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# LISTENING TO THE COMMUNITY'S INPUT:

*A Guide to Primary Data Collection*

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## Introduction

Conducting primary data collection as part of the community health improvement process provides two valuable contributions (described more below): more data about the health needs and strengths of the community and more engagement of the community in the process.

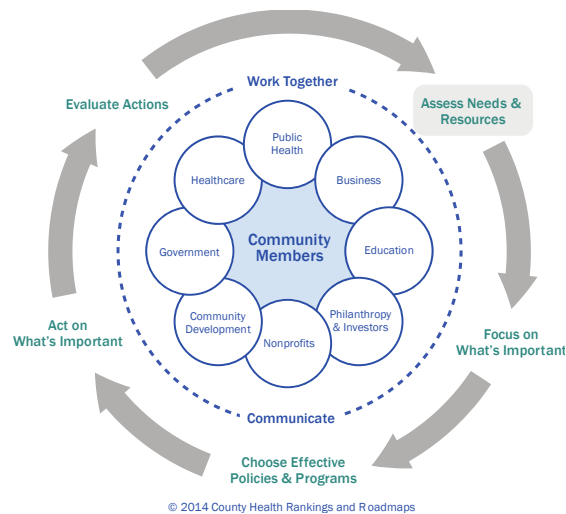
When conducting a community health needs assessment, some communities choose to focus primarily on the use of pre-existing (secondary) data. However, primary data collection, or gathering new data directly from the community, can also be a key part of a community health needs assessment. Primary data can complement or augment data collected through secondary data collection. The collection of local data can help to fill gaps in the secondary data sources. (For example, if racism may be a concern but there are no good sources of data on that issue for your community, questions about racism can be included in your data collection.) In addition to filling identified gaps, the primary data may highlight critical themes or issues that the secondary data did not.

Perhaps as important as a thorough data set, gathering local data provides opportunities for the community to be engaged through the community health needs assessment (CHNA) process and to ensure that the community members' voices are heard. Engagement at this stage can lead to stronger community support and involvement throughout the community health improvement plans and processes (CHIPP) effort. Community health improvement efforts are most effective when community members are active in addressing their own needs and visions for a healthy community. As you seek community input, pay particular attention to groups with unique health or social issues who are often underrepresented in community planning efforts (for example, particular racial or ethnic groups or the homeless population).

Start by determining which method of listening to the community will best meet your needs by using the “[Selecting the Best Approach](#)” section below. Then select the method, where you will find more information on each method, its advantages and disadvantages, and how to conduct the process.

Click here to move directly to each method:

- [Key informant interviews](#)
- [Focus groups](#)
- [Community surveys](#)
- [Community forums](#)
- [Direct observation](#)



## Selecting the Best Approach

There is no one best method for collecting input from the community – but there may be a best approach given each community’s goals, needs and circumstances. Factors to consider include:

- Budget/resources.
- Timeline for the project.
- Who the lead organization for the data collection is. Clarify who has final ownership of the data and analysis, and whether it will be made public and available to all partners. (This may be particularly of concern if consultants are hired to assist with the primary data.)

Review the brief overview of each method below to begin to identify which fits for your community. Click to move to the section on each method to learn more.

Method	Description	Key Considerations
<a href="#">Key Informant Interviews</a>	In-depth one-on-one discussions to gather input from representative community members. Can be done with key community leaders or residents representing specific sub-populations.	Relatively easy and inexpensive to conduct. Only a small number of people can participate.
<a href="#">Focus Groups</a>	Gathering information and opinions from a small group of participants (6-12) from a particular subgroup. Discussion is fairly free-flowing and open-ended.	Requires strong facilitation to assure all are heard. Input should be recorded.
<a href="#">Community Surveys</a>	A traditional approach to gathering community input. Can include: written, telephone, web-based, or in-person.	Reaches a large number of people. Difficult to assure representative sample. May require expertise in survey design and analysis.
<a href="#">Community Forums</a>	Open discussion among a large group of participants. Can be conducted multiple times.	Provides opportunity for input from large number of community members. Requires strong facilitation skills.
<a href="#">Direct Observation</a>	Non-traditional methods for engaging community in identifying health issues through actively observing the community. Includes methods such as Photovoice, and walking or windshield surveys.	Can be fun and engaging for community members and more inclusive of those with lower literacy. Easy to conduct. Generally inexpensive (except when using photo development).

Other Resources for Comparing Methods:

- [Community Health Assessment Guide Book, North Carolina Public Health](#) (pages 12+)
- [CDC Community Health Assessment and Group Evaluation \(CHANGE\) Action Guide, Action Step 4 \(Gather Data\)](#) (pages 14-15)

# KEY INFORMANT INTERVIEWS

## What is a key informant interview?

A key informant interview refers to the process of collecting specific information from certain “key” individuals. Typically, this method of primary data collection involves seeking out interviewees who would have increased knowledge about a particular topic or aspect of the community. Key informant interviews are done one-on-one and can be conducted over telephone or in person. Interview styles can vary in their level of structure, ranging from informal, unstructured interviews to standardized, highly structured interviews. Interview questions can be either closed- (e.g., yes/no questions) or open-ended (e.g., “Tell me about...”) questions. Most often, key informant interviews tend to be open-ended and result in rich qualitative data that can be used to gather in-depth information about a topic.

## Why conduct a key informant interview?

Key informant interviews are a good method to collect more detailed data on experiences, opinions, attitudes, insights or beliefs regarding community issues. The information can be collected from individuals of diverse backgrounds within the community (such as those of a community leader, those of a community worker “on the ground”, and those who might be experiencing a particular problem that is being assessed); thus, key informant interviews can provide information from a variety of community perspectives. Selecting specific knowledgeable individuals as interviewees can also provide a good overview of what their perceptions of the major issues facing the community are, thereby allowing subsequent data collection efforts to be more focused on these areas. Alternatively, the focus of key informant interviews can be shaped by first reviewing results of other data collection methods. Additionally, reaching out to key informants can also provide a good bridge to stakeholder engagement and improve the ability to recruit future partners in subsequent phases of the CHIPP/CHNA process.

