The Montgomery County Department of Health and Human Services (MCDHHS) Asian American Health Initiative (AAHI), in partnership with the African American Health Program (AAHP) and Latino Health Initiative (LHI), hosted a free workshop entitled “Intro to Health Data” as a part of the Empowering Community Health Organizations (E.C.H.O.) Project 2015. This workshop is the first in a three-part series about health data. Launched in 2011, E.C.H.O. is a series of practical and professional training workshops aimed to build the capacity and sustainability of community organizations.

“Intro to Health Data” invited community leaders to learn more about health data, what they are, why they are important, the different sources and types of data, the benefits and limitations of various data collection approaches, and the uses of data for needs assessments and program evaluations. The workshop was led by Dr. Sunmin Lee, ScD, Associate Professor of the Department of Epidemiology and Biostatistics at the University of Maryland School of Public Health. Over 80 people attended the workshop, representing about 30 organizations from the community.

This document presents a summary of the discussion shared throughout the workshop. Please note the information may be subject to change. Published on 06/12/15.
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OVERVIEW OF INTRO TO HEALTH DATA

What Are Data?
- Data are a collection of facts, such as words, numbers, measurements, and observations.

Why Are Data Important?
- Data can be used for many different things. For example, when we want to monitor the progress of a program, we use data to determine the worth of the program.
- Data have to be collected periodically. If a researcher collects data only once, and does not update them over time, they get outdated.

PRIMARY VS. SECONDARY DATA

Primary Data
- Primary data are observed or collected directly from first-hand experience.
- The good thing about primary data is that because we create them ourselves, we can create our own questions and parameters.
- Collecting primary data can be time-consuming and expensive.

Secondary Data
- While it is easier to use secondary data, it is harder to get a unique answer.
- Government data are secondary data, and they are widely available on websites for the public to use.
- We cannot change anything about secondary data; however, we can generalize it due to the large sample size.

Primary vs. Secondary Data
- Secondary data are different from primary data since the content has already been published.
- The larger the sample size, the better. Secondary data are based on diverse, big populations, while primary data are not.
• Primary data are tailored by the researcher’s interests. Secondary data may not be the exact data the researcher needs.
• Primary data collection is time-consuming, expensive, and may require employment of various people. Secondary data are gathered by downloading the data. It is cheap and can be obtained quickly.
• In studies with human subjects, a researcher needs Institutional Review Board (IRB) approval to ensure his/her work is ethical. To get approval, he/she needs to prove there is confidentiality and no risk.

QUANTITATIVE VS. QUALITATIVE DATA
Quantitative Data
• Quantitative data can be quantified or counted, in the form of rates, percentages, counts, and averages.
• They can be generalized to the population.

Qualitative Data
• Usually ask “why,” “what,” and “how,” which cannot be asked through quantitative data.

Quantitative vs. Qualitative Data
• The biggest difference between quantitative and qualitative data analysis is that while quantitative data results can be counted through surveys, qualitative data are said in words, so pages of notes and recordings are needed.
• While quantitative data are larger scale and more generalizable, they are shallower. Qualitative data are smaller scale, but more in-depth.
• Quantitative data are number focused, while qualitative data ask “how” and “why.”
• Quantitative data are research directed and can be put into a computer system such as SPSS or STATA to analyze the data. Qualitative data are subject directed, which must be presented in words.
• How both data are analyzed is different. Quantitative data are structured, while qualitative data are not.

QUANTITATIVE METHODS
Introduction to Surveys
• Commonly used.
  • See slides for advantages and disadvantages of mail & self-administered questionnaires, telephone interviews, face-to-face interviews, and web surveys.

QUALITATIVE METHODS
Focus Groups
• Focus groups involve people discussing topics a facilitator asks about.
• It is good to have people who are similar (i.e. age, gender, occupation) in the same group due to differences in perspectives and interests.
• People could be shy, so do not ask sensitive questions initially. Ask icebreaking, common questions first.
• It should last no longer than two hours, or people could lose focus. Ask for permission before recording subjects.
**Steps in Conducting Focus Groups**
- Need note taker to record answers and keep track of respondents. Recorders can stop working, so bring two.
- Need backup plans for unexplained absences of subjects.

**Focus Group Guides**
- Keep questions open-ended – try not to ask questions that begin with “Do you?” or “Is it?” since they elicit yes or no answers.

**Probing**
- When we ask a question, it may not draw a response. In this case, we will need follow-up questions or tactics to “probe” for a response.
- This is why trained facilitators are necessary. They are equipped to handle silences and lulls in conversation.

**Key Informant Interviews**
- Qualitative in-depth interviews with people who know what is going on in the community.

**Similarities between Focus Groups and Key Informant Interviews**
- Questions developed the same way, reporting process is the same.

**Differences between Focus Groups and Key Informant Interviews**
- Individual interviews can be done over the phone and face-to-face while group settings must be done in-person.

**Data Analysis**
- There is no one way to analyze qualitative data, which is why they should be analyzed by two different people.

**WHAT DO YOU DO WITH DATA?**

**Community Needs Assessment**
- Research and planning tool that involves collecting, analyzing, synthesizing, and evaluating data for decision-making.
- Requires four phases – see slides.

**Process Evaluation**
- Focuses on actual operations of a program.
- Recommended to do regular process evaluations.

**Summative Evaluation (Outcome Evaluation)**
- Measures effects and changes that result from the program.
- What are the effects of the survey (knowledge increase)? Is the program achieving its outcome?

