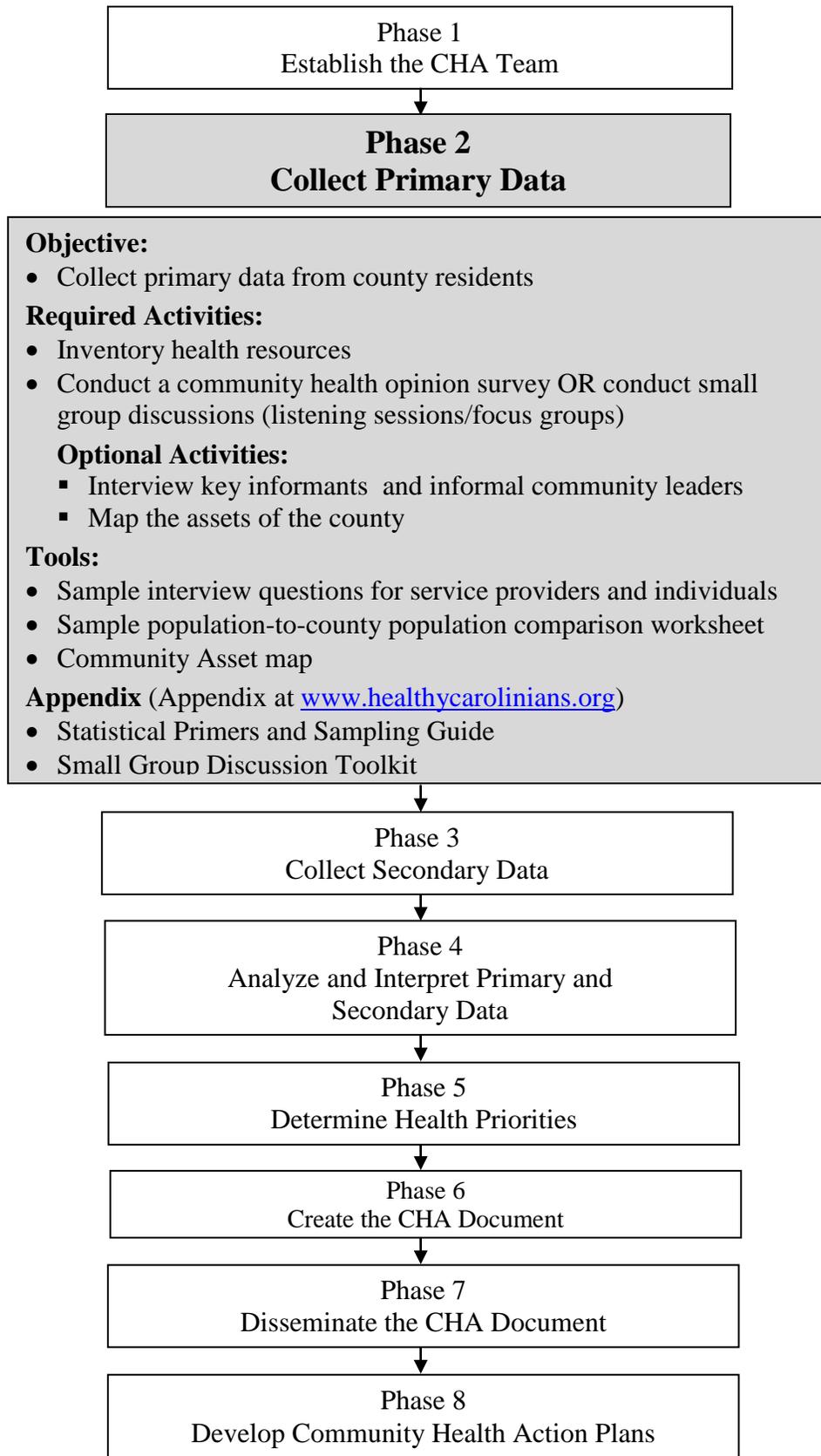


# NORTH CAROLINA COMMUNITY HEALTH ASSESSMENT PROCESS



**Essential Services #1** Monitor health status to identify community health problems

**Benchmark #1** LHD shall conduct and disseminate results of regular community health assessment

Accreditation Activity 1.1.e Collect/analyze primary data to describe the community health status

Accreditation Activity 1.1.g Use scientific methods for collecting and analyzing data

Accreditation Activity 1.1.i Identify existing and needed health resources

**Benchmark #11** LHD shall convene key constituents and community partners to identify, analyze and prioritize community health problems/issues.

**Benchmark #19** LHD shall identify populations that are not receiving preventive services or are otherwise underserved with respect to health care.

**Consolidated Agreement** Include collection of primary data at the county level

*Additional Accreditation Benchmarks may apply to the CHA (verify by Accreditation Site visit and LHD self-assessment instrument)*

## Phase 2: Collect Primary Data

While this phase is potentially the most time-consuming part of the CHA process, it allows the CHA Team to discover what county residents think about their health status, needs, and county resources. Plan at least three to five months to complete collecting and analyzing primary data. Many members of the county can be involved directly in this part of the CHA process and the results can provide a wealth of information. Adopt an inclusive approach and involve as many people as are interested in the process. Partnering with other agencies interested in doing a community assessment in the same year can lead to greater understanding of the health status and needs in the county. It also can lead to greater cooperation in implementing the community health action plans. Review past CHAs and State of the County's Health reports to see what has been done in the past and to identify trends.

The Community Health Assessment (CHA) Team will need to collect data directly from county residents because it is important to hear the community's voice. Data need to be collected from a wide variety of county residents to assure that the data represent all parts of the county population. Two types of data are required:

- Inventory of health resources
- Community opinion collected through a health opinion survey or small group discussions

Data that are collected firsthand are known as primary data. Data originally collected by someone else are secondary data. See Appendix C and D: *Statistical Primers* for additional statistical information. Secondary data can be collected by local groups or agencies like the local hospital, school system, law enforcement, etc. or by state agencies such as the State Center for Health Statistics (SCHS). Secondary data will be discussed in Phase 3.

Phase 2 presents various methods of gathering primary data and provides guidelines to help the CHA Team collect this data. The CHA Team may choose to collect data in one or more ways, depending on time, money, abilities of team members, and resources. If resources are limited, spend the available resources to do a thorough job of collecting data using ONE method

only, rather than trying to use multiple methods. Be sure to pilot test any tool with people similar to the target population before administering it. The CHA Team may use any of the tools in Phase 2 Tools as they are or modify them to better suit the county's needs. Always include space for people to provide their contact information if they are interested in hearing the data results.

**Before beginning to collect primary data, check with other agencies and organizations to find out if there have been previous assessments or efforts to gather similar data. If so, obtain a copy of the assessments results; this will prevent a duplication of effort and provide information and possible insights into the county. Information from other sources is considered secondary data.**

## **Health Resources Inventory (Required)**

An inventory of health resources in the county should include information on: (1) current agencies and organizations that have some effect on health, (2) resources that are needed but currently lacking, and (3) brief narrative to explain how the current and needed resources influence the health of county residents. Determine if the county has any of the groups on the *Health Facilities Resource List* and the *Supportive Services Resource List* on the following pages. Add any other available resources in the county that are not mentioned in the two lists.

The method of gathering information for the inventory varies from one county to another. A good starting point is to list known resources and then contact others in the county to fill in the gaps. Gather additional information by interviewing or surveying representatives of the agencies/organizations in the county and by reviewing reports. Ask county residents where they go for health care.

One product that often grows out of this inventory is a Directory of Health Services. While not required, a directory can connect the county residents to organizations and agencies that provide health services. The following format is a suggested guide for collecting information and developing a written narrative describing each type of health resource in the county. The health resources inventory information can be organized in an Excel spreadsheet or Word document. *Sample Questions for Interviewing Service Providers* in Phase 2 Tools has questions that can be used as a basis for the inventory, key informant interviews, and asset mapping.

### Suggested Health Resources Inventory Format

1. Complete name of agency/provider/facility
2. Location/Contact information including the name of a contact person, telephone number, website (if any), and mailing and physical addresses
3. Population served, services provided and their availability (e.g., hours and days)

Note: Some of this information is available from websites and annual reports of agencies. Also, some libraries have information and referral services that provide information about the agencies in the area. United Way often maintains a directory of local services. The statewide NCCARE-LINK Information and Referral Service can provide information on human service agencies in the county. [www.nccarelink.gov](http://www.nccarelink.gov)

Explore other resources in the county that improve the physical, mental and social health and well-being of its citizens. The local phone book may list private fitness centers, volunteer organizations, and educational facilities such as the local technical school or community college.



