


**Turning Data into Information, Part 2**

March 20, 2013, 1:30pm – 3pm Central

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Please note that you will be placed on mute for some of this session. You may use the chat dialogue box at any time to contact IPHI staff.

**This session will be recorded and available at:**  
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**Turning Data into Information, Part 2**

*Sponsored by:*  
*The Illinois Department of Public Health*  
*and*  
*Illinois Public Health Institute*  
*Center for Community Capacity Development*

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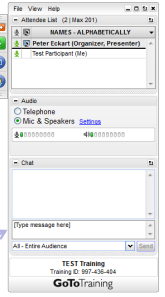
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- **Organizers will mute all phones during the presentation**
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**Presenter**



*Jess Lynch, MCP, MPH*  
Senior Associate  
Illinois Public Health Institute



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Slides from Turning Data Into Information, Part 1”, 2/13/13

- Describe basic principles and concepts of data analysis and interpretation
- Understand how to interpret data in tables, charts, and graphs
- Describe several sources for health status and demographic data and understand how to access them.
- Understand how to integrate health and demographic data into IPLAN Assessment
- Begin to explore best practices for presenting data to stakeholders



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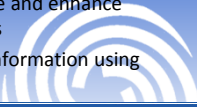
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**Webinar Objectives for Part 2**  
*Wednesday, March 20, 2013 – 1:30-3:00pm CST*

- Summarize quantitative data and construct, charts, graphs, and tables that are easy to understand
- Present data in a visually compelling way
- Communicate IPLAN data to community members
- Understand several methods for integrating community input throughout the IPLAN process
- Use community input data to validate and enhance findings from secondary data sources
- Summarize and present qualitative information using basic analysis methods



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### Data and Information

Data: symbols; measurement of characteristics of observations

- What are we observing?
  - Population units of analysis
  - Social units of analysis
  - Geographical units of analysis
- What are their characteristics?
- Quantitative or Qualitative; Primary or Secondary

Information: data that are processed to be useful; provides answers to "who", "what", "where", and "when" questions

- The same data may be shaped into different information...



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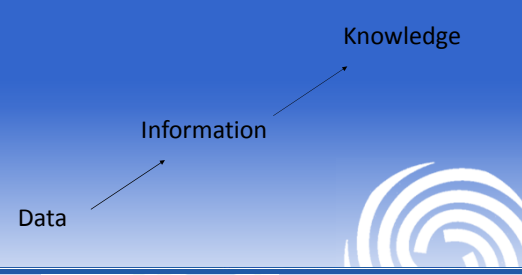
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### Data-Information-Knowledge Hierarchy



Data → Information → Knowledge



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### Turning Data into Information

- describe and illustrate
- compare and contrast
- evaluate
- infer, estimate, and forecast
- analyze relationships between variables



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### Purpose of Turning Data into Information

- Educate and inform others of the health needs of the community and to identify disparities
- Use data to help develop priorities, plan programs, set goals, and budget funds
- Evaluate existing programs and initiatives to see if they are effective or require improvements
- **Engage a range of community stakeholders to understand and address health issues**

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### Steps for Data Analysis

1. Determine questions to answer or further understand
2. Choose key methods and indicators
3. Gather information from credible data sources
4. Input information into data collection software
5. Produce tables, charts or graphs
6. Interpret tables, charts or graphs
  - Recognize trends, patterns, similarities, and or differences among particular subpopulations of interest
7. Summarize Findings
8. Engage stakeholders to understand the significance of data
9. Present and communicate data to the community

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### Steps for Data Analysis

#### 3. Gather information from credible data sources

In Part 1 of this webinar, we discussed gathering secondary data from a variety of sources.

Today, in Part 2, we will discuss collecting primary data from community residents.

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### Community Input - Collecting Primary Data

- increased understanding of community resident perspectives on needs and priorities as well as community strengths;
- opportunity for community engagement;
- contextual information is essential for accurate assessment & effective planning



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### Community Input Methods

- Surveys
- Focus Groups
- Community Forums & Town Hall Meetings
- Interviews
- Asset Mapping
- Photo Voice
- Oral History
- Event Analysis



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### Perspectives are Important

- If we do not accept that individual opinion is valuable, we fail to see the importance of human experience.
- Opinion is a valid indicator of how the world is experienced by those who are living in it.
- Understanding social phenomena from the perspective of people engaged in it provides knowledge about how it works, how it affects people, and how it can be changed/ improved.