**Impact Evaluation**
- Measures community-level changes or longer-term results that occurred as a result of the program.
- Not easy for small institutions to use since it is over an extended period of time.
- If the resources are available, it is recommended to use both qualitative and quantitative methods to conduct needs assessments (i.e. surveys and focus groups).
1.) Determine whether the following statement is about primary or secondary data. Mrs. Smith hosted a health fair and collected satisfaction surveys from participants.
   a. **Primary**
   b. Secondary

2.) Determine whether the following statement is about primary or secondary data. Mr. John used the National Health and Nutrition Examination Survey (NHANES) to find information about physical fitness among adults.
   a. Primary
   b. **Secondary**

3.) Determine whether the following statement is about qualitative or quantitative data. Mrs. Smith gave a test on which the maximum possible score was 100. The actual scores students received were 92, 87, 86, 85, 72, 70, 70, and 61.
   a. **Quantitative**
   b. Qualitative

4.) Determine whether the following statement is about qualitative or quantitative data. The sky is greyish-blue.
   a. Quantitative
   b. **Qualitative**

5.) Which of the following describes the characteristics of self-administered survey?
   a. Can probe for more info when respondents give incomplete answers
   b. Respondent can complete questionnaire when it is convenient
   c. Researcher can send questionnaire to a wide geographical area
   d. **B and C**
   e. All of the above

6.) True or false: Focus groups can be conducted over the phone
   a. True
   b. **False**

7.) *True or false: Qualitative researchers emphasize that their samples are relevant rather than representative.
   a. **True**
   b. False

8.) *Focus group questions are usually:
   a. Close-ended
   b. **Open-ended**
   c. Very precise and specific
d. Asked by the respondents to the interviewer

9.) Which of the following is not a characteristic of key informant interviews?
   a. **Group setting**
   b. Can be conducted over the phone
   c. Interviewer can use probes
   d. None of the above

10.) *Key informant interviews are analyzed by:
   a. Graphs
   b. **Finding themes in responses that support their research**
   c. Statistical significance
   d. All of the above

11.) Which type of data can be used for community needs assessments?
   a. Primary data
   b. Secondary data
   c. Quantitative data
   d. Qualitative data
   e. **All of the above**

12.) Which of the following does NOT describe the purpose of a program evaluation?
   a. Make changes to the program to improve it
   b. Create or select a program to address the problem
   c. Judge the effectiveness of the program
   d. **Only done at the end of a program cycle**
AUDIENCE QUESTION & ANSWER

The following questions were asked during the Q&A session and throughout the presentation.

**Why are data important?**
They help us have a preview of what is happening. They are also useful for project purposes and updating information.

**What is the difference between primary and secondary data?**
Primary data come from firsthand experience. Secondary data are from an article.

**If data are collected through surveys, would that be considered secondary data?**
Data are only secondary if they are collected by someone else.

**Does the National Institutes of Health (NIH) do a subset of the data they collect (by certain demographics)?**
Yes, the NIH has information on select demographics’ human metrics throughout the country.

**Does everyone know what the Institutional Review Board (IRB) is?**
When universities do research, they have to give consent forms and the forms have to be approved by the IRB.

**When will the next workshop be?**
The next workshop will be during fall 2015.
WORKSHOP FEEDBACK

The response rate from the workshop evaluations was 87.5%. Percents may not add to 100 due to rounding and skipped questions.

1. Please rate this workshop:

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<th>Fair</th>
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Silver Spring, MD 20910  
Telephone: 240-777-3221  
Fax: 240-777-3501  
Website: www.lhiinfo.org  
Email: lhi.website@montgomerycountymd.gov
Handouts from the “Intro to Health Data” E.C.H.O. Workshop

Please note the information provided in this section may be subject to change. Please contact the respective organizations to ensure the most current information. The following documents were compiled on 05/22/15.
An introduction to Health Data

SUNMIN LEE, SCD
ASSOCIATE PROFESSOR
DEPARTMENT OF EPIDEMIOLOGY AND BIOSTATISTICS
UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH

Overview

• Data
  • Definition
  • Different sources of data: Primary vs. Secondary
  • Different types of data: Quantitative vs. Qualitative
    • To fully understand the benefits and limitations of various data collection approaches

• Needs assessment
• Program Evaluation
  • Process Evaluation
  • Summative Evaluation
What Are Data?

Data are a collection of facts, such as numbers, words, measurements, observations or even just descriptions of things.
Why data are important?

- Data provide descriptive information on demographic and socioeconomic characteristics
- Data can be used to monitor progress and determine whether actions have the desired effect
- Data also characterize important parts of health status and health determinants, such as behavior, social and physical environments, and health care use

Source: CDC 2014
Data Examples

- Key Informant Interviews
- Medical record reviews
- Secondary Data
- Household Surveys
- Focus Groups
- Face-To-Face Interviews
- Behavioral Risk Factor Surveillance System
- National Health and Nutrition Examine Survey
- U.S. Census

Classification of Data

- **Source**
  - Primary
  - Secondary

- **Type**
  - Qualitative
  - Quantitative
Primary vs. Secondary Data

Primary Data

• Data that are observed or collected directly from first-hand experience. For example, data collected by the researcher for the purpose of the study that he/she is currently conducting

• Examples:
  ◦ Telephone surveys
  ◦ Mail-in questionnaire
  ◦ Focus groups
  ◦ Interviews
Secondary Data

- Published data and the data collected in the past by other parties.

