The Rapid Assessment Tool for Small Area Health Needs

Project Manual for Community Health and Social Service Providers

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Part I: Introduction

Setting the Context

What is the Rapid Assessment Tool for Small-Area Health Needs?
The Rapid Assessment Tool is a questionnaire designed to assess the general and mental health status of neighbourhood or community residents aged 18 and over, as well as resident-identified neighbourhood health priorities and specific health needs. Survey questions are primarily closed-ended (e.g. Do you currently have asthma?) in order to produce comparable data describing health status and its determinants, but also include open-ended questions identifying neighbourhood health priorities and possibilities for future interventions (e.g. In your opinion what are the most important issues facing your neighbourhood?). The survey tool is designed to be administered in person and has a target length of thirty minutes.

The Rapid Assessment Tool for Small-Area Health Needs project was developed by researchers at the Centre for Research on Inner City Health (CRICH) at St. Michael’s Hospital, as part of the Intensive Research on Neighbourhoods and Health Initiative (IRONhI) of the Centre for Urban Health Initiatives (CUHI) at the University of Toronto. The objective was to create a survey that decision-makers, service providers, and community groups can use to quickly and reliably assess local health status and needs. The survey tool was developed and refined in collaboration with stakeholders groups. In 2007 – 2008, the Rapid Assessment survey tool was piloted in the following four Toronto neighbourhoods: South Parkdale, North St. Jamestown, Weston, and Eglington East. A full final report and findings from the pilot study can be found at http://www.stmichaelshospital.com/crich/rapid_assessment.php. The methodology developed will equip community-based health care providers in Ontario to use evidence to understand local health needs and to generate solutions that are appropriate to local conditions.

Why focus on the social determinants of health?
It is widely recognized both within Canada and abroad that the social determinants of health (SDOH) play an equally, if not a more important role than individual behaviours (such as eating habits) in determining the physical and mental health status of individuals and groups. Socioeconomic status (SES), education, housing conditions, social inclusion/exclusion and other social determinants interact with each other and with basic determinants of health (such as genetic predisposition and physical environment) (See the related articles included in the Interviewer Training Manual at http://www.stmichaelshospital.com/crich/rapid_assessment.php for a more in-depth overview on SDOH).

The Rapid Assessment Tool includes measures related directly to the health status and health behaviours of individuals, for example chronic conditions and drinking habits. But it also asks about non health-related information, such as income, education, housing, and social support – the survey tool is designed to provide information on a range of social determinants that can have an important influence on the health of a community. The Rapid Assessment survey also takes a broad view of health – it defines ‘good
health’ not only in terms of the absence of disease or injury, but as the overall physical, mental, and social well-being of an individual.

The need for small-area health data
In 2006, the Ontario government established the Local Health System Integration Act 2006, which created 14 not-for-profit corporations—Local Health Integration Networks (LHINs)—to work with local health providers and community members to determine regional health service priorities. This reorganization of health care service delivery locates significant decision-making power at the community level and focuses the local health system priorities on the community’s needs. However, data on health status, determinants of health, and access to health care at the small-area level is surprisingly scarce. Without community-level data, it will be impossible for the government to achieve its goals of local health system integration, including devolving decision-making power to communities so that local health systems are responsive to community needs.

Why focus on neighbourhoods and communities?
There is now a large body of research showing substantial small-area level differences in relatively crude health status measures (such as infant mortality) and health care utilization (such as hospital admissions), including between neighbourhoods in the same city. In Toronto, for example, the rate of infant mortality differs by over 50% between neighbourhoods and in Montreal the difference in life expectancy from one neighbourhood to another is as high as 13.5 years for men and 8.0 years for women. Moreover, strong evidence exists that populations suffering from the poorest health status use the health care system most frequently and intensively. However, there is no information on the prevalence of health risk factors or unmet health care need at the small-area level. Data is required that would allow for analyses of the factors (e.g., socio-economic status, social isolation, etc.) contributing to health status, health care utilization, risk factors and unmet health care need at a small area level. National surveys such as the Canadian Community Health Survey cannot be disaggregated to such a small geographic area and administrative health care data can only make inferences about previous use, which is not an indicator of need, health status, risk or unmet need.

The data needed to ensure equitable health outcomes and health care access has been unavailable, both to describe health disparities in a community and to inform targeted health care interventions. Therefore, identifying health needs in neighbourhoods and small geographic areas can guide targeted future interventions to meet the diversity of health needs in the province and ultimately reduce health disparities. The Rapid Assessment tool should help address these gaps.

Who Should Use the Rapid Assessment Tool?
The Rapid Assessment survey tool was designed to be used by decision-makers and service providers, including LHINs, community health centres (CHCs), community groups, and other non-profit service providers to quickly and reliably assess small-area health status and needs. The survey was developed for use in urban and suburban community settings.
The survey was designed for ease of use in community settings and has the following features:

1. The survey is relatively short (about 30 minutes), and easy to administer with minimal interviewer training.
2. The survey contains items drawn from existing health surveys that have been demonstrated to be reliable and valid, allowing comparisons to be made between the health profile of the small area under study to the health profiles of the city, province, or country as a whole.
3. The sampling method is simple, and does not require a time-consuming enumeration of the population.
4. If planning for the survey is conducted in collaboration with potential users of the information, barriers to uptake for evidence-based decision-making are reduced.

What type of information can the survey produce?

This survey tool was designed to collect data on a range of topics related to the health of individuals and communities, including health status, health behaviours, health care use and unmet need, and neighbourhood services. The pilot project aimed to gather detailed information on the four neighbourhoods surveyed to establish:

a. the health status of neighbourhood residents, including both physical and mental health
b. household demographic & socio-economic characteristics
c. prevalence of major health risk factors (obesity, social isolation, smoking, stress, etc.)
d. health care access issues and unmet needs
e. priority health issues for neighbourhood residents
f. priority neighbourhood issues for residents
g. strengths of neighbourhoods on which interventions could be built

The survey tool is organized into sections or modules of questions on these different topics, and it includes a table of contents that outlines these sections (see Appendix C). Because the tool has been designed in this way, it also allows the possibility of modifying the tool to best suit the needs and interests of the researcher/agency (see Part II, section 3).