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### Gathering Community Input = Opportunity

Communicate what you are doing	Tell people who you are	Spark interest in community improvement
Communicate opportunities for involvement	Demonstrate commitment to the community	Demonstrate partnership with other organizations

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### Good Community Input

Incorporates the entire context from which humans interact to best explain social phenomena

- Political Context
- Economic Influences
- Cultural Beliefs
- Public Perception
- Media Representation
- Historical Significance
- Other Influences

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### Readiness for Community Input

- What staff members and volunteers are most skilled and have strong ties to the community?
- Do we already have relevant community data?
- What is the capacity of community members and organizations to participate?
- What is our role in building capacity? Communities role?
- What community engagement tools will we use and how will we use them?
- What follow-up are we prepared to do on community input collected?
- What is the level of community trust / buy-in?

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### Tips for Collecting Primary Data

- Assure and protect confidentiality of participants
- Use tested tools – Don't reinvent the wheel.
- Tailor tools to your community...culturally and linguistically appropriate.
- Identify primary populations for data collection.
- Create plans to reach primary population.
- Know your research question (s).
- Be prepared to spend a day or two entering data.



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### Collecting Primary Data – All Research Starts with a Question

- Before you begin, clearly define your research question(s).
  - What is the purpose of the research?
  - Why does this research need to be done?
  - What is the intended goal of the research?
  - Goal should be to uncover something unknown or verify something already known
- WRITE DOWN the research questions/ purpose and continually refer to these at every step of process – it will keep you on track!



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### Surveys



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**Benefits of Surveys**

- Random Sampling
- Confidentiality is easily maintained
- Standardized Responses
  - On site analysis
  - Easy to compare and analyze
- Large sample size

**Challenges with Surveys**

- Time consuming and resource demands
  - Data entry and collection
- Lack of Follow Up
- “Representative Sample” – Limit Results
- Non-response Rates



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**Finding a Validated or Tested Survey**  
**New CDC Resource...Coming Soon!**

- Validated Community Opinion Survey – Free Epi Info Software
- Capture perspective and health priorities/needs of community
- Organized in a population health framework with Pre-tested questions health outcomes and social determinants
- Ability to customize – adding questions



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**CDC Resource Cont..**

- Self-administered format (web-based and email) and administered format (telephone and face-to-face)
- Piloting questions now – Available Mid-June
- CDC is looking for 5 – 10 communities nationwide that would be interested in piloting!
- Contact Vickie Booth at CDC for more information.  
[web6@cdc.gov](mailto:web6@cdc.gov) or 404.498.2826



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### Tips for Writing a Survey or Questionnaire *(If a tested survey or questionnaire does not exist.)*

1. Make the survey or questionnaire simple.
2. Write it for the type of survey or questionnaire used.
3. Ask the right kind of questions.
4. Align your questions appropriately.
5. Do not bore the participants.
6. Test the survey before distribution.
7. Provide clear instructions.
8. Think through collection before distribution.
9. Distribute the survey.



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### Which Question is Better? Why?

How many hours a day do you spend exercising?	How many hours a day do you spend exercising?
- 0 to 1 hour	- 0 to 1 hour
- 120 to 180 minutes	- 1 to 3 hours
- 4 to 5 hours	- 3 to 5 hours
- more than 5 hours	- more than 5 hours



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### Which Question is Better? Why?

• What is your religion?	• What is your religion?
- Christian	- Catholic
- Catholic	- Lutheran
- Lutheran	- Jewish
- Jewish	- Episcopalian
- Episcopalian	- Muslim
	- Other
	- None of the above



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## Focus Groups and Forums



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### Focus Groups:

Qualitative research where a facilitator works with a group of people (8-10 ideally) in an interactive setting to gather their perceptions of a research topic – idea, product, plan, or proposal.

### Forum/Town Hall Meeting:

If you plan to have a meeting with a larger audience, you can incorporate elements of this qualitative research into the large group discussion and/or break into smaller focus groups for part of you agenda.