### Advantages

- Can collect in-depth information
- Opportunity to obtain an “insider’s” point-of-view and a variety of perspectives from within a community
- Interviewer/interviewees can clarify questions and answers
- Interviewee may feel more open to discuss issues in an one-on-one setting rather than in a focus group setting
- Can complement other data collection techniques well
- Less printing costs associated with data collection tool
- Allows for establishment/fostering of stakeholder and community relationships

### Disadvantages

- Can be time and resource intensive
- Requires note taking and compiling results from several interviews
- Potential for biased information given focus on select key informants
- Can limit representativeness of community needs
- Not all informants might be comfortable with a one-on-one interview
- Concerns/frustration from potential informants/organizations who were not interviewed

## Who are key informants?

Decisions about how to select key informants to interview for CHIPP/CHNA data collection must consider the following: 1) What is the community of interest in our CHIPP/CHNA and 2) What are the questions that are trying to be answered in the assessment? Key informants should have direct knowledge of the community and issues of interest, whether from the perspective of a leader, resident, employee or someone directly affected by the issues of interest. It is important to consider key informants from many diverse sectors in order to ensure that interview findings are representative of the community as a whole and are not biased. While a greater number of informants can provide more complete and robust data, this must be balanced with considerations of time and resource availability to conduct interviews and analyze results.

Possible sources of key informants could come from the following sectors:

- Health/Welfare
- Government/Elected officials
- Education
- Environmental organization
- Business/Industry
- Civic/Social/Public service organizations
- Religious/Faith leaders
- Media

It is also important to consider informal leaders of the community or individuals who might have particular expertise on the topic of interest. These individuals might not fall into the traditional “leadership” roles that would be identified by looking at select individuals from the mentioned community sectors. One potential method to identify these individuals is to ask known leaders the following:

- What members of the community have a significant level of influence in community matters?
- Whose approval from within the community is needed to bring about significant change in the community?
- Are there individuals who do not hold formal leadership positions in the community that you feel are particularly knowledgeable about this topic/issue?

Once the list of key informants is decided, it can be helpful to have those already involved in the CHIPP/CHNA process identify key informants that they already have a relationship with, and then they can extend the invitation to the key informant on behalf of the CHIPP/CHNA group.



## How to conduct a key informant interview

Some institutions require adherence to a Human Subjects Review / Institutional Review Board process. If this applies, use the consent procedure required as part of that Human Subjects Review / Institutional Review Board protocol.

1. After determining an initial set of key informants to interview, it is important to decide what type of interview technique to use both with regard to structure and technique.
  - a. Structure
    - Informal – Typically more conversational, no outline of topics or wording is determined in advance. Allows for most flexibility in topics covered, however, may be difficult to compare results across informants.
    - Semi-structured – Interviewer follows a guide to cover specified topics/questions, however, specific wording and order may vary.
    - Standardized – Interview follows a structured protocol which details the specific questions, with wording and order, to be asked and then probes to follow-up on particular answers. Allows for the greatest comparison across interviews but typically allows for the least amount of rapport to be established.
  - b. Technique
    - Face-to Face Interview – The interviewer and interviewee are in the same location; the interviewer can pick up on the additional information provided by non-verbal cues; however, this can be logistically challenging to set up given necessary travel time.
    - Telephone Interview – The interview is conducted over the phone; easier to arrange logistically; however, these are typically shorter than face-to-face interviews because individuals may not want to be on the phone for an extended period, and the interviewer cannot perceive non-verbal cues.
2. In order to yield the most useful information while conducting key informant interviews, it can be helpful to develop an interview guide such as this:
  - Introduction
    - Establish rapport/build trust and thank interviewee for time.
    - Explain purpose of interview, goals of CHIPP/CHNA, and how information will be used.
    - Discuss and/or assure confidentiality.
  - Questions
    - Include approximately 5-10 questions.
    - Consider collecting basic demographic data (age, sex, race/ethnicity).
    - Consider questions to assess the interviewee's unique point of view on the following: 1) community needs 2) current efforts to address these needs and 3) what else should be done to address these needs.
    - Consider the order of questions. Can certain questions build upon others? Are some questions more sensitive than others (could consider asking those later in the interview)?
    - Develop probing questions for follow-up to certain questions that can elicit more detailed information.
    - Ensure that questions are not judgmental.
    - Ask if key informant has any additional comments or suggestions as a closing question.

## Conclusion

- Summarize main points to ensure that nothing was missed.
- Discuss process on how overall findings will be shared/feedback provided.
- Thank the interviewee.

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## Sample Key Informant Questions:

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

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Source: *North Carolina Community Health Assessment Guidebook*

## 3. Determine the documentation method

### a. Note taking

- Can take notes while conducting the interview. This can be difficult to do while also conducting the interview and interrupt the flow of the interview; however allows for capturing all important information.
- Can take notes after the interview. This can minimize disruption during the interview, but the longer the interviewer waits to document notes following the interview, the greater the potential to forget important information.
- Can take basic notes during the interview and fill in remaining information immediately afterwards.

### b. Tape recording

- Eliminates potential distractions associated with note taking or can be used to augment basic note taking. However, some interviewees might not be comfortable with being tape recorded and this might inhibit responses.

## 4. Train the interviewer

- a. Determine who will be the main interviewer. Try to keep the number of interviewers to a minimum to ensure consistency.
- b. Ensure that the interviewer has good communication skills, and can keep the interview on track while still remaining flexible.
- c. Ensure that the interviewer can maintain neutrality.
- d. Have the interviewer pilot the interview questions to ensure that he/she is comfortable with the questions and the questions are clear.

## 5. Analyze the data

- Key informant interviews can yield a great deal of detail-rich data. However, it is necessary to have an organized strategy on how to compile and analyze the data in order to best inform the CHIPP/CHNA process.
- Consider summarizing findings from each of the interview notes and identifying key discussion points.
- Consider developing major themes or categories and reviewing interview results to look for recurring themes (see [Determine How to Understand the Information \(Analyze Data\)](#), Performing a Community-Based Assessment Workbook Step 5, from the UCLA Center for Health Policy Research Health).