The rapid assessment survey questions were derived primarily from the Canadian Community Health Survey (CCHS), as well as other Canadian health questionnaires and the Canada Census. This means that the majority of the questions in the survey tool have already been used in other research, and have been tested for validity and reliability. The use of these standardized questions in the rapid assessment means that the researcher can also make comparisons between smaller areas where the tool is used (eg. a specific neighbourhood in the city) and existing data on larger geographic areas (eg. Toronto as a whole).

Using the Rapid Assessment Training Manual

This manual describes how you can use the Rapid Assessment Survey tool to collect health data in your area. The next section (Part II) provides a conceptual map of the
steps required to implement the survey and key points that should be considered in the project planning phase. Part III of the manual discusses interviewer training and provides a detailed overview of how to implement the survey in the field, and how to manage data collection. Part IV describes the next steps after the data collection has been completed: analyzing the data, and reporting the results of your project. The Appendices contain a wealth of sample materials and useful references for all stages of a project, including a reference list of helpful publications and resources, activities for interviewer training, and examples of disclosure forms, response rate tracking forms, and other materials that interviewers will need in the field.
Part II: Planning a Rapid Assessment Project

Conceptual Overview – Stages of a Project

Determine Needs/Purpose
- What is already known about your community’s health needs?
- What are your knowledge gaps?
- Why do you need this information?

Project Planning and Set-up
- Determine the scope of survey requirements for your project
- What internal resources do you have to implement the survey? Key considerations for budgets, staffing, and timeline are discussed below.
- What is your timeline for requiring this information?

Train Interviewers
- It is important to provide interviewers with the skills needed to undertake successful interviewing.
- A series of activities and tools are included in this manual to assist with training.

Survey Administration
- Interviewers should follow a standardized and systematic approach to selecting respondents.
- This manual provides detailed instructions about collecting data in the field.

Process and Analyze Results
- CRICH researchers have developed a code list and SPSS syntax that will help you analyze data.

Share Results
- Keep your stakeholders in mind when preparing reports.
- Informing stakeholders and others will help establish buy-in for implementing changes resulting from the survey.

Develop Local Partnerships
- Who are your stakeholders and what are their interests?
- Consider involving other organizations in the research process to share resources and facilitate knowledge transfer.
Key Steps and Considerations

1. Determine Your Organization’s Needs/Purpose

It is important to ensure that the information you hope to gain is consistent with the information that the rapid assessment survey can provide.

The rapid assessment tool for small-area health needs was designed to enable decision-makers, service providers, and community groups to quickly and reliably assess local health status, needs and priorities of neighbourhoods by generating knowledge that is likely to be used in decision-making. The rapid assessment tool can be used to establish:

- the health status of neighbourhood residents, including physical and mental health
- demographic & socio-economic characteristics of the household
- prevalence of major health risk factors (obesity, social isolation, stress, etc.)
- health care access issues, unmet needs and barriers to access
- priority health issues for neighbourhood residents
- priority neighbourhood issues for residents
- strengths of neighbourhoods on which interventions can be built

Points to consider:
- What is already known about your community’s health needs?
- How do you plan to use the results?
- Do you have the internal resources to implement the survey? (See also ‘Budget and Staffing’ below)
- Are you interested in one community, or more than one? How will you define the community or neighbourhood geographically?
- Is there a particular population (e.g. women, immigrant groups) that you are interested in?
2. Develop Partnerships

In community-based research, the ideal model for knowledge translation is to have users and stakeholders involved in the research as equal decision-making partners from the outset. For example, during the Rapid Assessment Pilot Study, development and implementation of the tool was overseen by a steering committee consisting of researchers and representatives from invested community groups and policy organizations. Included among the community groups were the Wellesley Institute, the Community Health Centres of Greater Toronto and Access Alliance Multicultural Community and Health Services. The main policy representative on the steering committee was from the Toronto Central Local Health Integration Network (LHIN).

Since the data collected will inform the development of future neighbourhood-based interventions, and will be of value to the communities surveyed and various agencies providing services to those communities, organizations implementing the tool may wish to develop partnerships with stakeholders within their communities (or perhaps even across communities) to assist with implementation, analysis and discussion of survey results.

Points to consider:

- Who are your stakeholders and what are their interests?
- Consider involving other organizations in the research process to share resources and facilitate knowledge transfer.
3. Project Planning and Set-up

When planning a Rapid Assessment project, it is necessary to think through both what kind of data you need to collect (Step 1), and the resources available to your organization to carry out the project. These two facets of project planning need to be considered together in order to plan a project that is both useful and feasible.

As discussed above, the Rapid Assessment survey tool can be used to collect data on a range of health issues. It may be the case that after considering the information needs of your community, stakeholders, or partners, some questions in the survey will be useful, and others may not be necessary for the kind of information your project aims to produce. You can modify the survey to suit the needs of your project - one of the advantages of this survey tool is that it brings together a range of validated survey questions from a variety of sources, and can be adapted to the scope and focus of your project. The survey tool is divided into modules of questions that covers different themes (for example Chronic Conditions), and some modules can also be broken down if your interest is even more specific (for example, Diabetes or Arthritis). The wording of the questions themselves should not be changed – the survey questions have been validated using the current wording only. Keep in mind that some of the Rapid Assessment questions enable important comparisons with other health surveys (such as the CCHS). Some modules (such as the section on Mental Health/Depression) are also a group of questions, meant to be asked together, that form a validated scale.

Points to consider:
- Are there specific types of data your community or partners need/do not need?
- Determine the scope of survey requirements – will you need to adapt the survey tool?
- What internal resources do you have to implement the survey? What will your budget and staffing look like?
- What is the timeline for your project?
- What is the catchment area you are interested in? Keep in mind that you will need to map the neighbourhood you will be surveying in (See Part III)

3a. Budgeting and staffing considerations

Detailed planning of the project’s budget, staffing, and timeline are important. Some key issues to consider are outlined below – a sample budget is also provided in Appendix A which helps to illustrate how to account for these factors in creating a budget.

