



Collaborative Data Analysis

These slides discuss strategies for the involvement of all partners in the interpretation of research findings and how to use a community based participatory research approach for moving from data to action. Includes examples from two CBPR partnerships.

Involving all partners

- Data analysis is often thought of as statistics and something academic partners do. It's also about **interpreting** results.
- In a CBPR project, interpretation of research findings will be done by the research team **including** community partners.
- Interpretation may also involve taking findings to the individual level- community members/residents, as well as other community organizations/public agencies who are not on the research team but who are affected by or connected to the issues being researched

Why to involve a full range of partners/community members?

- Feed results back to the community to engage them in reacting to the findings, including correcting findings and offering their interpretation of what these findings mean for their community
- Include focus on what the findings mean. This contributes to the translation and application of findings. It is crucial for achieving CBPR's commitment to action and change.
- This phase also helps with dissemination of findings.
- Involving a full range of partners
 - Gets their buy in
 - Sets up for more engagement and investment in later action phases
 - Helps with dissemination of findings

Approaches to engaged analysis

- Consider creating a data analysis team- may be a subset of the project's research team or community advisory board
- Hold a series of community forums- present the data/results, have small group exercise where participants respond to a set of questions aimed at increasing understandings of the findings.
- In research team or other meetings relevant to the research findings, ask for feedback in reviewing the results:
 - What do you think they mean?
 - What is your interpretation?
 - Are there surprises, that is, findings that you would not have expected, and if so, how do you make sense of them?

Approaches to engaged analysis



- Need to consider a balanced participation of community and academic partners in these activities. Both are necessary.
 - Need the academics expertise in the rigorous research and analysis methods
 - Need community partners ability to break it down for broader audiences
- Budget adequately for collaborative analysis- consider costs of events or materials, etc.
- Analysis is an iterative process- allow adequate time

Approaches to engaged analysis

- Consider audience
 - who are you trying to engage in the interpretation?
 - Who are you trying to disseminate to?
 - Include a range community members to local policymakers and decision makers
 - Maybe get feedback at separate or different times.
- What presentation style will fit with and engage the audience?
 - Presentation
 - Maps
 - Handouts
 - photos (photovoice)
 - Numbers
 - stories

Resources



- Israel et al book “Methods in CBPR for Health”: Part 6: Feedback, Interpretation, Dissemination, and Application of Results. 6 chapters and examples
- Minkler Wallerstein book: CBPR for Health: From Processes to Outcomes, Chapter 16.

K A R E (KOREAN AMERICAN ALZHEIMER'S RESEARCH & EDUCATION)

Collaborative Data Analysis: Involvement of
All Partners in the Interpretation of Findings

Hyeyoung Lee, Korean American Community Services
Darby Morhardt, *Cognitive Neurology and Alzheimer's
Disease Center*

COLLABORATIVE PLAN: REASONS FOR PARTNERSHIP AND USING THE CBPR APPROACH

- As the prevalence of AD is directly correlated with age, the community at large needs to prepare for the implications of the current demographic trend among KA seniors living in Chicago.
- There is a dearth of research and general information regarding effective, culturally appropriate interventions targeting this ethnic community.

UNIQUE STRENGTHS OF EACH AGENCY

Korean American Community Services	Cognitive Neurology and Alzheimer's Disease Center
<ol style="list-style-type: none"><li data-bbox="117 382 865 539">1. A 40-year history of responding to the acute needs for Korean Americans in Chicago.<li data-bbox="117 611 836 825">2. A long standing reputation for providing culturally and linguistically competent services.	<ol style="list-style-type: none"><li data-bbox="915 382 1649 482">1. A comprehensive knowledge of dementia related diseases.<li data-bbox="915 496 1561 654">2. One of 29 AD centers designated by the National Institute on Aging.<li data-bbox="915 668 1638 1053">3. Conducts basic, clinical and behavioral research, provides treatment and care for patients and families and trains scientists and health care providers who are new to AD research.
<ol style="list-style-type: none"><li data-bbox="117 1146 981 1189">1. Prior experience in CBPR in the past.<li data-bbox="117 1203 1599 1246">2. Experience working in collaboration with other partner agencies.<li data-bbox="117 1260 1657 1360">3. Clinical social work experience, including working with older adults and their families.	