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## Additional Key Informant Resources

### General

- [Performing a Community-Based Assessment, Key Informant Interviews](#), UCLA Center for Health Policy Research, Health DATA (Appendix 4A)
- [NACCHO MAPP Clearinghouse Phase 3: Community Themes and Strength Assessments \(Organizing the Assessment, Key Informant Interviews Guide\)](#)

### More specific examples of potential key informants:

- [“Conducting a Community Needs Assessment: Primary Data Collection Techniques.”](#) Carter, Keith A., and Lionel J. Beaulieu, L. J.; Florida Extension Service, 1992 (page 2)
- [Community Health Assessment Guide Book](#), North Carolina Public Health (page 30)

### Sample questions and key informant interview scripts:

- [Community Health Assessment Guide Book](#), North Carolina Public Health (pages 37-38)
- [“Getting the Lay of the Land on Health: A Guide for Using Interviews to Gather Information.”](#) The Access Project (1999). Boston, MA (pages 13-15)

### Sample probing questions:

- [The Community Toolbox \(Assessing Community Needs and Resources, Section 12. Conducting Interviews\)](#)
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# FOCUS GROUP INTERVIEWS

## What is a focus group interview?

A focus group interview is a data collection method that involves bringing a small group of individuals together who are led through a focused discussion on preset topics of interest. A focus group is typically comprised of approximately 6-12 participants who usually do not know each other in advance, but share a similar characteristic. A skilled moderator/facilitator guides the group by asking questions and stimulating discussion, while a note-taker records observations and comments. The data generated from a focus group is qualitative, as it is comprised of the group's opinions and perspectives. The topics covered during a focus group discussion can cover broad issues (such as general perceptions of the health of a community) or can be more focused (such as on a particular issue, like obesity or access to care).

## Why conduct a focus group interview?

A focus group interview can help provide a more collective view of beliefs and attitudes regarding experiences with a particular issue/problem. Discussion within the group environment can often stimulate additional conversations that offer additional insights. Focus groups can be helpful in complicated situations where creative solutions and rapid feedback are needed, and where written input would be difficult to obtain. Focus groups can target key community groups that may be otherwise overlooked through other data collection methods or are particularly affected by particular issues; these community groups may offer a point of view different from those responsible for conducting the CHIPP/CHNA. Focus groups interviews can serve as good follow-up and complement to other more quantitative data collection methods, as they can help inform priority setting.

### Advantages

- Interactions in a group setting may foster more conversation and information than individual data collection methods
- Can obtain a range of views even within one focus group setting
- Potentially efficient way to increase sample size of data collection efforts
- Can assess non-verbal cues among participants if done in an in-person setting
- Potential to conduct as a web-based focus group
- Should result in timely feedback
- Moderator and participants can clarify questions and answers
- Can complement other data collection techniques well
- Can increase public visibility of CHIPP/CHNA efforts

### Disadvantages

- Would require participants to have some level of familiarity with topic
- Can be difficult to get good attendance
- Group setting may make some participants more reluctant to speak, especially if dealing with sensitive topic
- Cannot assure anonymity/confidentiality for participants
- Requires advanced planning and time/resources to synthesize and analyze results from various focus groups



## Who are focus group participants?

Typically a focus group is comprised of 6-12 individuals who do not know each other but share some similar characteristics or common interests. Over the course of data collection through the use of focus groups, it is likely that several focus groups will be conducted in order to ensure adequate representation of the community. Often the characteristics used to establish inclusion criteria for focus group members requires a clear understanding of the purpose of the focus groups and the questions that should be addressed by the group. It is also important to understand the roles of the focus group members. Participants should be able to talk about their perceptions of the issue being discussed, and should be able to engage with other group members to help foster understanding of their experiences as well. While group members might not all share the same point of view, it is important to ensure that they are comfortable with one another and feel that they can speak freely.

Key attributes that can be used for establishing a focus group:

- Age
- Gender
- Race/Ethnicity
- Education status
- Income level
- Job title/position
- Neighborhood of work/residence
- Group/Organization membership
- Health insurance status
- Health care providers
- Health care users
  - Those who easily navigate system
  - Those with difficulty navigating system

Another important consideration is how to select the individual participants for the focus groups. In other words, what is the “sampling strategy”? Often times in focus groups, a non-random sampling strategy is used.

This includes:

- Snowball sampling/Referral sampling: refers to asking one participant in the key group to refer other people they know, and have each new person refer new participants; this method can be useful in identifying otherwise hard to find individuals.
- Purposive sampling: refers to targeting individuals with a certain characteristic and can focus on individuals with variations on that particular characteristic.
- Convenience sampling: refers to targeting individuals who are readily available/easy to recruit.

After potential participants are contacted, ensure that they meet inclusion criteria by asking screening questions that reflect the key attributes desired for participation in the focus group. Engage potential participants by telling them why their participation in the focus group would be useful. It might be worthwhile to offer incentives to help increase participation. (Examples include food offered at the focus group, bus tokens, gift certificates or being entered in a drawing for a prize.) It is also important to send out reminders to participants prior to the focus group and to take into considerations issues like time of day of interview, location of meeting, need for translator services,

child care or transportation that could be a barrier to attendance. Finally, consider over-recruiting by about 20% to account for potential no-shows to the focus group interviews.

## How to conduct a focus group interview

Some institutions require adherence to a Human Subjects Review / Institutional Review Board process. If this applies, use the consent procedure required as part of that Human Subjects Review / Institutional Review Board protocol.

1. Develop a guide for focus group interviews. Typically the focus group interview should last around one to two hours. Sample guide:

### Introduction

- Thank participants, introduce moderator and note-taker/recorder.
- Explain data recording method.
- Review purpose, establish rules including confidentiality issues, set tone.
- Help participants feel welcome and comfortable.