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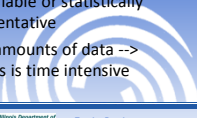
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Benefits of Focus Groups	Challenges with Focus Groups
<ul style="list-style-type: none"><li>• Comfortable environment</li><li>• Ability to get in-depth info on sensitive issues</li><li>• Can be less time consuming and more cost effective than individual interviews</li><li>• Emphasis on interaction</li><li>• Sharing promotes new ideas</li><li>• Works well with all age levels and literacy levels</li></ul>	<ul style="list-style-type: none"><li>• Strong facilitation skills are critical to success. Otherwise, the facilitator can influence interactions and which issues are expressed</li><li>• Potential for 'group think' or focus on limited themes or opinions</li><li>• Data is not intended to be quantifiable or statistically representative</li><li>• Large amounts of data --&gt; analysis is time intensive</li></ul>



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### When to Use Focus Groups

- To look for a range of ideas or feelings
- To understand differences in perspectives
- To uncover factors that influence opinions, behaviors or motivation
- You want ideas to emerge from the group – synergy
- To pilot test ideas, materials, plans or policies
- To gather info for program or policy design
- To shed light on quantitative data already collected
- You want to capture comments from a specific population



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### When Not to Use Focus Groups

- You want people to come to consensus
- You want to educate people
- You don't intend to use results but want to give impression that you are listening
- You are asking for sensitive information that shouldn't be shared in a group or could cause harm
- You need statistical projections
- You can't ensure confidentiality of sensitive info



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### Listening Sessions vs. Focus Groups

- Listening sessions are similar in size, number and type of questions.
- Difference = How participants are identified. Listening Sessions target a pre-existing group of individuals with an interest in the assessment.
- Next slide shows additional differences.

Michigan Health and Hospital Association (MHA), November 2012



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Characteristic	Listening Sessions	Focus Groups
Participants	• Participants know each other	• Participants do not know each other
Number of participants	• Generally larger number of participants than focus groups • No maximum • Up to 10 different groups	• Small group six to 12 (eight to 10 ideal) • Minimum of six people (smaller group is a conversation) • Seven to 10 different groups
Recruitment of participants	• Pre-existing group (e.g., volunteer firefighters, social clubs, church choirs)	• Carefully recruited groups of people who represent appropriate constituencies and are brought together for the purpose of the focus group. (e.g., single moms, senior citizens)
Questions	• Seven to 10 with the <b>same ones repeated</b> at each session	• Seven to 10 with the <b>same ones repeated</b> at each session
Advantages	Since participants know each other: • Good participation and attendance • Easier recruitment • Easy scheduling • High trust level among participants increases participation	• Can recruit subjects based on their demographics • Can bring participants together based on their interest in talking about a health topic
Disadvantages	• Participants may not feel comfortable talking about sensitive health issues among people they will see again • Pre-existing group dynamics may influence the discussion	• Hard to get good participation • Difficult to schedule • Low level of trust may hamper participation

Michigan Health and Hospital Association (MHA), November 2012

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## Interviews

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### Types of Interviews

	Structured	Semi-Structured	Unstructured
	• Questions read verbatim from a script	• Written interview guide with questions to ensure key topics addressed	• Only topics/themes written out in advance; no written questions
<b>Pros</b>	• Allows for easier cross-reference between responses	• Maintains Q & A format, but allows for greater flexibility in responses	• Free-flowing discussion allows for interviewee to contribute what she thinks is most important
<b>Cons</b>	• Requires more preparation • Possibility of underutilizing the expertise of the interview participant • Possibility of missing unexpected issues	• Requires active listening to uncover new questions to ask • More difficult to cross-reference responses	• Researcher needs knowledge of the subject matter & guidance/experience with this style of interview • Most challenging for cross-reference of responses

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**Benefits of Interviews**

- Deeper understanding of a specific experience
- Insight into problems/issues on a systems level
- Discussion based
- Provides context to research

**Challenges with Interviews**

- Limited size of sample
- Findings may not be repeatable
- Resource consuming
  - Conducting, transcribing and analyzing interviews
- Emphasis placed on skills of researcher/interviewer



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**Asset Mapping**

Asset Mapping works with the resources that the community already has (individuals, networks, businesses, organizations, institutions, etc.)



