



# Strategies for supplementing your Needs Assessment with local data

Oct. 2018

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# Objectives

Participants will understand:

- The difference between primary and secondary data
- The benefits and limitations of secondary data sources and how to access some secondary data sources
- How to supplement their Needs Assessment data with secondary data sources
- Different methods of primary data collection and the advantages and disadvantages of qualitative data collection methods



# Data collection methods

- **Primary data** - is collected for the first time by the researcher (or local MCAH program)
- **Secondary data** - is the data already collected or produced by others (e.g., Community Health Status Reports, DataBooks, Kidsdata.org)



# Two Ways to Supplement NA Data

- Gather additional data from secondary data sources
- Gather primary data
  - Conduct key informant interviews
  - Hold focus groups
  - Administer surveys
  - Use observational techniques (e.g., photo voice)



# Secondary Data Sources Useful for MCAH Needs Assessment

- State and nationally collected population based health data sets
  - Vital records –Birth, death and fetal death
  - Birth-death cohort files
  - Census data
  - Hospital discharge abstracts
  - Reportable communicable disease data
  - Disease specific registries
  - Genetic disease lab results



# Benefits of These Data Sets

- Uses standard definitions and methods so local and state data are comparable to national data
- Provides enough data for local health jurisdictions to look at small area patterns
- Useful for epidemiological studies
- Some utility in looking at patterns of service utilization and behavior
- Questions have been validated and wording can be used in local surveys



# Secondary Survey Data Sets -National

- [National Health Interview Survey \(NHIS\)](#)
- [National Health & Nutrition Examination Survey](#)
- [National Survey of Children's Health](#)
- [National Survey of Family Growth](#)
- [National Medical Care Utilization & Expenditure Survey](#)
- [PRAMS –Perinatal Risk Assessment Survey](#)
- [Youth Risk Behavioral Survey \(YRBS\)](#)
- [Behavioral Risk Factor Survey \(BRFS\)](#)



# Utility and Limitations of National Survey Data Sets

- ★ Standard definitions and methods
- ★ Allows for generation of synthetic estimates for states and local health jurisdictions
- ★ Provides data for epidemiological, community assessment and behavioral, and evaluation
- ⬇ Not available in a timely manor
- ⬇ Statistical analysis requires high level analysts and use of particular software





# Secondary Survey Data Sets: California

- [California Health Interview Survey \(CHIS\)](#)
- [California Healthy Kids Survey](#)
- [MIHA – Maternal and Infant Health Assessments](#)
- [Listening to Mothers Survey](#)



# Benefits and Limitations of California Survey Data

- ★ Collected regularly and published in a more timely manner than national surveys
- ★ All ask many of the same questions as national surveys so they are comparable
- ★ CHIS allows LHJs to pay for oversampling
- ⬇ Sample sizes can limit statistical utility of data
- ⬇ Parents can opt out of the school survey so sample may not be representative



# Administrative Data sources

## Both State and National Program Data

- Child Welfare – TANF, Foster Care, child abuse
- Mental Health – service utilization, estimates of need
- Drug and alcohol – surveys of prevalence, statistics on utilization
- Education – dropouts, academic achievement, physical fitness, overweight
- Criminal justice – crime rates, domestic violence
- Medicaid/MediCal – utilization data, diagnoses and lab results, costs
- State licensing data



# Problems with administrative data sets

- ⬇ Purpose of data collection is often only for reporting productivity or billing so quality of health data suspect
- ⬇ Measures conditions in those already in the system so not representative of the conditions in the general population



# Other government collected health related data

- Environmental surveillance data
  - Air
  - Water
  - Soil
  - Food
- Injury/Safety
  - Death and hospital summaries
  - California Highway patrol /National Highway Traffic Safety Admin.
  - Consumer Safety Commission - National Electronic Injury Surveillance System



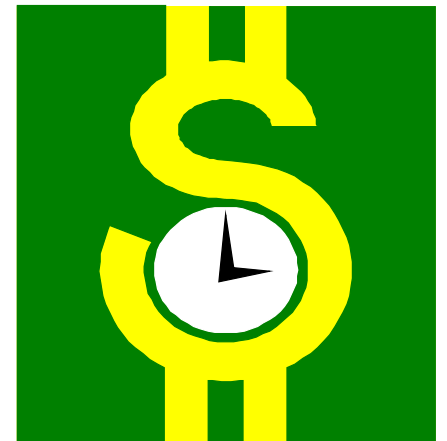
# Data collected by private and non-profit agencies