Staffing:
- How many staff will you require to conduct interviews? Does your organization have the staff necessary to conduct interviews, or will recruitment be necessary?

Based on what was learned from the pilot project, we were able to develop a basic method for calculating the number of interviewer hours required to complete a certain number of surveys in a given number of weeks or months. Once you have an idea of how many interviewer hours your project will reasonably require, you will be able to plan out how many interviewing staff you will need, and what their weekly hours will look like.
First, you will need to determine what your target sample size is, meaning how many surveys you are aiming to complete. In order for results to be meaningful, it is necessary to carry out a power calculation based on your sample size. Any basic statistics book can be consulted for a simple explanation, examples, and rules of thumb for sample size and power calculations. The target sample size for the pilot project was 300 respondents in each neighbourhood (for a total sample of 1200 between the four neighbourhoods).

Second, you will need to think about how many surveys an interviewer can be expected to complete in a surveying day – this must take into account the interviewer’s time at residences where nobody answers the door, or where residents do not want to participate. You may also need to take into account travel time for interviewers (if they are surveying outside of your community, or if the community being surveyed covers a larger geographic area, for example).

**TIP:** Based on the pilot project, we found that interviewers can be expected to complete 2-3 interviews in a 5-hour surveying day, accounting for one hour of paid travel time for interviewers – in other words, one completed survey = about 3 hours of interviewer time.

As an example, let’s say that your target sample is 400 surveys. Using the estimate of interviewer hours/completed survey above, 400 interviews x 3 hrs/interview would = 1200 interviewer hours total necessary to complete the target number of surveys.

- **What is the timeline of your project? How flexible is your timeline – are you working towards a deadline for reporting your results?**

Now that you have an estimate of the total interviewer hours needed, you will need to think about your project’s timeline – how many weeks or months in total do you have to complete the project, from training interviewers, to reporting your results? Keep in mind that if your project requires the approval of a research ethics board, you will need to factor this process in to your timeline as well. Based on the total time you have for your project, you will need to plan out how much time you have for data collection – when will you need all of your surveys completed by in order to allow enough time to analyze the data and report your results?

To continue with our example, let’s say that you are planning to do data collection over the summer months, from mid-May to the end of August. This would give you 14 weeks to complete the 400 surveys. With 1200 total interviewer hours needed for those 400 interviews, and 14 weeks to complete the interviews, you can calculate how many interviewer hours per week will be need: 1200 hours ÷ 14 weeks = just over 85 hours of interviewer time/week that would be required.

- **Can your interviewers work non-traditional hours (eg after 5pm and on weekends)? Will interviewers be full-time or part-time? How many interviewers will you have?**

Depending on the number and availability of interviewing staff, you can now think about how you will divide up these hours. Here you will need to consider a number of things: First, it is important to think about how many hours interviewers can be expected to survey in one day – based on
experiences with the pilot project, we found that a 5 hour surveying day was just about the maximum amount of time interviewers could work efficiently without getting too tired from walking around the neighbourhoods. This may vary for your project depending on your staff, the area you are covering and how much walking will be required, as well as the season (this is discussed in more detail in Part III – Section 2).

Secondly, you will need to consider what time of day the residents you will be surveying are likely to be home in order to help maximize your response rate, and to reach a sample population that is representative of the community you are surveying. Will most people be working 9-5? Or is your project surveying a specific population who may be home at specific times of day?

**TIP:** The pilot project found that late afternoon and early evening, as well as weekend afternoons, were the best times to survey. We found more residents to be at home during these times.

Thirdly, interviewer safety also needs to be taken into account – pilot project interviewers did not interview after sundown (See Part III). Taking these two points into account, the pilot project found the summer months are best suited for data collection, as daylight hours stretch later, giving interviewers the opportunity to survey into the evening when residents are home from work.

- **Will your interviewers be paid or volunteer positions?**

  The Rapid Assessment pilot project used both full-time and part-time paid staff, and volunteer interviewing staff. We found that staff turn-over with part-time and casual-basis interviewers and volunteers were sometimes problematic, as this made multiple training sessions necessary. It was important to have a core group of committed, full-time interviewers who worked over the duration of the project. Volunteers gained valuable research experience, and were generally paired with experienced interviewers in the field – this pairing worked efficiently as volunteers learned from seasoned staff, and provided partners for staff in the field to fulfill our security protocol (See Section III). Volunteers were required to commit to a certain number of hours, and were provided with a certificate upon completion.

- **Other staffing considerations: Language skills and community investment**

  It is very important that the interviewing staff have the skills and characteristics appropriate to the community being surveyed, especially in terms of language/cultural competency. If the community being surveyed has a high proportion of non-English speakers, selecting interviewers with appropriate second-language skills is strongly recommended. This is very important to reach a representative sample of residents in communities where English is not the primary language spoken. Having interviewers that are also members of the community (be it in geographic, ethnic/cultural, or other terms) being surveyed is ideal. They will have more familiarity with the neighbourhood and the community that lives there, which is important for building trust and a good rapport with participants. From our experience with the pilot project, residents were often more willing to complete the survey with an interviewer from their own community, especially in the case of immigrant communities when language and cultural competency were very important. However, note that it is also important to consider respondents’ confidentiality
and how comfortable they may be answering survey questions with interviewers who are very closely connected to potential respondents (e.g., friends or neighbours). It is important to think carefully about who the most appropriate interviewers will in the context of your specific project.