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**Asset Mapping**

- Community Development from the “Inside out”
- Helps identify strengths and suggest ways to help build a stronger community.
- Potential to identify and develop partnerships and resources
- Focuses on capacities, assets, resources, strengths
- Citizen participation
- Builds local leadership and confidence
- Builds connections



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Steps for Data Analysis

7. Summarize Findings
8. Engage stakeholders to understand the significance of data
9. Present and communicate data to the community



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Summarizing and Presenting Quantitative Data



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<p>Use Tables When:</p> <ul style="list-style-type: none"><li>- Need to look up values</li><li>- Need to compare individual values</li><li>- Precise values are required</li><li>- Quantitative values involve more than 1 unit of measurement</li></ul>	<p>Use Charts When:</p> <ul style="list-style-type: none"><li>- Reveal relationships among values</li><li>- Message is contained in shape of the values</li><li>- Graphs allow for identification of:<ul style="list-style-type: none"><li>• Trends</li><li>• Comparisons</li><li>• Exceptions/anomalies</li><li>• Similarities/differences</li></ul></li></ul>
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### Tables, Charts or Maps?

- Table?
  - Comparing many dimensions
- Chart?
  - Pie for composition of one variable
  - Bar for comparison of 2-5 values across 1-3 variables
  - Line for time trends
- Map?
  - Geographic Distribution

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### Tables – Comparing many dimensions

#### Leading Causes of Death – Whiteside County

Cause of death	2007	2006	2005
Deaths by diseases of heart	177	178	195
Deaths by malignant neoplasms	133	151	157
Deaths by cerebrovascular diseases	36	41	40
Deaths by chronic lower respiratory diseases	36	50	46
Deaths by accidents	23	15	14
Deaths by influenza and pneumonia	15	11	22
Deaths by Alzheimer's disease	14	23	23
Deaths by nephritis, nephrotic syndrome and nephrosis	13	12	6
Deaths by diabetes mellitus	12	17	23
Deaths by in situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	12	8	9
Deaths by intentional self-harm (suicide)	8	9	10
Deaths by chronic liver disease and cirrhosis	6	8	13
Deaths by septicemia	9	7	13

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### Tables - Different Units of Measure

Site	Counts	Dollars	Percentages
Site	Units Sold	Dollar amount	% of Forecast
Plant A	25	\$1205	57%
Plant B	37	\$1751	62%
Plant C	24	\$1190	52%

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### Tables - Quantitative to Categorical Relationships

- Bidirectional tables
- One set of quantitative values and the intersection of multiple categories

Income Level	% with Insurance by Year		
	2003	2004	2005
<\$15,000	61%	60%	57%
\$15,000-34,999	79%	81%	84%
\$35,000-50,000	91%	91%	93%
> \$50,000	94%	93%	95%

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### Tables - Quantitative to Categorical Relationships

Categories Arranged in 2 directions

Race	% Seen a Dr in Past 12 Months		
	Rural IL	Urban IL	IL
Black	79%	81%	84%
Asian/Pacific Islander	94%	90%	96%
American Indian	81%	85%	88%
White	99%	95%	95%

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### Charts

- More effective than tables for communicating information
- Edward Tufte – *Visual Display of Quantitative Information*
- Rule of thumb: maximize data-to-ink ratio
- Avoid:
  - busy grids
  - excess tick marks
  - redundant representation of simple data
  - boxes, shadows, pointers, legends (e.g. 3-D columns in Excel)

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### Charts

- Avoid *chartjunk*:
  - 2 elements in close proximity cause interaction
  - So careful with crosshatching
  - Use labeling not legends
  - Avoid borders, bold, grids
- We read left to right, top to bottom





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### Pie Charts

- To show composition
- Dual pies to compare composition
- Ideally, no more than 8 slices





