

CDC Coffee Break: Using Qualitative Data To Share Programmatic Success



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March 13, 2012

National Center for Chronic Disease Prevention and Health Promotion
Division for Heart Disease and Stroke Prevention



Welcome to today's Coffee Break presented by the Evaluation and Program Effectiveness Team in the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention.

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Topics for Discussion

- Using qualitative methods in evaluation to report outcomes**
- A GIS evaluation example using qualitative methods**
- Reporting qualitative outcomes**
- Useful resources**
- Q & A**

Today's Coffee Break will begin with a discussion of why qualitative methods are useful in reporting outcomes. It will then provide an example of a GIS training evaluation wherein qualitative methods were used to show the success of the training. It will conclude with a few pitfalls to avoid when reporting qualitative data, a few useful resources, and a short question and answer period.

Why Are Qualitative Methods Useful for Showing Outcomes?

- Provide more in-depth information than can be obtained solely from quantitative data (numbers).**
- Gain a deeper and richer understanding of people's experiences and perspectives.**
- Add value to quantitative outcome data.**

When developing evaluation designs, qualitative methods are increasingly used to describe the successes and outcomes of a program. Qualitative methods include observations, interviews, and focus groups, to name a few.

When trying to answer if your program achieved its desired outcome you might choose qualitative methods to provide in depth information of “how” your outcomes were achieved and to assist in explaining “why” your program is successful.

Qualitative methods are a great way to showcase the stories of program participants and program administrators and can be a prime opportunity to lend a voice to the outcomes of your program.

Additionally, you might decide to use a mixed methods design and add qualitative methods to an existing quantitative-only evaluation design.

While today’s Coffee Break will not go into the details of conducting each methodology, you can find more information on qualitative methods on our website from the earlier Coffee Break titled “Using Qualitative Methods to Evaluate Public Health Programs,” by Dr. Aisha Tucker-Brown.

Benefits of Qualitative Data

- Add descriptive richness to program outcomes.**
- Provide insights into why outcomes happened.**
- Validate results measured quantitatively.**
- Reveal unintended outcomes of your program.**
- Provide additional information on needed improvements.**

Qualitative data provides more detailed descriptive information about the results being measured, as this information provides the meaning behind the numbers.

Additional benefits of qualitative data include:

- Adding descriptive richness to program outcomes.
- Providing insights into why outcomes happened.
- Validating results measured quantitatively.
- Revealing unintended outcomes of your program.
- Providing additional information on needed improvements.

Next, I will highlight two specific qualitative methods: interviews and focus groups.

Advantages of Using Interviews

- ❑ Gives opportunity to probe deeper about the program with each respondent
 - Increased quality
 - More depth
- ❑ Effective method to discuss sensitive topics
- ❑ Avoid group think that might occur in focus groups



Interviews are often helpful in describing the outcomes of your program because you're able to probe deeper about the intended outcomes because of the one-on-one interaction.

Thus, the data one receives tends to have better quality than those gathered by other methods, because this method lends itself the opportunity to continue to ask follow-up questions about outcomes.

Also, in comparison to focus groups, the use of interviews allows the evaluator to exclude any contribution of group think that might skew the outcomes of the qualitative data collection, which might lead to a misrepresentation of true outcomes of the data.

Advantages of Using Focus Groups

- Respondent interaction**
- Focus on patterns formed by words**
- Response bias decreased**



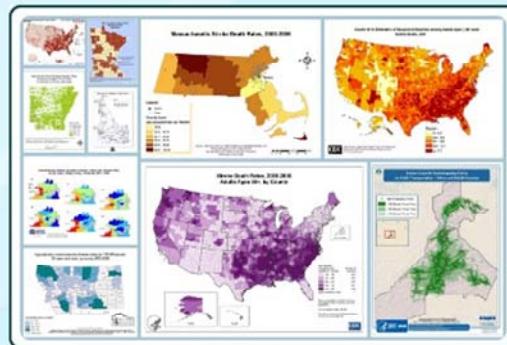
During focus groups, respondents have the opportunity to interact with one another, which might allow for richer data.

Focus groups allow the evaluator to capture themes around program outcomes that might not have occurred in an interview because of the rich discussion that occurs in focus groups.

Lastly, because of the unique interaction with others in the group, as opposed to one-on-one interviews, the evaluator is less likely to encounter response bias. Response bias often occurs during interviews whereby respondents feel the need to give the desired response to the interviewer. Response bias often skews the actual outcomes of a program or intervention.

DHDSP GIS Evaluation Example

- 15 health departments trained to build GIS capacity**
- Evaluation Design:**
 - Interviews
 - Focus groups



Now let's focus our attention to an example of how interviews and focus groups have been used in an evaluation that CDC's Division for Heart Disease and Stroke Prevention employed.

The Division for Heart Disease and Stroke Prevention has a program which intends to build GIS capacity at state and local levels. Over the past four years, CDC has trained 15 health departments to build their chronic disease GIS.

As a follow up to this training, an evaluation was employed using interviews and focus groups to understand if the intended outcomes of the program were achieved. After each training, focus groups were conducted to gather a data on of the effectiveness of the training, and approximately a year after the training, interviews were conducted to assess the outcomes of the program.

GIS Example Evaluation Questions

- How has this training assisted you to integrate GIS-informed surveillance and maps into daily operations supporting existing priorities to prevent heart disease, stroke, and other chronic diseases?**
- What types of support for your GIS work have you received from upper management within your state health department?**



We were interested in how the training improved the ability for health departments to address the training objectives of using GIS to document the burden of chronic disease in order to strengthen partnerships, guide policies, and foster collaboration among chronic disease programs.

