, what do you mean by that?

There was an interesting survey that was done that I heard about that when you ask people what society perceives them to be in terms of their race versus what they self identify? The health comes differed. So people who said that, "I am actually white, but people perceive me to be Hispanic or African American because of the shading of my skin," their health outcomes were worse than people who perceive themselves where their self perception and the societal perceptions were congruent. So why are you – so you just have to think about why are you asking what you're asking and make sure that you really are characterizing what you think you are.

Also know that sometimes, for somebody's ethnicity can change over time, depending on which documentation you use. So, you have to be really - what race/ethnic group do you identify with most closely. Or there are different ways to phrase things, but you just want to be clear to what you're asking.

Marital status is another big one that's sort of like, I crawl on my soapbox over all the time. What do you mean by that? Single, married, widowed, divorced, common law, separated, are you trying to find if they're in a stable union? Because single, today, means a lot of different things. And it could mean never married, it could be used to be married but not currently married, it could be widow, it could be a lot of things. I'm not married to anybody but I'm living with somebody for 15 years. Are you going to include them in the married category or in the single category? Who are they most similar to? So when you just throw single on there, be sure you're clear. Maybe it doesn't matter to you. Maybe you just need to know, sort of like a checklist, a quick and easy grouping

variable, that's fine if you don't spend all this time on it. But if you're really trying to dig deep into a particular situation and marital status you might think is important to that, be sure you're asking the right question.

Okay. So, even when you're talking about your outcome, your health outcome that you're interested in, again, make sure you're clear on what you're asking and what is your operational definition of that, and why are you asking and what is it specifically about that that you're trying to capture, because you want to make sure everybody's talking about the same thing. Again, hypertension, even diabetes, what do you mean by diabetes? Are you talking about pre-diabetics? Are you talking about diabetes itself? When you say diabetes just broadly, there are a lot of different things that you might be meaning by that. So, think through why you're asking what you're asking and what do you mean by that.

Okay. So, I'm sorry, I should've gone back. So there are – you can have an operational definition of diabetes or hypertension or stroke or preeclampsia, whatever it may be, from several different ways you can define it. You could have a medical definition, you could have sort of conversational definition, and then you can have a set of rules for the diagnosis of the disease based on the presence or absence of specific criteria. And these are manifestations or causal experiences. So you might have physical findings, symptoms, behaviors, course of the illness, response to therapy. So there are a lot of different ways that you could define your outcome just based on this alone.

So if you're asking, "Do you have diabetes?" Well, do you mean, has somebody diagnosed me? I did a fasting glucose test. Somebody told me - what do you mean by diabetes? So I think you get the general gist of that.

Okay, specificity, how specific should you be in terms of definition? It depends. High specificity means that you will detect only those people who definitely positively have your outcome. If you have a more broad definition, you might include people who might have your outcome, and is that okay for you. It may or it may not be, depends on what the purpose of the study is.

Okay. So when you're doing your survey, you can choose to develop new questions for yourself or you can use questions that were developed previously from a different project or study, or you can borrow questions from published scales. All of those are very viable options. When you borrow questions, it's nice because many of them are already tested and validated. The results can be compared with what other people have done. So the disadvantages are that it may never been used in your population, so you don't know the acceptability of those questions to your particular population. It may not be at the appropriate reading level and it may not be culturally appropriate.

Okay. Let's see, most of this, I think, I've already covered. My preference is just to look and find - if you're in a - if time is an issue, see what's already been done. Borrow questions if - with permission, of course, from sources, and use those. But make sure that it's worth borrowing. There's no need in borrowing a really bad question. I mean, it's

absolutely pointless. So you just perpetuate the bad collection, bad data collection. So really make sure that you – that the way the question is phrased, even how many – even the race/ethnicity question. If you – depending on the survey that you look at, this is asked a million different ways. So you have a lot of choices, so do your homework and see what you can find that would make the most sense.