- Foundations (e.g. Kaiser, Casey, RWJ, California Wellness, Lucile Packard)
- Advocacy Groups (e.g. Children's Now, Children's Defense Fund, March of Dimes)
- Private Insurance Companies
- Healthcare facilities (e.g. hospitals, HMOs)



# Criteria for Assessing a Secondary Quantitative Data Source

- Data Quality
  - Complete and accurate
  - Valid
- Consistency over time
- Adequacy for local use
  - Sample size for local community
  - Contains the specificity for local needs
- Timeliness
- Accessibility
  - Cost
  - Confidentiality
  - Availability over time



# Secondary Data Sources at County Level or below

- [Kidsdata.org](http://Kidsdata.org) - data on more than 600 measures of child health and well being
  - program of the [Lucile Packard Foundation for Children's Health](http://LucilePackardFoundation.org),Depending on data source:
  - available at county, cities, school districts, and legislative districts
  - many demographic descriptors including family income, race/ethnicity, and age

[Data overview guide](#)





# Kidsdata.org – (Cont.)

- NOTE: data have not been tested for statistical significance, except in a few cases where noted.
  - Apparent trends over time and differences across regions and among demographic groups may or may not be statistically significant
- For more information about kidsdata.org, [kidsdata@lpcfch.org](mailto:kidsdata@lpcfch.org) or call (650) 736-0676.



# Kidsdata.org Data Sources

- [California Breathing](#)
- [California Child Care Resource & Referral Network, California Child Care Portfolio](#)
- California Department of Education:
  - [California Basic Educational Data System \(CBEDS\)](#)
  - [California High School Exit Examination \(CAHSEE\) Research Files](#)
  - [California Longitudinal Pupil Achievement Data System \(CALPADS\)](#)
  - [DataQuest](#)
  - [English Learners Data Files](#)
  - [Free/Reduced Price Meals Program & CalWORKS Data Files](#)
  - Office of Homeless Education
  - [Physical Fitness Testing Statewide Research Files](#)
  - Special Education Division; Assessment, Evaluation and Support, Special Tabulation
  - [Standardized Testing and Reporting \(STAR\) Results](#)
- [California Department of Finance, Demographic Research Unit](#)
- [California Department of Health Care Services](#)
- [California Department of Justice, California Criminal Justice Profiles](#)
  - Domestic Violence-Related Calls for Assistance Database
  - Monthly Arrest and Citation Register (MACR) Data Files



# Kidsdata.org Data Sources (cont.)

- California Department of Public Health:
  - [California Cancer Registry, Surveillance, Epidemiology, and End Results \(SEER\) Program](#)
  - [California Department of Public Health, Center for Health Statistics and Informatics, Vital Statistics Section](#)
  - [Center for Family Health, Genetic Disease Branch, Newborn Screening Program](#)
  - [Childhood Lead Poisoning Prevention Branch](#)
  - [Epidemiology and Prevention for Injury Control Branch](#)
  - [Immunization Branch, Kindergarten Assessment Results](#)
  - [Sexually Transmitted Disease Control Branch](#)
- [California Department of Social Services](#)
- [California Employment Development Department](#)
- [California Office of Statewide Health Planning and Development](#)
- [California School Health Centers Association](#)
- Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health:
  - [National Survey of Children's Health](#)
  - [National Survey of Children with Special Health Care Needs](#)
- [Feeding America, Map the Meal Gap](#)



# Kidsdata.org Data Sources (cont.)

- [Insight Center for Community Economic Development and Dr. Diana Pearce, Center for Women's Welfare, School of Social Work, University of Washington](#)
- [Stanford Center for Policy, Outcomes, and Prevention](#)
- [University of California at Berkeley, Center for Social Services Research, Child Welfare Dynamic Report System](#)
- [University of California at Los Angeles, Center for Health Policy Research, California Health Interview Survey](#)
- U.S. Census Bureau:
  - [American Community Survey](#)
  - [Current Population Survey](#)
- [U.S. Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network](#)
- [U.S. Department of Housing and Urban Development, Fair Market Rent](#)
- WestEd and California Department of Education
  - [California Healthy Kids Survey](#)
  - [California Student Survey](#)
  - [California School Climate Survey](#)



# County Health Rankings

- [County Health Rankings](#) - annual measure of vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births
  - Most data from 2014-2016, also earlier data
  - collaboration between the [Robert Wood Johnson Foundation](#) and the [University of Wisconsin Population Health Institute](#).