Ultimately, we're interested in learning how GIS is used to affect change among decision makers.

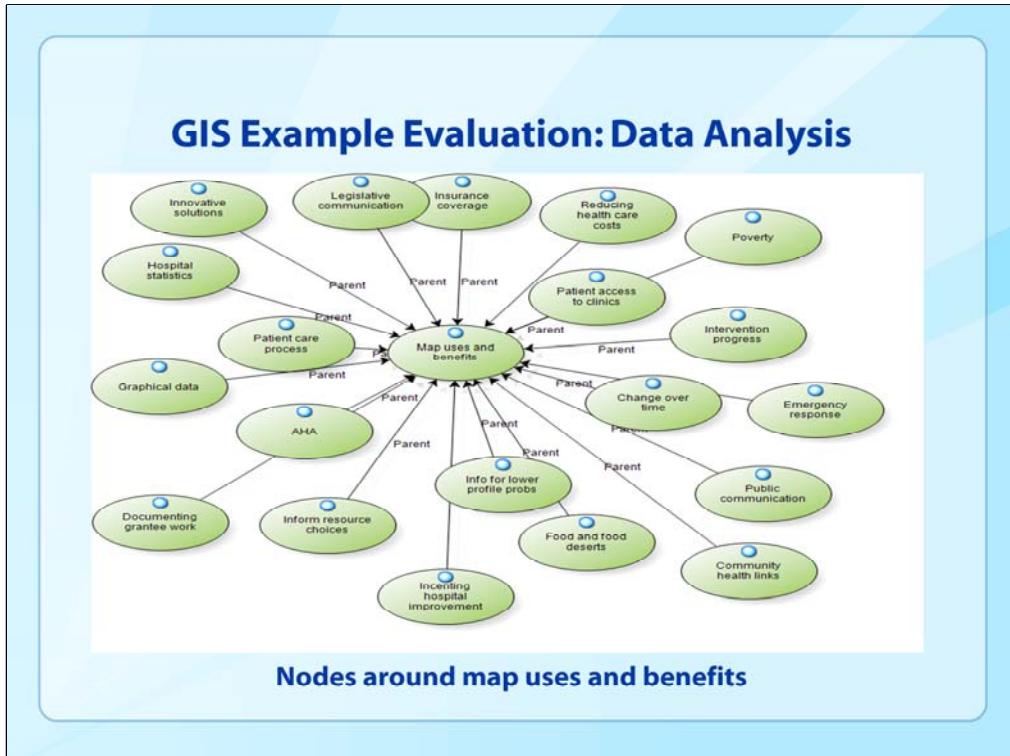
GIS Evaluation Intended Outcomes

- Document the burden of heart disease, stroke, and other chronic disease.**
- Build and strengthen partnerships.**
- Inform and guide policy and program development.**
- Facilitate integration and collaboration among state health department chronic disease programs.**
- Work with decision makers to affect change.**



Additionally, we considered questions such as:

- How else has this training assisted you to integrate GIS-informed surveillance and maps into daily operations supporting existing priorities to prevent heart disease, stroke, and other chronic diseases?
- What types of support for your GIS work have you received from upper management within your state health department?
- What problems have you encountered implementing your new GIS capabilities in your home state?



The evaluator then used the qualitative software NVivo to analyze the interview and focus group data. The evaluator assigned nodes to develop key themes around the uses and benefits of GIS maps as a result of their increased capacity.

This information is useful in showing how building GIS capacity at state and local levels is useful in achieving public health outcomes.

Next, I will briefly highlight how we plan to report and use the information obtained from this evaluation.

GIS Example Reporting

- Develop map stories.**
- Use actual responses and feedback from training participants.**
- Use the qualitative data to make programmatic decisions.**

The evaluation plans to show the success of training by having map stories that describe how the GIS maps were used to address chronic disease burden.

Each story will highlight short examples of how GIS has contributed to success of their program, the use of qualitative methods allows us to use actual responses from training participants.

Additionally, we have also used the evaluation data to redesign the capacity building training.

Reporting Outcomes of Qualitative Methods

- Report descriptive data.
- Report demographic data.
- Use tables and graphs.
- Use quotes.
- Express the tone of respondents.

Pitfalls to Avoid

- Trying to turn qualitative data into quantitative data**
- Making generalizable statements**
- Misrepresenting data by over emphasizing successes**

Here are a few tips to makes sure you consider when analyzing and reporting qualitative data.

Qualitative is inherently different from quantitative data and they serve a different purpose. Focus groups and interviews should not be used for research studies where statistical information is a desired result. Numerical analysis is not a preferred technique. In fact, it is inappropriate to report a result of focus groups by percentage. Researchers must use specific methods to analyze patterns in spoken language (Creswell, 1998).

A focus group method isn't meant to create generalizations of this type and its procedures offer none of the protections that would permit them to do so (Fern, 2001).

If you are trying to make generalizable statements about a population or assess health outcomes, qualitative methods are not the best methodology to show the outcomes of your evaluation because they are not an accurate measure of the evaluation questions.

Lastly, the researcher should be cognizant not to skew the data by over-reporting the successes of program when analyzing the data.

Resources

- ❑ Guidelines for Designing, Analyzing and Reporting Qualitative Research
 - www.qualres.org/HomeGuid-3868.html
- ❑ Reporting Qualitative Findings
 - www.utexas.edu/academic/ctl/assessment/iar/programs/report/focus-ReportPE.php
- ❑ Common Pitfalls in Qualitative Analysis
 - www.qualres.org/HomeComm-3869.html

Thank You

If you have questions, please contact:
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