- Examples:
  - The U.S. Census
  - State vital statistics records
  - NHIS (National Health Interview Survey)
  - NHANES (National Health And Nutrition Examination Survey)
  - Healthy Montgomery
National Health Interview Survey

The National Health Interview Survey (NHIS) has monitored the health of the nation since 1957. NHIS data on a broad range of health topics are collected through personal household interviews. For over 50 years, the U.S. Census Bureau has been the data collection agent for the National Health Interview Survey. Survey results have been instrumental in providing data to track health status, health care access, and progress toward achieving national health objectives.

New in 2014: Native Hawaiian and Pacific Islander (NHPI) NHIS

National Health and Nutrition Examination Survey

About the National Health and Nutrition Examination Survey

Introduction

On this Page

- Introduction
- Survey Content
- Survey Operations
- Uses of the Data
- Related Links

Related Sites

NHANES Tutorials
Primary Data vs Secondary Data

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<td>Collected from the population of interest</td>
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<tr>
<td>Expensive and time consuming</td>
<td>Less expensive and can be obtained faster</td>
</tr>
<tr>
<td>Harder to obtain IRB approval</td>
<td>IRB approval often expedited</td>
</tr>
</tbody>
</table>

Source: Rath 2014

Quiz

Determine whether the following statement is about primary or secondary data. Mrs. Smith hosted a health fair and collected satisfaction surveys from participants.

Answer: Primary

Determine whether the following statement is about primary or secondary data: Mr. John used the National Health and Nutrition Examination Survey (NHANES) to find information about physical fitness among adults.

Answer: Secondary
Quantitative vs.
Qualitative Data

Quantitative Data

• This is information or data that can be quantified or counted (rates, percentages, counts, averages).
• Can be either primary or secondary data.
• This quantitative information often can be generalized to larger populations.
• Can be collected by conducting surveys

• Examples
  ◦ Approximately 9.3% of the U.S. population had diabetes in 2012
  ◦ Smoking in pregnancy accounts for an estimated 20 to 30 percent of low-birth weight babies
Qualitative Data

• Qualitative data consists of detailed descriptions of situations, events, people, interactions, and observed behaviors

• Why? What? How?

• Direct quotations from people about their experiences, attitudes, beliefs, and thoughts; and excerpts or entire passages from documents, correspondence, records, and case histories.

• The data are collected as open-ended, not multiple choice (the response choices that make up typical questionnaires or tests).

• Examples:
  ◦ According to focus group participants, the reason for not doing regular colorectal cancer (CRC) screening is because of low awareness of susceptibility and seriousness of CRC among Asian Americans

Quantitative vs. Qualitative

<table>
<thead>
<tr>
<th>Quantitative</th>
<th>Qualitative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypothesis testing</td>
<td>Hypothesis formation</td>
</tr>
<tr>
<td>Close-ended questions</td>
<td>Open-ended questions</td>
</tr>
<tr>
<td>Research directed</td>
<td>Subject directed</td>
</tr>
<tr>
<td>Structured analysis method</td>
<td>Less structured analysis method</td>
</tr>
</tbody>
</table>
Quiz

Determine whether the following statement is about qualitative or quantitative data. Mrs. Smith gave a test on which the maximum possible score was 100. The actual scores students received were 92, 87, 86, 85, 72, 70, 70, and 61.

Answer: Quantitative

Determine whether the following statement is about qualitative or quantitative data: The sky is greyish-blue

Answer: Qualitative

Quantitative Methods
Introduction to Surveys

• Various data collection options:
  ◦ Mail & Self-Administered Questionnaire
  ◦ Telephone Interview
  ◦ Face-to-face Interview
  ◦ Web survey

Mail & Self-Administered Questionnaire

<table>
<thead>
<tr>
<th>Advantage</th>
<th>Disadvantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheapest</td>
<td>Low response rate</td>
</tr>
<tr>
<td>Can be conducted by a single researcher</td>
<td>Cannot control conditions under which a mail Q is completed</td>
</tr>
<tr>
<td>Researcher can send questionnaire to a wide geographical area</td>
<td>No one is there to clarify Qs or to probe for more info when respondents give incomplete answers</td>
</tr>
<tr>
<td>Respondent can complete questionnaire when it is convenient and can check personal records if necessary</td>
<td>Someone other than sampled respondent may open the mail and complete Q</td>
</tr>
<tr>
<td>Very effective, response rates maybe high for pop with high education or has a strong interest in the topic or survey organization</td>
<td>Different respondents can complete Q weeks apart or answer Qs in a different order than that intended by researchers</td>
</tr>
<tr>
<td>Anonymity and avoid interviewer bias</td>
<td></td>
</tr>
</tbody>
</table>
### Telephone Interview