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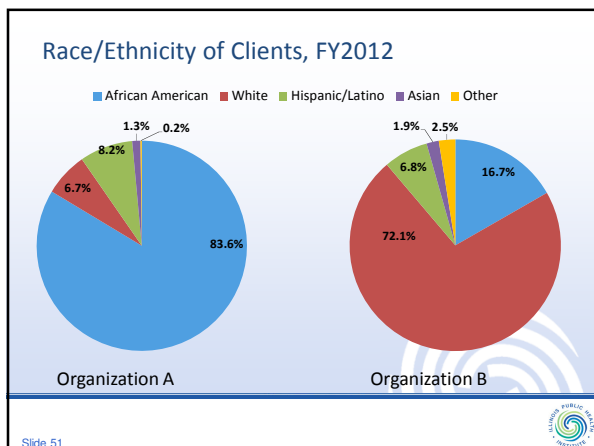
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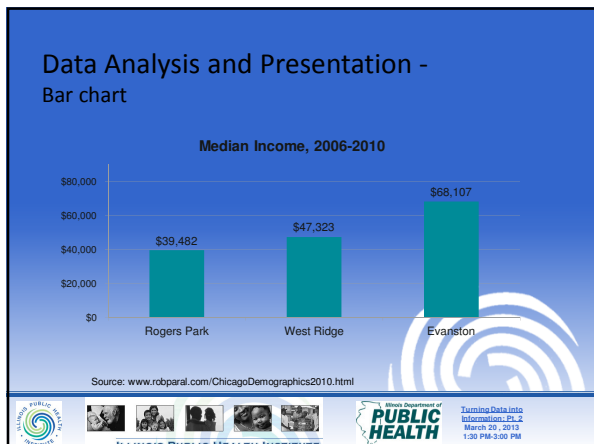
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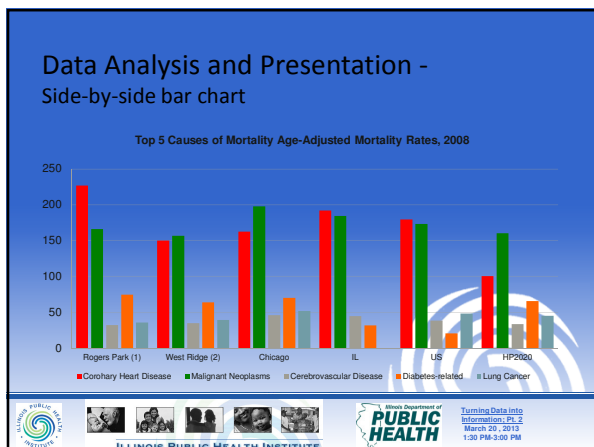
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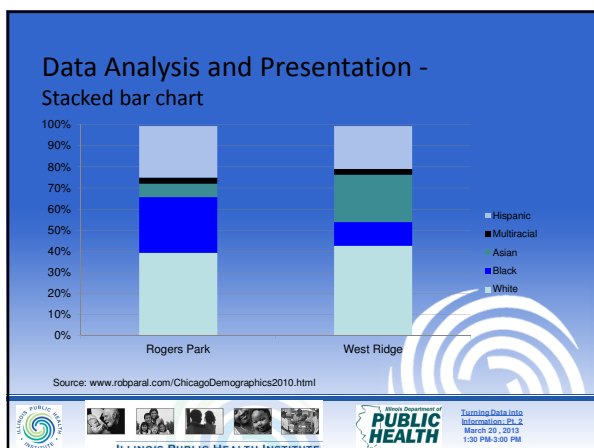
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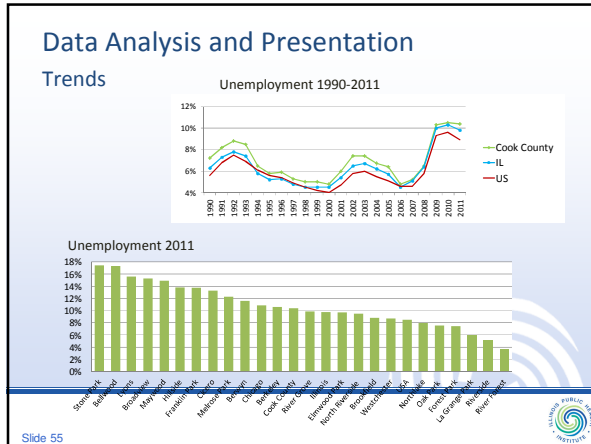
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- ### Maps must include
- Labeling
  - Legend
  - Scale
  - Locational identifier
  - Source
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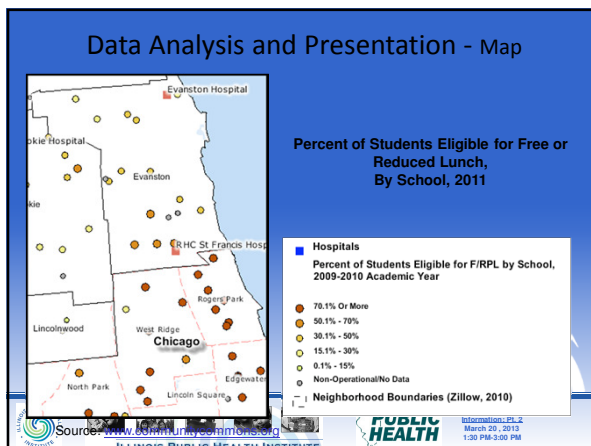
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## Pairing Tables and Charts