Ask questions like:

- Are there restaurants, markets, and grocery stores with healthy and affordable food choices located in every neighborhood?
- Do the individual communities in the county provide adequate transportation so that people can get to healthcare and other social services?
- Are there enough high quality options for child and elder care?
- Are there groups that rehabilitate, help, and support those suffering from addictions and mental illnesses?
- Are there shelters and counseling resources for victims of abuse and domestic violence?

### Health Facilities Inventory

Start with any current lists of health agencies and organizations that are providers of health services (e.g., local physician directory). Other resources listed below may or may not be available in the county but may be needed.

- |                                       |  |   |
|---------------------------------------|--|---|
| • Hospitals, emergency rooms          | • Homeless health projects and free clinics and pharmacies | • Renal dialysis centers  |
| • Nursing or adult care homes         | • Recreational facilities and fitness centers              | • Health care for jail inmates  |
| • Mental health facilities            | • Insurance providers                                      | • Employer health benefits/services   |
| • Community health centers            | • Pharmacy services  | • Linkage and referral patterns with medical & health facilities outside of county (e.g., secondary & tertiary hospitals, specialty care) |
| • Rural health clinics                | • Ancillary services (X-Ray, Laboratory)                   | • Health promotion & prevention programs (e.g., health education, screening, immunization, & nutrition services)                          |
| • Emergency medical services          | • Foundations (e.g., Kellogg, RWJ, Duke Endowment)         | • Chiropractic services   |
| • Home health and hospice care        | • Voluntary/private medical facilities                     | • Maternal and child care (e.g., midwife services/ birth centers)   |
| • School health services              | • Substance and alcohol abuse services                     |   |
| • Medical and health transportation   | • Medical & health equipment suppliers                     |   |
| • Nursing and medical school services |  |   |
| • Dental care providers               |  |   |

### Health Providers Inventory

Combine health provider information with other health statistics to see whether there are enough providers to meet the county's needs. For example, if there is a high percent of tooth decay in 5<sup>th</sup> graders and a low dentist-to-population ratio, then the numbers suggest that the county lacks sufficient dentists to meet the needs.

### Health-Related Supportive Services

Develop a descriptive inventory for each community, human, or social service agency not normally considered a direct provider of health services. Indicate the agency's contributions to the overall enhancement of the county's health. Add other resources available in the county.

### Supportive Services Examples

- ✓ Chamber of Commerce
- ✓ Child Care Providers
- ✓ Economic Development Office
- ✓ Head Start Programs
- ✓ Law Enforcement Agencies
- ✓ Media
- ✓ Parks and Recreation
- ✓ Places of Worship
- ✓ Public Transportation Systems
- ✓ Senior Citizens Centers
- ✓ Social Services, including assistance with:
  - Food Security
  - Housing/Shelter
  - Medical Coverage
  - Home Heating/Cooling

### Health Resources Inventory Analysis

Once an inventory of health resources is compiled, the CHA Team can assess the overall adequacy of the services, their integration into the county's effort to enhance healthcare, and determine needed improvements or gaps in care. Base this analysis on the facts collected about existing health resources, the opinions of agency customers, and the subjective judgment of the CHA Team members from their first-hand experience and knowledge as county residents. **The end result should be a brief narrative describing the methodology for collecting the data, the adequacy of current services in relation to the overall needs of the county, highlighting the areas that are not met.** The narrative can be included in the CHA report as two or three paragraphs in a separate section or can be integrated throughout the CHA into the related health topic areas. List any additional resources that could be developed to meet any unmet needs in the county and potentially included in future requests for funds. If the county plans to use the inventory on an ongoing basis, it is simple to update the information using a computer database.

### Uses of the Community Health Resources Inventory Information (Optional)

- ✓ **Publish a Health Services Directory for Providers:** A directory of health services in the county may help providers facilitate referrals and encourage networking.
- ✓ **Publish a Health Services Directory for County Residents:** A directory (either published separately or as part of the CHA report) can be a good source of health resource information for community members. This directory can also be put on a website in a searchable format.

### **Community Health Opinion Survey** (Required if not conducting Small Group Discussions)

Either a community health opinion survey or small group discussions are required for the CHA. The community health opinion survey is an effective method to discover what county residents think about their health status and the county that they live in. Everyone who lives in the county could be surveyed, but generally taking a sample of the population can save time and valuable resources. Random sample surveys are an excellent way to get the opinion of a large number of people in a cost-efficient way. **A well-designed, correctly sampled survey should be representative of the whole county population.** Other organizations and agencies (i.e., emergency preparedness, Healthy Carolinians partnerships, hospitals, United Way) in the county may be required to do a needs assessment survey. Explore the possibility of combining their requirements with CHA to maximize resources and minimize duplication of effort and impact on the community.

Surveys usually have short questions with predetermined response categories. They provide a standardized, written account of the answers given, which makes tabulating responses easier. These responses present interesting statistics or facts about the health and well-being of county residents surveyed. Use survey information along with secondary data to determine need for interventions and to set priorities. It is important to remember that the information collected is the opinion of the people surveyed and may not be representative of all county residents depending on how the participants were selected. Surveys do not offer an opportunity to examine complex issues in depth and the exact opinion of the respondent may not be represented because the choice of answers is limited. In-depth discussions on opinions of county residents on complex issues can be more thoroughly explored in small group discussions like listening sessions or focus groups.

Community Health Opinion  
Survey in both English and  
Spanish can be downloaded from  
[www.healthycarolinians.org](http://www.healthycarolinians.org)

### **Why to Do a Survey**

If the goal of primary data collection is to hear opinions from a wide variety of people and get a representative profile of the whole county, then a survey is a good method to use. The most efficient method to find out general information about the county is to sample only a subset of the county, rather than the entire county. It is too expensive and too time consuming to talk to every person in the county. The quality and usefulness of the data, especially the extent to which findings can be generalized to the entire county, will depend on how the sample is chosen. Choosing a sample requires a solid understanding of survey methods, so be sure to consult an expert if unsure of how to choose a sample.

In general, the larger the sample, the more confident the CHA Team can be about the numbers obtained (assuming the sample isn't badly biased). Typically, 10-20 percent of people surveyed will not answer the survey. Therefore, plan to survey extra people in case some people cannot or choose not to participate. The next sections will discuss standard practices for planning a survey and choosing a sample population.

### **Plan the Survey**

In order to do a well-designed survey, start planning and designing the survey several months before it is time to collect responses. The first step is to decide who the target population is and then to design the sample selection, survey questions, and method based on this decision. This allows the CHA Team to gather the best data possible about the target population. Before collecting the data, decide how the data will be entered into a computer so that the survey responses can be designed for easy data entry. Also decide how it will be analyzed so that the CHA Team has all of the information needed when they get to the analysis stage. Be sure to budget enough time at the end of the survey to analyze the information collected, to create a report, and to set priorities. Collecting and entering survey data can be time-consuming, especially if there is a large team of interviewers and data entry people are not available.

Several major decisions that the CHA Team needs to decide before initiating a community health opinion survey are:



- Who do they want to survey (i.e., target population)?
- How will the survey sample be selected?
- What do they want to know about the county?
- How will the data be analyzed?
- When is the best time to schedule data collection?  
(Think about weather, work schedules, volunteer availability, etc.)

Remember: community is defined as the entire county in CHA.

## Target Population

The target population is the group of people whose opinions the sample should represent. Usually the target population will be the whole county for a CHA. However, a county that already has county-wide health survey data such as the BRFSS (Behavioral Risk Factor Surveillance System) for that year may want to target certain neighborhoods, cities, or other smaller groups of people for its survey.

## Sampling Frame

Choose people to survey from a *sampling frame* which is defined as a list of people or geographic area from which people are sampled. Select a sampling frame that represents the target population as close as possible. For example, if the target population is all adult county residents, the ideal sampling frame would be a list of all people over 18 who live in the county. The sampling frame should be comprehensive, complete, and up-to-date. Some large sampling frames include the initial list of people eligible for jury duty (these are already randomly sampled), voter registrations, property tax listing, or city land parcel maps. Check with the city/county planning office to see if they have a list of all residential addresses, since most people can be found at some type of residence.