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Popular</td>
<td>• Relatively high cost and limited interview length</td>
</tr>
<tr>
<td>• Can interview many respondents across a nation within a few days, and with several callbacks, response rates can reach 90%</td>
<td>• Respondents without tel are impossible to reach, and the call may come at an inconvenient time</td>
</tr>
<tr>
<td>• Flexible methods with most strengths of face-to-face interviews but for a half the cost</td>
<td>• Use of interviewer reduces anonymity and introduces potential interviewer bias</td>
</tr>
<tr>
<td>• Interviews control sequence of Qs can use some probes</td>
<td>• Open-ended Qs are difficult to use</td>
</tr>
<tr>
<td></td>
<td>• Visual aids impossible to use</td>
</tr>
</tbody>
</table>

### Face-to-Face Interview

<table>
<thead>
<tr>
<th>Advantage</th>
<th>Disadvantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Highest response rates and permit longest questionnaires</td>
<td>• High cost</td>
</tr>
<tr>
<td>• Interviewers can observe surroundings</td>
<td>• Interviewer bias is the greatest; appearance, tone, question wording, etc. may affect respondent</td>
</tr>
<tr>
<td>• Can use nonverbal communication and visual aids</td>
<td></td>
</tr>
<tr>
<td>• Can ask all types of Qs, complex Qs, and can use extensive probes</td>
<td></td>
</tr>
</tbody>
</table>
Web Survey

<table>
<thead>
<tr>
<th>Advantage</th>
<th>Disadvantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fast, inexpensive</td>
<td>• Unequal access to and use of internet: older, less educated, low-income, and rural people are less likely to have access</td>
</tr>
<tr>
<td>• Allow flexible design, can use visual images or video</td>
<td>• Protecting respondent privacy: secure website with passwords or PINs can help</td>
</tr>
</tbody>
</table>

Quiz

Which of the following describe the characteristics of self-administered survey?

A. Can probe for more info when respondents give incomplete answers
B. Respondent can complete questionnaire when it is convenient
C. Researcher can send questionnaire to a wide geographical area
D. B and C
E. All of above

Answer: D
Qualitative Methods

Types of Qualitative Data Collection

- Focus Group
- Key Informant Interview
- Observation
Focus Group

• To obtain information about feelings, opinions, perceptions, beliefs, misconceptions, attitudes of a group of people concerning an idea or issue
• Can be used at any stage of the program (needs assessment, process evaluation...)
• 8-12 people (less for kids), similar in useful way (age, gender, culture, occupation etc.)
• Develop a focus group guide
• Led by trained facilitator to elicit responses to the questions
• About two hours – taped or video taped
• Limitations:
  • Not generalizable (not a random sample)
  • Findings are suggestive and directional rather than definitive

Steps in Conducting Focus Groups

• Develop the focus group guide
• Schedule a time and place, reserve space
• Note taker
• Provide incentive for participation
• Equipment needs
• Assume some will not show up
• Provide refreshments
• Keep the conversation flowing
• Be neutral
• Develop an ice breaker
Focus Group Guides

• Questions usually flow from general to more specific (start with non-intrusive to make sure everyone is comfortable)

• Questions should be truly open ended
  o How do you feel about...
  o What is your opinion of ...
  o What do you think about...

Probing

• Used to deepen a response

• Common types of probes:
  • Remaining silent
  • Restating
  • Repeat their words as a question “it’s good?”
  • Clarify “I’m a little confused, earlier you said X but now I am hearing Y.”
  • Third person technique “you seem to feel strongly about...”
Focus Group Facilitation

- Two people: facilitator and note-taker
- Show interest and respect
- Introduce group members and yourself
- Actively listen; follow leads but stay “on topic”
- Encourage between-participants discussion
- Eye contact

Example

Screening to Prevent CRC (S.T.O.P. CRC)
- 12 Focus groups and surveys with 59 Chinese and 61 Koreans
- Chinese and Koreans age of 50 to 85, who have not had a previous diagnosis of colorectal cancer, from Maryland and Northern Virginia.
Sample Questions from focus group guide

◦ What would encourage/encouraged you to go and get screened?

◦ What aspects of colorectal cancer screening were uncomfortable or troublesome? (for those who have screened already)

◦ Do you feel confident about your ability to get screening? Like confidence in being able to find a doctor, making an appointment to get screened, or getting through the procedure, etc.

◦ Why do you think so? Can you give us some examples?
Quiz

True and False. Focus group can be conducted over the phone.

Answer: False

True and False. Qualitative researchers emphasize that their samples are relevant rather than representative.

Answer: True

Quiz

Focus group questions are usually:

A. Close ended
B. Open ended
C. Very precise and specific
D. Asked by the respondents to the interviewer

Answer: B
Key Informant Interviews

- Key informant interviews are qualitative in-depth interviews with people who know what is going on in the community.

- Purpose:
  - To collect informant from a wide range of people who have first hand knowledge about the community
  - The key informants can provide insight on the nature of problems and give recommendations for solutions
  - Preliminary info for designing a quantitative study

Similarity between Focus Group and Key Informant Interviews

- Questions are developed the same way
- Conversational
- Qualitative
- Data analysis and reporting process is the same
Differences between Focus Group and Key Informant Interviews