Okay. Again, before you start writing questions or borrowing questions from other surveys, ask yourself, how easy will it be to collect this data as a survey?. How easy will it be? How hard will it be? Is it worth doing? Because it may be so much time and energy to - is it going to be a mailed questionnaire? It may take a lot of time, and you don't have the luxury of time. You need to do something much quicker so survey is not even an option. Will the information that you collect be useful and will it be used? If you're not going to analyze it, don't collect it. There are hundreds and hundreds and hundreds of questions that have been collected, that have been asked with data collected and no one's ever used the data, ever. So don't waste time collecting something that you don't need.

So you can do surveys a lot of different ways. You can do it self-administered with paper and pencil. You can do computer-assisted. If you have a really big budget and lots of money to throw around, you can do a computer-assisted one. You can do an interview-administered one. You can do a telephone. You can do a mailed questionnaire. You can do something based on the Internet. A lot of different choices.

And really, the determining factor for which one you choose is money and time. Money and time.

So, I won't go through this because I think it's fairly self-evident. Computer-assisted, telephone interviewing, personal interviewing, video, audio, all sorts of really nice things. I will say for Internet, think about your population. Internet questionnaires may be really nice for teenagers. Since they like -- they do everything on the Web, that may be a really great way to increase your response rate to survey. It's a terrible idea for elderly people. I mean, just absolutely -- I mean, I can't tell you how many times I've had emergency phone calls walking my parents through an e-mail. It's just like, okay, no, put the mouse, no, the mouse. Move it to the -- no, no, no. Click right button, not the left. So you don't want to get into that where they don't -- that they're afraid of taking the test -- the survey just because of the mode through which it's offered. But if you're -- teenagers are a fabulous way, Internet, they really like that.

See, so this talk's a little bit about flow, how to make the questions flow really nice. Response rates [inaudible] epidemiologist if I didn't harp on response rates for just a few seconds. Response rates are critical to the success of your study. You spent all this time and energy putting the survey together and only 10 percent of your intended target audience respond. You don't want that to happen. I mean, that's like the kiss of death. You don't want that to happen. So, think about some of the competing factors that you're going to face when you administer the survey. The response rate is often determined by the participant burden, and you have to balance that with the need to

collect a lot of information and the need to measure your constructs well. So, think about the real-life scenario. Who is going to be answering this questionnaire and under what circumstances?

If you're going to survey pregnant moms, you probably want to make it brief, quick and to the point. They're fighting morning sickness, they have got to go to work, they – or if you have new moms with preschoolers, you don't want this 15-page, double-sided, all this – because she's not going to do it. The child's running through the house with all sorts - all these worst-case scenarios you can imagine. Think about that when you're doing – designing your questionnaire or writing the survey because whatever will happen will happen, I promise you. It will definitely torpedo any kind of success that you might have had. So think about that in realistic terms.

And I just wanted to throw this up here because I think it's really helpful for people to think about. There are four stages when people are responding to a survey that you should know about so when you're writing your question and when you're administering your surveys that people go through, there's comprehension. First of all, the respondent interprets the meaning of your question. You do not want variation in this. You want every person who reads your question to read it and understand it the exact same way. You do not want any people over here thinking of it different. You want them to read it exactly the same way no matter who takes your survey.

Then there's retrieval. After the person reads the question, they start searching through their memory to pull up the relevant information. Once that information is retrieved, then they evaluate the information that they've retrieved to decide whether it's relevant to what you've asked them.

And then lastly, they weigh the acceptability and the desirability of the response that they're going to give you to that question. So going through those four steps in your mind when you are writing your survey will help you to sort of think about what are people really – you look at your question and you say, number one, can they answer this question? Am I asking a question that they can answer? And - or are you asking in a way that they can answer?