GOALS

1. Establish a strong working relationship and infrastructure.
2. Involve stakeholders in exploring the attitudes about AD and barriers to seeking help among KA community.
3. Build our collective capacity by holding educational workshops.
4. Develop culturally appropriate research tools for future use in implementation.

1. ESTABLISH A STRONG WORKING RELATIONSHIP AND INFRASTRUCTURE



Monthly meetings



Memorandum of
Understanding

2. INVOLVE STAKEHOLDERS IN EXPLORING THE ATTITUDES ABOUT AD AND BARRIERS TO SEEKING HELP AMONG KA COMMUNITY.



Workshop with stake holders on
10/12/2011

Illinois Dementia Care
Train-the-trainer
Educational program on
11/11/2011



3. BUILD OUR COLLECTIVE CAPACITY BY HOLDING EDUCATIONAL WORKSHOPS.



- KACS providing presentation at *CNADC @ Northwestern University Feinberg School of Medicine on 1/26/2012*

4. DEVELOP CULTURALLY APPROPRIATE RESEARCH TOOLS FOR FUTURE USE IN IMPLEMENTATION.

- ◉ As a result of this groundwork, we will be prepared to implement the proposed research, ultimately utilizing our findings to design effective programming to serve the growing population of Korean American seniors.

CHALLENGES

- Takes a long time to move on to the implementation of the program
- Time and energy consuming
- Lack of opportunities to connect with academic partners

STRENGTHS

- Great learning opportunities to build capacities
- Build collaborative relationship with partners
- Potential to find great funding opportunities for the program

TO RESEARCHERS

- ◉ Listen carefully what the community has to say before you bring your own agenda.
- ◉ Remember that we are learning from each other.
- ◉ Treat the community workers as experts.
- ◉ Show your commitment to help look for resources for the community after the research is finished.
- ◉ Stay connected even when you are not working on the project.

(For example:

- be on the list to receive e-newsletter.
- participate in their annual fundraising dinner.)

TO COMMUNITY

- ◉ Understand your academic partner's departmental responsibilities and goals
- ◉ The expectations for faculty are to publish journal articles to advance knowledge (and academic career).
- ◉ Recognize that there are few professional development pathways and or academic mentors for CBPR
- ◉ Institutional cultures slow to change/adapt



**Chicago CHW/*Promotor de Salud*
Survey & Mapping Project: Participatory
Data Analysis**

Diane Baker

Rush Medical Center

Sef Okoth

Chicago Metropolitan Agency for Planning

Daniel Block

Chicago State University/Northwestern University

Collaborative Project



Initiated by:

- Chicago Partnership for Public Health
(Chicago Department of Public Health)
- HealthConnect One
- Chicago CHW Local Network

Many community organizations, coalitions, and universities involved

Analysis and dissemination supported by a seed grant from Northwestern/ARCC

Strengthen & Expand CHW/*Promotor* Programs



- ❖ Support CHWs/*Promotores* through increased training, networking, and policy development
- ❖ Work with CHWs/*Promotores* to bring information to communities from organizations and to organizations from communities

Baseline data are needed to understand current level of coverage and assist with growth.

CHW/*Promotor* Survey & Mapping Project Goals



Goal #1: Identify and map current CHW/*Promotor* programs, including:

- ❖ Where services provided
- ❖ What topics are covered
- ❖ What types of services

CHW/*Promotor* Survey & Mapping Project Goals



Goal #2: Collect information to expand CHW/*Promotor* programs and to support their sustainability, including:

- ❖ Funding sources
- ❖ Training needs
- ❖ Policy recommendations

The Surveys



- **CHW Administrator Survey:** Focuses on the overall characteristics of CHW programs
- **CHW Survey:** Focuses on CHW's work, training, networking needs and demographics
- Surveys were based originally on a combination of existing surveys, but were greatly modified. The writing committee consisted of researchers, public officials, and CHW's.