<table>
<thead>
<tr>
<th>Focus Group</th>
<th>Key Informant Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Group settings</td>
<td>• Individual interviews</td>
</tr>
<tr>
<td>• Target population</td>
<td>• Special experts</td>
</tr>
<tr>
<td>• In-person</td>
<td>• Can be done over the phone</td>
</tr>
<tr>
<td>• Participants change their mind and shift opinions</td>
<td>• Interviewees tend to be consistent in their opinions</td>
</tr>
<tr>
<td>• Participants interact with each other</td>
<td>• Interaction is between respondent and interviewer</td>
</tr>
<tr>
<td>• Challenging to keep group on track</td>
<td>• Interviewer uses more probes</td>
</tr>
<tr>
<td>• Participants respond to questions as well as other’s comments</td>
<td>• Easier to keep respondent on track</td>
</tr>
<tr>
<td></td>
<td>• Participant responds only to questions asked</td>
</tr>
</tbody>
</table>

Key Informant Interview

A way to garner feedback from area professionals, elected officials, etc. Common target groups:
- Elected officials (mayor; town council)
- Health department
- Hospital(s)
- Clinics
- Schools
- Faith-based organizations
- Chamber of Commerce
- Business (pharmaceutical companies)
- Social service agencies
- Human service agencies
- Not-for profits
Key Informant Interviews

- Lasts about one hour
- One-on-one interview
- A skilled interviewer using extensive probing and open-ended questions
- Questions should be uniformly asked of all informants
- May tailor specific questions to each key informant, related to his/her area
- Report the findings back to the key informants. This is the best time to ask additional questions prompted from the findings

Data Analysis

- There is no one way to analyze qualitative data
- Primary goals of analyzing focus groups are:
  - Identify themes and patterns
  - Compare themes and patterns across all groups
Quiz

Which of the following is not a characteristic of key informant interview?

A. Group setting
B. Can be conducted over the phone
C. Interviewer can use probes
D. None of above

**Answer:** A

Quiz

Key informant interviews are analyzed by

A. Graphs
B. Finding themes in responses that support their research
C. Statistical significance
D. All of above

**Answer:** B
What do you do with data?

- COMMUNITY NEEDS ASSESSMENT
- PROGRAM EVALUATION

Types of Evaluation

- FORMATIVE
  - Needs assessment
- PROCESS
  - Ongoing evaluation during the program
- SUMMATIVE
  - Did it meet the objectives?
- IMPACT
  - Long term effects: Morbidity/Mortality
  - Immediate effects: knowledge

Source: Rath 2014
Community Needs Assessment

A Needs Assessment is a research and planning tool that includes collecting, analyzing, synthesizing, and evaluating data for use in decision making.

- Needs Assessments are data driven
- Engage and involve the community of interest and the stakeholders
- Example: Asian American Health Priorities: Strengths, Needs, and Opportunities for Action

Source: Shea 2012

Needs Assessment Process

- Phase 1 – Brain storm
  - who is the assessment attempting to inform? Influence? Persuade?
  - whose needs are to be assessed?
  - What questions do we need to answer?
  - How will the information be used?
  - which issues and questions are of particular interest to our organizational development?
  - what resources are available to do needs assessments?
Needs Assessment Process

- Phase 2 – Finalize the questions you will ask in your needs assessment
- Phase 3 – Identify the information sources
- Phase 4 - Select the information-gathering techniques
  - Primary data
  - Secondary data
  - Quantitative data
  - Qualitative data

Source: Shea 2012

Process Evaluation

- Focus on the actual operations of a program
- Is the program delivered as it should be?
- Did it cover the population you are supposed to cover?
- How do participants experience and perceive the program?
  - Are they satisfied?
  - If not, what were the issues?
Summative Evaluation

- **Outcome evaluation:**
  - Measures effect and changes that result from the program
  - Investigates to what extent the intervention is achieving its outcomes in the target populations
  - These outcomes are the short-term and medium-term changes in program participants that result directly from the program
  - Outcome measures:
    - Knowledge
    - Attitudes
    - self-efficacy
    - health behaviors

- **Impact Evaluation:**
  - Measures community-level change or longer-term results that have occurred as a result of the communication program/intervention.
  - These impacts are the overall effects, typically on the entire school, community, organization, society, or environment
  - Impact measures:
    - Morbidity
    - Mortality
    - Quality-of-Life
Quiz

Which type of data can be used for community needs assessment?

A. Primary data
B. Secondary data
C. Quantitative data
D. Qualitative data
E. All of above

Answer: E
Quiz

Which of the following does NOT describe the purpose of program evaluation?

A. Make changes to the program to improve it
B. Create or select a program to address the problem
C. Judge the effectiveness of the program
D. Only done at the end of a program cycle

Answer: D

Questions
Where do you find health data?
(Learn more about this at our next E.C.H.O. Health Data Workshop!)

U.S. Census
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Collected every 10 years, the Census has a variety of information broken down by ethnic and racial groups as well as by geography. The American Community Survey is a part of the Census that is updated every year for larger, metropolitan areas.

American Community Survey
http://www.census.gov/acs/www/
The American Community Survey (ACS) is an ongoing survey that provides data every year -- giving communities the current information they need to plan investments and services. To help communities, state governments, and federal programs, ACS collects information including: age, sex, race, family and relationships, income and benefits, health insurance, education, etc.

Behavioral Risk Factor Surveillance System (BRFSS)
http://www.cdc.gov/brfss/
This is an annual survey on health status and health-related behaviors, conducted by all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. In general, all states ask the same set of questions, but individual states will often include additional questions. In addition, the BRFSS breaks out data by income, racial, and ethnic groups so it is possible to do projections to produce data that are more representative of your patient or target population. The BRFSS also provides some mapping and trend analysis tools.

