

THE PROGRAM/PROPOSAL LOGIC MODEL

Let's Dig Deeper into Data: Understanding and Describing Your Target Population

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Finding and Generating Relevant Data

- ❖ Considerations for Using Data
 - Quality counts
 - Look for and recognize bias
 - Doesn't show much unless you can compare it
 - Is it too small to really have meaning?
 - Look for supporting evidence to show trends

Primary Data Collection

- That means you go out and get the information yourself
- ❖ Qualitative Approaches to Primary Data
 - Qualitative methods involve going out to talk to people and listening to what they say!
 - So, how [do] we know who to talk to about what?

Qualitative Approaches to Collecting Data

- Step 1: Community Asset Mapping: A social "map" of the community
 - Different sectors of the community
 - Business
 - Labor
 - Government
 - Religious
 - Health care
 - Voluntary/civic organizations
 - Growers
 - Advocates
 - As broad of a picture of the people and organizations that will potentially be involved in the health center so that you can assess clearly the needs in the community and the options for meeting those needs. In other words, this should be an inclusive activity
 - Once the sectors have been identified, make a list of the people, groups, and organizations that make up each sector
 - For example, all of the schools and school districts for the education sector
 - Next, identify the key influences in each sector
 - Key people and organizations, as well as political and social trends
 - Lastly, identify which components of the community are likely to be barriers or facilitators to a new health center and why

Interviews

- Key Informant Interviews
 - Use the Community Asset Map to identify key stakeholders and to inform what questions you should ask of whom
 - The list must represent the entire community across race, ethnicity, sex, years of residency and other community characteristics you deem important.
 - Informants should also be chosen based upon the longevity and/or the nature of their involvement with the community to cover a full range of community opinion.
 - Develop an interview format/questionnaire
 - Touch on attitudes about the community as a whole
 - Specific areas
 - ◆ Perhaps economics, education, health, leadership
 - What is being done to address these concerns and his/her ideas about what should be done
 - Pay attention going into your asset map and the position of the stakeholder + the "power" they wield

Using Knowledgeable Experts

- Using Knowledgeable Experts
 - Persistence pays off
 - They won't think your questions are "dumb"
 - They are great resources
 - The right person will want to answer your questions
 - May have a special unpublished study
 - May know the perfect referral
 - Great for hard to find information
 - Give local slant
 - Speak to "what does it mean" for your *target population*

Focus Groups, Forums, and Listening Sessions

- Focus Groups
 - A small, selected discussion group [of] individuals from similar backgrounds guided by a trained facilitator or moderator
 - It is used to learn more about viewpoints on a designated topic in combination with other information and data to guide future action
 - Responses in a focus group are typically spoken, open-ended, relatively broad, and qualitative. They have more depth, nuance, and variety. Nonverbal communications and group interactions can also be observed. Focus groups can therefore get closer to what people are really thinking and feeling, even though their responses may be more difficult—or impossible—to score on a scale
 - The group is structured and focused. Participants directly involved with or impacted by the topic form one or more small discussion groups.
- Community Forums and Listening Sessions
 - Offer valuable insights into community dynamics
 - Opportunities for linkages where people who are willing and able to help will surface
 - Raise the credibility of the needs assessment process by enhancing openness and inclusion
 - Raise the level of awareness and understanding about your issue and the community planning initiative

Surveys

- Direct Surveys
 - Be sure you use a method that will actually connect you with the target population!
 - Telephone
 - Now that's not going to work!
 - Mail-survey
 - Probably not that one either!
 - Door-to-door/field-to-field
 - Now we are getting somewhere!
 - Use available resources to assist
 - ◆ [For example,] university students
 - Actual counts
 - E.g., labor camps, homeless shelters, gathering places
- Provider surveys
 - Be sure you focus on availability for the target population!

Secondary Data Collection

- ❖ Secondary Data Collection: Using Other People's Stuff
 - Locate secondary sources
 - Web sites, links, internet searches
 - Gather reports and other documentation
 - Manipulate databases
 - For example, 2000 Census
 - Can build a tailored report [using 2000 Census data on the US Census website]
 - Conduct records review
 - Ask someone to run tailored report
 - Find someone else's report from database
 - [Be] careful!
 - [You need to] know what question was asked and how it was asked
 - [These elements are important in assessing the presence of] BIAS!
 - Understand the definitions and assumptions
 - Are we talking about the same thing?
 - Is it trend data or a snapshot?
 - Does the person making data for you know what they are doing?