When you start asking people frequency of things, how often in the last six years did you do such and such? Well, I have no idea what I did last week, much less in the last six years. So if you're asking for frequency or amount, really put in a period of time that they can answer the question. Or you don't want to ask questions where they're just going to give you what they think you want. Do you agree or disagree with this question: breastfeeding is good for my child. Okay. Well, at this point, everybody's going to say, "Yes, breastfeeding is good for my child." Do they really believe that breastfeeding is good for their child? That's a different question altogether. So you don't want to ask questions where they're just going to give you back what you really are expecting – what they believe you're expecting to give.

So keep it short. Keep it simple. Be precise. Make your instructions clear. Don't make assumptions. And the rest of this, I think, is self-explanatory. Don't be vague. Pre-test if you have – well, pre-testing, I was about to say pre-test if you have time, but pre-test anyways. Even if you don't have time, pre-test anyways because it can save you a multitude of sorrows later. You don't want to find yourself in situations where - a colleague of mine gave an example that they did a survey, they sent out these questionnaires, they surveyed like 1,000 people, they analyzed the data, found out that one of the questions that they asked, "What are the number of sexual partners that you've had in the last year?" people misinterpreted that question completely. And that was one of their main variables.

So they had people who were married who said zero, they had no sexual partners in the last year. Well, what does that mean? Does that mean that they weren't having sex? Did that mean that they didn't have any affairs? Did they mean – I mean, what does that mean? You get this answer - response back and you're horrified. Oh, my Lord. If you had pre-tested it, you would have found out that that was problematic.

A survey that we did where we asked - it was a race/ethnicity question. It was, are you - why non-Hispanic, Hispanic, blah, blah, blah, blah, the standard questions. And it was interviewer-administered. When we got some of the early questionnaires back, we found that people who actually were taking the interview in Spanish were saying they were not Hispanic. So we thought, okay, something's wrong here. And we kept probing the interviewers, we fixed the interviewer instructions. Well, ask it this way, ask it that

way. And we got it back, and again, people who were Spanish-speaking said, no, they were not Hispanics. So then, we had to start asking some of the study participants, “Excuse me, ma’am, we noticed that you are Spanish-speaking and you said no. What was the answer?” Blah, blah, blah. She said, “Well, I’m not Hispanic, I’m Latino.” Oh, okay. So now we go back and we say, “Are you Hispanic or Latino?” And then we still had this problem. There were some women who were still saying no. Ask them, they said, “Well, I’m not Hispanic, I’m not Latino. I am Cuban.” They said, “I’m none of the above. I’m Cuban. I’m [inaudible].” So by the time we went through like weeks and weeks and weeks of this, we had a question that said, “Are you any of the following: Latino, Latina, Cuban, Puerto Rican, South American?” because people were just – they said, “That’s not me. I do not identify. That’s not how I label myself.”

Had we not pre-tested that, we would have gone in the end and found out all this data we have as meaningless because nobody was answering that question correctly. Same thing about African American. Some people don’t consider themselves African American. They say, “I’m black. I’m not African American.” So you have to be – things that you think are just normal everyday self-evident things - what is – sex, with a blank next to it: yes, no, frequently, often, I’m against it, I’m for it. Yes, female. What does that mean, you know? So, really think about pre-test. Even if it’s just a handful of people, pre-test it, make sure that there are no smoking guns there because you’ll really get yourself in a mess at the end when you have nothing that’s reportable. And it happens to even the best of us where even when we spend months and months and months and find out that we’ve got a really bad question on there.

Okay. So I think this is pretty much - oh, there's one thing I did want to say is help people. If you're asking them to remember over a period of time, help them out with some memory cues. Some studies have shown that if you have like a series of things, for example, a lot of times you want to ask people about things that happened during pregnancy or right around pregnancy or before pregnancy, help them to pin down a specific memory and then they can work based on that. So you might say - some people have given them a calendar and said, "Okay, what are the birth dates in your family?" Put down Christmas, what religious holidays do you celebrate or anything like that? And then, people have something within which they can work on. They're like, "Oh, yeah, around Christmastime, I went to the dentist," or, "Around my son's graduation, yeah, that's when I did that." So if you can help them pin down specific memories that will help them remember more generic memories.