### Questions

- Use questions (usually around 3-5) that are open-ended, easy to understand and non-threatening to participants.
  - Consider asking most important questions relatively early to ensure that they are covered in the timeframe.
- First few questions – can be general questions designed to get participants thinking more about the topic and start to engage participants.
- Key questions – can require a transition; these particular (2-5) questions delve more into the specific area for convening the focus group.
- Ending questions – can offer participants a chance to provide additional reflection or recommendations.


### Conclusion

- Review major points to ensure that participants agree on main messages conveyed.
- Discuss plan for follow-up of summary findings.
- Thank participants for coming.

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### Sample Focus Group Questions:

- What do you view as strengths of your community?
  - What are some of the things that you see as lacking in your community?
  - With your family or friends, what are your biggest concerns?
  - Which of these needs would you say is the most important?
  - What could be done to address these need
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## 2. Documentation during the focus group interview

- Consider having a sign in sheet with a way to contact participants again.
  - Address issues of confidentiality, including a request to all participants to keep information confidential.
  - Can obtain basic de-identified demographic information on the participant.

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### Sample Confidentiality Language:

If you choose to participate, the facilitators of this focus group will keep your participation confidential. All findings used in any written reports or publications which result from this project will be reported in aggregate form with no identifying information. It is, however, sometimes useful to use direct quotes to more clearly capture the meanings in reporting the findings from this form of evaluation. At the end of the focus group, if there is anything you said which you do not want included as a quote, you may inform the facilitator and we will ensure that they are not used.

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- Note-taking and tape/video recordings in focus groups should not interfere with the process but the participants should be made aware of any tape/video recording method.
  - Can use data collected on flip charts during focus group interview to supplement notes.
  - Notes do not need to be a direct transcript of the interview, but should convey major themes covered.

## 3. Moderator skills

- Has good communication skills, understand the group dynamics, and can work well with the particular individuals in the focus group.
- Maintains neutrality and is respectful of all participants.
- Has sufficient understanding of the topic.
- Has ability to draw out answers from the quieter individuals and not be overpowered by more talkative individuals.
- Can effectively probe for further clarification of answers.

## 4. Analyze the data

- Similar to key informant interviews, focus groups can yield a great deal of detail-rich data in a qualitative format. Compiling and analyzing focus group data similarly requires an organized strategy in order to best inform the CHIPP/CHNA process.
- Consider summarizing findings from each of the focus groups and/or each topic within the focus groups, including identification of key discussion points.
- Consider developing major themes or categories and reviewing focus group results to look for recurring themes (see [Determine How to Understand the Information \(Analyze Data\)](#) from the UCLA Center for Health Policy Research Health).

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## Additional Focus Group Resources

An example of a focus group confirmation letter:

- [Focus group confirmation letter](#) (page 5)

Sample focus group interview scripts and questions:

- [NACCHO MAPP Clearinghouse Phase 3: Community Themes and Strength Assessments \(Conducting the Assessments, Focus-Group Guidelines and Conducting a Focus Group Tip Sheet\)](#)
- [Guidance for Conducting a Focus Group](#) (pages 3 and 9)
- [Community Health Assessment Guide Book Appendices, North Carolina Public Health](#) (Appendix G)
- [National Center for Rural Health Works, Community Health Needs Assessment](#) (Appendix H )
- [Corporation for National & Community Service, Blueprint for Change](#)

Sample consent forms, demographic data collection, and note-taking forms:

- [Guidance for Conducting a Focus Group](#) (pages 8 and 9)
- [Omni, Toolkit for Conducting Focus Groups](#) (pages 30 and 32)

Sample Checklists for conducting a focus group:

- [Omni, Toolkit for Conducting Focus Groups](#) (pages 28 and 29)
  - [The Community Toolbox \(Assessing Community Needs and Resources, Section 6. Conducting Focus Groups\)](#)
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# COMMUNITY SURVEYS

## What is a survey?

A survey or questionnaire refers to a group of questions that are carefully developed and are asked directly to individual respondents to gather information on a particular topic. Surveys can be administered through a number of formats, including the following: face-to-face, by telephone, by mail, by email/Web-based, or as a handout. During a CHIPP/CHNA process, a survey can be used to gather data on a community's health needs. While some surveys can be offered to all members of a population or community (a census survey), more often a subgroup of the community of interest is sampled, with the goal that that group would represent the larger community. Surveys offer a way to gather data from a large number of community members and can often produce rich data.

## Why conduct a survey?

Surveys can offer flexibility not only in the method of administration, but also in the types of questions that are asked. A survey can collect data on knowledge, attitudes, and practices about a variety of topics, including what residents think are major health issues in their community and what barriers inhibit optimal health. Closed-ended questions can provide a great deal of general information about the community, such as basic demographics, health priority areas and health seeking behaviors. Surveys can also include open-ended questions, where respondents can provide more descriptive and detailed responses. However, surveys often do not allow for the same level of detailed examination of issues that interviews may provide.

### Advantages

- Can involve a large number of community members in the process
- Data can be generalizable if a random sampling technique was used
- Can collect a wide variety of information
- Can readily compare data across different populations
- Can work well to complement other data gathering methods
- Can provide data that is easier to analyze and interpret
- Can vary method of administration depending on budget/time issues

### Disadvantages

- Can have a low return rate or respondents may not answer all questions
- Can be time-intensive and costly
- Requires survey questions to be well-designed, easy to understand and validated to ensure meaningful results
- Can be limited in its ability to provide in depth data on certain issues
- If sample is not random, will have limited generalizability to larger community
- Often cannot contact respondents for additional follow-up if further clarification is needed

## Who should be surveyed?

Similar to recruiting members to a focus group, the method of recruiting participants for a community survey can affect the generalizability of survey results. In a survey, however, it is most ideal to use random sampling method so that results can be generalized to the entire community of interest. While a non-random sample survey can provide a great deal of data, the results may not necessarily reflect the entire community. The determination of what a sampling strategy is chosen can often be influenced by availability of resources and time.