Youth Risk Behavior Surveillance System (YRBSS)
http://www.cdc.gov/HealthyYouth/yrbs/index.htm
This dataset contains similar data to the BRFSS, but does not provide the same level of flexibility for data searches that the BRFSS provides. However, the data files are downloadable for independent analysis, if you feel ambitious!

FastStats
http://www.cdc.gov/nchs/fastats/
The National Center for Health Statistics is the central repository for public health-related data. It is organized alphabetically and extremely easy to use. This is an excellent overall resource for benchmark data if you need to compare your target or patient population with some larger group. FastStats also provides links to state health department websites.
FACT SHEET

The African American Health Program (AAHP) was created in 1999 to address health care disparities which disproportionately affect African American in Montgomery County, MD. Today, AAHP is committed to eliminating health disparities and improving the number and quality of years of life for African Americans and people of African descent in the County.

AAHP aims to address the most critical health concerns currently facing its target population.

CANCER is the second leading cause of death in America, and African Americans are more likely to die of cancer than any other racial group. According to a 2013 report from the U.S. Cancer Statistics Working Group, the rate of new cancer cases in the U.S. is highest among Black men. The rate of deaths from cancer is also highest for Black men.

CARDIOVASCULAR HEALTH is important for everyone, but especially African Americans. According to the Centers for Disease Control and Prevention (CDC), nearly 1 in 3 deaths in the U.S. each year is caused by heart disease and stroke. Blacks are nearly twice as likely as whites to die from preventable heart disease and stroke. Factors that negatively influence cardiovascular health include high blood pressure, tobacco use, high cholesterol, obesity, lack of physical fitness, and congenital defects.

DIABETES continues to have a detrimental effect on the health and well-being of the African American population. According to the CDC, in 2010, the risk of diagnosed diabetes was 77% higher among non-Hispanic Blacks when compared to non-Hispanic white adults, and 18.7% of all non-Hispanic Blacks, aged 20 years or older, had diagnosed or undiagnosed diabetes.

HIV/AIDS disproportionately affects African Americans, according to the CDC. In 2010, African Americans accounted for an estimated 44% of all new HIV infections among adults and adolescents, despite representing only 12-14% of the U.S. population. This rate is 7.9 times higher than the rate for the white population, and higher than any other racial/ethnic group.

INFANT MORTALITY occurs at a disproportionately high rate in the African American population – regardless of socioeconomic status. According to the CDC, the infant mortality rate for non-Hispanic black women in 2010 was 11.6 deaths per 1,000 live births, more than twice the rate for white women. Advanced maternal age, substance use, stress, cord/placental complications, and a history of premature births increase the incidence of infant mortality.

ORAL HEALTH plays a major role in overall well-being as well as several diseases that disproportionately affect the African American population. Diabetes increases the risk of gum disease and cavities while noticeable white spots in the mouth can be the first signs of AIDS.

Giving Every Person Every Opportunity for Health
OVERVIEW
In 1999, the Montgomery County Department of Health and Human Services created the African American Health Program (AAHP) to address health disparities disproportionately affecting African Americans in the County. Services provided include outreach, health education, support groups, and nurse case management. The program is staffed by registered nurses, health educators, and community outreach personnel. There are no financial or insurance requirements to receive AAHP services.

OUR VISION
African Americans and people of African descent will be as healthy and safe as the rest of the population.

OUR MISSION
Eliminate health disparities and improve the number of years and quality of life for African Americans and people of African descent in Montgomery County.

OUR STRATEGY
Bring together community partners and resources in a collaborative and effective manner to support AAHP goals.

OUR GOALS
- Raise awareness in the Montgomery County community about key health disparities.
- Integrate African American health concerns into existing services and programs.
- Monitor health status data for non-Hispanic Blacks in Montgomery County.
- Implement and evaluate strategies to achieve specific health objectives.

AAHP SERVICE HIGHLIGHTS

S.M.I.L.E. PROGRAM
Every child has every chance.

The goal of the S.M.I.L.E. (Start More Infants Living Equally healthy) program is to reduce the number of premature and low-birth-weight babies born to African American/Black women in the County. S.M.I.L.E. provides: assessment of high-risk pregnancies and parenting; case management and home visits by registered nurses; childbirth education classes; breastfeeding education; and counseling and referrals.

HIV TESTING AND COUNSELING
Know Your Status. Gain Confidence. Take the Test.

AAHP provides free and confidential HIV testing as well as counseling, referrals, and education. It also coordinates a support group for HIV-positive women.

DIABETES EDUCATION AND SELF-MANAGEMENT
Take Control!

Diabetes classes, counseling, and dining clubs are offered to help patients prevent and manage diabetes. Classes are accredited by the American Association of Diabetes Educators. One-on-one counseling sessions are also available.

CANCER EDUCATION AND AWARENESS
Early detection is critical! Know where you stand.

AAHP provides cancer education and helps refer eligible County residents for free mammograms as well as colon and prostate cancer screenings.

ADDITIONAL SERVICES
- Blood Pressure Screening
- Oral Health Education
- When I Get Out (W.I.G.O.): Healthy and Safe Lifestyles (classes presented at the Montgomery County Correctional Facility to prepare participants for good health upon release)

FOR MORE INFORMATION:
Visit us online at www.onehealthylife.org
ABOUT AAHI:
A part of Montgomery County’s Department of Health and Human Services (MCDHHS), the Asian American Health Initiative (AAHI) was established in 2004 as the first health-focused agency for pan-Asian Americans in the County. Since its inception, AAHI has worked to eliminate health disparities that exist between Asian Americans and their non-Asian counterparts.