- **Who will coordinate the project? Who will be responsible for data analysis and reporting results?**

Any rapid assessment survey project will require some degree of coordination. Training interviewers, managing data collection and response rates, managing security protocol, problem solving issues that may arise and modifying protocols as necessary are central project coordination tasks. Depending on the scope of your project, the size of your organization and the human resources available, you may choose to designate project coordination to one or more of your staff, or you may consider hiring a project coordinator to work exclusively in that role. One or more experienced interviewers could also be designated project coordination responsibilities, if possible. Project coordination and management involves a diverse range of tasks, from project planning to data analysis - depending on the scale of your project and skill set of your coordinating staff, you may need two project coordinators. For example, one coordinator would manage interviewers, scheduling, and data collection overall, and the other be responsible for data input, processing, and analysis.

You will need to allocate time and resources for data input and data analysis. Depending on who will be responsible for doing the data input for your project, as well as the timeline of the project and number of surveys collected, you will need to consider whether data input will be done on an ongoing basis during data collection (surveying), or whether it will be done all together once data collection is finished. The data analysis phase of your project will take place after both data collection and input are complete. If your organization does not have the resources necessary to carry out the kind of analyses you want from your project, you may consider outsourcing to a consultant or another organization. These considerations are discussed further in the sections ‘Handling the data’ and ‘Analyzing data.’

**Other budget costs:**

- **Participant compensation**

Providing survey respondents with some form of compensation for participating in your project is recommended, if resources are available to do so. Compensation serves two purposes: first, it is a way of thanking participants for their time and effort in completing the survey. Second, it can also be an important impetus for people to participate, and can improve response rates for your project. The Rapid Assessment pilot project provided every interviewee with a $20 honorarium. The logistics of providing honoraria are discussed further in the ‘Survey Administration’ section in Part III of the manual.

- **Printing costs**

Printing costs for the hard-copy surveys, consent forms, response rate forms, maps, and other materials for interviewers need to be considered. If you will be sending out flyers in the mail or putting up posters about the project in your community (see section 3c. below), this will also need to be considered.
• Transportation for interviewers

Interviewers were provided with TTC tokens to travel to and from the four neighbourhoods being surveyed during the pilot project. If you are surveying in your local community only, this cost may not factor in to your project. However, if interviewers are travelling to a number of different neighbourhoods, covering some or all transportation costs may need to be considered.

3b. Ethics, Confidentiality, and Consent

It may be necessary to submit a protocol to a Research Ethics board for approval before commencing a rapid assessment project. If so, it is necessary to factor this process into the project’s timeline. Whether or not a formal ethics review is required, it is important to consider issues of participant confidentiality and the informed consent process in your research. The requirements for Ethics board approval will largely depend on the funder and/or partners on your individual project. Specific requirements and processes are stipulated by ethics boards at universities, hospitals and other institutions, and are guided by regulations and guidelines set out by the provincial and federal governments. The Rapid Assessment survey does ask participants some personal questions (e.g. questions about income). It also asks for personal health information. This information must be kept confidential, according to regulations governing research involving human subjects and privacy of personal health information. The Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans, published by the Government of Canada, is available at:

http://www.pre.ethics.gc.ca/english/policystatement/policystatement.cfm

The Ontario Government’s Personal Health Information Protection Act is available at:

http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm

These documents (and the Research Ethics Board reviewing your project, if applicable) can be consulted to address more specific questions regarding ethics considerations for your individual project.

The Rapid Assessment survey is designed to be an anonymous, confidential questionnaire. The procedures outlined below to train interviewers and administer the survey have been designed to ensure participant confidentiality. In order to give their informed consent, participants must be given appropriate information about the project to decide if they wish to participate or not, including the possible risks and benefits to them that would be involved if they choose to participate. This information must be explained by interviewers, and given to participants in a disclosure form.

Detailed information on free and informed consent is included in the Tri-Council statement – this section of the statement is available at:

http://www.pre.ethics.gc.ca/english/policystatement/section2.cfm#2A
An example of the disclosure form used for the Rapid Assessment Pilot Study is provided in Appendix C.

Additionally, Access Alliance Multicultural Health and Community Services has a helpful list of resources related to community-based research (CBR) and research on social determinants of health, including issues of research ethics. This list is available on their website at:

http://www.researchforchange.ca/index.php?option=com_content&task=view&id=29&Itemid=46

3c. Advertising your project in the community
Before your interviewers begin actively surveying, it is advisable to make residents aware that a rapid assessment project is being carried out in their community. This is important both as a way to improve response rates, and to help build trust in the community. Participants may be more receptive to interviewers knocking on their door if they are given some prior notice that they might receive such a visit, and have some idea what the project is about.

Sending out flyers/information letters in the mail is one way to inform residents about your project. The Rapid Assessment pilot project mailed out flyers via Canada Post’s ‘Unaddressed Ad-mail’ service to all households within the four project neighbourhoods – an example of the flyer is included in Appendix A. Although this method has the advantage of maximizing the number of residents who receive information about the project, a large-scale mail-out may not be suitable for all project budgets. Depending on the size of the area to be covered in your project, you may also consider distributing flyers by hand, or putting up posters in community centres, shopping centres, or other activity hubs.

The timing of a mail-out or postering is a very important consideration. If information is provided too far in advance of interviewers being in the field, residents may forget about the information they received. If information is given just before interviewers begin surveying, residents may not have enough time to read it or contact your organization with any questions about the project.
Part III: Using the Rapid Assessment Survey Tool

1. Training Interviewers

The next two sections of the manual cover the logistics of training interviewers and collecting data using the Rapid Assessment tool. It is important to provide interviewers with the skills needed to conduct successful interviews, both by providing initial training, and helping problem-solve issues that may arise during the data collection process. The Rapid Assessment tool is designed to be administered in person in the field, which requires that interviewers: understand the sampling technique (covered in detail in the next section); receive instruction on how to handle privacy and confidentiality; are given training in interviewing skills and administering the survey; and are able to handle any issues or questions that arise when interacting with participants.

