

A Tale Of Two Surveys:

Lessons Learned Conducting Community Health Surveys Face-to-Face and by Mail



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About CHIP

Why local data matter

2 Surveys, 2 Approaches

Harnessing Local Talent

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Organization of presentation

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Our Mission

To engage and support citizens and agencies to positively impact the physical, mental, social and environmental health of their community through research, planning, implementation and evaluation.



What does CHIP do?

- **Engages citizens** in taking responsibility for their personal health and the health of their communities.
 - Community Health Action Teams (CHATs)
- **Encourages focus and discussion** on community health concerns across organizational, geographic, and demographic boundaries.
 - Get Sarasota Insured, Health Provocateur Project
- **Educates** the public on how to become healthier, access medical care or get insured.
 - CHIP Centers, *HealthNews*
- **Researches** and publishes local data on health issues of concern to citizens and healthcare providers.



Many sources of local data already exist. Why bother collecting more?



inform and educate both general audiences and those engaged in the initiative;



engage community members and encourage involvement in the process;



monitor trends, which may lead to the identification of new issues that need to be addressed;



track progress in the achievement of project goals and objectives.

What items do you believe are most important for a healthy community?

More than 2,200 Sarasota County residents respond.

CHIP Health Survey, 2006



Sarasota County

	Percent
Low crime/safe neighborhoods	47.4
Access to healthcare & other services	40.7
Good schools	33.2
Good jobs and healthy economy	31.1
Strong family life	29.5
Affordable housing	28.5
Healthy behaviors and lifestyles	25.8
Religious or spiritual values	21.8
Clean environment	21.2
Community involvement	20.2
Parks and recreation	8.3
Tolerance for diversity	6.6
Low level of child abuse	6.3
Arts and cultural events	4.6
Low death and disease rates	2.1

Percentages do not sum to 100 because individuals had the option of selecting more than one response.

About CHIP

Why local data matter

Sarasota County Health Scorecard



	2006		Trending
	Current Data	2010 Target	
INDIVIDUAL RESPONSE / BEHAVIOR			
Youth who currently smoke	11.4%	8%	●
Adults who currently smoke	19.6%	11%	○
Adults who engage in heavy or binge drinking	9.9%	6%	○
No regular/moderate physical activity	52.3%	42%	○
Adults who consume < 5 fruits/vegetables per day	73.9%	67%	○
Colorectal cancer screening, ages 50+	38.4%	50%	○
Mammogram in past 2 years, women 40+	81.8%	86%	○
Births with 1 st trimester prenatal care	86.4%	91%	●
SOCIAL ENVIRONMENT			
Domestic violence rate per 100,000	633.1	321	●
Level of social support	83.2%	90%	○
Families below poverty level	10.1%	7%	●
High social trust	48%	60%	○
High school drop-out	2.8%	2.8%	●
PHYSICAL ENVIRONMENT			
Public perception of transportation problems	15.2%	11%	●
Miles of sidewalk	434	533	●
HEALTH & FUNCTIONING			
Infant mortality per 1000 births	4.8	4	●
DISEASE / INJURY			
Overweight youth	15%	12%	●
Adult obesity rate	16.9%	12.0%	○
High blood pressure	30.4%	18.0%	○
Diabetes prevalence	7.7%	6.0%	○
Unintentional injury death rate per 100,000	46.7	23.0	●
Lung cancer incidence per 100,000	73.8	65.0	●
Breast cancer incidence per 100,000	127.4	110.0	●
Melanoma incidence per 100,000	17.3	14.0	●
Heart disease death rate per 100,000	151.5	120.0	●
Vaccine-preventable disease incidence per 100,000	2.0	1.0	●
Chlamydia incidence per 100,000	145.1	125.0	●
Enteric disease rate per 100,000	37.4	28.0	●
Motor vehicle fatalities per 100,000	20.3	15.0	●
HEALTH CARE			
Unable to get care in last 12 months	4.1%	2.5%	○
No insurance coverage (adults)	12.6%	6.0%	○
No insurance coverage (youth)	15.4%	6.0%	●
PROSPERITY			
Percentage of earned to total income	43%	50%	●
WELL-BEING			
Health status fair or poor	14.4%	11.0%	○