Mission:
AAHI’s mission is to identify the health care needs of Asian American communities, to develop culturally competent health care services, and to implement health education programs that are accessible and available to all Asian Americans in Montgomery County.

DEMOGRAPHICS:
Asian Americans constitute 13.9% of Montgomery County’s population.

AAHI IN ACTION:
AAHI’s multilingual website
AAHI Health Promoter reviewing a community member’s bone density screening results
AAHI intern teaching breast-self exams at an outreach event
AAHI Patient Navigator assisting a client with medical interpretation
AAHI publication compiling personal narratives of Asian Americans in Montgomery County

AAHI CONTACT:
1335 Piccard Drive
Rockville, MD 20850
Tel: 240-777-4517
Fax: 240-777-4564
Email: info@AAHIinfo.org
Website: www.AAHInfo.org

www.healthymoco.blogspot.com
Search: ‘Asian American Health Initiative’
Twitter @AAHI_Info

Together To Build A Healthy Community
COMMUNITY PROGRAMS

Outreach and Health Education

Working with community-based and faith-based partners, AAHI provides the community with direct services such as preventative screenings and health education on diseases shown to disproportionately affect the Asian American community. On average, AAHI attends 40-50 events per year.

E.C.H.O.

Launched in 2011, the Empowering Community Health Organizations (E.C.H.O.) Project is a series of practical and professional training workshops aimed to build the capacity and sustainability of community organizations. The workshops are held twice a year in the fall and the spring.

Hepatitis B Prevention

AAHI partners with community- and faith-based organizations to expand hepatitis B education, screening, vaccination, and treatment referral for Asian American communities.

HEALTH COMMUNICATION

Educational Materials

AAHI has created culturally and linguistically tailored health education materials for the Asian American community. These materials are available in English, Chinese, Korean, Vietnamese, and Hindi. You can download these materials for free on our website: www.AAHIinfo.org.

Website & Social Media

AAHI’s website and social media are platforms to disseminate educational materials and update the community with upcoming events and other important information.

AAHI in the News

AAHI develops educational articles on various health topics affecting Asian Americans. These articles are published in multiple media news sources in both English and Asian languages.

COMMUNITY SUPPORT

Steering Committee

AAHI is supported by its Steering Committee which is composed of stakeholders representing various ethnic and professional groups in the community. They are responsible for advocating, advising, and assisting AAHI in achieving its mission.

Health Promoters Program

Similar to Community Health Workers, Health Promoters are a group of bilingual and bicultural volunteers who assist program staff in identifying community partners, developing cultural awareness, and providing language assistance during outreach events.

Patient Navigators Program

AAHI Patient Navigators assist limited English-speaking and low-income County residents in accessing County services through two main services offered in Chinese, Hindi, Vietnamese, Korean, and English: 1) Multilingual Health Information and Referral Telephone Line and 2) Trained Multilingual Medical Interpreters.

SPECIAL PROJECTS

Needs Assessments

Conducted in 2005 and 2008, the needs assessments examine the health status of the Asian American community in Montgomery County. It provides recommendations to guide AAHI.

Strategic Plan

Based on the needs assessments, scientific literature, and MCDHHS’ priorities, AAHI formulated a strategic plan to define and guide their goals and objectives between 2011 and 2015.

Conferences

In 2006 and 2009, AAHI hosted an Asian American Health Conference, convening public health professionals and practitioners from around the nation to offer an expert array of conceptual and substantive presentations related to Asian American health and to help facilitate the AAHI strategic planning process.
The influx of Latino people into Montgomery County over just the past two decades has helped transform this County into the most diverse one in Maryland. As the Latino population continues to grow, its contributions to the County’s economic, political, social and cultural landscape will continue to increase and accordingly, County services must reflect evolving demographics and related health trends.

The Latino Health Initiative (LHI) of the Montgomery County Department of Health and Human Services was established in July 2000 with the support of the County Executive and County Council.

**OUR MISSION**

The mission of the LHI is to improve the quality of life of Latinos living in Montgomery County by contributing to the development and implementation of an integrated, coordinated, culturally and linguistically competent health wellness system that supports, values, and respects Latino families and communities.

**OVERALL FUNCTIONS**

- Enhance coordination between existing health programs and services targeting Latinos.
- Provide technical assistance to programs serving the Latino community.
- Develop and support models of programs and services to adequately reach Latinos.
- Advocate for policies and practices needed to effectively reach and serve Latinos.

**WHO IS INVOLVED WITH THE LHI?**

The LHI is comprised of staff members from the Department of Health and Human Services and a group of volunteer professionals and community leaders. These individuals work as a team to inform the Latino community about the LHI and to collect feedback from them regarding their health concerns. In addition, this group acts as the planning body for the LHI and advocates to improve the health of Latino communities.

**FOR MORE INFORMATION ABOUT THE LHI**

For more information about the Latino Health Initiative, please visit our website at [www.lhiinfo.org](http://www.lhiinfo.org).
BLUEPRINT FOR LATINO HEALTH

In 2000, soon after the LHI was established, the Latino Health Steering Committee engaged in a two year long intensive community participatory process to determine the major health priorities crucial to improving the health of Montgomery County Latinos. This effort culminated with the development of the **Blueprint for Latino Health in Montgomery County Maryland**.