The telephone white pages were useful for many years, but these are not reliable now because many people have unlisted numbers, no land lines, or no telephones at all. Some sampling frames may be off limits due to privacy issues (e.g., North Carolina driver's license records) or budget limitations (e.g., USPS Delivery Sequence Files). However, local government officials may be able to approve the use of jury duty lists, property tax lists, or county voter registrations for address-based sampling frames.

## Sampling Methods

There are two types of sampling methods used to choose individuals to be surveyed: **probability-based** (random and systematic) sampling or **non-probability** (convenience) sampling. The main difference is that with probability-based sampling a statistician could calculate the chance of a person being picked to be in the survey; whereas, with non-probability sampling the factors influencing a person's chance of being selected are unknown. **Keep track of sample selection details so the sampling procedure can be reported along with the results.**

## Probability-based - Random Sampling

**The ideal method is *random sampling*.** A sample is random if every person in the target population has an equal chance of being included. Because of this equal probability of selection, random sampling gives reliable results while sampling a smaller number of people than most other methods. When done correctly, random samples are *generalizable*; meaning that the survey results represent the opinions and needs of the entire target population. Random sampling can be used with any survey mode not just door-to-door surveys. Random sampling does not require any fancy equipment and can be simple in design or complexity, depending on the target population and sampling frame. If random sampling is selected, consult a survey expert to help develop an appropriate strategy for generating a random sample for the county. Contact the local college/university to see if they can provide assistance. A *Guide to Sampling for Community Health Assessments and Other Projects* is located in Appendix E. There are two types of random sampling: simple random sampling and stratified random sampling.

- ***Simple random sampling*** In simple random sampling, people are chosen randomly from the entire population. For example, if the names of 200 people were written on slips of paper, put into a hat, and mixed up, 20 names chosen from the hat would be a random sample of that group of people. An easier way to take a simple random sample of a large community would be to number and list all of the residential addresses in a spreadsheet, choose a set of numbers using a random number generator, and then surveying the households that correspond to the selected numbers. Excel already numbers the rows in each spreadsheet, so it is easy to number a list of addresses by putting each one on a separate row. Random number generators are available for free online ([www.random.org](http://www.random.org) or [www.openepi.com](http://www.openepi.com)), in sampling textbooks, or are programmed into some data management software.
- ***Stratified random sampling*** In stratified random sampling, the target population is divided up into similar groups (e.g., by race, gender, or geography) and then participants are randomly sampled from each group. This ensures that all groups in the target population are represented. The more similar the groups are, the less error there is in estimating statistics for these groups. This type of sampling is best when the goal is to report information on smaller groups within the county. For example, a simple random sample of a county with only five percent Hispanic population might not select any Hispanic residents to take the survey, just by chance. To be sure that the Hispanic residents are surveyed, a stratified random sample would be the best method for this county.

If using door-to-door surveys, minimize travel by dividing the county up into geographic regions such as census blocks and then sample within only some of the census blocks. Two-stage cluster sampling is when the geographic regions or clusters are first randomly sampled and then the people within each geographic cluster are randomly sampled. For more information, see *Two-Stage Cluster Sampling: General Guidance for Use in Public Health Assessments* in Appendix E.

## Probability-based - Systematic Sampling

A systematic sample is a sample at an interval ( $i$ ), where  $i$  is a number. For example, at an interval  $i=10$ , every tenth person would be sampled. Choose every  $i^{\text{th}}$  person from a list or every  $i^{\text{th}}$  house on a street, starting from  $x$ , where  $x$  is some randomly chosen number. Choose  $x$  by rolling dice, using a random number generator, or by pulling a number out of a hat. The sampling interval,  $i$ , is calculated by dividing the total number of people in the “list” by the sample size needed. For example, to sample 30 houses from a neighborhood that contains 150 houses, the sampling interval,  $i = 150/30 = 5$ . Throw the dice to get the starting point and if it rolls a 9, start at the 9<sup>th</sup> house from the entrance and survey every 5<sup>th</sup> house. To avoid bias, set some rules before starting the survey so that all of the interviewers are consistent in their sampling strategy, such as “Survey only houses on the right side of the street” or “Turn left at the end of every street.” If using a paper list, decide whether to sample people moving from the top down, or the bottom up.

Systematic sampling is easier to do than random sampling because only the first number needs to be randomly decided. It also evenly distributes the sample over the population list, but it does not give everyone in the population the same chance to be included in the sample as random sampling does.

## Sample Size for Probability-based Samples

Before taking a sample of the whole county, decide how many people need to be surveyed. Several factors influence sample size including cost, time, and personnel available to conduct surveys, the type of sample, the prevalence (percent in the population) of the key characteristics of interest, and how much uncertainty the CHA Team is willing to have in their statistics. The population of the county also plays a role in estimating sample size. For very small counties, a larger portion of the population might need to be surveyed to get reliable results than for large counties. Also, if the CHA Team expects people’s opinions to vary a lot on an issue or are interested in looking at the results according to subgroups (e.g., age, race, gender), the sample size should be increased. Remember to plan ahead to survey extra people in case some people in the sample do not or cannot participate. There should be a balance between having a sample size large enough to be scientifically valid and keeping it small enough to be manageable. Again this depends on resources. A survey expert can help to find this balance.

**To estimate sample size needed for probability-based samples, use the free and easy, web-based sample size calculator called Open Epi.** Go to [www.openepi.com](http://www.openepi.com) and click on the word “Proportion” under the “Sample Size” folder, from the left side bar menu. Click on the “Enter” tab and enter the population size of the county, desired precision/confidence limits and the prevalence of the main health outcome of interest (ex: percent uninsured). For the Design Effect, enter 1 for a simple random sample or enter 2 for a two-stage cluster sampling design. Click on “Documentation” for more information on Open Epi. For a more complicated design, consult a survey expert or review the survey literature for a suitable Design Effect Factor.

## Geographic Information System (GIS)

GIS mapping software is a sampling resource. It helps view and visualize data in many ways that reveal relationships, patterns, and trends in the form of maps, globes, reports, and charts. GIS maps can give a fresh look at the data from a new perspective that may reveal answers to questions and solutions to problems that were previously not obvious by looking at the numbers.

Some types of mapping software can conduct population-weighted cluster sampling, select sample sites, divide the selected sites among survey teams, and generate directions for navigating to survey sites. Data collection is usually conducted by teams of two persons each using handheld computers. The number of teams can be varied depending on the sample time and time available to conduct the survey. GIS information and training support is available for local health departments through the NC Center for Public Health Preparedness at [nccphp.sph.unc.edu](http://nccphp.sph.unc.edu) or through some of the Public Health Regional Surveillance Teams (PHRST).

### Non Probability-based Convenience Sampling

Because random sampling can be complicated and expensive, the CHA Team may choose to do *convenience sampling*. In this type of sampling, respondents are included because it is convenient to do so. An example of convenience sampling is surveying people at selected locations (e.g., neighborhood shopping center, church choir). In non-probability based convenience sampling, the chance or probability of a person being included in the sample cannot be estimated. The main advantages of this survey technique are that it is relatively cheap and maybe less time-consuming. Major disadvantages of convenience sampling are: (1) the results are not generalizable to the target population; (2) there is no way to estimate how reliable or precise the data are; and (3) the sample is more susceptible to selection bias than probability-based sampling since the respondents who are present when the surveys are handed out and completed may be different from the county's population as a whole. For example, clients at a medical clinic might be sicker than the average person in the population. People surveyed at a shopping center might have a higher income, better transportation, or more leisure time than people who do not shop at that shopping center. Some opinions will be missed, so the results can only be reported as the opinions of the people surveyed (ex: "These results represent the opinions of people surveyed at XYZ shopping center on a Tuesday afternoon between 1pm and 5pm").

### Sample Size

Unfortunately while convenience sampling is quick and easy, it is not possible to know all of the factors that make the sample different from the target population. Therefore, a convenience sample is greatly susceptible to bias no matter what the size. To reduce this potential for bias, at least 500 people should be sampled to hear from the widest variety of people possible within the convenience sample. The larger the sample, the more confident the CHA Team can be that the results at least represent the opinions of many people. As with any type of survey, survey extra people in case some people in the sample do not or cannot participate.