NOTE: Data are for most current year available. See supporting document for details.
 Trend lights determined by comparing current data with most recent previous data.
 Developed by the CHIP HSCC | www.chip-health.org | 941.881.2567
 Mar 2008

Posterscapes



Coping with Depression, Sadness and Anxiety: Results from the CHIP Household Survey

In the summer 2015, the Community Health Improvement Project (CHIP) conducted a household survey to assess local health issues. CHIP interviewers spoke with more than 100 individuals among a household sample that mirrored much of the Blue CHAT communities in South Sarasota County. The survey covered a broad range of health issues, including the mental health issues shown below.

Depression, sadness or anxiety make completing routine daily tasks difficult for 18 percent of respondents. Of the 18 percent, half have sought help for their depression.

34 percent of those surveyed indicated that they would not know where to get help if they or a family member experienced mental health problems.

Community survey results are slated to be released in the spring of 2016.

On Our Best Behavior: A Look at Four Important Behavioral Risk Factors

The more than two decades' research research has shown that personal health behaviors contribute to premature mortality and disability. It is estimated that about half of all deaths in the United States are preventable by eating healthily, staying active, not smoking, and getting regular medical care. These behaviors have been linked to common illnesses of heart disease, stroke, cancer and diabetes. We asked 1 health expert.

How does one successfully live in terms of these risk factors? Check out the table below.

	Sarasota County	Charlotte County
Percent of households reporting no regular physical activity	9.4	14.3
Percent of households reporting smoking at least one cigarette per day	19.6	18.3
Percent of households reporting no dental visits in the past 12 months	38.6	35.3
Percent of households reporting no visits to a health care provider in the past 12 months	23.8	21.3

Percentages are based on data from the 2014 Behavioral Risk Factor Surveillance System (BRFSS) for Health Profiles for Sarasota and Charlotte Counties.

Strategic Goals of the LOVN Community Health Action Team

LOVN CHAT Strategic Goal#1: Improve the availability of information and coordination of health care services and health promotion.

Objective 1.1 Support the development of neighborhood centers as vehicles for distributing health information

Activity: Progress

- Develop signage and marketing for pilot neighborhood centers: ☆
- Recruit volunteers for help desk: ☆
- Recruit volunteers as community health workers: ☆
- Develop proposal for long-term funding: ☆
- Gather literature for distribution at center: ☆
- Recruit additional partners in area needed: ☆

Objective 1.2 Support the development of a health clinic in the area of greatest identified need in South Sarasota County.

Activity: Progress

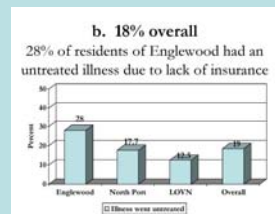
- Hold Health Expos at Laurel Civic Center: ☆
- Recuse long-term services for Laurel community: ☆

Quiz Show



What percent of residents ever had a serious illness that went untreated because they lacked health insurance?

a. 5%
b. 18%
c. 20%



What have you won?

- A better understanding of the health issues and concerns in South Sarasota and North Charlotte Counties
- Awareness of the different health concerns in the three CHAT areas

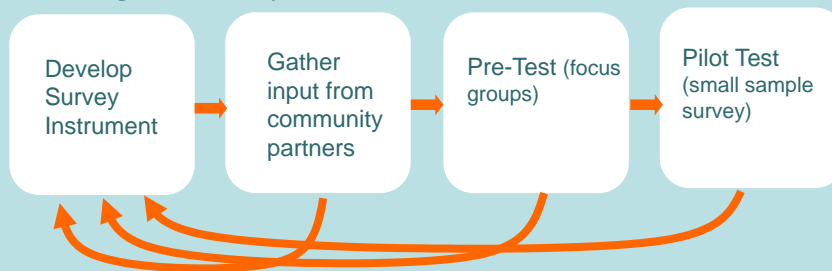
2 Surveys, 2 Approaches

- **2003:** Face-to-face interviews, some telephone interviews
- **2006:** Mail Survey