# California Health Interview Survey

- [California Health Interview Survey](#) (CHIS) - the largest state health survey in the nation.
- Random-dial telephone survey that asks questions on a wide range of health topics
- Conducted on a continuous basis allowing the survey to generate timely one-year estimates
- Provides representative data on all 58 counties
- Approximately 20,000 Californians interviewed each year



# California Health Interview Survey (cont.)

- Easy to use data query system:  
**AskCHIS™** and **AskCHIS™** Neighborhood Edition
- Smallest counties are combined and county level data not available for them
- Depending on questions/topic, often very large confidence intervals (CIs)
- Can do stratification by race, education, and many other variable but rates may become unstable and CIs very large



# Types of Data

- **Quantitative Data** – numbers, rates, statistics
  - Primary- you collect it with structured instruments
  - Secondary – use an existing data sources
- **Qualitative Data** – words, thoughts, actions, descriptions
  - Focus groups
  - Open ended interview questions (e.g., Key informant interviews)
  - Observations





# Quantitative

## Advantages

- Quantifies results (e.g., rates)
- Allows statistical comparisons, multivariate and trend analyses
- Allows comparisons with other groups and over time using standard measures
- Conserves resources if secondary data source available

## Disadvantages

- Requires expertise in data analysis
- Limited use in situations where numbers are small
- Collecting primary quantitative data is often expensive and time-consuming
- Can overlook emerging issues

# Quantitative Data: Disadvantages (cont.)

- Presupposes you to know the significant factors
- Often lacks important variables such as geographic markers or detailed race or ethnicity categories
- May not be timely



# Qualitative Data

## Advantages

- Rich data with more details and contextual information
- Can provide new insights
- Can identify emerging issues
- Usually done Face-to-face or over phone which provides opportunity to clarify questions
- Can be more timely

## Disadvantages

- Requires expertise in staff and can be time consuming
- Possible inconsistency due to flexibility
- Difficult to make comparisons
- Transcribing and analysis of data can be costly
- Individuals may alter responses because of group environment (e.g., in focus groups)

# Factors to Consider in Choosing the Type of Data You Need

- Do I have an evidenced-based hypothesis about the cause of a problem or am I searching for new insights?
- Is this a well described and quantifiable problem?
- Do I want to compare data with known standards or other population groups?



# Factors to Consider in Choosing the Type of Data You Need (cont.)

- Do I want to understand the perspective of individuals in a community?
- Will quantitative data be meaningful? (i.e. adequate numbers)
- Are there reliable secondary data sources available?
- Are there adequate local resources for a particular method?



# Factors to consider in selecting a quantitative data set

- Are the demographic variables relevant to my population(s) of interest?
- If I want to calculate population based indicators, is there comparable denominator data available that corresponds to my population of interest?
- Is data collected over time at regular intervals?
- Is the data timely?



# Types of the assessment

- **Epidemiology** -- answers who, what when where and why of a particular condition of interest
- **Community assessment** – Focuses on what are the needs, perceived problems and capacity
- **Behavioral assessment** – queries individuals about social behavioral and cultural influences
- **Evaluation or monitoring** – explores the impact of a program or policy on a population
- **Health system assessment** – services, utilization, resources/costs



# Considerations for Primary Quantitative Data Collection (surveys)

- Existence of a validated instrument or set of questions for area(s) of interest
- Potential sample size
- Potential for random sample
- Resource availability - \$ and expertise





# Considerations for Primary Quantitative Data Collection

- Potential partners
- Possibility of using web based surveys
  - Free or low cost
  - Generates summaries
  - Can promote via social media
  - Access and receptivity of target population to web



# Choosing a Qualitative Method

- Determining the objectives for the study and identifying the type of information needed
- Identifying local expertise in both conducting the data collection and analyzing the data collected
- Identifying resources



# Qualitative Methods

- Open-ended Questionnaires
- Interviews
- Focus Groups
- Case Studies (not going to discuss)
- Observations (not going to discuss)



# Questionnaires

- Series of written questions on a topic
- Two types of questions:
  1. Open-Ended Questions - asks a question but provides no answer
  2. Closed-Ended Questions provides a list of possible answers

Example related to breastfeeding:

- Open-ended qualitative question: “Can you tell be about why you chose breast or bottle feeding for your baby”
- Closed ended quantitative question: “Which of the following are reasons why you chose to breast feed/bottle feed your baby?”