- ***Stratified Convenience Sample.*** Develop a sample that is, as much as possible, representative of the county's demographics. Make a list of the target populations to be surveyed, and then distribute surveys to groups where the target populations can be accessed (e.g. seniors at a senior center, men at a volunteer fire department, single mothers picking up their children from daycare).
- ***Systematic Convenience Sample.*** Another way of improving the convenience sample is to survey every  $x^{th}$  person that walks in the door of the sampling location or every  $x^{th}$  person who walks by the interviewer, where  $x$  is a randomly chosen number, as in systematic probability sampling. This technique forces the interviewer to choose people more randomly than if he or she could decide who to approach.

- **Quota Sample.** When there is no available sampling frame available, ask interviewers to gather a certain number of surveys in each defined group (e.g., geographic region, race, sex, age, or income level). Usually the quota for each group is set so that the percent of that group in the population matches the percent of that group in the sample. For example if there are 60 percent male and 40 percent female residents in the county, choose 300 men and 200 women to survey in a sample of 500 total residents. This is similar to stratified random sampling except that there is no guarantee that the sample within each group will be representative of all people in that group, since they were not randomly sampled.

If doing a convenience sample, a sample size of at least **500 people is required**. Taking a random sample of the population may allow a smaller sample size with more reliable results.

For assistance in calculating sample size, contact local survey experts or the State Center for Health Statistics.

A Rough Guide for Sample Size	
<u>Sample Size</u>	<u>Adequacy for Analysis</u>
100	Too small for most purposes
200-300	Very small, may give rough estimates
400-500	Small, age group analysis will be difficult
600-800	Sufficient for all but complex analysis



**Results from convenience samples must be interpreted with caution.** It is important to describe whom the sample and data represent because generalizations can be made only to persons who are similar to the convenience sample. Remember to keep track of sample selection details so the sampling procedure can be reported along with the results.

### Survey Mode or Method

Several factors are involved in choosing a *survey mode or method*. The method used to disseminate the survey will vary depending on who is being surveyed and available resources. Surveys can be mailed, distributed by hand, conducted by telephone, in person, or by an interviewer, left with a drop box to be picked up from a specific location, administered in a group setting, or left in a public place where anyone who wants to complete a survey can pick one up and return it to the CHA team. Alternatively, a combination of any or all of these methods of distribution can be used. The following table lists survey modes and benefits.

Survey Mode		Benefits of Each Survey Mode							
		Likely to participate	Likely to answer all questions	Accessible to everyone	Low Cost	Quick	Anony-mous	Interviewee can ask questions immediately	Avoids Interviewer Bias
Self-administered	Mail				✓	✓	✓		✓
	Email				✓	✓	✓		✓
	Given out at location/ event				✓	✓	Some what	✓	✓
Interviewer administered	Telephone		✓					✓	
	Door to Door	✓	✓	✓				✓	

One consideration is whether trained interviewers will administer the survey or if it is self-administered. Advantages of self-administered surveys are that they: (1) can be completed at the convenience of the respondent and (2) can provide anonymity that allows people to be honest without fear of judgment. The disadvantage is that it is impossible to assure that the respondent understands the questions. Interviewer-administered surveys allow the participants to get clarification about questions, which may lead to more accurate data. Untrained interviewers may introduce interviewer bias. *Interviewer bias* is when the interviewer influences the answers by the way that he or she asks or responds to questions or when the interviewer's interpretation of the response influences the reported answer.

Another consideration involved in choosing a survey mode is finding the most effective way to get county residents to participate. One of the biggest problems in conducting a survey is the low response rate. Good intentions don't always lead to survey completion. If the people who respond are different than those who do not, the responses may not be representative of the group as a whole. This is called *response bias*.

Increase the number of people responding by rewarding people by having incentives for returning the survey. If literacy or internet access is a concern, then an interviewer-administered, face-to-face survey may be a better method than printed or web-based surveys. Follow-ups and reminders by mail or telephone may also be necessary for self-administered surveys.

The final factor to think about when developing a survey is how the CHA Team will analyze data after it is collected. If most community members have access to the internet or if the survey team has access to portable computers or personal data assistants (PDAs) for data collection, then computer-based questionnaires allow the responses to be downloaded and ready for analysis.

In order to choose how best to distribute or administer the survey, balance the pros and cons of each survey type with the resources available to the CHA Team.



**There is no specific age range of the survey population but generally surveys include only adult residents. Parental approval is needed to survey children and teens.**

**REMEMBER:**

**MISLEADING DATA IS WORSE THAN NO DATA!**

### Survey Help

- The series “What is a Survey?” published by the American Statistical Association is available free of charge at [www.whatisasurvey.info](http://www.whatisasurvey.info). Chapter 2 on “How to Plan a Survey” is especially useful and contains tips on how to budget and schedule time for a survey.
- Opt-In Surveys - The Numbers -A Run at the Latest Data from ABC's Poobah of Polling by Gary Langer <http://blogs.abcnews.com/thenumbers/2009/09/study-finds-trouble-for-internet-surveys.html>
- Relevant insights (business web site) Three articles by Michaela Mora [www.relevantinsights.com/representative-sample](http://www.relevantinsights.com/representative-sample)
- The following books are easy to read, good resources for understanding sampling methods. Look for them at the local public or university library:
  - Levy, Paul S., and Stanley Lemeshow. *Sampling of populations: Methods and applications* Hoboken: Wiley, 2008
  - Satin A., and W. Shastry. *Survey Sampling: A Non-mathematical Guide*. Ottawa: Statistics Canada, 1990

## Survey Questionnaire

The *Community Health Opinion Survey* is a standardized questionnaire in both English and Spanish that the CHA Team can use to collect data directly from county residents. This saves the time needed to develop survey questions. The questions in this survey have been pretested in previous CHAs. The CHA Team has permission to modify this survey to meet the needs of the county. The survey can be individualized for any county by including the county name and adding or deleting questions to suit the county's needs. If additional questions are added or the current questions modified, the **new or modified questions must be pretested**. The NC Division of Public Health is interested in all counties using this standardized questionnaire for CHA so information can be shared and compared throughout the state.

English and Spanish  
Community Health Opinion Surveys  
are located on the website at  
([www.healthycarolinians.org](http://www.healthycarolinians.org)).

If the county is one of the smaller counties that only has regional Behavioral Risk Factor and Surveillance Survey (BRFSS) data, add a few BRFSS questions to the survey to gain useful information. Using these questions, which have already been written and pretested, saves time and valuable resources. Contact BRFSS staff members at [BRFSSStaff@dhhs.nc.gov](mailto:BRFSSStaff@dhhs.nc.gov) with questions and for advice on which questions are most successful at collecting good data in smaller counties. BRFSS questions are part of publicly available questionnaires, found under the “Questionnaires” tab of the NC BRFSS website ([www.schs.state.nc.us/SCHS/brfss](http://www.schs.state.nc.us/SCHS/brfss)).

If it is necessary to develop a new survey, consult a person with survey experience. Such a person may be available in the county (e.g., employed by local government, a manufacturer, marketing research company, college, or university). The survey instrument should have at least the following components: introductory statement, respondent's demographic information, and survey questions.

- **Introductory Statement** - If using interviewer-administered surveys, have the interviewer give their name and who they represent, the reason(s) for the survey, and how the information from the survey will be used. Let respondents know that their answers are confidential. If the survey is to be self-administered, an introductory statement is needed that states the above information plus how to return the survey to the CHA Team.
- **Respondent's demographic information** - Regardless of how the survey is administered, the respondents need to provide demographic information such as age, income, gender, education, race, and ethnicity to assist in analysis. Use this information to check whether the sample is representative of the target population. Complete the *Comparing the Sample Population-to-County Population Worksheet* in Phase 2 Tools to compare the sample population to the overall population of the county. Typically demographic questions are put at the very beginning or very end of a questionnaire.
- **Types of Survey Questions**
  1. Open-ended Questions - Use open-ended question to get information on “why” or “how.” There is no definite set of answers to these questions. These should be used sparingly as they take longer for the participant to answer and longer to code the answers.
  2. Closed-ended Questions - Use closed-ended questions to get definite answers. These are usually quick and easy to answer and code for analysis.
    - *Dichotomous* - Respondents choose one of two answers. (e.g., yes/ no, male/female)

- *Multiple Choice* - Respondents choose from four or five possible answers. Remember to tell respondents how many of these answers they can choose, especially when providing a long list of possible answers. (e.g., what are the five biggest problems in the county?)
- *Numerical* - Respondents must respond with a number. (e.g., age, number of years)
- *Categorical* - Respondents must answer from a set of categories and must select one.
- *Ordinal* - Respondents must answer from a set of ranked answers. (e.g., I consider myself (1) Very healthy, (2) Healthy, (3) Somewhat healthy, (4) Unhealthy, or (5) Very unhealthy)
- *Likert scale* - Respondents rate their feelings on a given statement on a scale. (e.g., The respondents are asked if they (1) Strongly Disagree, (2) Disagree, (3) Undecided or Neither Agree nor Disagree, (4) Agree, or (5) Strongly Agree.)