If you're going to ask them how many times do they go see the doctor in the last year for their child's health outcome, whatever, you might ask them what are some of the reasons that you saw - went to the doctor last year for your child? And instead of saying, how many times did you go and see -- because people get things melded together. They went there because he had a cold and they happen to ask about this other thing so they might not remember that. So you have to help them sort of orient themselves and pin them down. Okay, what were some of the reasons you went to the doctor? While you were there, did you ask him about anything else? Did you have a

follow-up visit because of that? So try to help them remember in a more concrete sorts of way.

Okay. I think enough about that. Some people recommend putting demographics at the end. Some people say putting it at the beginning. Their jury is out on – you could do it either way, I think, but you definitely want to put the sensitive questions sort of in the middle. If there's something - you're going to ask somebody about HIV status or how many sexual partners, buried in the middle and kind of help them out there.

Okay, some of these you can read. Okay. Good questions. Do you agree with radical environmentalists who claim that 40,000 loggers should be put out of work to save 200 spotted owls? Do you think this is a neutral question? Yes? No? No, not neutral at all. Do you agree with timber company executives who argue that habitat for the few remaining spotted owls should be sacrificed so loggers can keep their jobs for the rest of their lives? Once again, a non-neutral question. So think about that when you're writing your questions.

Okay, let's see. I think that's kind of more halo effect stuff, change up the patterns, close-ended, blah, blah, blah.

Okay. All right. So, seventh method is central location intercept interviews. Advantages are obtaining information from a large number of people, low cost, there's opportunity to get opinions and interest of hard-to-reach priority populations. And the disadvantages

are that they may not statistically represent the entire priority population. So, this is where you station yourself at a central location that is like, for example, if you're trying to reach college students, you might station yourself at the local college hangout, go there and sort of man a table where as people come in, you interview them. So, again, you could see why it's not going to represent the entire population but will help you gain information about specific subpopulations, if that is your intention.

Okay. And then, the last method is focus — well, not the last, but another method is focus groups. How many people in here have had experience with doing focus groups? Okay, so about three or four of you. Okay. It's an excellent vehicle for community assessment. It's a qualitative method that's used to gather opinions, perception and ideas. It can be used alone, but it's best if you use it in combination with other methods of collecting data. It's really good for exploring attitudes, beliefs, values, knowledge, perceptions. And they can serve as a social experience in a support group if they're done well.

So, when do you use focus groups? You don't want to do a focus group when you want to answer a simple question. You don't want to use a focus group to answer questions that are too complicated or sensitive for public discussion. It's not a good idea to do them if peer pressure would inhibit response or when respondents are geographically dispersed, where they're going to have to travel too far to come to your focus group.

You should use them when you want to explore ideas or stimulate richer responses, or you want to observe interaction between people, you want feedback on a certain thing, and you can gather people from a target population. So, focus groups, I think, have a bad rap in the sense that people think that they're really easy to do. And you hear people say, "Oh, we'll just going to do a focus group. So we're just going to gather some people together in a room and we're just going to sit around and ask them a bunch of questions and go home." There's actually a methodology, rigorous methodology, to doing focus groups and doing them well. Again, you need to have a purpose, specific objectives. What do you want to get at the end of the focus group? You don't want just people sitting around a table talking. There is an objective. What do you want to get out of the focus group when it's finished?

You need a moderator. You need a moderator's guide. You need — you have to recruit participants. You need to think about the location and the time in which - that you're going to hold your focus groups. And there are specific software that you can use to analyze the data, if you want to get shfancy shmancy. Or you can do something as simple as tape-recording the session and transcribing the notes.