# Questionnaires

## Advantages

- Generally more economical than interviews since they may not require trained interviewers
- Self administered questionnaires can be anonymous, so they may be desirable for investigating sensitive attitudes or behavior

## Disadvantages:

- More time consuming than close ended questionnaires
- Require that subjects can understand written language and write a response
- Very subjective

# Interviews

- Completed by a trained interviewer who records responses from each subject
- More personal than self-administered questionnaires
- 2 types of interview:
  - Structured Interviews - emphasis is on obtaining answers to carefully worded questions
  - In-depth Interviews - interviewer does not follow a rigid form, but rather it is a dialogue between a skilled interviewer and the person being interviewed



# Interviews (cont.)

Use In-depth interviews when:

- It is about a complex matter
- In need of detailed information
- It is a highly sensitive matter
- Respondents are busy or of “high status”



# Interviews (cont.)

## Advantages

- Rich data and more details
- New insights
- Face-to-face contact
- Opportunity to clarify questions

## Disadvantages

- Expensive and time consuming
- Possible inconsistency due to flexibility
- Difficulty in transcribing and reducing data
- Need qualified and well-trained interviewers





# Focus Groups

- A small, facilitated, group discussion where about 5-12 people are brought together to explore attitudes about a particular topic of interest
- Uses group dynamics to generate data and insights that would be unlikely to emerge without that group interaction



# Focus Groups (cont.)

When to use:

- As part of a needs assessment
- During a program
- At the end of a program
- Months after a program to gather perceptions on the outcome of that program



# Focus Groups (cont.)

Use focus groups to:

- Identify and define the needs of a specific group
- Assist with interpretation of quantitative findings
- Obtain perceptions of project outcomes and impacts
- Identify what people know or don't know
- Identify barriers people experience
- Identify problems in project implementation



# Focus Groups (cont.)

Also use:

- when interested in understanding some issue from the perspective of a specific population

OR

- when you have reason to believe that previous treatments of that issue have not sufficiently included that essential perspective



# Focus Groups (cont.)

## Design Tips:

- Number of participants : 5 minimum to 12 maximum
- Have a guide for the Group Facilitator that includes ground rules, objectives and questions
- Assure confidentiality
- Make sure the participants are comfortable
- Remember two things: Flow + Focus
- Minimum of 2 groups for each population segment



# Focus Groups (cont.)

- The participants selected for the focus group must be:
  - representative of the intended audience
  - representative of various subgroups of the intended audience
- Establish criteria for selecting participants ahead of time
- Select the participants in advance and remind them one or two days prior to focus group date
- Best to over recruit by 20%



# Focus Groups (cont.)

- Focus groups should be conducted by an experienced moderator/facilitator
- The focus group should take place in comfortable setting and at a location that is easily accessible to your target audience
- A session should last between 1 and 2 1/2 hours



# Focus Groups (cont.)

- Beginning the focus group sessions:
  - A list of guidelines and ground rules must be the first thing before the focus group begins
  - “Break the Ice”





# Focus Groups (cont.)

## Recording Information:

- Use a tape recorder
- Check prior to session to make sure everything is working
- Let the participants know that you are tape recording and be sure they are comfortable
- Have a note taker
- Make field notes after session
- Be sure to have informed consent of the participants



# Focus Groups (cont.)

## Advantages

- In-depth insight into how the participants feel about a specific topic
- More cost effective than individual interviews
- Findings are presented in a narrative form with actual participant quotations
- Participants are free to volunteer information on points that are important to them

## Disadvantages

- Narrative form can make summary and interpretation time consuming and difficult
- Respondents may hesitate to express concerns in a group setting
- Interaction between participants and facilitator may bias opinions
- Small number of respondents and the lack of random selection limits the ability to generalize to a larger population

# Take Home Points

- Collect data that is meaningful for your jurisdiction/population
- Use quantitative data and qualitative data where feasible to tell your story
- Be aware of the limitations of your data sets



# Questions?



# Contact Information

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