Every five years, the Blueprint is updated in response to the changing social-political landscape and to the progress achieved in the prior five years. The document offers socio-demographic and health profiles of Montgomery County Latinos, and it also outlines seven action-oriented priority areas each accompanied by policy recommendations:

A. Improving Data Collection, Analysis and Reporting  
B. Ensuring Access to and Quality of Health Care  
C. Ensuring the Availability of Culturally and Linguistically Competent Health Services  
D. Enhancing the Organizational Capacity of Latino Community-Based Organizations to Provide Health Services  
E. Enhancing Community Participation in Decisions that Impact the Health of Latinos  
F. Expanding Health Promotion and Disease Prevention Efforts Targeting Latino Communities  
G. Increasing the Number of Latino Health Care Professionals Working in the County

PURPOSE OF THE **BLUEPRINT FOR LATINO HEALTH**

The Blueprint plays a pivotal role in guiding the LHI programs and activities and in informing, engaging and mobilizing policy and decision makers, stakeholders and community members. The Blueprint aims to help readers:

- Make strategic and programmatic decisions that will better correspond to the needs of low-income Latino people.  
- Obtain funding and other support from government and private sources for programs that correspond to the needs of the Latino community.  
- Support policy initiatives and budget requests from local and State governments that will further the health interests of the Latino community.  
- Enhance collaborations with academic and non-profit organizations to increase resources, funding, and support for programmatic activities.

HOW CAN I GET A COPY OF THE **BLUEPRINT**?

Major Programs and Activities

Community Programs and Campaigns

“Ama tu Vida” Campaign
The “Ama tu Vida” campaign promotes health and wellness in the Latino community. The “Ama tu Vida” campaign invites the community to make a commitment to living a healthier life, and encourages them to adopt lifelong health promotion and disease prevention habits.

Asthma Management Program
This program is designed to increase the knowledge of Latino parents of children with asthma regarding the condition and its management, and increase awareness and utilization of pediatric clinical services. The desired outcome is Latino families who are empowered to appropriately self manage asthma in their children.

Health Promoters Program “Vías de la Salud”
The mission of the HPP is to improve the health and well being of the low-income Latino community in Montgomery County through training and empowerment of Latino health promoters to promote healthy behaviors, facilitate access to health services, and advocate of health policies that benefit the community.

Latino Youth Wellness Program (LYWP)
This program provides the unique opportunity for participating youth between the ages of 12-19 and their families to engage in a holistic approach to wellness by including components that address mental, physical, social, environmental and emotional issues in a culturally and linguistically competent manner. This program has a component to improve physical fitness.

Program for Licensure of Foreign-Trained Health Professionals
This program is a multi-institutional collaboration of the LHI, Montgomery College, Holy Cross Hospital, Washington Adventist Hospital and Workforce Investment Board. The program provides a comprehensive, integrated and coordinated approach to effectively address the needs and decrease the challenges and barriers Latino nurses encounter in Maryland to obtain the nursing license. The program incorporates four components: support and guidance system, academics, practical exposure to the U.S. healthcare system, and mentoring.

Smoking Cessation Program for Latinos
The goal of the program is to reduce the prevalence of cigarette use among low-income Latinos who live or work in Montgomery County. Smoking cessation interventions are available to current smokers willing to try to quit smoking.

System Navigator & Interpreter Program
The goal of this program is to guide, provide resources and professional medical interpretation in a culturally competent manner in order to facilitate access to health care for low-income, uninsured Latinos. Another component of the program is the Bilingual Health Services Information Line (301-270-8432) which informs callers of existing health and human services and other related programs in Montgomery County and assists them to successfully access these services.
**Special Projects**

**Emergency Preparedness Project**
This project is a collaborative effort between the Latino Health Initiative and the Montgomery Advanced Practice Center (APC). This project intends to increase awareness, understanding and knowledge of public health emergency threats among low income Latino families and to develop and test culturally and linguistically appropriate educational interventions. The project uses the health promoter model as a strategy.

**Workgroups**

**Latino Data Workgroup**
Under the auspices of the Latino Health Steering Committee, this Workgroup brings together stakeholders to collaboratively develop and implement an action plan that will enhance the current system for collecting, analyzing, and reporting health data on Latinos in Montgomery County.

**Community Engagement Workgroup**
Under the auspices of the Latino Health Steering Committee, this Workgroup seeks to unite stakeholders in Montgomery County to increase community participation in decisions that impact the health of the Latino community by increasing the number and capacity of Latino service providers, community leaders and consumers who lead efforts to improve health.

The Latino Health Initiative’s list of programs and activities is available at [www.lhiinfo.org](http://www.lhiinfo.org).

The Latino Health Initiative’s website contains many resource materials that can be downloaded and used. Any material may be photocopied or adapted to meet local needs without permission from the LHI, provided that the parts copied are distributed free or at cost (not for profit) and that credit is given to the Latino Health Initiative of the Department of Health and Human Services, Montgomery County, Maryland. The LHI would appreciate receiving a copy of any material in which parts of LHI publications are used. Material(s) should be sent to LHI, 8630 Fenton St., 10th floor, Silver Spring, MD 20910.