STEP 3: IDENTIFY THE INFORMATION (DATA) YOU NEED

Now that you have developed the health issues, problems, goals and objectives that focus your assessment, it is time to consider in more detail what data is needed. What you want to do in this step is articulate your primary questions that guide the rest of your assessment steps.

⇒ Step 3 includes three activities, which are reflected in the *Step 3 Planning Worksheet: Questions, Data Types and Data Sources* (following page 4-28):

Articulate the Primary Questions to Be Answered

Identify what Type of Data is Needed

Identify Data Sources

3.1 Articulate the Primary Questions to Be Answered

A **primary question** is a question you wish to answer with the information you collect through the community assessment. Stating your primary questions ahead of time helps the partnership establish boundaries for the assessment by stating what aspects of the community experience are to be addressed. A good rule of thumb is to develop three to six primary questions. The process of discussing and prioritizing these questions among stakeholders further refines the direction and focus of the assessment. Expect differences in priorities, as certain stakeholders want to address different questions—some may want to look at community health status, others may want to find out how well specific local programs or services are being utilized, and others may want to examine individuals' health behaviors.

Here are some helpful brainstorming ideas to consider when developing your questions:

1. What is the primary purpose of your assessment?

2. What do you need to know more about to fulfill this primary purpose?

3. What are the primary health problems or needs this assessment hopes to address?

4. What do you need to know to address these primary problems?

5. Are there any other interests that community partners have that have not been discussed yet? If so, does anyone else share these interests?

6. Will answering these questions allow you to achieve your goals and objectives?

7. Can all of these questions be addressed within the scope of this assessment? If not, which can be addressed in the "next steps" after the assessment?

It is important to remember that what you want to develop are **primary questions related specifically to your community assessment**. These are not to be confused with the data collection questions you will develop to ask in a survey, focus group or interview. However, if you develop clear and answerable assessment questions, the responses you get to your data collection questions will help to answer them.

Here are some examples of primary questions for a community assessment. Again, please keep in mind that these are **just a few examples** of the many different kinds of questions you could develop for your own community assessment. The ones you develop may look very different.

Examples of primary questions for a community assessment with a broad focus:

Primary Questions
1. Where do community residents go for health services?
2. What local health services do residents use the most? Which do they use the least?
3. Are those services accessible to most people? (Are the location and hours of operation convenient? Is there public transportation to the site?)
4. Which diseases or conditions affect the community the most?
5. Which of these diseases and conditions are most addressed by local health services and programs? Which are least addressed?
6. How does our community compare to other communities around health issues?
7. What kinds of associations, networks, clubs and other volunteer groups exist in the community?
8. What kinds of community issues have these groups taken on in the past?
9. What current community issues are the most important for residents? With which ones would residents most likely get involved?

Examples of primary questions for a community assessment with a more narrow focus:

Primary Questions
10. Where do teens in the community get information regarding diet and nutrition?
11. What do high school students know about eating a healthy diet?
12. What foods are available for high school students, both on campus and nearby?

⇒ Keep in mind when identifying and prioritizing possible questions that each question **MUST BE ANSWERABLE**.

⇒ After developing your primary questions, look back through your *Step 1 Planning Worksheet: Community Partnership Organizational Chart* to see if your partnership has representation from organizations that work in the various public health topic areas addressed in your questions. If not, then identify additional key community stakeholders and invite them to join your partnership.

Create a list of the questions you have prioritized to answer through this community assessment and distribute it to all of the community partners. Make sure that if anything is unclear to anyone in the group, it is clarified and defined. You want these questions to be very clear and answerable, and you want the entire partnership to buy into them. That is because these questions are the driving force of any later research or data collection you conduct during the assessment. The more logically they lead into the data collection phase of the assessment, the easier this phase will be for you. And any unvoiced disagreements between community partners that lead to changes in the questions down the line will only disrupt the assessment process.

3.2 Identify What Type of Data Is Needed

In order to answer these questions, you first need to decide what type(s) of data is needed. It might seem easy to figure out how to answer your questions, but sometimes there are multiple types of information that could give you an answer. In order to maximize your success and minimize any wasted time, you want to be sure to determine ahead of time which of these types of data (or which combination of types of data) will help you to best answer the questions you have outlined for the assessment.