(Adapted from Encyclopedia of Educational Technology. [http://eet.sdsu.edu/eetwiki/index.php/Main\\_Page](http://eet.sdsu.edu/eetwiki/index.php/Main_Page) )

Put the easiest questions at the beginning of the survey and questions on more sensitive topics later in the survey. Be aware of potential respondent’s concerns and feelings by wording questions as sensitively as possible. Place questions about similar subjects together. Try to make the survey one that can be completed in 10 minutes or less. If the survey looks too long, people may put it down and never return to it. Once the survey is written, pilot test it with representatives of the target population to see if they have questions that were not anticipated.

Give clear instructions and ask direct questions—remember when someone is completing the survey in writing, they can’t ask the interviewer, “What did you mean by this question?”

## Conduct the Survey

If conducting an interviewer-administered survey, train the interviewers. This will save time and improve the accuracy of the data. Use feedback from the pilot test or initial surveys to improve the quality of the questionnaire.

## Small-Group Discussions

(Required if not conducting Community Health Opinion Survey)

The CHA Team needs to decide if a small-group discussion will give the more useful data than a community health opinion survey. **The CHA Team must conduct small-group discussions like listening sessions or focus groups if they do not conduct a community health opinion survey.** The decision to use either a listening session or a focus group depends on the data needed and the ease in setting up groups. In either case, key constituencies in the county from different neighborhoods or geographic communities, different ethnic populations, and different age cohorts need to be identified to be sure that all constituencies are represented. It may be helpful to look at a map of the county to document not only the different geographic locations but also diversities such as ethnicity and age.

A community’s definitions and understandings of health, illness, and services affect health attitudes, beliefs, and behaviors. Small-group discussions are an effective means of eliciting those definitions and understandings and identifying members’ health care priorities. Small-group discussions are best suited to collect qualitative rather than quantitative data. They allow participants to collectively articulate opinions and feelings, enable observers to understand the attitudes and beliefs that influence behaviors, and gather data about the county’s environment and policies that affect health. These build support and “buy in” for community-based projects

aimed at improving health and healthcare access. Small-group discussions should concentrate on specific topics.

Small-group discussions require a lot of preparatory work. The CHA Team will need to conduct at least 10 group discussions in different areas of the county and/or with different populations. These discussions can be a combination of listening sessions and focus groups but each discussion must be at least one hour long and include the same seven to 10 questions. The questions asked during listening sessions or focus groups will depend on the data needs and goals of the CHA. See chart below for a comparison of listening sessions and focus groups.

	<b>Listening Sessions</b>	<b>Focus Groups</b>
Participants	<ul style="list-style-type: none"> <li>• Participants know each other</li> </ul>	<ul style="list-style-type: none"> <li>• Participants do not know each other.</li> </ul>
Number of participants	<ul style="list-style-type: none"> <li>• Generally larger number of participants than focus groups</li> <li>• No maximum</li> <li>• 10 different groups minimum</li> </ul>	<ul style="list-style-type: none"> <li>• Small group 6-12 (8-10 ideal)</li> <li>• Minimum of 6 people (smaller group is a conversation)</li> <li>• 10 different groups minimum</li> </ul>
Recruitment of Participants	<ul style="list-style-type: none"> <li>• Pre-existing group e.g., volunteer fire men, social clubs, church choirs</li> </ul>	<ul style="list-style-type: none"> <li>• Carefully recruited groups of people who have something in common and are brought together for the purpose of the focus group. (e.g., single moms, senior citizens)</li> </ul>
Questions	<ul style="list-style-type: none"> <li>• 7 to 10 with the <b>same ones repeated</b> at each session</li> </ul>	<ul style="list-style-type: none"> <li>• 7 to 10 with the <b>same ones repeated</b> at each session</li> </ul>
Advantages	Since participants know each other: <ul style="list-style-type: none"> <li>• Good participation and attendance</li> <li>• Easier recruitment</li> <li>• Easy scheduling</li> <li>• High trust level among participants increases participation</li> </ul>	<ul style="list-style-type: none"> <li>• Can recruit subjects based on their demographics</li> <li>• Can bring participants together based on their interest in talking about a health topic</li> </ul>
Disadvantages	<ul style="list-style-type: none"> <li>• Participants may not feel comfortable talking about sensitive health issues among people they will see again.</li> <li>• Pre-existing group dynamics may influence the discussion</li> </ul>	<ul style="list-style-type: none"> <li>• Hard to get good participation</li> <li>• Tough to schedule</li> <li>• Low level of trust may hamper participation</li> </ul>

### Advantages and Disadvantages

Listening sessions or focus groups gather a depth and complexity of information not always found in other methods of data collection. Participants may stimulate each other to thoughts they would not have had individually. These can yield a greater array of unanticipated responses to a question compared to a survey. Participants will tell what is important to them and how they feel about a topic rather than simply responding to predetermined categories of responses. These small group discussions also offer the opportunity to get opinions from diverse groups in the county (e.g., unemployed or retired workers, minorities, single moms). If the CHA Team wants a number or a score at the end of the analysis, listening sessions and focus groups are not the best methodology. Advantages of Small-Group Discussions:

- Offers an opportunity to get opinions and detailed information that cannot be collected in closed-ended questions.
- Moderator has the opportunity to observe interaction and discussion on a topic. Nonverbal reactions can often tell observers much about participants’ opinions on a topic.

### Disadvantages of Small-Group Discussions:

- Analyzing the results requires time to transcribe the recordings or notes and give thought to the discussion. The responses to questions are often long and complex; translating this information into useful data is not easy.
- Difficult to explore multitude of topics addressed during limited time.
- Participants may feel intimidated as some individuals may be less responsive to discussing certain topics among a group of people than in a one-on-one interview.
- Multiple groups using the same seven to 10 questions must be conducted and analyzed.

### Plan Small-group Discussions

The *Small Group Discussion Toolkit* in Appendix G includes guidelines for choosing a location, conducting a session, setting up equipment and supplies, methods of planning and conducting sessions, moderator introduction and guide to questions. Modify these tools as needed. These guidelines apply to either listening sessions or focus groups as they are conducted in the same way. The main differences between the two types of small group discussions are in the participant recruitment. If the CHA Team selects listening sessions, then they need to identify existing groups that they want information from and conduct listening sessions with each group. If the CHA Team chooses to conduct focus groups, they need to figure out the demographic group that they want information from and recruit participants via mailing lists, fliers or brochures in community centers, advertisements in the paper, by word of mouth, etc.

### Role of the Moderator and Assistant Moderator

The moderator facilitates interaction between group members and makes sure that the discussion remains on topic in addition to making everyone feel welcome and valued. CHA Team members and volunteers can be trained to serve as moderators or experienced group facilitators can be recruited. These small-group discussions should be conducted in teams of two with the moderator asking questions and directing the flow of the discussion, while the assistant moderator takes extensive notes and operates the tape recorder, if one is used.

There are certain intentional or unintentional biases of the moderator that can affect the validity of the data. For example, greeting favorable comments with nods and reinforcing remarks, and responding to unfavorable comments with indifference or looks of discomfort can introduce personal bias.

### Role of Participants

Participants agree to take part in listening sessions or focus groups for a variety of reasons. The organizer should make it clear what is expected of them before they agree to participate. Participants are expected to:

- Give their perceptions about the questions being considered, to voice their views
- Discuss their experiences and then interact with other participants in an effort to understand one another's experiences (by comparing and contrasting their own experiences with others; they can become more explicit about their own views)
- Give an insight into their emotions associated with their perceptions
- Give group understandings and definitions of situations and events

Negative comments about people, great personal detail, or information about improper or illegal behavior are not appropriate in either listening sessions or focus groups. Ways to handle these behaviors are included in the *Small Group Discussion Toolkit* in Appendix G.

## **Participants Incentives**

A small-group discussion can be a time-consuming for participants so it may be difficult to get enough participants. Incentives can help attract participants. For some individuals, the small-group discussion itself can be an incentive since it gives the participant a chance to voice his/her opinion regarding important issues. However, a stimulating discussion may not be enough to entice some individuals to spend time in a small-group discussion so incentives might be needed. Light refreshments and babysitting services may increase participation.