- Sampling frame – The population from which you will recruit your survey sample.
  - Define the population of interest for the survey (e.g., the entire community, a specific age group, a particular neighborhood, only the workforce).
  - Depending on the resources and the size of the sampling frame, determine the number of survey participants needed. Consider contacting a local survey expert to help determine an appropriate sample size for obtaining statistically significant survey data. Often it is necessary to oversample depending on survey method because of issues related to non-response.
- Sampling strategy – Again depending on the complexity of the sampling strategy, it might be appropriate to consult with a survey expert to help determine and design the appropriate sampling strategy.
  - Random sampling allows for a more representative sample of the population as a whole and refers to a sampling method where every individual in the community has an equal opportunity for being chosen.
    - Stratified random sampling refers to dividing the sampling frame up into smaller groups based on some characteristic (such as age, race, or geography) and then randomly sampling within each smaller group such that the proportion of each group in the sample is the same as within the population.
    - Stratified random sampling refers to dividing the sampling frame up into smaller groups based on some characteristic (such as age, race, or geography) and then randomly sampling within each smaller group such that the proportion of each group in the sample is the same as within the population.
    - Systematic sampling refers to randomly selecting the first survey participant off a master list and then recruiting every  $n^{\text{th}}$  participant after that based on the population size and the sample size. This method can also be used without a master list, such as the case where a neighborhood is the sampling frame. The first house could be randomly selected and then afterwards every  $n^{\text{th}}$  house is selected (for example 5<sup>th</sup> house on the street and afterwards, every 8<sup>th</sup> house on the left side of the street). In systematic sampling, the first participant is chosen at random but subsequent participants are not; however the sample can be distributed over the entire sampling frame.
  - Nonrandom sampling allows for less generalizability to the entire population and can include those methods described in focus group interview methods, including: snowball sampling/referral sampling, purposive sampling and convenience sampling.



## How to conduct a survey

Some institutions require adherence to a Human Subjects Review / Institutional Review Board process. If this applies, use the consent procedure required as part of that Human Subjects Review / Institutional Review Board protocol.

Surveys can be conducted by trained interviewers or self-administered by participants. While self-administered surveys can result in more assurance of confidentiality and comfort answering certain questions, trained interviewer-led interviews can allow for more clarification of questions. These are important considerations when choosing a survey method. It is also important to consider the cost, time, training for staff and response rates associated with various survey methods.

- In person: done face to face, with interview conducted by a trained interviewer.
- Telephone: done over the phone, with interview conducted by a trained interviewer.
- Mail: survey sent via mail and completed by self-administration.
- Email: survey sent via the Internet and completed by self-administration.
- Handout/Collection: survey handout out at an event or particular location, completed by self-administration and then is returned or collected back.

Steps in the survey process can include:

### 1. Survey questions

- Develop the survey questions
  - Survey questions should be designed after the objectives for data collection are identified and should directly align with these objectives.
  - Ensure that questions have been validated.
  - Survey questions should be constructed so that they are easy to understand, both during interviewer-led and self-administered interviews.
  - Questions on a self-administered survey should be at an appropriate reading-level and easy to complete; avoid complicated skip patterns.
  - Questions on a self-administered survey should be organized and formatted in a clear manner.
  - Questions that are leading or contain two questions in one should be avoided.
  - Questions should follow a logical progression.
  - The length of the survey should be not be too long – the longer a survey is, the less likely it will be completed.
  - Survey should be pilot tested to identify if the survey is clear.
- Types of survey questions
  - Closed-ended
    - Dichotomous questions (e.g., yes/no questions)
    - Multiple choice (choose from a number of potential responses, sometimes can have respondents indicate more than one choice (e.g., select all that apply))
    - Numerical – response is a specific number
    - Ranked (ordinal or Likert scale) – ranked scale used to express answers (e.g., 1-happy 2-neutral 3-sad or 1-strongly disagree 2-disagree 3-undecided 4-agree 5-strongly agree)



- Open-ended – asks for a response that is entirely generated by the respondent
- Format of questions
  - Introduction with an explanation of purpose of the survey
  - Questions to capture demographic data
  - CHIPP/CHNA-specific questions

## 2. Analysis

- Can require both quantitative and qualitative data approaches depending on the questions included.
- Quantitative data can be coded and entered into a database and subsequently analyzed.
- Similar to key informant interviews, qualitative data should be assessed to determine major themes.

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## Additional Community Survey Resources

More on sampling for surveys:

- [Community Health Assessment Guide Book, North Carolina Public Health \(pages 17-21\)](#)
- [Performing a Community-Based Assessment, Surveys, UCLA Center for Health Policy Research, Health DATA \(Appendix A3\)](#)

Sample questionnaires:

- [NACCHO MAPP Clearinghouse Phase 3: Community Themes and Strengths Assessment \(Survey Instruments\)](#)
- [NACCHO MAPP Clearinghouse Phase 3: Community Health Status Assessment \(Designing and Disseminating Your Surveys\)](#)
- [National Center for Rural Health Works, Community Health Needs Assessment Toolkit \(Appendix J\)](#)
- [Corporation for National & Community Service, Blueprint for Change](#)
- If no community-level Behavioral Risk Factor Surveillance System (BRFSS) data exist for the community, can consider incorporating some of the questions from [CDC's BRFSS questionnaire](#) into a survey

More tools on data analysis:

- [CDC Data Collection Methods for Program Evaluation: Analyzing Quantitative Data for Evaluation](#)
  - [CDC Data Collection Methods for Program Evaluation: Analyzing Qualitative Data for Evaluation](#)
  - [Performing a Community-Based Assessment, Determine How to Understand the Information \(Analyze Data\), UCLA Center for Health Policy Research Health DATA \(Step 5\)](#)
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# COMMUNITY FORUMS

## What is a community forum?

A community forum involves a gathering of community members together in a public meeting/series of meetings, where specific issues of concern can be discussed in an informal method. Community forums are often well-publicized, so that a wide variety of diverse community members can come together. They are moderated to ensure that the group discusses either general topics of concern to the community or more focused issues. A community forum can allow for participation of a large number of community members in the CHIPP/CHNA process and provide rich qualitative data regarding community needs and available resources. The results of a community forum can be used in a CHIPP/CHNA process to help lay the foundation for future directions for the needs assessment or for future implementation plans.