The Rapid Assessment pilot project used a two-day intensive group training format to train interviewers. Training sessions were run by either one or two project coordinators, depending on the size of the group being trained. The first half of training covered basics on the social determinants of health and neighbourhoods and health, introduced the Rapid Assessment project, gave background information on the neighbourhoods being surveyed (which may not be required if your project uses local interviewers), introduced the survey tool itself, and finally provided a primer for interviewing skills. The second half of training focused more on logistics of conducting the rapid assessment survey, including safety protocol, sampling procedures, recording response rates, introducing the survey and the informed consent process, and steps to interviewing. Over the course of the pilot project, multiple groups of interviewers were trained, and so training was modified to some extent each time to suit the needs of the group and the stage of the project. For example, in some cases later in the project, in-house training was condensed into one day, and the second day of training new interviewers were paired with experienced interviewers for a day of surveying in the field.

A number of activities that can be used to train groups of interviewers can be found in Appendix B. The training exercises include group discussions, role plays, and individual feedback. Interviewers were also provided with a hard copy training manual to keep for their reference – this is also included in Appendix B. Planning a schedule is important to help training days run smoothly and to ensure all the necessary material is covered – a sample of an itinerary used by pilot project coordinators is included in Appendix B as an example.

The information provided can be used as a guideline for the training process, and can be altered depending on the needs of the group you are training and the scope of your rapid assessment project. For example, more experienced research staff may not need to review the social determinants of health, or basic interviewing skills. However, the second section of training described above, which covers information and procedures specific to the Rapid Assessment tool, is crucial for all interviewers to be trained on.
Points to consider:

- What will the appropriate training format be for your project, based on the number and characteristics of staff being trained and time available?
- What are the most appropriate activities for the group?
- Who will be responsible for facilitating training sessions?
2. Survey Administration

2a. Overview
This section describes the method used by interviewers working on the Rapid Assessment pilot study, beginning with a diagram depicting the selection process. An explanation of “block faces”, how to code surveys in the field, how to select residences and track the response rate is also included.

Systematic random sampling was used in the pilot study to recruit respondents to participate in the survey. This meant that in each neighbourhood, interviewers would randomly select several block faces to survey. Within each block face, an interviewer would begin seeking participants at the \( n \)th household on the block (‘\( n \)’ being a randomly selected number - in the case of the pilot project our \( n \)th number was 7) and then contact every \( n \)th household to participate in the survey.

When contact was made with a household, and more than one householder was present and eligible for the survey, the initial protocol was to randomly select the person to participate by choosing the person with the most recent birthday.

The above procedure was set out as a best practice for truly random sampling. However, we found that some elements of the pilot project sampling strategies needed to be modified somewhat based on our experiences in the field in order for interviewers to contact an adequate number of respondents and complete surveys. This is discussed further in the following section on sampling technique. During the pilot project it was important to balance best practices for systematic random sampling with practices that were feasible in the field, meaning that they did not impede interviewers from completing surveys with eligible and willing participants, and allowed the project to maintain a reasonable response rate. You will need to consider these issues in your project – we have outlined options and recommendations below based on our experiences during the pilot project as a guide.
This flow diagram provides a basic illustration of the procedures followed by interviewers when they are in the field surveying:

**Starting on the block face**

**Selecting ‘nth’ residence and knocking on the door**

- If no answer:
  - Record on Response Rate Form and move on. (Interviewer will return to the residence at a later date and/or time)

- If resident answers:
  - Introducing the project

  - Resident agrees to participate:
    - Disclosure form and administration of the survey
    - Provide compensation (if applicable) and thank participant for their time. Return to block face and move on

  - Resident doesn't want to participate – Record on Response Rate Form, and move on
2b. Sampling technique
The first step for interviewers surveying in the field is to identify the block face they are to survey. An example of a map of one pilot project neighbourhood with the blockfaces identified and numbered is included in Appendix C. Interviewers need to carry maps like this in order to identify blockfaces, and to record the correct codes to identify residences on Response Rate forms and on completed surveys.

- Creating a neighbourhood map

Part of the project planning phase discussed above involves deciding on the geographic boundaries of the community or catchment area to be surveyed. Once this area is identified, a map can be created of the blockfaces that fall within its boundaries. Google Maps (http://maps.google.com/) is one useful tool for obtaining a simple and up-to-date electronic image that can then be altered to show catchment boundaries and block faces. This was used to create neighbourhood maps for the pilot project. A hard-copy map of Toronto could also be used.

- What is a block face?

Block faces (BFs) are defined as the area on both sides of the block. The block face spans until the street is interrupted by a break in the sidewalk or a cross section. A block face is often marked by street names and/or signs. Residences on both sides of the block face are accounted for.

On a particular block face, the residence is considered as being a part of that block face if its main door faces that street. Maps given to interviewers should mark off the edges of the block face and number each block face clearly (See Appendix C).
• Selection of Residences

In order to maintain consistency between interviewers and ensure reliability, all interviewers must select residences using the same method. To create a random sample, a random selection of block faces that you will be interviewing should be provided to interviewers. Interviewers should then select the ‘nth’ residence on each block face to contact for an interview. For example, for the pilot project, our ‘nth’ number was 7, meaning that interviewers selected every 7th residence on the blockface to contact for an interview.

TIP: Based on our experiences, we would recommend choosing a smaller number for your ‘nth’ number in order to contact an adequate number of residents, for example every 3rd residence.

NOTE 1: In the case of mixed-use BFs (eg. a mix of residential, commercial and/or institutional buildings) any building that is NOT a residential building should not be counted by interviewers when following the steps below. They should simply be skipped in the counting process. Note that apartment residences above storefronts ARE counted. Residences that are abandoned or are currently being built (with no one moved in yet) should also not be counted. Finally, residential institutions such as hospitals, seniors residences, and mental health institutions were also NOT included as residential buildings, and were not counted or surveyed in the pilot project.

1 This is the best practice to create a random sample; however during the pilot project we found that selecting random block faces in this way was not feasible in order to contact an adequate number of residents. Pilot project interviewers surveyed on all block faces within each neighbourhood.
NOTE 2: Apartment buildings on a block face follow another set of protocols, outlined below. They are NOT included in this counting process – ALL apartment buildings are surveyed – see below.