Rogers Park Pilot



- Pilot specific questions, survey approach, methodology, response time for citywide survey
- Estimate CHWs & administrators
- Determine experience level
- Disseminate information

Survey Basics



- **Survey approach**
- **Interviews with CHW focus groups**
- **Analysis with researchers**
- **Determine usefulness and accuracy of information**

The Analysis Process



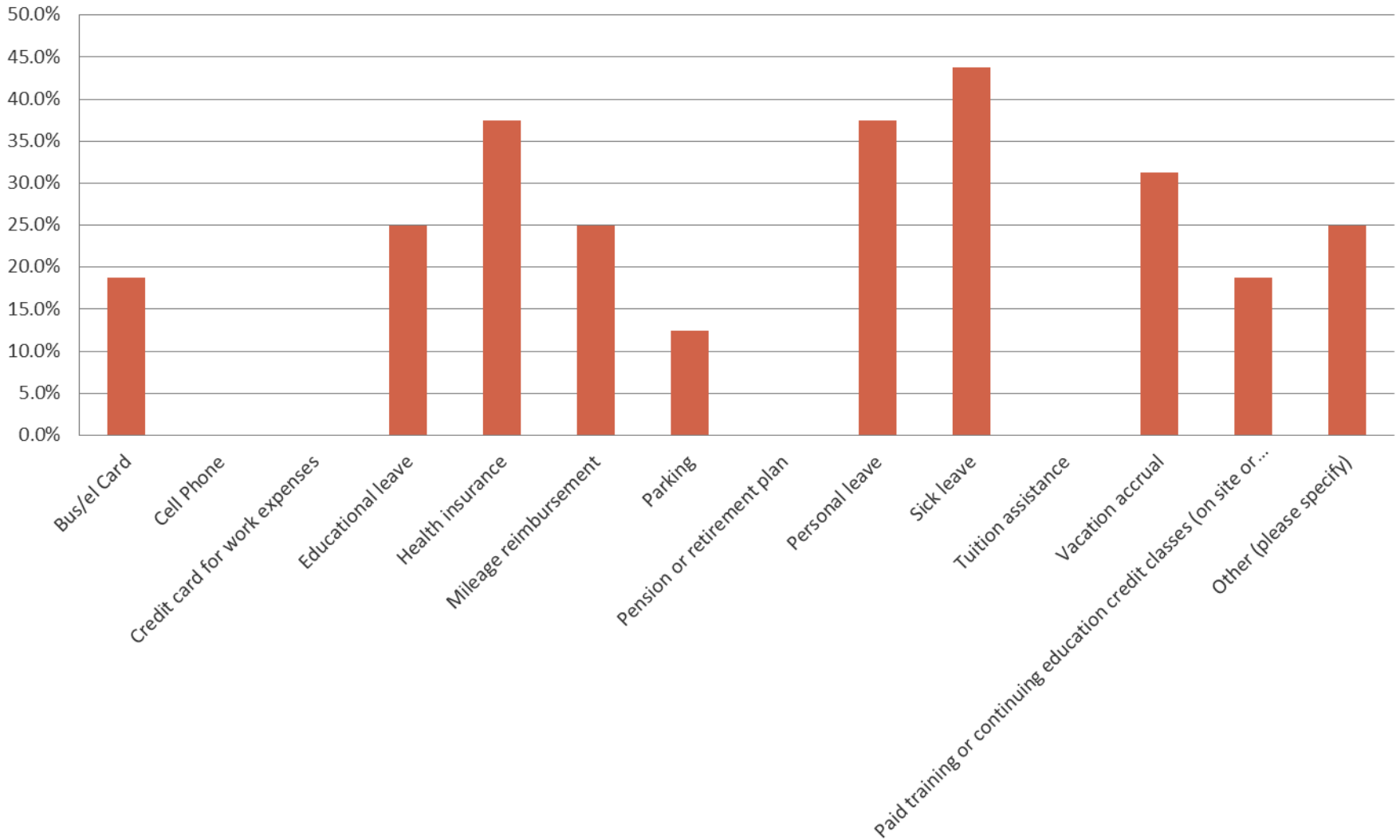
- Analysis included a number of steps involving analysis led by community member, CHW's, and academic and agency researchers.
- Two “communities”: Rogers Park residents and CHW's
- Focus both on current results and building towards a citywide project.