## Why conduct a community forum?

Community forums are a good way to include the involvement and opinions of many and varied community members. Community forums can also be a very useful way to gather a large amount of data in a short period of time. Additionally, community forums can be a useful way to proceed when dealing with issues of a highly political or controversial nature. Community forums can offer a way to raise the credibility and visibility of CHIPP/CHNA efforts, and to foster feelings of community-wide ownership of efforts. By bringing together multiple different community members, community forums can help establish partnerships for future CHIPP/CHNA efforts, as well as develop bridges between community members for subsequent community improvement efforts.

### Advantages

- Permits increased community participation and gives a voice to community members who may have not otherwise been involved
- Can increase awareness of CHIPP/CHNA efforts
- Can improve trust between community members and those who are leading CHIPP/CHNA efforts
- Can lead to identification of new partners/stakeholders for future CHIPP/CHNA efforts
- Can allow for those conducting CHIPP/CHNA efforts to provide information to the community
- Can be useful to identify potential new questions that may arise with regard to a community's health
- Can be quick and relatively inexpensive

### Disadvantages

- Can be difficult to arrange a series of community forums
- Can be difficult to ensure that participants are representative of the larger community
- Participants may have own agenda in mind when attending the community forum or perceive the forum as a venue to voice general grievances
- May be difficult for all attendees to have their voices heard during the forum
- May set up unrealistic expectations if goal/purposes are not clearly defined at the start

## Who makes up community forum groups?

Community forums should be open to all members of the community. Ideally, a forum should involve no more than 40 community members, otherwise it can be difficult to ensure that all voices will get heard. If a larger group is anticipated, consider dividing the group into small sub-forum groups. A key aspect of these forums is that a diverse group of community membership is involved. Therefore it is important to seek out many different community sectors and members. The same key attributes considered for focus groups can be considered when thinking about a community forum. However, unlike a focus group when individuals would share a common characteristic among one of the attributes, a community forum offers the opportunity to gather individuals who may differ across the attributes. Often inviting key community leaders can help lead to improved attendance, as they can further raise awareness about the forum. However, it is also important to involve individuals who use community health services or have difficulty using community health services. Therefore, a community forum's success can often be related to how well the forum is publicized within the community.

Key factors to consider when publicizing a community forum:

- Define the goals/purpose of the forum.
- Clearly state the reason why a community member's participation would be important in the forum, and clearly state how participation might benefit the participant.
- Consider where to publicize, and if these methods are sufficient to reach all sectors of the community, including those hardest to reach or most at-risk.
  - Work through partnering organizations such as religious organizations, schools, etc.
  - Utilize highly visible/trafficked areas
    - Malls
    - Grocery stores
    - Laundromats
    - Community centers
    - Recreational facilities
    - Salons
  - Engage local media outlets
    - Radio stations
    - Television stations



## How to conduct a community forum

Some institutions require adherence to a Human Subjects Review / Institutional Review Board process. If this applies, use the consent procedure required as part of that Human Subjects Review / Institutional Review Board protocol.

1. Ensure that members of the CHIPP/CHNA team form a subcommittee/task force to help plan and execute the community forums.
2. Decide what the main goals/objectives of the forum are – what are the main questions trying to be answered?
3. Develop a list of questions that will help address the main goal/objective.
  - What are the main issues/concerns within the community?
  - What are existing barriers to change within the community?
  - What are the resources available and the resources needed for change?
  - What are possible solutions/ways to bring about change?
4. Ensure that the dates, time and venue for the community forums are convenient for various community members. Consider issues like common working hours, weekdays versus weekends, and is the venue accessible by public transportation. Also consider a neutral venue to ensure that all participants feel equally welcome. Consider providing assistance around such issues as child care and transportation. Consider issues such as translation services.
5. Ensure that the community forums are publicized well in advance. If incentives will be provided, make them known as well.
6. While not as formal as a focus group, consider who will serve as moderator to ensure the appropriate questions/topics are addressed and who will be the note-taker/recorder. The moderator's job is to ensure that the general format of the following is followed:
  - a. Introductions/defining ground rules
  - b. Asking relevant questions/community discussion
  - c. Summarizing findings and decisions for next steps, potential future forums, and dissemination
  - d. Closing
7. Ensure that participants sign in and provide contact information so that they may be contacted for future forums/activities.
8. Similar to key informant interviews and focus groups, community forums often result in detail-rich qualitative data; compiling and analyzing data can require the same methods.
  - Consider developing major themes or categories and reviewing forum results to look for recurring themes (see [Determine How to Understand the Information \(Analyze Data\)](#) from the UCLA Center for Health Policy Research Health).

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## Additional Community Forum Resources

More specific questions for a community forum:

- The Community Toolbox (Assessing Community Needs and Resources, Section 3. Conducting Public Forums and Listening Sessions)
- “Conducting a Community Needs Assessment: Primary Data Collection Techniques.” Carter, Keith A., and Lionel J. Beaulieu, L. J.; Florida Extension Service, 1992 (page 4)

A tip sheet for conducting a community dialogue:

- NACCHO MAPP Clearinghouse Phase 3: Community Themes and Strength Assessments (Conducting the Assessments, Conducting Community Dialogue Tip Sheet)
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# DIRECT OBSERVATION

## What is direct observation?

Direct observation, of which one method is Photovoice, is a technique that can be used to provide a quick description/assessment of a community through visual cues and photographs. Data collection through observation requires a structured method of recording what is seen. Specifically, Photovoice involves a method of providing a camera to community members (not professionals) to show aspects of their life, and can include captioned images/videos of what they value within the community, what problems exist with regard to a community's health, and what they feel the barriers to change are in the community. This can be a unique method to help learn about how community members view aspects of their community, and often can be especially useful in gaining the perspectives of those who are at risk.