To select a residence using the following processes:

1) If the street runs West→East (see diagram below):
   a. Interviewers begin on the block face from the western most part of the street.
   b. Interviewers begin counting from “1” on the north part of the street.
   c. Interviewers continue counting along the north side of the street, stopping to knock on the door of every ‘nth’ residence.
   d. If the resident is not home, or would like an interviewer to come back at another time, interviewers make a note on the Response Rate Form (see section 2e below for details on response rate forms). The interviewer (or another interviewer) will return to the residence at a later time. Then, interviewers continue onwards. (Note: If the resident does not speak English, and you do have an interviewer that could provide translation assistance in the necessary language, this should be recorded on the Response Rate form so that the appropriate interviewer can be sent back at a later time.) If the resident does not wish to participate, record this on the Response Rate form, and move on to the next nth residence.
   If they agree to participate, proceed with disclosure and interview – move onward once the interview is completed.
   If more than one eligible resident is home, a process was set out to randomly select the resident to complete the survey during the pilot project. In our case, it was to pick the person with the most recent birthday.\(^2\)
   e. Once interviewers are at the end of the block face, they cross onto the south side of the street and continue counting back to the west end of the block face.

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\(^2\) This was not always the most feasible or convenient method for interviewers or participants. Most often, it was the person who answered the door who would complete the survey, as they were the one who the interviewer introduced themselves to and explained the project to at the door. Interviewers found it most feasible to complete the survey with whichever resident was eligible and available to participate.
If the street runs North → South:
  f. Begin on the block face from the northern most part of the street.
  g. Begin counting from “1” on the west part of the street.
  h. Continue counting along the west side of the street, stopping to knock on every 7th residence.
  i. Follow procedure outlined in point ‘e.’ above
  j. Once interviewers are at the end of the block face, they cross onto the east side of the street and continue counting back to the north end of the block face.

- Procedure for Block Faces with Fewer than ‘nth’ Number of Residences

In order to select a residence on a block face with fewer than the ‘nth’ number of residences, interviewers continue to count the residences back from the beginning of that block face.

For example, if my nth number is 7, and I am on a block face with 5 houses: A, B, C, D, E. Since “Residence E” will be 5th in my count, I will return to the beginning of my block face to continue my count. “Residence A” will be 6th home in my count, followed by
“Residence B” that will be the 7th. I will be knocking on “Residence B” to ask for their participation in the survey.

A similar procedure may need to be followed in apartment buildings. Details of the procedures specific to apartment buildings are listed below.

- **Procedure for the Selection of Apartment Residences**

As mentioned above, all apartment buildings on block faces are sampled. You will need to aim to sample a representative number of apartment residents according to the proportion of people who live in apartment buildings vs. houses in the community being surveyed. It is possible to get the total numbers of residences, including a breakdown of total number of houses and apartment residences, for different neighbourhoods in the city from Canada Post – this is where we obtained the numbers to calculate quotas for the pilot project.

For each neighbourhood, we calculated the percentage of residences that were apartments, by dividing the number of apartments by the total number of residences. Then, we calculated the number of surveys out of our total target sample that this percentage would represent – this gave us a total target number of surveys to complete at apartment residences. Using the neighbourhood of Weston as an example, the calculation was done as follows:

**Weston**

- Total number of houses: 2568
- Total number of apartments: 5256
- Total number of residences: 7824

\[
\frac{5256}{7824} = 0.67, \text{ or } 67\%
\]

\[\rightarrow 67\% \text{ of the residences in Weston are apartments}\]

Our total target sample for each neighbourhood is **300** surveys.

\[67\% \text{ of } 300 \times 0.67 = 202 \text{ surveys} \rightarrow 202 \text{ is our target sample of surveys to complete with apartment residents.}\]

From here, the following steps were taken to establish a fixed quota of surveys for apartment buildings by size (number of floors) for interviewers to follow in order to aim for this target sample.

First, project coordinators mapped each neighbourhood to document the number of apartment buildings and classified them by size - according to the number of floors, each building was classified as small, medium, large, or extra large through previously established guidelines. According to these guidelines, buildings with 1-3 floors are classified as “small,” those with 4-7 floors are classified as “medium,” those with 8-12 floors are classified as “large,” and those with 13-24 floors are classified as “extra large.”

Next, we calculated a **mean figure** for each type of building - assuming that a small building is 1-3 floors, that a medium building is 4-7 floors, that a large building is 8-12 floors, and that an extra-large building is 13-24 floors, the **mean** for a small building was
2 floors, a medium 5.5 floors, a large building 10 floors, and an extra large building 18.5 floors.

Based on these means for each size building, we could calculate the size of buildings relative to each other by dividing the mean figures of medium, large, and extra large buildings by the mean figure for small buildings - a medium building could now be understood as being 2.75 times larger than a small building \((\frac{5.5}{2} = 2.75)\), a large building 5 times larger than a small building, and an extra-large building 9.25 times larger than small building.

Finally, using the numbers of approximate surveys to be expected from apartment buildings and the approximate number and size of the apartment building from each neighbourhood, the number of surveys that should be collected from a building was determined in the following way:

\[
\text{# of surveys expected from a “small” building} = (\text{# of small buildings}) + (\text{# of medium buildings} \times 2.75) + (\text{# of large buildings} \times 5) + (\text{# of extra-large buildings} \times 9.25)
\]

\[
\text{# of surveys expected from a “medium” building} = (\text{# of surveys expected from a “small” building}) \times 2.75
\]

\[
\text{# of surveys expected from a “large” building} = (\text{# of surveys expected from a “small” building}) \times 5
\]

\[
\text{# of surveys expected from a “extra-large” building} = (\text{# of surveys expected from a “small” building}) \times 9.25
\]

Note that any numbers less than one were rounded up to one.