Steps in the Process (completed)

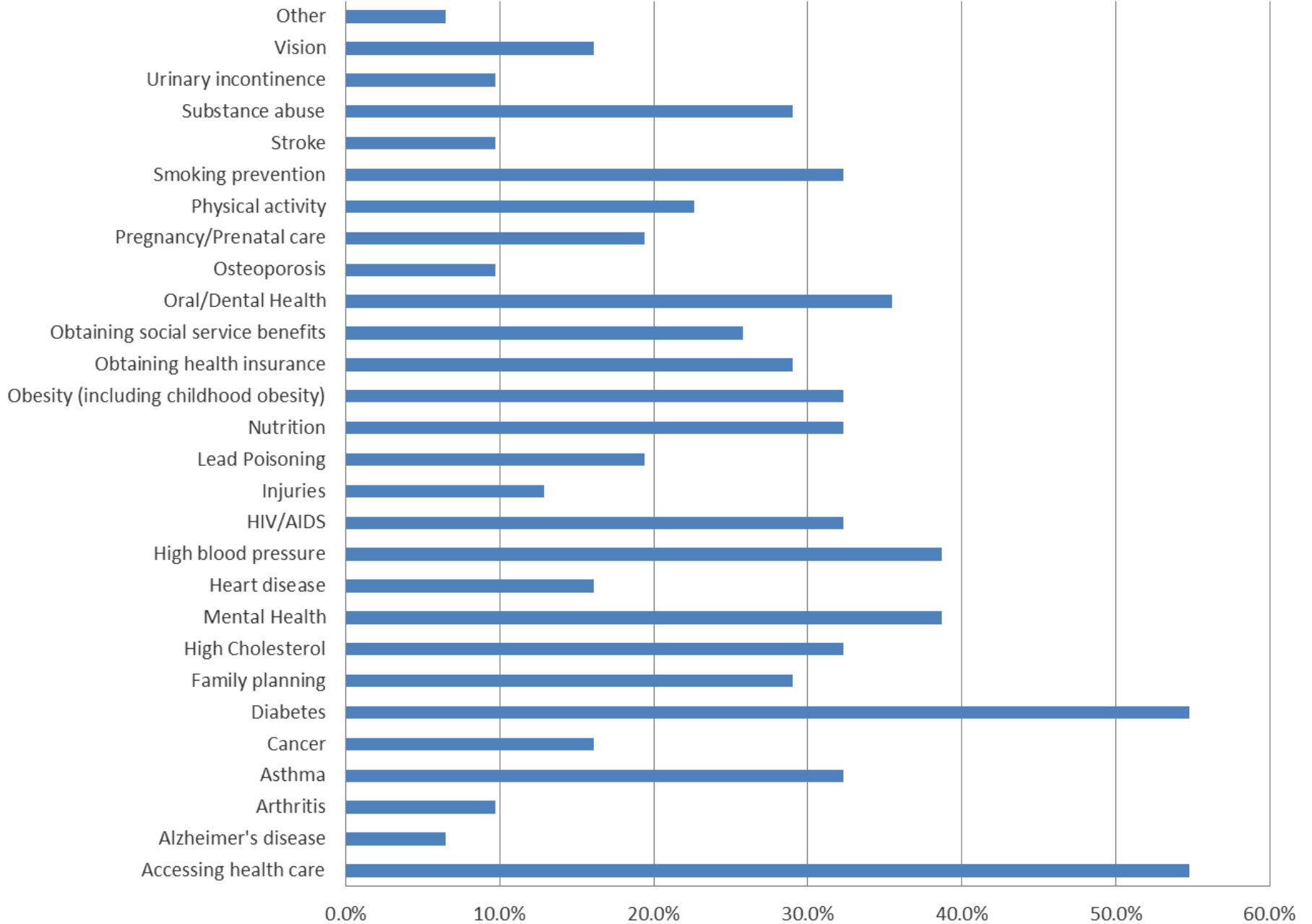


- Development of a core analysis team including traditionally trained “experts,” CHW’s, and Rogers Park community members (including 2 paid CHW’s and 2 paid Rogers Park community leaders)
- Initial run-through and focusing of survey results by Daniel Block and Sef Okoth (necessary due to amount of results)
- Two initial analysis meetings of this team to “go through” the CHW and CHW administrator surveys.
- Data analysis based on the committee feedback.
- A third team meeting to focus on issues identified in the first two meetings and to help set up the larger CHW and community analysis meetings.
- Larger analysis meetings with the CHW and Rogers Park communities.