Data Guidelines

- ❖ Before You Begin: Data Guidelines
 - To show a current health disparity
 - Compare data from the same years
 - National vs. local
 - To show deteriorating conditions
 - Compare across years
 - Read the technical notes first
 - Making bad comparisons can easily lose your credibility
 - Read the technical notes to avoid data potholes
- ❖ Data Potholes
 - "Crude" death rates skew numbers and are not what BPHC asks for
 - Pay attention to the year used to adjust data
 - If you have a choice, use the most recent year
 - Do not trust that online state databases are age-adjusted
 - Be careful and don't mix up "percent of total deaths" with prevalence rates

- Look at definitions
 - How is the source defining heart disease, late entry into prenatal care, diabetes?
 - Must use the same definition to get a reliable comparison
 - Definition of late entry into prenatal care
 - Texas: Not receiving care in the first trimester
 - National: Not receiving care in the first *or second* trimester
- Trends and the ICD Codes
 - Which ICD Codes are being used?
 - 1998 and earlier [use the] ICD-9
 - 1999 and later [use the] ICD-10
 - You cannot compare across the two—yet
 - [You] cannot change a death rate from 1998 to 1999
 - Be consistent in which ICD codes you are including for certain diseases
- ❖ Statistics: Art or Science?
 - Be aware of how you are framing the questions
 - General substance abuse rates don't exist
 - Must choose alcohol, drugs, both, acute, chronic
 - Different communities have different issues
 - Choose the one that represents your community
 - Prevalence Rate or Death Rate?
 - Look at both if you don't specifically need one or the other
 - You may find resources to project sub-county data for one and not the other
 - There are multiple paths arriving at a correct answer

Finding Data on the Internet

- ❖ About the Internet
 - [It is] like a big treasure hunt
 - Use it cautiously—there's garbage out there
 - Think about data considerations
 - Always ask "what's the source"
 - Make sure what you quote is what you really want
 - It may be easier to find national and state than county or local data
- ❖ Some places to look for data
 - Census
 - Local foundations and funding sources
 - National foundations
 - Academic institutions
 - Master's and Doctoral theses
 - State vital statistics
 - State, county, local health departments
 - Historical Society
 - Labor Unions
 - [Maybe] water and sewer commissions
- ❖ Web sites to Bookmark
 - Census American Fact Finder
 - <http://factfinder.census.gov/servlet/BasicFactServlet>
 - Mostly use Summary File 3
 - Select "detailed tables"
 - ◆ This will make analysis easier
 - Maps
 - ◆ Use "Reference Maps" at very bottom of the main page
 - Easiest search is by subject, but keyword [search is] available
 - What Area am I Looking at?
 - [Click] Reference Maps (at the bottom of the page)

- Type in address or use [the] zoom [feature]
 - Click on Legend in upper left-hand corner
 - Go to Boundaries tab
 - Select in boxes
 - 2000 Census tracts
 - 5-digit zip codes
 - Can also use this to compare 1990 Census tracts
 - Click on Update
 - Use [the] zoom [feature] to get the area you want
 - Right click on [the] map and select "Save Picture As. . ." [to save the image of the map to your computer]
- Bureau of Risk Factor Surveillance
- www.cdc.gov/brfss/
 - Adults only
 - Can be "grouped" by ethnicity and by annual income (but not poverty level)
 - Provides national and state level information
 - Easy to use!
 - Use 2000 data and combine with census data for projections specific to target population
- Agency of Healthcare Research and Quality: Safety Net Monitoring Initiative
- www.ahrq.gov/data/safetynet/
 - Socio-demographic indicators
 - Access-related outcome measures
 - Structure of the safety net
 - Demand for safety net services
 - Book 1: Data Book for Metropolitan Areas
 - 30 states and Washington, DC
 - ◆ 354 counties
 - ◆ 171 cities
 - ◆ Covers 75% of the US population; 80% of families living in poverty
 - ◆ 90 metropolitan areas
 - Book 2: Data Book for States and Counties
 - All 1,818 counties in the 30 states
 - Web-based Safety Net Profile Tool
 - Electronic access to all data
 - Generate custom reports on areas covered
- National Center for Health Statistics and Fast Stats
- www.cdc.gov/nchs/fastats/Default.htm
 - Alphabetical listing of diseases, medical conditions, and causes of deaths
 - Can provide a national benchmark for comparison
- Search Engine: Google
- www.google.com
 - Type in key words to locate special studies
 - "El Paso", asthma, "air pollution"
 - On any listing, click on "cached" and your search terms will be highlighted on that page
 - Useful for long documents
 - Government related information
 - www.google.com/unclesam
- Some other data sources
- Anne E. Casey Foundation
 - www.aecf.org