In order to answer your assessment questions, you may want to collect any of the following information about your community members, resource agencies, or institutions:

1. Opinions, priorities

2. Aspirations, motivations

3. Level of awareness, knowledge, attitudes or beliefs

4. Behaviors, practices

5. Assets, skills

6. Networks, associations

7. Needs, fears, problems, concerns

8. Demographic characteristics

9. Services or resources provided

10. Resident utilization of services or resources provided

11. Numbers or rates of disease, illness, disabilities, injuries

12. Sales transactions, purchases

13. Policies

14. Pictures, other visuals

15. Maps

Sometimes the most difficult part of designing a research project like an assessment is determining which data would best answer your questions. They would ALL be good to know about your community, right? But in order to be able to achieve your assessment successfully, you need to always come back to the following considerations in your planning process:

⇒ Time frame of the assessment

⇒ Available resources

⇒ Dedicated staff time and skills

⇒ Assessment goals and objectives

⇒ Problem statement

⇒ Prioritized questions

Examples of the types of data that help answer the example primary questions listed in section 3.1:

Primary Questions	Types of Data
1. Where do community residents go for health services?	Behaviors
2. What local health services do residents use the most? Which do they use the least?	Behaviors; Opinions
3. Are those services accessible to most people? (Are the location and hours of operation convenient? Is there public transportation to the site?)	Behaviors; Opinions; Services and resources provided; Policies
4. Which diseases or conditions affect the community the most?	Numbers or rates of disease, illness, disability, injury
5. Which of these diseases and conditions are best addressed by local health services and programs? Which are least addressed?	Services and resources provided; Utilization of services or resources provided; Opinions
6. How does our community compare to other communities on health issues?	Numbers or rates of disease, illness, disability, injury
7. What kinds of associations, networks, clubs and other volunteer groups exist in the community?	Level of awareness and knowledge
8. What kinds of community issues have these associations taken on in the past?	Level of awareness and knowledge
9. What current community issues are the most important for residents? With which would residents most likely get involved?	Level of awareness and knowledge; Opinions and priorities
10. Where do teens in the community get information regarding diet and nutrition?	Behaviors
11. What do high school students know about eating a healthy diet?	Level of awareness, knowledge and beliefs
12. What foods are available for high school students, both on campus and nearby?	Maps; Photographs; Sales transactions

3.3 Identify Data Sources

Next you will want to brainstorm as a group where you can get each type of data. You'll want to start with already existing data sources you can access. Any type of data that already exists is called **secondary data**. That means someone has already collected it for another purpose and may be able to make it available to you for your purposes. This is the best place to start, as using pre-existing data means you won't have to spend as much time or expense collecting original data. In fact, it may be that you won't need to collect any data at all! Which is fine, as long as your primary questions are answered adequately and you can accomplish your assessment goals and objectives.

You will discover that some of the members or organizations in your partnership already have—or have access to—a lot of this data. In fact, any source of locally collected data should be top choice, as it is more tailored and relevant to your community. Other local sources of data may include:

- Local or county health department

- Vital statistics → Birth certificates (also available in local or county health departments):
  - National birth registration program started in 1915
  - Hospital and date/time of birth
  - Baby's name, sex, plurality (single, twin, etc.) and birth weight
  - Mother and father's age, education level, race/ethnicity, place of birth, marital status

- Vital statistics → Death certificates (also available in local or county health departments):
  - Age, race/ethnicity, gender, residence, occupation
  - Primary cause of death
  - Any other secondary causes of death
  - Note: The leading causes of death in your community can be calculated from the above information.

- City or county governments

- Schools (including school nurse records)

- Hospital or clinic records

- Local health, health promotion or health education agencies

- Local health advocacy groups

- Private insurance plans

- Private foundations which fund services or programs in your community

- Universities or local community colleges

- Local surveys or research efforts being conducted in your community. These resources can provide the most relevant and easy-to-use data. Perhaps you can combine efforts.

However, in order to answer your questions, you may need to look beyond local resources. Sometimes data is collected on the regional, state or federal level about your community or county. It is important to look at these sources before deciding if you need to collect your own data.