## Why use/conduct direct observation?

Direct observation and Photovoice can provide information about the community setting and physical resources that might not be easily captured through other data collection methods. Collecting data through observation can be helpful in capturing data on behaviors and interactions. Photography can be used by numerous community members, as it does not require a significant amount of preparation. Photovoice has been used as a tool for engagement and empowerment. Furthermore, the resultant photographs can be understood across cultures and can potentially be persuasive when interacting with policy/decision makers.

### Advantages

- Can be relatively inexpensive
- Data can be gathered quickly
- Increases community participation
- Can target hard to reach community groups
- Data gathered through photographs can help give additional meaning to data gathered through other methods

### Disadvantages

- May not be representative of the whole community
- May provide only a general overview of the community
- May capture a limited number of a communities' resources for identification
- Those observed may change behavior because they know they are being observed
- Potential for observer bias if they are not well trained
- Can be difficult to interpret/analyze photographs relative to other data collection methods

## Who can be observers?

Data collection through observation and Photovoice can involve a number of participants from the community, including those directly working as part of the CHIPP/CHNA team, students/interns, or volunteers. Alternatively, photographic observation could involve community members, particularly those who may otherwise have a more difficult time participating through surveys or forums. CHIPP/CHNA staff might require some training on how to best assist and support the community members capturing the images. All participants should be trained on how to use a camera and the purpose, methods, and forms used in data collection.

## How to conduct observation

Some institutions require adherence to a Human Subjects Review / Institutional Review Board process. If this applies, use the procedure required as part of that Human Subjects Review / Institutional Review Board protocol.

First, identify the method of visual recording. This can include methods such as the following:

- Observation guides which include preprinted forms indicating what should be observed and space for recording general observations.
- Checklists/recording sheets which can include yes/no boxes to record whether a specific observation was made.
- Field notes which are less structured and can involve a general recording of behaviors or interactions.
- Photography as done with Photovoice.

For both structured observations and methods like Photovoice, it is important to consider the following:

- Deciding what the main goal/objective/question is to be addressed through this data collection method.
- Training the observers/photographer/support staff so that they are aware of the underlying mission and of any potential ethical issues involved, such as whether observations are overt or covert.
- Capturing the data through observation/photography.
  - With photography, a subset of photographs could be considered for discussion if major themes or issues emerge; this decision would impact which and how the photographs would be displayed.
- Decide on the best method of analysis for both structured observational recording and Photovoice, including identification of major themes that arise through qualitative data, and analysis of the quantitative data captured through the more structured observational techniques.

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## Additional Direct Observation Resources

Specific groups that could benefit from Photovoice:

- [The Community Toolbox \(Assessing Community Needs and Resources, Section 20. Implementing Photovoice in Your Community\)](#)

More specific guidance on using Photovoice:

- [NACCHO MAPP Clearinghouse Phase 3: Community Themes and Strength Assessments \(Organizing the Assessments, Photovoice Manual\)](#)

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## References and Resources

The following sites were used to develop the content of this guide.

### Key Informant Interview Section:

- The Access Project (1999). “Getting the Lay of the Land on Health: A Guide for Using Interviews to Gather Information.” Boston, MA <http://www.accessproject.org/downloads/final%20document.pdf>
- Carter, Keith A., and Lionel J. Beaulieu, L. J.; Florida Extension Service, 1992. “Conducting a Community Needs Assessment: Primary Data Collection Techniques”  
[http://www.virtualcap.org/downloads/VC/US\\_Needs\\_Assessment\\_FL\\_Coop\\_Extension\\_Primary\\_Data\\_Collection\\_Techniques.pdf](http://www.virtualcap.org/downloads/VC/US_Needs_Assessment_FL_Coop_Extension_Primary_Data_Collection_Techniques.pdf)
- Centers for Disease Control and Prevention. CDC Data Collection Methods for Program Evaluation: Focus Groups <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief13.pdf>
- The Community Toolbox (Chapter 3, Section 12) <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-interviews/main>
- North Carolina Department of Health and Human Services. Community Health Assessment Guide Book <http://publichealth.nc.gov/lhd/cha/docs/guidebook/CHA-GuideBookUpdatedDecember15-2011.pdf>
- MN Department of Health. Brief overview of Data Collection Methods – Key Informant Interviews <http://www.health.state.mn.us/communityeng/needs/needs.html>
- NACCHO MAPP Clearinghouse Phase 3: Community Themes and Strength Assessments <http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/phase3CTSA.cfm>
- UCLA Center for Health Policy Research, Health DATA. Performing a Community-Based Assessment, Focus Groups <http://ucla-dev-web01.reliam.com/programs/health-data/trainings/Pages/community-assessment.aspx>

### Focus Group Interview Section:

- Centers for Disease Control and Prevention. CDC Data Collection Methods for Program Evaluation: Interviews <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief17.pdf>
- The Community Toolbox (Chapter 3, Section 6) <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-focus-groups/main>
- Community Ventures: Partnerships in Education and Research Circular Series Topics. Focus Groups: A Tool for Understanding Community Perceptions & Experiences  
[http://wrdc.usu.edu/files/publications/publication/pub\\_\\_1158330.pdf](http://wrdc.usu.edu/files/publications/publication/pub__1158330.pdf)
- Corporation for National & Community Service. Blueprint for Change  
<http://www.blueprintforchangeonline.net/pages/assess/starting.php>
- Guidance for Conducting a Focus Group  
[http://assessment.aas.duke.edu/documents/How\\_to\\_Conduct\\_a\\_Focus\\_Group.pdf](http://assessment.aas.duke.edu/documents/How_to_Conduct_a_Focus_Group.pdf)
- MN Department of Health. Brief Overview of Data Collection Methods – Focus Groups  
<http://www.health.state.mn.us/communityeng/needs/needs.html>
- NACCHO MAPP Clearinghouse Phase 3: Community Themes and Strength Assessments  
<http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/phase3CTSA.cfm>
- National Center for Rural Health Works. Community Health Needs Assessment (Appendix H)  
<http://ruralhealthworks.org/wp-content/files/H-Three-Focus-Group-Questions-Dec-2011.pdf>