Benefits Recieved Connected to Position

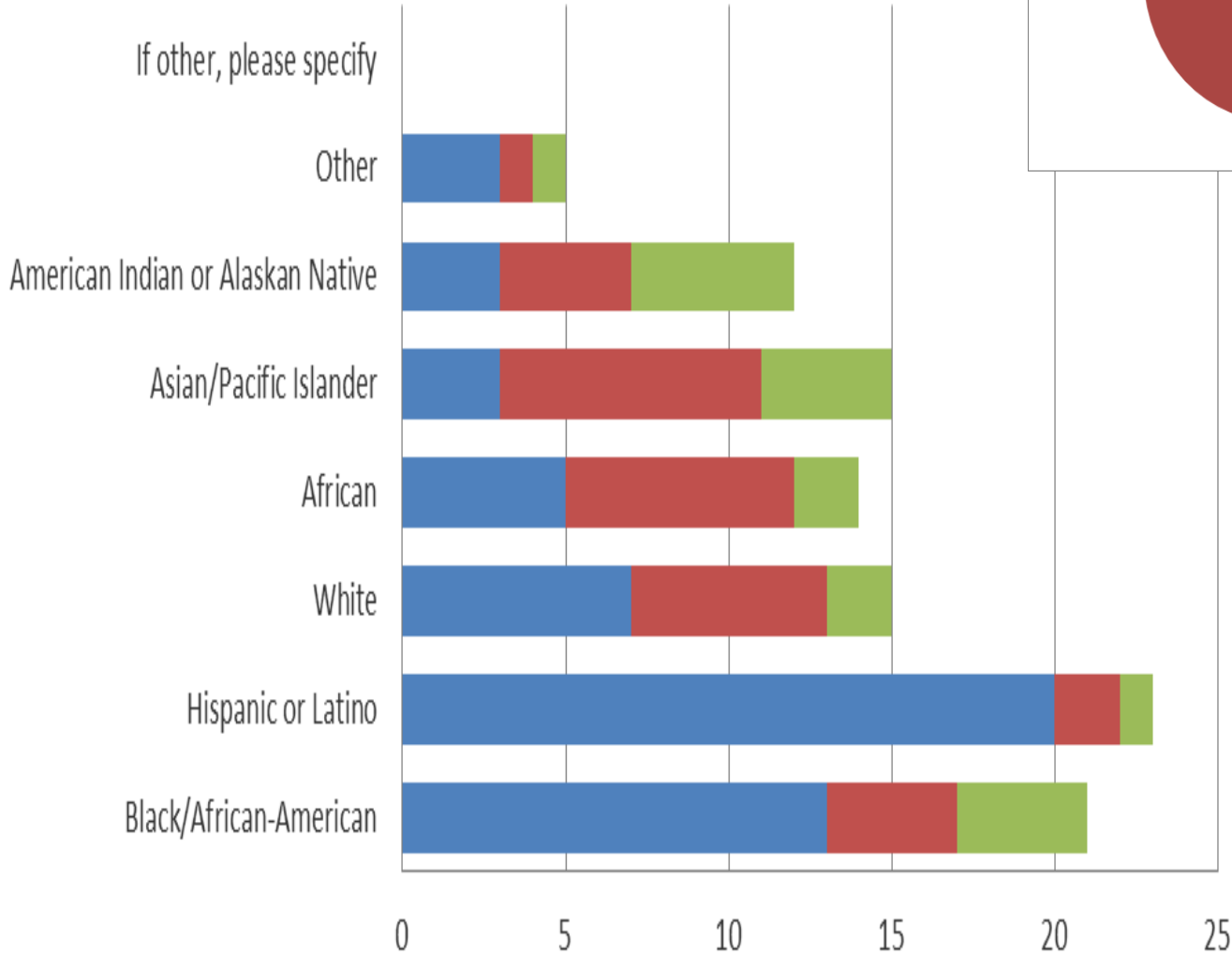


Top Health Issues in The Communities Served

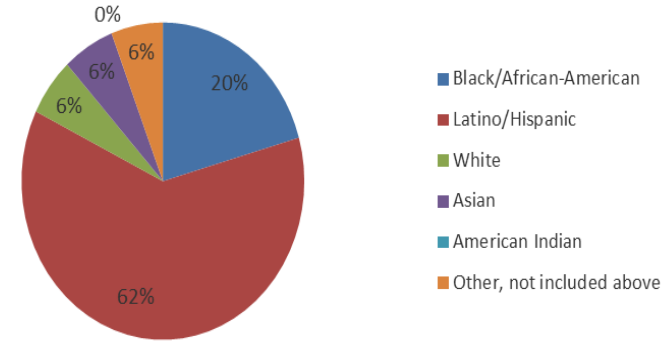


Demographic data

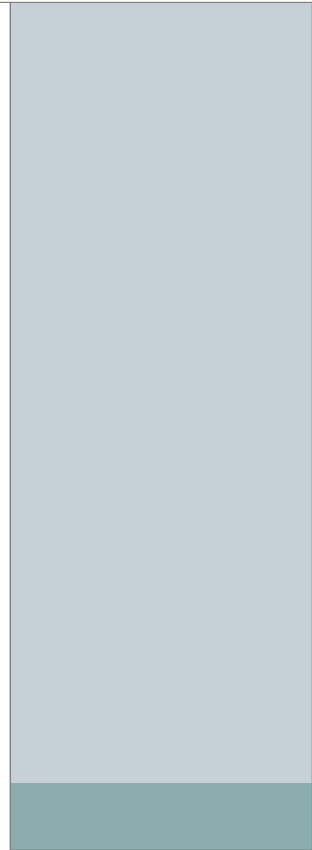
Most Common Populations Served



Race/Ethnicity of Health Workers



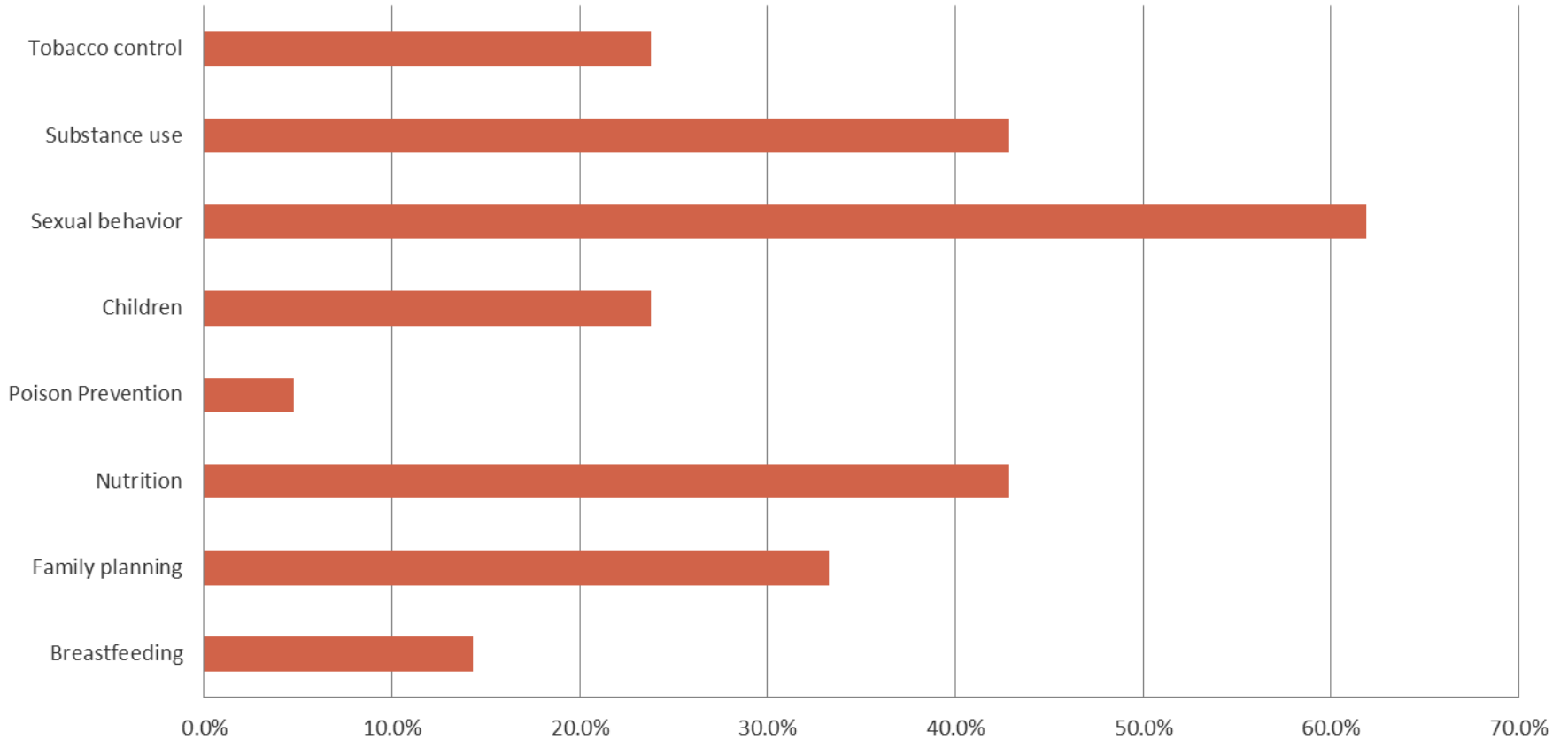
- Primary
- Secondary
- Do Not Serve



CHW Specialization



Health and Wellness Issues Health Workers Specialize In



Search

Fly To Find Businesses Directions

Fly to e.g., 94043

Places

Add Content

- Christian Community Health
- Circle Family Health Center N
- Core Center for HIV and AIDS
- Community Health Inc.
- Private Practice
- Erie Family Health Center
- Erie Family Health Center
- Fanbus Health Center
- Goldie's Place
- Heartland Health Outreach, J