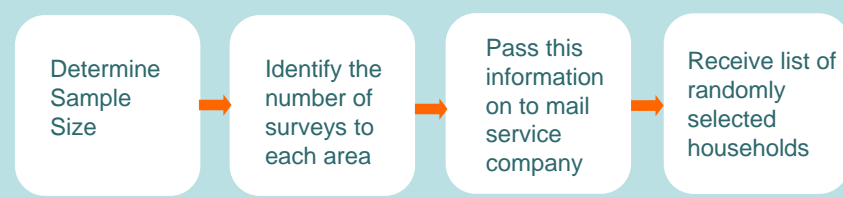


Common Elements

Creating the Survey Instrument



Simple Random Sampling for Household Survey



2003 CHIP Survey: The Plan

- **Context:** New Project, tiny staff (2 people for a total of .75 FTE)
- **Overall budget:** \$25,000
- **Target Goal:** 1,500 returned surveys for residents of South Sarasota County
- **Sampling** Households within zip codes
- **Strategy** Conduct face-to-face interviews with a random sample of residents
- **Incentive** \$5 gift certificate to grocery store
- **Survey Instrument Details** 18 pages
- **Time to Complete Survey** 25-35 minutes
- **Anticipated Timeframe for Data Collection:** 2 months

2003 CHIP Survey: The Process

- **1 part time coordinator hired**
- **17 Interviewers hired**
- **Interviewers trained**
- **Mailing: Notice letter**
Recipients told they could call to complete survey or schedule interview
- **Interviewers conducted interviews**
- **Survey coordinator called households to verify data (10% of completed surveys)**



2003 CHIP Survey: *The Reality*

- **Modifications to the Plan:**
 - Had to incorporate more telephone interviews than originally planned
 - Increased payment for interviewers (from \$50 per interview to hourly wage of \$7/hour)
 - Increased incentive from \$5 to \$10
- **Total Spent:** \$30,000 (*\$25,000 budgeted*)
- **Total Number of Completed Surveys:** 723 (*Goal: 1,500*)
- **Timeframe for Data Collection:** 2.5 months (*Goal: 2 months*)
- **Cost per survey:** \$41.5

2006 CHIP Survey: *The Plan*

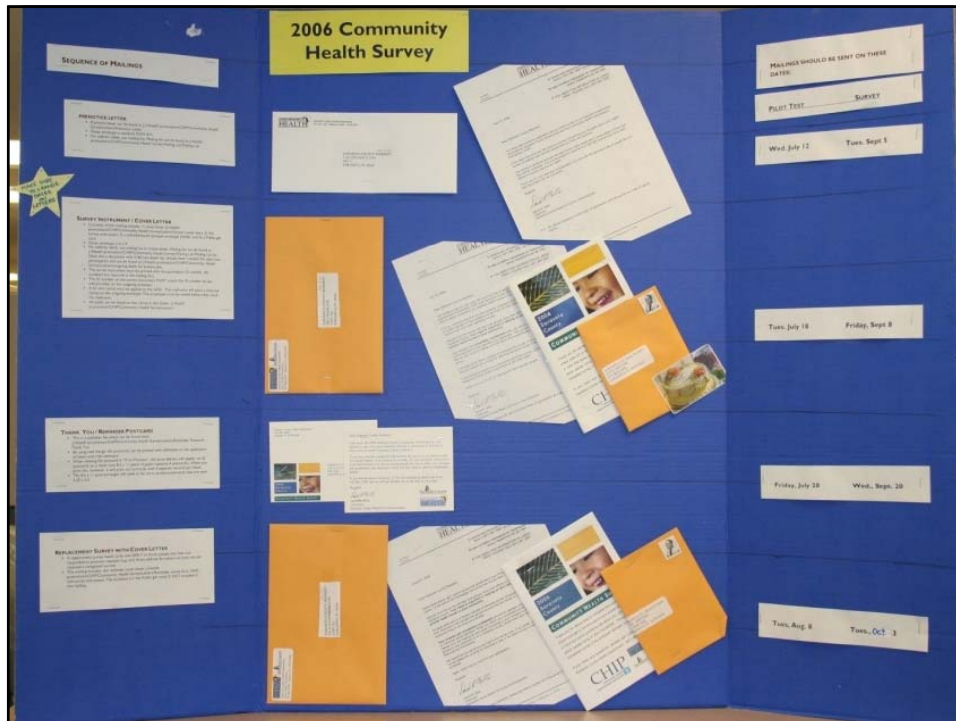
- **Context:** Established project, 5 staff (4 full-time, 1 part-time)
- **Overall budget:** \$45,000
- **Target Goal:** 2,500 returned surveys for residents of Sarasota
- **Sampling** Households within census tracts
- **Strategy** Mail survey
- **Survey Instrument Details** 9 pages (18 half pages)
- **Time to Complete Survey** 5 - 7 minutes
- **Incentives** \$5 gift certificates to local grocery store