## **Set up Small-group Discussions**

All of these sessions should be held at a place that is familiar to the chosen constituency such as a church, volunteer fire department, school, community club, etc. The Team will need to conduct at least 10 groups in different areas of the county and/or with different populations to get a broad representation of the county residents. Each session will need to be at least one hour long and use the same seven to 10 questions.

## **Conduct the Small-group Discussions**

The purpose of a small-group discussion is to learn participants' attitudes, beliefs, opinions, and ideas about the health of county residents. To maximize the possibility of obtaining responses from all members of the group, the moderator must control excessively talkative participants, encourage reserved participants, and try to elicit a wide array of responses from as many different members of the group as possible. The moderator must control a participant when the individual digresses from the topic being discussed or when the participant is monopolizing the session. The moderator may be able to redirect the conversation to a relevant topic or underscore that the group needs to hear what others think. This way, the moderator intervenes in the situation without criticizing the participant.

If individuals seem generally shy and reserved, the moderator can look for behavioral and nonverbal cues of readiness

to take part. There are certain phrases that the moderator can use to make sure everyone is given a chance to speak, such as, "How did the rest of you feel about that statement?", "Do any of you have other ideas on the topic?" or "Would any of you agree or disagree with that remark?" Make eye contact with all participants to engage them in the discussion and encourage them to share their opinions. The moderator should never coerce any members of the group to speak.

## **Record and Transcribe Small-group Discussions**

The assistant moderator is responsible for recording the discussion. A flip chart is useful so the moderator can record the key points of the discussion while the assistant moderator is taking notes on the discussion. Seeing the key points in writing may stimulate participants to add

### **Conducting Listening Sessions or Focus Groups**

The methods for conducting listening sessions and focus groups are similar once participants are recruited.

- ✓ Focus on a specific topic or topics
- ✓ Use several carefully designed open-ended questions
- ✓ Use a trained moderator as facilitator
- ✓ Use a trained assistant moderator as recorder
- ✓ Hold meeting in a familiar setting
- ✓ Keep meeting to approximately 1½ hours long

additional information, and the flip chart information is helpful when trying to transcribe the assistant moderator's notes. There are many benefits to recording these discussions. A tape or digital recording provides an accurate record of the discussion. If there is something unclear in the notes, the tape can clarify any ambiguity. Recording the discussions also allows the moderator/transcriber to go back and hear pertinent information that may have been missed in the notes. In addition, moderators can benefit by reviewing the recorded discussion so that they can improve their own technique

If using a tape recorder, explain to participants at the beginning of the session why it is important that the session be tape-recorded. State that no individual names should be mentioned during the discussion (to preserve confidentiality) and that the recording will be destroyed after transcription and completion of the document. Ask participants if they consent to having the discussion recorded. If they are reluctant, forgo the taping and take the best notes possible. Otherwise, participants will likely be reluctant to respond.

Transcribing small group discussions can be very beneficial, since it provides a complete picture of the participants' thoughts and ideas. However, it can take about four to six hours to transcribe a 90 minute tape. If the assistant moderator kept good notes, transcribing the session may be unnecessary. The assistant moderator should outline the conversation and note where there are good quotes for possible later transcription. It may be necessary to listen to the tape several times, in order to pick out sections that seem important and to transcribe those parts.

### **Analyze Small-group Discussions**

Analyzing the discussions can be a great challenge. If the discussions have been transcribed, read all of the transcripts. If recordings are not transcribed, the moderator and assistant moderator can discuss what they heard and review notes from the flip chart, moderator, and assistant moderator. Group the information by key topics or areas of concern, such as schools, services for older people, child care, job opportunities, etc. Identify the different positions that emerged during the session. For example, the moderator can notice if there was a generally positive impression of a certain service that was being provided in the county.

To supplement the positions and themes that emerged, the CHA Team can find phrases from the notes, quotes, or transcriptions that support them. These can be used to illustrate information in the CHA document. If transcripts of the sessions have been typed, they can be entered into one of various computer programs that analyze qualitative data, such as atlas.ti. These programs are not free, but the cost may be affordable for some CHA Teams. These programs can help find common themes and discover the county's knowledge and opinion on the various topics discussed. Such software can be used to analyze any qualitative data, such as the transcripts of interviews or small group discussions.

When reporting the results from a listening session or focus group, do not interpret the data by a head count. For example, do not report that "85 percent of the respondents said -----." These statements are inaccurate due to sampling bias and group dynamics. If the CHA Team wants count data, use a more quantitative approach (e.g., surveys and other objective measures).

If the CHA Team is interested in learning more about listening sessions or focus groups, contact a local college or university's social sciences department, local human service agencies, or the Community Tool Box at the University of Kansas (<http://ctb.ku.edu/en/>).

## **Supplemental Method of Collecting Primary Data: (Optional - Not Required)**

### **Key Informant Interviews**

An interview is one of the simplest methods of collecting opinions or knowledge that may be of value to the assessment process. The interviewer can collect opinions, facts, assumptions, and perceptions from interviewees. For the purposes of this Guide Book, an interview is defined as a conversation that has a reason and is conducted between two people (either face-to-face or on the telephone).

Interviews can vary in length. A fact-gathering interview could collect the needed information in a short time, perhaps as little as fifteen minutes. An interview with a community expert designed to elicit in-depth information about a particular topic could take an hour or more.

#### **Advantages and Disadvantages**

Key informant interviews are structured conversations with people who have specialized knowledge. This is a way to collect complex information and to explore a subject in depth. The give and take of these interviews can result in the discovery of information that would not have been revealed in any other method of data collection.

#### **Advantages of Interviews**

An interview is the best way to have a precise and complete interaction of thoughts between the interviewer and the person being interviewed. Through direct conversation, the interviewer can ask what he/she wants to know, tell if questions are understood, and ensure the questions are answered. While it is important to develop a question guide to use throughout the interviews, another advantage of an interview is its spontaneity. Topics of importance that were not anticipated can be discussed. Sometimes a person will tell an individual what they wouldn't write on a survey form or say during a group discussion.

#### **Disadvantages of Interviews**

Interviews are time-consuming. Busy people, both the interviewer and interviewee, may find it hard to spare the time for an interview. When the interview is completed, the interviewer must transcribe notes and if multiple interviews are being conducted, compile the results of what is learned from other interviews. Interviews are not an efficient method of collecting data from a large number of people.

Interviews provide the thoughts, opinions, and beliefs of the individual. These may not be representative of the community. The person being interviewed may be biased and try to influence the interviewer on behalf of his or her interests. If the interviewee doesn't trust the interviewer or the interviewer's organization, the information may not be accurate.

#### **Interviewee Selection**

Who is interviewed will depend on what the CHA Team wants to know. If they are trying to determine what health services are available and accessible in each part of the county, someone will want to interview a representative of each service provider. Usually some interviews are done with people designated as key informants—gatekeepers to the county who come closest to representing the views of county residents. Key informants might be community and health leaders, representatives from community organizations that have a connection to or an interest in the health of county residents or informal community leaders.

## Potential Sources of Key Informants

### Health & Welfare

Local Health Departments  
Social Services Departments  
Hospital(s)  
Mental Health Departments  
Dentists  
Nursing Homes  
Emergency Medical Centers

### Government

City leaders  
City/County Administration  
Public Safety  
Agricultural Extension

### Media

TV/Radio stations  
Newspapers

### Education

Public Schools  
School Boards  
Parent Teacher Organizations  
Colleges and Universities

### Business & Industry

Farmer's Co-Op  
Individual Businesses  
Local Industries  
Attorneys  
Accountants  
Chamber of Commerce  
Real Estate Companies  
Agricultural Organizations  
Insurance Companies  
Labor Union Representatives

### Civic & Social Organizations

Girl/Boy Scout  
Civic Clubs  
Senior Citizens Organizations  
NAACP  
Libraries  
Volunteer Organizations  
Child, Adult, and Senior Care Centers  
Non-Profit Health and Welfare Organizations

### Religious

Churches  
Ministerial Alliances

If the CHA Team wants to learn if county residents know about and use services that are available, someone will want to interview representatives living in various parts of the county. Consider interviewing people who are representative of the county population. For example, if 15 percent of the county is American Indian, be sure that American Indians are interviewed. This will ensure that a segment of the population is not omitted from the information gathered.