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### Comparing Jackson County & Murphysboro

	Jackson County, IL		Murphysboro, IL	
Median Household Income	\$32,896		\$27,991	
Income	Count	Percentage	Count	Percentage
Less than \$10,000	4,296	18.1%	633	17.7%
\$10,000-\$14,999	2,474	10.4%	391	10.9%
\$15,000-\$24,999	2,998	12.6%	549	15.4%
\$25,000-\$34,999	2,564	10.8%	512	14.3%
\$35,000-\$49,999	2,475	14.7%	458	12.8%
\$50,000-\$74,999	3,203	13.5%	507	14.2%
\$75,000-\$99,999	2,009	8.5%	233	6.5%
\$100,000-\$149,999	1,781	7.5%	217	6.1%
\$150,000-\$199,999	535	2.3%	74	2.1%
\$200,000 or more	383	1.6%	0	0%
Unemployment	2,706	5.3%	570	8.5%
Poverty Rate	17,523	29.1%	2,335	29.3%
With Food Stamp/SNAP	3,628	15.3%	705	19.7%
Child Poverty Rate	19,390	32.2%	3,331	41.8%



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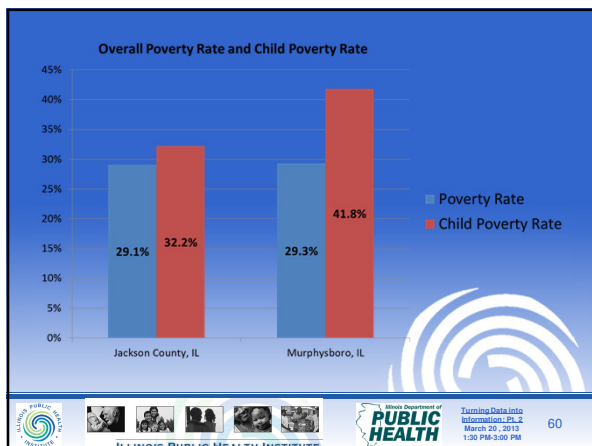
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## Analyzing and Presenting Qualitative Data



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## Analyzing Qualitative Data

- Read through all the data while keeping in mind your research questions
  - Take notes on where/ how the questions are answered
- Code the data:
  - Use the unique identifiers you assigned as a means to keep track of the participants
  - Group the answers to similar questions together
  - Sort quotes into groups with common themes/ issues from answers to similar questions



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## Analyzing Qualitative Data

- Select questions that highlight important findings.
- Pay attention to unexpected findings.
- Step back – think about the large implications of the findings.
  - What do these say about the problem/ issue being researched?