Here are some pros and cons to consider when looking for secondary data sources:

Pros	Cons
- It is *cheaper* than collecting your own data – secondary data is often available at low or no cost (some government-collected data is public information) - It is *quicker* than collecting your own data - If it answers some or all of your research questions, then you can spend your time and money on other aspects of your community assessment - Large, secondary data sources include a larger population than you will most likely be able to sample	- The data may be outdated - The data most likely is not exactly what you need - It may have restrictions on sharing data due to confidentiality/privacy or ownership issues - Often local data, neighborhood data, or data from smaller subgroups (i.e. ethnic groups, new immigrants, homeless, migrant agricultural workers, etc.) has not been collected - The quality of the data cannot be ensured

Some other possible sources of secondary data include:

1. State agencies and foundations:
- California Cancer Registry: *http://www.ccrcal.org/*
- California HeathCare Foundation's Medi-Cal Policy Institute: *http://www.medi-cal.org/*
- Office of Statewide Health Planning and Development, Health Care Information Division: *http://www.oshpd.cahwnet.gov/hid/index.htm*
- RAND Corporation Public Use Databases: *http://www.rand.org/services/databases.html*

2. State surveys:

- California Cancer Registry:
  http://www.ccrcal.org/
- California Health Interview Survey, Ask CHIS site:
  http://ww.chis.ucla.edu/main/default.asp
- California Department of Heath Services, Office of AIDS. HIV/AIDS Case Registry: *http://www.dhs.ca.gov/AIDS/Statistics/default.htm*
- California Department of Heath Services, Office of Women's Health. Women's Health Survey:
  http://www.dhs.ca.gov/director/owh/owh_main/cwhs/wmns_hlth_survey/survey.htm
- United Way list of California county websites:
  http://national.unitedway.org/myuw/browseCities.cfm?abbr=CA

3. Federal agencies:

- Centers for Disease Control and Prevention, CDC Wonder:
  http://wonder.cdc.gov/
- Centers for Disease Control and Prevention, AIDS Public Use Data by major metropolitan area: *http://wonder.cdc.gov/AIDSPublic.html*
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control WISQARS Database (Web-based Injury Statistics Query and Reporting System): *http://www.cdc.gov/ncipc/wisqars/*
- Centers for Disease Control and Prevention, Sexually Transmitted Disease Morbidity Data Request Screen (by state): *http://wonder.cdc.gov/sexu00.html*
- Healthy People 2010 Data– state level data queries that provide some benchmarks: *http://wonder.cdc.gov/data2010/focus.htm*
- Indian Health Service: *http://www.ihs.gov/*
- National Center for Education Statistics: *http://www.nces.ed.gov/*
- US Census Bureau: *http://factfinder.census.gov/home/saff/main.html?_lang=en*
- US Department of Justice Bureau of Justice Statistics:
  http://www.ojp.usdoj.gov/bjs/

4. Federal surveys through the National Center for Health Statistics:
http://www.cdc.gov/nchs/

- National Health Interview Survey (NHIS):
  http://www.cdc.gov/nchs/products/elec_prods/subject/nhis.htm
- National Health and Nutrition Examination Survey (NHANES):
  http://www.cdc.gov/nchs/nhanes.htm
- Behavioral Risk Factor Surveillance System (BRFSS): *http://www.cdc.gov/brfss/*

- Youth Risk Behavior Surveillance System (YRBSS):
  http://www.cdc.gov/nccdphp/dash/yrbs/index.htm
- National Immunization Study public use data files:
  http://www.cdc.gov/nis/datafiles.htm
- Ambulatory Health Care Data:
  http://www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm#Micro-data
- National Hospital Discharge and Ambulatory Surgery data:
  http://www.cdc.gov/nchs/about/major/hdasd/nhds.htm
- National Nursing Home Survey data:
  http://www.cdc.gov/nchs/about/major/nnhsd/nnhsd.htm
- National Home and Hospice Care Survey data:
  http://www.cdc.gov/nchs/about/major/nhhcsd/nhhcsd.htm
- National Employer Health Insurance Survey data:
  http://www.cdc.gov/nchs/about/major/nehis/nehis.htm
- National Health Provider Inventory data:
  http://www.cdc.gov/nchs/products/elec_prods/subject/nhpi.htm
- National Survey of Family Growth data: *http://www.cdc.gov/nchs/nsfg.htm*
- State and Local Area Integrated Telephone Survey:
  http://www.cdc.gov/nchs/slaits.htm
- National Vital Statistics System: *http://www.cdc.gov/nchs/nvss.htm*