With these numbers of expected surveys calculated, a table showing the number of surveys to be completed in each size building, in each neighbourhood can now be created for interviewers. The following table is an example of these designations from the pilot project:

<table>
<thead>
<tr>
<th>Neighbourhood</th>
<th>Small (1-3 floors)</th>
<th>Medium (4-7 floors)</th>
<th>Large (8-12 floors)</th>
<th>X-Large (13+ floors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eglinton East</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Parkdale</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>St. Jamestown</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Weston</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

We can see from this table that the quota of surveys for apartment buildings varied between neighbourhoods - Eglinton East and St.Jamestown have a higher percentage of total neighbourhood residents who live in apartment buildings than Parkdale or Weston, so the quotas for surveys from apartment residences was higher in these communities in order to obtain a representative sample.
Note: As the pilot project progressed into the winter months, we found that interviewing in apartment buildings was much more feasible for interviewers than surveying along single-residence block faces. In order to accommodate this and to achieve a reasonable response rate, we increased all over our apartment quotas. As such, the table of apartment building quotas was changed – we multiplied all of the quotas by four, and the final table looked like this:

<table>
<thead>
<tr>
<th>Neighbourhood</th>
<th>Small (1-3 floors)</th>
<th>Medium (4-7 floors)</th>
<th>Large (8-12 floors)</th>
<th>X-Large (13+ floors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eglinton East</td>
<td>4</td>
<td>8</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>Parkdale</td>
<td>4</td>
<td>4</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>St. Jamestown</td>
<td>4</td>
<td>8</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>Weston</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>24</td>
</tr>
</tbody>
</table>

This table of quotas was given to all interviewers for reference. With these set quotas for apartment buildings, interviewers will again use the ‘nth’ number to randomly select residences to contact for an interview. The pilot project found that apartment buildings present some special challenges for sampling. Our sampling strategy for apartment buildings was refined over the course of the project, and our experiences and recommendations are outlined below. We recommend that interviewers use the following strategy for selecting apartment residences:

1) Interviewers first count the number of floors within the respective apartment building and classify the building by size, eg. small (if between 1-3 floors), medium (4-7 floors), large (8-12 floors), or extra large (13 floors and over). If the apartment building has basement apartments, count the basement as a floor. Next, interviewers follow the corresponding quota to determine the number of surveys that must be completed per building.

NOTE: In identifying apartments, houses that have been converted to apartments were not classified as “apartment buildings”. Protocol for the pilot project was to count each identifiable apartment unit within a house as if it were one residence (rather than counting that house as one residence).

2) In order to select the residences in the building, interviewers will be selecting every nth residence, using the same counting technique in apartment corridors as described above for houses on a block face.

Depending on the size and type of building, interviewers may be able to enter the front door of an apartment building and begin counting residences inside the building. In most cases however, they will not be able to enter the building without being buzzed in or let in by a resident, and/or speaking to the building superintendent or security personnel. During the pilot project, our initial protocol for apartment buildings of this kind with buzzer systems was as follows:
a. If building had an electronic or printed listing of the residents that was alphabetic, in order to maintain random selection, interviewers would have an envelope with each of the letters of the alphabet within it. They picked a letter from the envelope, which would be the letter they began counting from.

For example, I am in a lobby of a building with an electronic, alphabetic listing of all the residents. I pick the letter "N" from my envelope. I will go to the "N" section of the listing to begin counting in ‘n’s, (in 7s, for example).

b. In cases where the listings are NOT alphabetic, interviewers simply began counting at the top of the list.

c. If building had no printed or electronic listing of residents BUT mailboxes with visible identifiers (i.e. number of suite, buzzers), interviewers counted across from left to right, beginning with the top row of mailboxes and select every 7th residence.

This method meant that interviewers would have to buzz residents and introduce themselves and the project over the intercom – we found that many residents would simply hang up, and it was very difficult to reach respondents in this way. This method also meant that interviewers would need to return to the lobby after each survey to select the next residence within the building.

We found during the pilot project that it was much more feasible for interviewers to introduce themselves to the superintendent or building security personnel on duty when they entered the building, to explain what they were doing, and gain access to the building in this way. They were given a project information letter, and could contact project coordinators if they had questions.

This method was much more successful and efficient, as it meant interviewers could count the apartment residences inside the building, and then knock on apartment doors and make face-to-face contact with residents to ask them to participate in the survey. Being able to introduce the survey face-to-face is very important – we did not find that doing so over an intercom was very successful.

Based on experiences during the pilot project, it is highly recommended that you use this method of entering the building and counting apartment residences within the building, rather than from the buzzer list. Interviewers should then adhere to the following strategy for selecting residences:

a. After counting the total number of floors in the building and determining the quota of apartments to survey (as described above), interviewers must select a random floor of the building to start, rather than always beginning at the 1st floor.

b. Interviewers treat corridors with apartment doors as if they were block faces with residences. Once on the ‘nth’ floor, interviewers begin counting
from “1” starting at the ‘north west corner’ of the corridor (in relation to elevators), and contact every ‘nth’ apartment for an interview.

c. As with houses on a blockface, if there are fewer than the ‘nth’ number of apartments on one floor of the building, interviewers go back to apartment “1” and continue their count from the beginning until they have counted up to the nth number.

For example, if my nth number is 7, and I am on a floor with 5 apartment doors: A, B, C, D, E. Since “Residence E” will be 5th in my count, I will return to the beginning, “Residence A”, to continue my count. “Residence A” will then be 6th apartment in my count, followed by “Residence B” that will be the 7th. I will be knocking on “Residence B” to ask for their participation in the survey.

d. The number of nth residences and floors that the interviewer will need to contact in each building will depend on how many residences there are per floor, what the nth number for your project is, and how many interviews need to be completed in the building to meet the quota for a building of that size.

If interviewers run out of residences to count before they are finished with the building quota, they will continue counting again from the ‘nth’ residence.