- Heartland Health Outreach, J
- Heartland Health Outreach, J
- Heartland Health Outreach, J
- Heartland International Health
- Heartland International Health
- Howard Area Community Cer
- Illinois Masonic Hospital
- Infant Welfare Society of Ch

Layers

- Primary Database
- Geographic Web
- Roads
- 3D Buildings
- Street View
- Borders and Labels
- Traffic
- Weather
- Gallery
- Ocean
- Global Awareness
- Places of Interest
- More



Illinois Masonic Hospital

Field Name	Field Value
Match_addr	811 W WELLINGTON AVE, 60657
County	Cook
City	Chicago
Depart_Nam	Illinois Masonic Hospital
Clinic_Nam	Illinois Masonic Hospital Dental Clinic
WorkPhone	(773) 871-2188
Serv_Pop	Children and adults
Serv_detail	Handicapped children and adults
Hours	M-W 9am-4pm Thur 9am-3pm
Services_P	General dental care; sliding scale for handicapped patients only if mental retardation, cp or downs syndrome based on income guidelines reduction up to 1001307063230f usual and customary fees
Status_1	Open
Email	grizzlyb@aol.com
Contact_Pe	Harvey Widgor
Trea_Rooms	11 chairs
Specialty	General dental care, HIV, Special needs

Imagery Date: Oct 11, 2007

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Going Forward



- Further data analysis based on the feedback gathered at the CHW and community meetings.
- Create final report of pilot to Rogers Park and CHW's.
- Additional meetings of the analysis team to discuss the final pilot results and possible further community and CHW presentations.
- Utilize lessons learned from pilot to develop citywide survey and methodology.

For more information:



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