Examples of the possible sources for the types of data and questions outlined in sections 3.1 and 3.2:

Primary Questions	Types of Data	Data Sources
1. Where do community residents go for health services?	Behaviors	Community residents
2. What local health services do residents use the most? Which do they use the least?	Behaviors; Opinions	Community residents
3. Are those services accessible to most people? (Are the location and hours of operation convenient? Is there public transportation to the site?)	Behaviors; Opinions; Services and resources provided; Policies	Community residents; Health care delivery sites
4. Which diseases or conditions affect the community the most?	Numbers or rates of disease, illness, disability, injury	City, county, and/or state health departments; Local, county or national survey or surveillance data
5. Which of these diseases and conditions are best addressed by local health services and programs? Which are least addressed?	Services and resources provided; Utilization of services or resources provided; Opinions	Local health care service directors; Providers; Public health agencies; Community residents
6. How does our community compare to other communities on health issues?	Numbers or rates of disease, illness, disability, injury	City, county, and/or state health departments; Local, county or national survey or surveillance data; Same data from other communities
7. What kinds of associations, networks, clubs and other volunteer groups exist in the community?	Level of awareness and knowledge	Community residents; Community leaders

Primary Questions	Types of Data	Data Sources
8. What kinds of community issues have these associations taken on in the past?	Level of awareness and knowledge	Association leaders
9. What current community issues are the most important for residents? With which would residents most likely get involved?	Level of awareness and knowledge; Opinions and priorities	Community residents
10. Where do teens in the community get information regarding diet and nutrition?	Behaviors	High school students
11. What do high school students know about eating a healthy diet?	Level of awareness, knowledge and beliefs	High school students
12. What foods are available for high school students, both on campus and nearby?	Maps; Photographs; Sales transactions	School food service directors; Local listings; Photographs

Once you have identified possible secondary data sources for the types of data you want to collect, it is important to evaluate this data source. You can do this by answering the following questions about each source of data:

1. Credibility
- What is the reputation of the data source?
- What is the mission of the organization?
- What is the organization's public image or reputation?
- Do organizational interests bias the interpretation and presentation of the data?

2. Specificity (how well the data captures what you want to measure)
- How do the goals or content of the study relate to your needs?
- Are the conditions of the study unique to a particular case?
- Does the research hypothesis relate to your question(s)?
- How close is the relationship between what you need and the research data?

3. Generalizability (how well the data applies to your community members)
- What are the characteristics of the population/sample?
- Do the participants provide data that can be applied to other similar populations or sub-populations?

- Do the "who, what, why, when and where" of the data relate to the "who, what, why, when and where" of your work?

4. Reliability
- Does the research seem free of bias or error?
- Have the methods and results been proven?
- Was the research repeated? Did the second study get the same or similar results?

5. Timeliness
- When or how recently was the data collected?
- Is it the best available data to suit your needs, even if it is "old"?

⇒ If you are unsure about the answers to any of the above questions, then go to the source and ask them, if possible.

⇒ No data is perfect. No data will fulfill all of the above criteria. It is up to your partnership to balance the pros and cons of each data source and decide what criteria are more and less important for your needs.

STEP 3 PLANNING WORKSHEET: QUESTIONS, DATA TYPES AND DATA SOURCES

Primary Questions	Types of Data	Source of Data
Example: Who has cervical cancer in our community? (What is their age, race/ethnicity, insurance status, income level, language preference, number of years living in US, etc.?)	• Cervical cancer diagnoses • Demographics • Behaviors (regular screening practices, sees a doctor regularly, etc.)	• Community women • Local clinics • Family planning outreach and education programs • Department of public health
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		