Informal community leader interviews are a very effective way for learning information about a segment of the community that might not be mentioned in interviews with key informants. Identifying these community leaders can be a difficult problem. One way to get names of community leaders is to ask key informants during their interview:



- Who are the persons not directly involved in community health who you think have the most influence in general community affairs?
- Whose approval is usually needed to get people in this community to accept or reject an important change?
- Which locally powerful people, not directly involved with health, can get things done or can stop local projects?

### Prepare for the Interview

The structure of interviews can be formal, with specific, identical questions asked of each person interviewed or it can be less structured with a list of questions that guide the interview, but with time for a more relaxed conversation. Comparison of interview results is easier if some structure and questions are repeated for most, if not all, interviewees. *Sample Questions for Interviewing Service Providers* and *Sample Questions for Interviewing Individuals* are found in Phase 2 Tools.

It is important for the CHA Team to determine exactly what they want to know from key informant interviews. This sounds simple, but it is an important consideration in writing interview questions. The interview questions need to draw out the information from the interviewee. Draft the questions and discuss them with people who have experience in conducting interviews. Pilot

test the questions with community members or leaders. Decide if the interviews will be face-to-face or by telephone. There are advantages to each type of interview.

### **Face-to-face Interviews**

Face-to-face interviews give the most flexibility in data collection. The interviewer knows who is giving the information (with a written survey, one cannot be sure who actually completed the form). He or she can set the time and place and be sure that the questions are understood. The interviewer can pick up on nonverbal cues about the interviewee's enthusiasm or comfort for the topic being discussed, follow-up with another question when something unexpected was said, and make sure that all of the proposed questions are answered before the interview ends. Many of the disadvantages to face-to-face interviews are included in the Disadvantages of Key Informant Interviews above. Time and money are usually the greatest problems to overcome.

### **Telephone Interviews**

Telephone interviews are great tools for collecting information. Like face-to-face interviews, they offer flexibility and control over questions asked and answered. Of course, the interviewer cannot observe nonverbal cues but the expense and time constraints of traveling to each individual interview are avoided. This is especially helpful when the person to be interviewed is very busy or lives a distance away.

Telephone interviews should be shorter than face-to-face interviews. Most people don't want to talk on the telephone for more than about 10 minutes. Make an appointment with the interviewee for the telephone interview.

### **Conduct Interviews**

Interviewing comes easier to some people than to others, but if the interviewer is prepared and genuinely wants to learn from the interviewee, the interview will likely to go smoothly. The interviewer should begin with a self introduction and a brief review of the purpose of the interview and the CHA. Express appreciation to the interviewee for his or her time and involvement in the CHA process and explain that the interview will not exceed the time agreed on. Discuss confidentiality and assure that neither the interviewee's name nor position will be tied to the information provided and that others will not be able to link any information back to the interviewee.

Take good notes and include direct quotes, as they are valuable. Get permission to use quotes in a report to county residents or in the CHA document. Most interviewers take notes rather than use a tape recorder. If the interview is to be tape recorded, get the interviewee's permission. Realize that some people are not comfortable being recorded and may want the recorder turned off for sensitive subjects. Make sure the tape recorder is working well so that it does not need attention during the interview which can cause a distraction.

At the conclusion of the interview, thank the participant again. Offer to provide the interviewee with a copy of the CHA document when it's completed. It is very important to send a thank-you note. If a presentation of the data is planned for after the end of the process, be sure to send the interviewee a notice of the time and place.

### How to Conduct a Successful In-person Interview

- ✓ **Practice**—prepare a list of interview questions in advance. Memorize the questions. Rehearse; try lines, and mock-interview friends. Plan the location and ways to make the setting more comfortable.
- ✓ **Small-talk**—never start an interview cold. Try to put the interviewee (and yourself) at ease and to establish rapport.
- ✓ **Be natural**—even if you rehearsed your interview time and time again and have all your questions memorized, make it sound and feel like you're coming up with them right there.
- ✓ **Look sharp**—dress appropriately to the setting and the kind of person you're interviewing.
- ✓ **Be punctual**—Start the interview on time and limit it to the agreed upon time length unless the interviewee requests more time.
- ✓ **Listen**—present yourself as aware and interested. React empathically to what you hear.
- ✓ **Keep your goals in mind**—remember that what you want is to obtain information. Keep the interview on track and don't digress too much. Keep the conversation focused on your questions.
- ✓ **Don't take "yes/no" answers**—monosyllabic answers don't offer much information. Ask for an elaboration, probe, and ask why. Don't be afraid of a few moments of silence, it may also yield information. Ask the interviewee to clarify anything you do not understand.
- ✓ **Respect**—make interviewees understand that their answers are very important to you and be respectful for the time they're donating to help you.

Adapted from Vilela, Marcelo. Conducting Interviews, Community Tool Box: Part B, Chapter 3, Section 12.

### Analyze Interviews

The CHA Team should read the notes or transcripts from the interviews and verify that interviewees are the people that the CHA Team needs information from. If using interviews from general county residents, be sure that the interviewees represent the county as a whole or the desired subgroup (e.g., age, educational level, race, or ethnicity). Determine if any common themes or concerns emerge from the interviews. If so, note them and check with other methods of data gathering to see if they appear there as well. Find out if anyone said anything unexpected or surprising. If possible, one team member should summarize the results of the interviews, then document the information, and share it with others not involved in the analysis for their reactions and opinions.

### Supplemental Method of Collecting Primary Data: (Optional - Not Required) Asset Mapping

Rarely do communities improve the health of their residents by concentrating on what they “need.” This is the philosophy behind the work of Kretzmann and McKnight in their work *Building Communities from the Inside Out* (Kretzmann & McKnight, 1993). They suggest that instead begin with an inventory of health resources (which is required for CHA) and then add other community assets, strengths, and resources of individuals, associations, and institutions. This will provide a map of the assets of the community and is the assessment step necessary in the larger process of community health mobilization. This can be an important aid to the CHA Team as they look at health problems and needs and then focus on identifying potential resources within the county to meet those needs. Since both assessment and interventions likely involve similar individuals and groups, asset mapping can help the community move from assessment to action.

The model proposed by Kretzmann and McKnight (1993) is founded on four central principles:

- Change must begin inside the community.
- Change must build on the capacities and assets that already exist within the community, rather than what is missing or problematic.

- Change is essentially relationship driven, constantly building and rebuilding supportive, reciprocal relationships between local residents, associations, and institutions.
- Change should be oriented towards sustainable community growth.

A *community asset* is a quality, person, or thing that is an advantage, a resource, or an item of value to the community. Comprehensive asset mapping looks at different types of assets such as individuals, institutions, organizations, governmental agencies, physical/land assets, and cultural opportunities. Before *mapping* the assets within a community, define the *community* to be mapped. The CHA process defines the county as the community but it may be useful to look at individual “communities” in the county. Community can be viewed as:

- *a locality* based on geography, or a physical location. (e.g., neighborhood, town or city)
- *relational* based as having a sense of common ties and investment (a relationship). (e.g., church groups, non-profit organizations, civic clubs)
- *a collective political power* based on common goals of making changes in society. (e.g., a group of families advocating for smoke-free parks and recreation sites)

Asset mapping should be inclusive, meaning that once community is defined, efforts should be made to include people who are truly representative of that community. This may mean that extra efforts are needed to identify and include individuals and groups who have been excluded from CHA efforts in the past. Parks and Straker (1996) assert that if we do not ensure broad-based community participation, community asset mapping will ultimately fail in terms of bringing about significant health improvement.

Asset mapping is a labor intensive process that is difficult to do on a large geographic area. The CHA Team may want to identify one or more individual communities in the county for this more intensive process to complement the county-wide assessment.

### **Asset Mapping Benefits**

It can be difficult to move from a *needs assessment*, in which all of a county’s problems are identified, to an *action plan* to work on resident’s concerns. There may be little obvious connection between identifying the problems and planning interventions. Asset-focused assessments helps identify strengths in the community and can establish a link between health needs and interventions or solutions. Asset mapping has several other benefits. Community members may:

- Be encouraged by the number of assets available in the county.
- Be more interested in participating in the CHA process including creating action plans.
- Become more empowered to work together because they realize that they are *experts* about their communities. They know the culture, history, problems, and possible solutions that others might not realize.
- Be more interested in working on issues that they identify as priorities.
- Be more interested in information developed from within the community than information developed by people perceived as not part of the community.

