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.
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
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.
### Korean American Community Services

1. A 40-year history of responding to the acute needs for Korean Americans in Chicago.
2. A long standing reputation for providing culturally and linguistically competent services.

### Cognitive Neurology and Alzheimer’s Disease Center

1. A comprehensive knowledge of dementia related diseases.
2. One of 29 AD centers designated by the National Institute on Aging.
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.

### Unique Strengths of Each Agency

1. Prior experience in CBPR in the past.
2. Experience working in collaboration with other partner agencies.
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.

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

Workshop with stake holders on 10/12/2011
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.
Goal #1: Identify and map current CHW/Promotor programs, including:

- Where services provided
- What topics are covered
- What types of services
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.
Top Health Issues in The Communities Served

- Other
- Vision
- Urinary incontinence
- Substance abuse
- Stroke
- Smoking prevention
- Physical activity
- Pregnancy/Prenatal care
- Osteoporosis
- Oral/Dental Health
- Obtaining social service benefits
- Obtaining health insurance
- Obesity (including childhood obesity)
- Nutrition
- Lead Poisoning
- Injuries
- HIV/AIDS
- High blood pressure
- Heart disease
- Mental Health
- High Cholesterol
- Family planning
- Diabetes
- Cancer
- Asthma
- Arthritis
- Alzheimer's disease
- Accessing health care
Demographic data

Most Common Populations Served

- If other, please specify
  - Other
- American Indian or Alaskan Native
- Asian/Pacific Islander
- African
- White
- Hispanic or Latino
- Black/African-American

Race/Ethnicity of Health Workers

- Black/African-American: 20%
- Latino/Hispanic: 6%
- White: 6%
- Asian: 6%
- American Indian: 6%
- Other, not included above: 6%

Legend:
- Primary
- Secondary
- Do Not Serve
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:

CHW Local Network, Health Connect One
312-243-4772

Daniel Block
Chicago State University Neighborhood Assistance Center
773-995-2310
dblock@csu.edu

Sheri Cohen, MPH
Chicago Department of Public Health
312-747-9562
Cohen_sheri@cdph.org