So, you want your focus group participants to be homogenous. In some cases, all from a target populations. So, for example, you're thinking about you want to do focus groups about WIC participants. Well, WIC participants is a very heterogeneous group. How can you break that down within that population to get subpopulations within there? So, you might want to get, like, new moms together, women who've never had children and this

is their first pregnancy. So, you pool all those moms together. And then, you might have a separate group for mothers with small - this is their second pregnancy, pool those all together. You might want to get the veterans; this is like their seventh time on WIC. Put all those moms together in a group and - or there might be different ways that you slice the pie, but you just want to put like people together, if possible, but they need to be - then you may also do it where you actually want very different people in the same room together.

So, it depends on what your purpose is and why you're doing the focus group. You can recruit participants through newspaper ads, flyers, all different ways of recruiting people, but you always want to recruit more people than you expect to show up. So, you invite 15 and know that probably seven, eight, nine maybe will come. And confirm, confirm, confirm, confirm, and confirm again.

And here's just an example of flyers, and we've all seen these everywhere. So, you have to decide, do you want to do an incentive or not? Does it have to be monetary? Can it be non-monetary incentives? That's possible. You don't want any more than 12 people in your focus group. You know the entire process is going to take two hours, one to two hours, but usually, the focus group itself, the discussion part is no more than an hour, but the form consent and the getting everybody together and all of that might take another 30 minutes.

How many groups do you need? Usually, you want to do about four focus groups to really get the richness of the information that you need, and you want it to be held in a convenient place with comfortable furniture and a comfortable place.

You really need an experienced moderator to do focus groups. If you can't find an experienced moderator, at least read up as much as you possibly can before you do focus groups because it's really hard to do. You don't want them to be part of the target population, but they should be similar in either age or gender or race, so you probably don't want a man facilitating a focus group on breastfeeding practices. I mean, you want them to be able to bond and connect with the moderator in some way.

So, what is the moderator's guide? Because I'm sure some of you may have done focus groups in the past where it was just kind of on the fly, you had a list of questions, you just went in there and asked your questions, or it could have been very structured. So, the moderator's guide has an introduction that explains the purpose of the focus groups, it establishes some ground rules for the discussion. You have main discussion questions sequenced and ready to go with, including probes in case - I mean, there's nothing worse than doing a focus group and then every sits there and looks at you. You ask that question and everybody just sits twirling their thumbs. So, you want some predetermined probes, predetermined lead-ins that can stimulate conversation should that be necessary. And you need a conclusion that sort of wraps things up because what you want to happen is people get really engaged, they're talking, talking, they're just sharing, going in, and then all of a sudden, it's like, "Okay, well, thank you very

much. Have a good day.” You don’t want to just end it abruptly. So, you need a way to bring it all back together and say, “I’ve heard this, I’ve heard that, you made some really good points, you’ve given us a lot to think about,” and then you wrap it up slowly. But you don’t want it to be just like this abrupt “Thank you so much. Okay, everybody, goodbye.” So, think about the conclusion and go through the stages really well.

You will need consent forms if that’s related to - I’m trying to think if there’s a situation which you may not need a consent form. But it’s often necessary you will need a consent form of some sort. You’ll need - you can have a - if you choose to tape-record the focus group, which I strongly encourage, you also should have a note taker, somebody that their sole purpose is to write down what people say, because there may be things that don’t get captured on tape, there may be things that the note taker, who’s observing, wants to comment, make comments after a particular statement was made. They may say people seem very impassioned about this. Highlight, underscore things that you want to follow up on later. So, having a note taker or an observer in the room is often helpful.

Let’s see, for the moderator, you can - I think that’s pretty much self-explanatory, but you want to get there in advance, set everything up. And when the moderator is guiding the session, you want to be aware of your facial expression. I’m really guilty about this. I have to watch my face often because I have all these expressions that I don’t realize I’m doing when I’m talking, when I’m listening, and I raise eyebrows or I make face. See, you don’t want that to happen [inaudible] some horrible moderator. I just - I’m good at

note taking, but I can't - I have to sit where they can't see me because I will make - yawn or smirk or smile because - but some things that people say are really funny and you don't want to make people feel uncomfortable. So, you need to get somebody who's really good at doing that.