2006 CHIP Survey: The Process

The Dillman Method

- **Mailing 1: Prenotice letter**
3 days later ...
- **Mailing 2: Survey Instrument / Cover Letter / Gift Card**
2 weeks later ...
- **Mailing 3: Thank You / Reminder Postcard**
10 days later ...
- **Mailing 4: Replacement Survey with Cover Letter**

Mail and Internet Surveys:
The Tailored Design Method
by Don A. Dillman



2006 CHIP Survey: *The Reality*

- **Modifications to the Plan:**
 - Nothing substantive
- **Surprises:**
 - Large number of surveys returned as undeliverable by USPS
- **Total Spent:** \$45,000 (*\$45,000 budgeted*)
- **Total Number of Surveys Returned:** 2325 (59%) (*Goal: 2,500*)
- **Timeframe for Data Collection:** 2.5 months (*Goal: 2 months*)
- **Cost per survey:** \$21.5
- **Other Info:** 4 interns (2 volunteer, 2 paid) assisted with survey

Face-to-Face Interviews

Advantages

- Great way of acquiring “stories”
- A better way of reaching low-literacy or other hard-to-reach populations

Disadvantages

- Management of staff difficult
- Community members nervous about talking to people about health issues
- Safety concerns

One word summary

- “Nightmare”

Mail Surveys

Advantages

- Relatively easy to administer
- Cost-effective
- Process more predictable

Disadvantages

- Not a good method for capturing data from low literacy populations

One word summary

- “Replicable!”

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Scorecard

	Face-to-Face	Mail
Affordability		•
Ease of Administration		•
Replicability		•
Response Rate		•
Total Data Collection Time		•
Results representative of population	•	•

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Harnessing Local Talent

Create new partnerships to get the job done.
It's worth the effort.

Engage students, faculty, local experts in the process early on.
Community health survey data could be used for their research projects, theses or dissertations.

Why not Outsource?

Actually, it's not a bad idea.

Things to consider...

- **Cost**
- **Flexibility of Analysis**
One community partner wants the data one way, another wants it another way. Will you be able to accommodate?
- **Data Ownership**
Will your project have access to the raw data?

Lessons Learned

Top 10 Things to Avoid

1. **Forgot to ask age (2003)**
2. **Underestimated the time required to enter data (2006)**
3. **S-L-O-W to get final comprehensive data report to the public (2006)**
4. **Survey instrument too long (2003)**
5. **Too many open-ended questions (2003)**

Lessons Learned

Top 10 Things Worth Repeating

1. Engaged community members in the process (2003, 2006)
2. Used focus groups, pilot testing (2006)
3. Utilized students well at all phases of the process (2006)
4. Marketed survey well before (2006)
5. Stayed within budget (2006)

Find out more

www.CHIP4health.org

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