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Primary Data Collection for Community Health Needs Assessments—There’s an App for That

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Background

Soliciting input from the community, including medically underserved, low-income, and minority populations, is a new component of the Community Health Needs Assessment (CHNA) required by the IRS for not-for-profit hospitals. Collecting primary data from community surveys is one approach for soliciting input from these populations and can help inform priorities, engage community members to collect their own data, support the interpretation of secondary data and provide a tangible way to show community presence.

Since 2014, NCIPH has collaborated with health departments and their partners to design, develop and pilot test *Collect SMART*, *Survey Management and Response Tools*, to help users manage and implement these types of data collection efforts.

Action Points

- Describe how mobile technology may be used to collect primary data for a Community Health Needs Assessment
- Discuss the challenges, resources and training needed to engage community members and stakeholders in collecting data for CHNAs
- Describe key lessons learned for using *Collect SMART* for primary data collection

Case Study

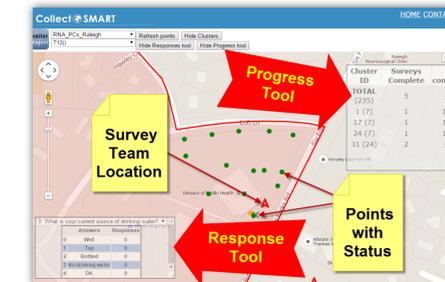
In 2015, NCIPH partnered with the Granville-Vance District Health Department, the Triangle North Healthcare Foundation, local hospitals and 30 other agency partners to conduct a health opinion survey for the Granville-Vance District CHNA. A representative and generalizable survey was conducted in Granville and Vance County. Convenience, phone and mail surveys often exclude medically underserved, low-income and minority populations, so a door-to-door sampling approach was chosen.



Collect SMART in Action

Collect SMART can be used to determine where in your community to sample, then to visualize the data collection in real-time. Using an epidemiologic door-to-door sampling approach (see orange box), *Collect SMART* can identify randomly selected neighborhoods in your community. The tracking tool allows you to monitor progress, data quality, and location of interviewers.

Granville Vance CHNA Survey Approach



The *Collect SMART* dashboard tracks progress, surveyor location and analyzes results in real-time



Results from the survey were used to help set health priorities

Lessons Learned

Primary data can further inform and validate CHNAs while reinforcing accountability with communities to address priorities. Using a door-to-door sampling approach allows for “whole community” participation and can include difficult to reach populations such as the medically underserved, low-income residents and minorities. Engaging community members and partners in survey development and data collection can also further increase community engagement and buy-in for the CHNA process.

Using *Collect SMART* for the Granville Vance CHNA survey facilitated the collection of accurate, high-quality data in a relatively short period of time. In addition, using mobile tablets with touch-screen technology allowed for volunteer participation from a variety of education backgrounds with minimal training.

Key Factors for Success

- Community volunteers should receive training that covers safety, interview techniques, how to use the data collection tools, and questionnaire review
- Begin recruitment for staff and volunteers early in the process
- Allow for plenty of time (several weeks) to review questionnaire and solicit stakeholder input
- Training should be hands-on, allowing surveyors a chance to become familiar with the software and the questionnaire
- Thoroughly test your data collection form and mobile data collection equipment before deploying



Being Strategic with Sampling Design and Data Collection

To collect primary data, NCIPH divides populations of interest into randomly-selected geographically distinct **clusters** (i.e. census blocks). Within the clusters, a random sample of households is selected to be interviewed **face-to-face**. Recording responses on tablets reduces data entry errors, double-data entry and makes for quicker analysis.

	Response Rate	Cost	Data Quality	Community Interaction	Questionnaire Issues
Face-to-face	✓+		✓+	✓+	✓+
Phone	✓		✓+		✓
Mail		✓			
Web		✓+			✓

The check indicates a good option.
Check plus indicates the best option for that category.



	Cost	Quality Data	Easy to Implement	Representative and Generalizable
Simple Random		✓+		✓+
Cluster		✓	✓	✓
Convenience	✓+		✓+	

This sampling method, originally developed by the CDC and the WHO, can be used to quickly obtain a snapshot of health needs for decision makers. It has been used for routine data collection and has been validated for rapid assessments and the estimation of community health needs.

Acknowledgements

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