Okay. Let's see. So, the note taker's role, that's there. And then, after the focus groups are over, then you have a transcriptionist transcribe your audiotapes and you read and you listen to the tape to check for accuracy, and then you can go back through and identify the common themes that emerge from all the focus groups. And if you're not good at doing focus groups or you've never done one, I strongly recommend talking to somebody who has done them in the past, or there are some people who you can hire to do focus - to be moderators for your focus groups. That's all they do, is they're really moderators, they have a lot of experience, so you can hire somebody to do that.

Okay. So then, after you have your themes that have emerged from your focus groups, you can write a report, a quick report why you needed to do the focus group, what you hope to clarify, the methodology that you used, what were the main findings from your focus groups, and what should be the next steps. This does not have to be an epistle. It doesn't have to be like this 35-page bound, hard-covered document. It could be a few pages where you just summarize for yourself what are the main findings.

So these are all the different methods - oops, these are all the different methods that you can use when you're doing your community needs assessment. You can use one

method, several different, but I just hope that you have gotten some ideas as to how to go about doing a community health needs assessment. If you really - we're going to do one tomorrow, what are some of the steps that you can take?

So, actually, you are doing one, but not tomorrow. You're doing one right now. So, if you are game, I'd like to have two groups. So, I guess the easiest way is, like, that's one group, and this is the other group, but we only have five over here and we have more than five. So, if I could borrow two people from over here who are willing to cross the Atlantic Ocean and come over to a different continent, then we're just going to work through an activity together, well, actually, separately, and then come back together and talk about some of your experiences. So, if I have two volunteers that are willing to do that who we can put some of - oops, but before we launch into that, are there any questions or comments, I mean, I know I went somewhat fast. I wanted to leave enough time to do this activity, and I also know that you're kind of tired and don't want to belabor the point. So, are there any questions, comments, things I didn't address that you wish I had? Yes?

UNKNOWN SPEAKER: I have a question about the [inaudible].

WENDY NEMBHARD: Mm-hmm.

UNKNOWN SPEAKER: I understand how it's calculated. However, in the second slide where all of the values are in, how are the [inaudible] and where did those come from?

WENDY NEMBHARD: Those are the values that you assigned to that particular health issue.

UNKNOWN SPEAKER: Okay. So, we assign values [inaudible].

WENDY NEMBHARD: Right. And then you multiply that by the weight to determine where they fall in terms of your priorities.

UNKNOWN SPEAKER: Okay. Thank you.

WENDY NEMBHARD: Are there any other questions or comments, feedback? Anything I didn't cover that you wanted me to cover? No? Is everybody awake? Are you alive? Are you still breathing? Yes? Okay, all right.

Well, let's launch into this exercise. Okay. So, you've been told that earmarks come down from the governor's office to be spent on MCH issues, and the money has to be spent by the end of this fiscal year or it'll be scrapped back. So, you've got to use this right away. And you've been assembled on two separate task forces because you're in different communities. And you're charged with deciding how the money will be spent. So, being the great MCH people that you are, you decided to do a community health needs assessment. All right? So, your first assignment is what are you going to do, in what order, and why? So you can come together, you can circle up the wagons and

decide what are you going to do. What steps are you going to go through to decide how this money is going to be spent? I mean, you know that you're going to do a needs assessment, but what are you going to do specifically? You have about 10 minutes or so, 10, 15 minutes or so to hash that up. Oh, what I forgot to say is pick a state or county from which one of you are so that you kind of have contacts to work within and then go from there. I would've assigned you a county, but then I wasn't sure that anybody would know what that county was. So...