- Kids Count
 - ◆ Data for children
 - Health
 - Poverty
- Kaiser Family Foundation
 - www.kff.org
 - Data on Medicaid and Uninsured
- Wider Opportunities for Women Family Economic Self-sufficiency Project
 - [www.wowonline.org/ourprograms/fess/index.asp]
 - County level data on cost of living and covering basic needs

Using Your Data

- ❖ Describing your Target Population
 - Don't settle for what is—Find legitimate and valid approaches to developing accurate and relevant data: Projecting Data
- ❖ Data Methodologies: Simple Calculations
 - Projected data
 - Projections based on demographic factors
 - Projected data is very common in statistics
 - Can be used to estimate health disparities
 - Usually based on ethnicity
 - If you can also use poverty or income as your projection point
 - Ask for help!
 - Be specific about what you want
 - Collect the data in electronic format: same year broken down by ethnicity or poverty level
 - Ask your BRFSS folks to do the calculations or network with [the] community

Doing an Extrapolation

- When the data does not exist to appropriately describe your target population, do an extrapolation
 - “In some cases, it may be more difficult to find data specific to the proposed service area or target population, especially for applicants proposing to serve only special populations (homeless, migrant, and/or public housing) at the appropriate level to effectively describe the need in the proposed service area or target population. In such situations, applicants may utilize extrapolation techniques to estimate the correct value in the service area or target population from the data available at higher levels, including the use of national data sources”—from the FY 09 SAC [Service Area Competition] Guidance
- Example: Doing an Extrapolation Based on Factor A (FA) and Factor B (FB) using Census and BRFSS Data (where FA and FB are variables)
 - Doing the Math—Step 1: Get the Denominator Data
 - [Go to] the American Fact Finder
 - [Select] Summary File 3
 - Detailed tables
 - Choose geography
 - ◆ Usually census tracts
 - ◆ Can be zip codes or counties
 - FA and FB
 - Add both [FA and FB] and generate table
 - Click on Print/Download and choose Download
 - ◆ Choose Excel

- Doing the Math—Step 2: Creating Your Target Population
 - Add together the population data in the respective sub-populations to create the groupings that reflect your aggregated target population
 - You can use data sources other than in this example (state, county, etc.)
- Doing the Math—What percent of your Target Population does each sub-population group represent?
 - Percentage
 - ◆ FA divided by total population
 - ◆ Excel tips
 - To reference a fixed cell, use a "\$" before the row and column labels
 - Use "Fill Down" or "Fill Right" function to automatically get values
- Doing the Math—Step 3: Getting Prevalence Data
 - [Go to] BRFSS [website]
 - Choose nationwide or your state
 - Must use 2000 data
 - Choose health issue
 - Input overall prevalence rate into Excel worksheet
 - Click on "No Grouping" and choose "Grouped by [FA]"
 - Input data into Excel worksheet
- Doing the Math—Step 4: Calculate the Target Population Prevalence
 - Multiply the percent of the total population each sub-population represents times the prevalence of the condition for that group statewide
 - Sub-population Percentage * Known Prevalence Rate = Target Factor
 - Total all of the sub-population rates
 - Multiply by 100 to get a percentage
- Doing the Math—Step 5: Identify the Disparity
 - Target population prevalence of [FA] = [percent]
 - Statewide [FA] prevalence = [percent]
 - Even better—round those numbers!

Recapping

- Use the same years for projections
- You should be able to explain how you got your numbers without blushing
- This is projected data
 - Assumes that the people in your target population have the same experiences with disease as people in the population at large
 - Will not flush out specific issues at the census tract level
 - Superfund site with lots of contamination effecting health
 - Community specific epidemic