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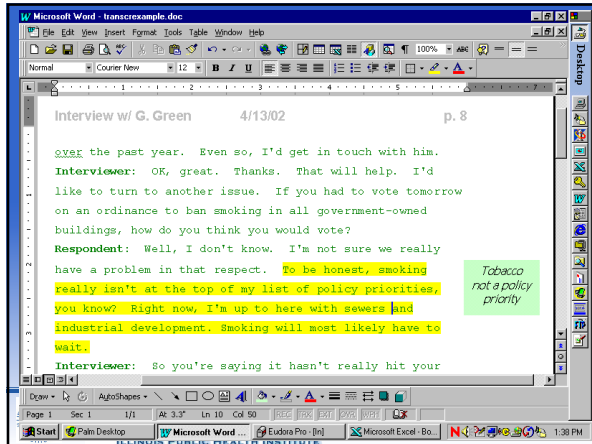
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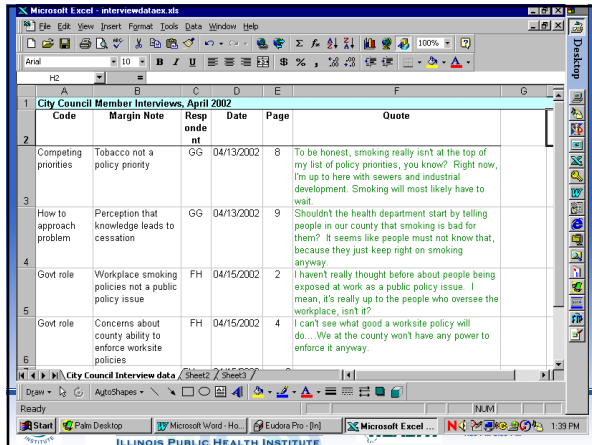
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### Analyzing & Presenting Qualitative Data

- Write a few sentences about each theme/ issue that come directly from the data.
  - These sentences should be combined together to answer the appropriate interview question/ topic.
- Begin to link common themes across the interview questions.
- Step back – Think about the larger implications of the findings.
  - What do these say about the problem/ issue being researched?



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### Case Example – Will County

- Multi-Component Model
  - Community Survey
    - 2009 random sample household survey available online and to return by mail – 5000 mailed/485 responses
    - Base survey was from 2005 survey for comparisons
    - Some populations in respondents underrepresented
  - 10 Focus Groups
    - Special populations (African American, homeless, Latino/Hispanic, special needs and youth.
    - Service providers for special populations
    - Geographic emphasis (northern, eastern and southern Will County)
    - Facilitated by member organizations and contacts who work with special populations



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### Case Example – Will County

- Multi-Component Model
  - Photo Voice
    - Developed guidance and submission form; provided 35 mm disposable cameras
    - Widely marketed through Steering Committee especially with youth groups
    - Collected photos for 6 weeks; also marketed on Facebook
    - Included findings in overall report
  - Asset Mapping
    - Intern from local school of nursing
    - Original approach – divide county into geographic sections and map
    - Limited resources; incorporated questions into survey and focus groups to identify assets and extended this work to specific priorities once selected for action planning



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### Case Example – Will County

- Process engaged additional partners and served as a catalyst for community member interest and engagement
- Identified priorities for special populations and geographic areas
- Capacity building in data collection and communicating data
- Identified cross-cutting themes that impacted ultimate community priorities



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## Case Example – Tazewell County

- Multi-Component Model
  - Community Survey
    - Undergraduate and Graduate Nursing Students – developed and implemented survey
    - Primary collection – online for 2 months / Follow-up with underrepresented groups via paper copies in local libraries and upon request.
    - Most important factors for health community, most important health problems in community, most risky behaviors in community, rating overall health, demographics
  - Stakeholder / Community Leaders Focus Group
    - Key stakeholders and leaders on the IPLAN Steering Committee
    - Discussed and identified various opportunities and challenges/threats to or for the public's health and to the local public health system
    - Identified top issues

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## Why collect community input?

- Value gained usually outweighs the effort!
- Can help answer questions in secondary data...help to understand the “why”.
- Primary data can enhance findings from existing secondary data sources.
- Themes, perspectives and quotes gathered from interviews, focus groups and forums can help provide some realistic context to specific community data.



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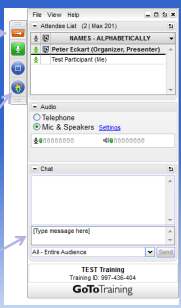
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## Questions?




Maximize or minimize side bar →

Raise hand option →

Submit questions here →



We'll take live questions at this time. Please **use the raise hand option** to be un-muted, or submit a question via the **chat feature**.

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**Thank You!**

We are planning several additional IPLAN trainings (webinars and in-person) and will be emailing info out shortly!

If you have training or technical assistance follow-up needs, contact:

Laurie Call, Director  
Center for Community Capacity Development, IPHI  
[Laurie.Call@iphionline.org](mailto:Laurie.Call@iphionline.org)



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**Feedback**

- Please complete the evaluation form.
- Your input is used to plan future offerings.



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