Service providers and resources that are not actually part of the community can act as facilitators to help the community identify and mobilize community leaders and resources. When

outside professionals, like health professionals, are partners rather than controllers of community health improvement efforts, the community is empowered to find its own solutions rather than becoming dependent on outsiders for the answers.

## Community Asset Mapping

The fundamental philosophy of this process is that although communities may have health and social problems, they also have the ability and resources to address these problems. *Asset Map* in Phase 2 Tools is one way to diagram community assets. The steps of this process are:

- ☞ Map the gifts and resources (assets) that exist in the community including individuals, associations, and institutions
- ☞ Build relationships between the identified assets
- ☞ Mobilize the assets to benefit the community
- ☞ Convene a representative group to make a community plan
- ☞ Build ties and relationships with resources outside of the community

When planning asset mapping as part of CHA, consider four potential areas to assess.

### 1. Individuals

An individual inventory is an inventory of the personal skills and strengths of community members. Extra efforts should be made to identify assets in community members who have been excluded in past health assessments. The assets that these community members bring are called gifts of strangers by Kretzmann and McKnight. Identifying capacity finders and developers or the individuals who have leadership roles in community work is another part of this inventory. An example of this might be community people who have extensive knowledge and experience with home gardening which they add to childhood obesity reduction efforts.

An individual inventory to identify the capacity of community members can be done with a survey, small-group discussions, or key informant interviews. Questions could include:



- Who are the community leaders or individuals that the community looks to for guidance?
- What are some of the skills that people have within this community?
- What are some of the jobs that people have? If you work outside your home, what do you do?
- What are some of your skills and hobbies? Do you belong to any groups or clubs?

### 2. Local Citizens Association Inventory

A local citizen association inventory is an inventory of informal/formal groups of citizens with the goal of community involvement. All of the citizens' groups in the community should be documented and inventoried. Some examples of local associations are churches, neighborhood clubs, service clubs, and cultural groups.

Start an inventory of local associations and institutions in the community with the Health Resources Inventory developed in Phase 2. A questionnaire or small-group discussions can be used to supplement that information. Questions could include:



- What organizations (associations, clubs, and groups) are located in this community? How are community members involved in these groups?
- What organizations (associations, clubs, and groups) are located outside of the community but are available to community members? How are community members involved in these groups?
- In what ways do these different organizations, associations, and businesses work together?

### 3. Local Institutions Inventory

An inventory of the formal groups that may be controlled by those outside the community, but are available to those within the community, might include schools, police, hospitals, colleges, businesses, and banks. Questions could include:



- What businesses are located in this community, including home businesses?
- What official agencies and institutions are located in this community?
- In what ways do these different organizations, associations, and businesses work together?
- In what ways do businesses give back to the community?

### 4. Physical Assets Inventory

Survey the physical assets of the community by doing an inventory of structures in the community that can positively contribute to health and community improvement efforts. Examples could be parks, buildings, land for walking trails, and community centers.

The Health Resources Inventory developed in Phase 2 should have some of these physical assets listed. Community members can be questioned about what parks, buildings, schools, and community centers are located within their community and how they are used. Another way for the CHA Team to gain (or supplement) information about physical assets, businesses, and associations in a community is to actually walk or drive around the community and record what they observe. This is sometimes called a “Windshield Tour,” and can be a good way to document impressions of the physical environment through photos or notes.

## **Summary**

Health professionals or the CHA Team can start with the known assets and resources, include community members, and link assessment to planning. Communities have the ability to solve their own problems with outside control minimized. If interested in more information about asset mapping, contact Lisa Pullen-Davis at the UNC Center for Health Promotion and Disease Prevention at [pullendavis@unc.edu](mailto:pullendavis@unc.edu).

## **CHECKPOINT**

**Before leaving Phase 2, check to see if the following tasks are completed:**

- ✓ All primary data collection activities are assigned to subcommittees.
- ✓ Training is arranged for subcommittees.
- ✓ Primary data was collected by creating Community Health Resources inventory and by conducting either a Community Health Opinion Survey or listening sessions or focus groups.
- ✓ Data was analyzed and summarized.
- ✓ **(Optional)** Additional data was collected if necessary by conducting interviews and mapping the assets of the community.

**Appendix at**

**<http://www.healthycarolinians.org/assessment/resources/survey.aspx>**

## PHASE 2 TOOLS

### Sample Questions for Interviewing Service Providers (Resource for Health Resources Inventory, Key Informant Interviews, and Asset Mapping)

#### Questions regarding the agency or organization itself:

- What is the “official” name of your agency or organization?
- What is your position in the agency or organization?
- How is your agency or organization funded? How certain is your agency or organization’s funding in the future?
- How are the programs in your agency or organization evaluated?
- Is there any literature or other information about your agency or organization that you would like to share?

#### Questions regarding the services/programs of your agency/organization in our county:

- What services does your agency or organization provide for the county residents?
- What is the demographic (e.g., race, ethnicity, age, sex,) composition of individuals that are most likely to use your services?
- What are some aspects of your organization that attract county residents to your services?
- How do county residents learn about your services?
- What are some of the barriers to accessing these services?
- What are some special accommodations that you provide for county residents who require special assistance (e.g., language/cultural or handicapped issues)?
- What, if any, are some possible methods to increase the use of your services by county residents?

#### Questions regarding our county

- What do you consider are some of the strengths in our county?
- What do you consider are some of the challenges for our county?
- What do you consider are the major health concerns for county residents?
- What do you consider are some of the needs for county residents that are not being addressed? In your opinion, why are they not being addressed?

**Thank you for taking the time to share your information and opinions with me.**

<p style="text-align: center;"><b>Sample Questions for Interviewing Individuals</b> <b>(Resource for Key Informant and Community Leaders Interviews, and Asset Mapping)</b></p>
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Thank you for taking the time to answer several questions about life in our county. I am from the \_\_\_\_\_ and am collecting information about our county. I'm very interested in hearing what you have to say about our county and about living in our county. I promise not to identify you with the answers you give so that you can speak freely. Do you have any questions before we begin?

**Let's talk about our county first.**

- What problems has our county had in the past five years?
- How did the county overcome them?
- What do you see as major health-related problems in our county?
- How would you try to reduce these health-related problems?
- What are the strengths of the health services available in our county?
- What health services are needed for children and adolescents that are not being provided in our county?
- What health resources exist for the older people in our county?
- What are some health services adults need that are currently not being offered?
- What do you think are some changes in health care that need to be made?
- What is the job market like here?
- What community organizations are active in our county?
- How do different races or ethnic groups get along?

**Let's talk about how you feel about living here in our county.**

- What do you like most about living here?
- What concerns you most about living here?
- What do you and others do to stay healthy?
- What health problems have you and your family had to deal with?
- What groups in the county do you belong to?

**What other information that you would like to share about community health in our county?**

**Thank you for taking the time to share your information and opinions with me.**

## Comparing the Sample Population-to-County Population Worksheet

*Does the sample of people in the survey represent the county? Do the responses on the survey give similar information as if everyone in the county was surveyed?*

Fill in the table below to see if the survey respondents are similar to the county's population in terms of demographics:

<i>Characteristic</i>		<i>Percent (%) of Survey Respondents**</i>	<i>Percent (%) of County Demographics*</i>
Gender	Female		
	Male		
Race	Asian/Pacific Islander		
	Black/African American		
	Native American		
	White/Caucasian		
	Other race		
Hispanic Origin	Yes		
	No		
Age	0-19		
	20-34		
	35-54		
	55-64		
	65-74		
	75 or older		
Highest Education Level	Less than 12 <sup>th</sup> grade		
	High school graduate/GED		
	Vocational training		
	Associate's degree		
	Some college		
	Bachelor's degree		
	Graduate/professional degree		
Household Income	Less than \$10,000		
	\$10,000- 14,999		
	\$15,000- 24,999		
	\$25,000- 34,999		
	\$35,000- 49,999		
	\$50,000- 74,999		
	\$75,000 or more		
Geography <i>(please specify units used here)***</i>			

\* From secondary data such as the US census data or County Health Data Book

\*\* From primary data that you have collected.

\*\*\*Geographic units: Some examples of a geographic unit are zip code, census block, township, neighborhood, or fire district. Use whatever geographic unit is most relevant to your county, including any not listed here. Please specify which unit used, and list them (ex. List all zip codes in the county) in the second column.

# Community Asset Map