- North Carolina Department of Health and Human Services. Community Health Assessment Guide Book, Appendix G <http://publichealth.nc.gov/lhd/cha/docs/guidebook/CHA-GuideBookAppendicesUpdatedOctober-2012.pdf>
- Omni. Toolkit for Conducting Focus Groups <http://www.rowan.edu/colleges/chss/facultystaff/focusgrouptoolkit.pdf>
- UCLA Center for Health Policy Research, Health DATA. Performing a Community-Based Assessment, Focus Groups <http://ucla-dev-web01.reliam.com/programs/health-data/trainings/Pages/community-assessment.aspx>

### Community Survey Section:

- Carter, Keith A., and Lionel J. Beaulieu, L. J.; Florida Extension Service, 1992. “Conducting a Community Needs Assessment: Primary Data Collection Techniques” [http://www.virtualcap.org/downloads/VC/US\\_Needs\\_Assessment\\_FL\\_Coop\\_Extension\\_Primary\\_Data\\_Collection\\_Techniques.pdf](http://www.virtualcap.org/downloads/VC/US_Needs_Assessment_FL_Coop_Extension_Primary_Data_Collection_Techniques.pdf)
- Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS). <http://www.cdc.gov/brfss/questionnaires.htm>
- Centers for Disease Control and Prevention. CDC Community Health Assessment and Group Evaluation (CHANGE) Action Guide, Action Step 4 (Gather Data) [http://www.cdc.gov/healthycommunitiesprogram/tools/pdf/action\\_step\\_4.pdf](http://www.cdc.gov/healthycommunitiesprogram/tools/pdf/action_step_4.pdf)
- Centers for Disease Control and Prevention. CDC Data Collection Methods for Program Evaluation: Analyzing Qualitative Data for Evaluation <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief19.pdf>
- Centers for Disease Control and Prevention. CDC Data Collection Methods for Program Evaluation: Analyzing Quantitative Data for Evaluation <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief20.pdf>
- Centers for Disease Control and Prevention. CDC Data Collection Methods for Program Evaluation: Questionnaires <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief14.pdf>
- The Community Toolbox (Chapter 3, Section 13) <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-surveys/main>
- Corporation for National & Community Service. Blueprint for Change <http://www.blueprintforchangeonline.net/pages/assess/starting.php>
- MN Department of Health. Brief Overview of Data Collection Methods – Surveys <http://www.health.state.mn.us/communityeng/needs/needs.html>
- NACCHO MAPP Clearinghouse Phase 3: Community Health Status Assessment (Designing and Disseminating Your Surveys) <http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/phase3CHSA.cfm>
- NACCHO MAPP Clearinghouse Phase 3: Community Themes and Strengths Assessment (Survey Instruments) <http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/phase3CTSA.cfm>
- National Center for Rural Health Works, Oklahoma State University. Community Health Needs Assessment Toolkit (Appendix J) <http://ruralhealthworks.org/wp-content/files/2-CHNA-Toolkit-Text-and-All-Appendices-May-2012.pdf>
- North Carolina Department of Health and Human Services. Community Health Assessment Guide Book <http://publichealth.nc.gov/lhd/cha/docs/guidebook/CHA-GuideBookUpdatedDecember15-2011.pdf>
- UCLA Center for Health Policy Research, Health DATA. Performing a Community-Based Assessment, Focus Groups <http://ucla-dev-web01.reliam.com/programs/health-data/trainings/Pages/community-assessment.aspx>



### Community Forum Section:

- Carter, Keith A., and Lionel J. Beaulieu, L. J.; Florida Extension Service, 1992. “Conducting a Community Needs Assessment: Primary Data Collection Techniques”  
[http://www.virtualcap.org/downloads/VC/US\\_Needs\\_Assessment\\_FL\\_Coop\\_Extension\\_Primary\\_Data\\_Collection\\_Techniques.pdf](http://www.virtualcap.org/downloads/VC/US_Needs_Assessment_FL_Coop_Extension_Primary_Data_Collection_Techniques.pdf)
- The Community Toolbox (Chapter 3, Section 3) <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-public-forums/main>MN Department of Health. Brief Overview of Data Collection Methods – Community Forums and Public Hearings  
<http://www.health.state.mn.us/communityeng/needs/needs.html>
- NACCHO MAPP Clearinghouse Phase 3: Community Themes and Strength Assessments (Conducting the Assessments, Conducting Community Dialogue Tip Sheet)  
<http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/phase3CTSA.cfm>
- UCLA Center for Health Policy Research, Health DATA. Performing a Community-Based Assessment, Focus Groups <http://ucla-dev-web01.reliam.com/programs/health-data/trainings/Pages/community-assessment.aspx>
- University of Illinois Extension Service, Office of Program Planning and Assessment. Needs Assessment Techniques: Using Community Meetings [http://ppa.aces.uiuc.edu/pdf\\_files/ComMeet1.PDF](http://ppa.aces.uiuc.edu/pdf_files/ComMeet1.PDF)

### Observation/Photovoice Section:

- Centers for Disease Control and Prevention. CDC Community Health Assessment and Group Evaluation (CHANGE) Action Guide, Action Step 4 (Gather Data)  
[http://www.cdc.gov/healthycommunitiesprogram/tools/pdf/action\\_step\\_4.pdf](http://www.cdc.gov/healthycommunitiesprogram/tools/pdf/action_step_4.pdf)
- Centers for Disease Control and Prevention. CDC Data Collection Methods for Program Evaluation: Observation <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief16.pdf>
- The Community Toolbox (Chapter 3, Section 20) <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/photovoice/main>
- NACCHO MAPP Clearinghouse Phase 3: Community Themes and Strength Assessments (Organizing the Assessments, Photovoice Manual)  
<http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/phase3CTSA.cfm>
- UCLA Center for Health Policy Research, Health DATA. Performing a Community-Based Assessment, Focus Groups <http://ucla-dev-web01.reliam.com/programs/health-data/trainings/Pages/community-assessment.aspx>