For example, I am at a medium apartment building in Eglinton East. I am, therefore, supposed to ask 2 residents in the building to participate in the survey (see table above). My nth number is 7. The building, however, only has 10 residences: A, B, C, D, E, F, G, H, I, J. Apartment “G” will be the first resident selected to participate since s/he is the 7th resident. Since Apartment "J," the 3rd resident as I begin counting again, is the last apartment in the building, I’ll return to the beginning of the listing and continue counting with Resident “A” being the 4th resident. This way, Apartment “D” will be the next 7th resident I will select for survey participation.

As noted, all apartment buildings are surveyed, and apartment building not included in counting residences on a block face. To simplify the counting process on block faces, whenever interviewers leave an apartment building, they should begin counting from “1” again to continue along the rest of the block face.

2c. Introducing the Survey and Disclosure
The way in which interviewers introduce themselves and introduce the project at the door will strongly influence how interested residents are in the survey and how willing they are to participate. When residents agree to participate, interviewers must also ensure that they review the important points of the disclosure form with them – participants need to be informed appropriately about the project in order to give informed consent. They must also be given a copy of the disclosure form.
Because of this, it’s important that interviewers be provided with some form of standard script for introducing the survey and talking about the disclosure form with participants. While each organization will want to develop their own informational materials about the survey, the following are sample procedures employed during the pilot project that could be tailored to your individual project.

- ‘At the door’ – Introducing the project

Appendix C includes a script for a standard ‘at the door’ introduction to the project for interviewers to carry with them as reference. This script was used during the pilot project. The first section introduces the survey, and the second section covers the important points of disclosure for participants who agree to do an interview.

- Rapid Assessment FAQs

The following is a list of questions about the survey that we found were frequently asked by residents. The answers provided can be a useful reference for interviewers:

1) **How did you pick me?**
   Everyone that will be answering the survey has been selected randomly. We don’t have a list of names. We’ll be knocking the __th door and ask everyone who’s door we knock on if they’d like to participate.

2) **What is the purpose of this study? What good will this do? How will this benefit me?**
   We’re trying to get a sense of the health needs of the people that live in the neighbourhood. The results will help us plan for services.

3) **Who will see my answers?**
   Only the project team that’s involved in entering and analyzing the data will be able to see your answers. Keep in mind, we won’t be writing down your name. When the project team is looking at the answers, no one will know it’s specifically you. Your name won’t be used anywhere (i.e. on presentations and/or reports).

4) **How long will this take?**
   The survey taken on average 30 minutes to complete. It’s completely voluntary so we can start or stop whenever you like.

2d. Interview Logistics

Once a potential participant agrees to complete a survey with the interviewer and completes the disclosure process, what are the next steps in completing and concluding the interview? This section describes the logistics of completing the interview based on experiences with the pilot project.

- **Location of the interview**

Because the survey takes at least 30 minutes to complete, pilot project staff found that completing the survey at the doorstep with participants was generally not convenient or feasible for participants or interviewers. In almost all cases, interviewers would enter
participants’ homes’ and sit down with the participant to complete the survey. When surveying during the summer months, interviewers also commonly sat and conducted the interview on the porch outside of participants’ homes at those residences that had and outdoor area like this. Overall, pilot project interviewers found that upon agreeing to complete the survey, participants would openly invite them into the home or outdoor space to complete the survey. However, it is important for interviewers to always give participants the option of completing the survey at the doorstep if the participant prefers – it is important for interviewers to allow participants to choose a space that is comfortable for them to complete the survey. It is important to keep in mind that the survey asks some personal questions, and that participants may want to complete the interview in a space in the home that gives them privacy from other family household members. However, it is also important that the interviewer is mindful of their own personal safety when entering a participants’ home – this is discussed further in the ‘Interviewer Safety’ section below

- Concluding the interview and providing compensation

It is important for interviewers to thank participants at the end of an interview, to see that any questions the participant may have are answered and ensure that the participant has a copy of the disclosure form and knows who to contact in case they have further questions or want to find out about the results of the study.

If you are providing participants with compensation, this will be the final step in the interview process. As mentioned, the Rapid Assessment pilot project provided all participants with $20 compensation. This was done at the end of each interview – interviewers carried individual envelopes containing $20 cash honoraria with them, and gave an envelope to the participant at the end of the interview. Interviewers recorded the honoraria given out in receipt booklets and provided the project coordinator with these receipts on a weekly basis. Each honoraria receipt included the date, the interviewer’s name, and the corresponding survey code for the household where the honorarium was given. Pilot project coordinators were responsible for providing interviewers with the cash honoraria as needed throughout each surveying week and documenting this. It is important to have an appropriate accounting system in place if you are providing honoraria to monitor and document your project costs.

2e. Interviewer Safety
Because interviewers will use on-the-spot recruitment and enter participants’ homes to conduct surveys, having procedures in place to ensure their safety is important. At the same time, participants must also feel comfortable during the interview process. The rapid assessment pilot project had a number of security protocols in place. First, interviewers worked in pairs when possible – both while walking in the neighbourhood and when completing interviews in participants’ homes. We always paired male interviewers with a female interviewer, so that female participants (especially if they were alone in their home) would feel safe. Secondly, a procedure was in place whereby interviewers would call in to the project coordinator when they were beginning an interview, giving the coordinator the residence code over the phone. The coordinator would note the time an interviewer called, and their location. The interviewer would call again at the end of an interview to notify the coordinator that they were leaving the participant’s home. If the coordinator had not heard back from an interviewer within an hour, they would call that interviewer to check in and ensure they were safe.
2f. Tracking Information in the Field

- Coding surveys

Interviewers will need to assign a unique code to each survey completed with a respondent. Remember, because this survey is anonymous and confidential, the code must not identify the participant by name, or by a complete address that is identifiable. The pilot project used the coding system below for houses (1.) and apartments (2.) Because only project staff had access to the maps identifying blockfaces, these codes would not allow a respondent to be identified by anybody else.

1.) Neighbourhood letter (if surveying in more than one neighbourhood) – Block face number – House # (i.e. Street address) OR
2.) Neighbourhood letter – Block face number – Apartment building number # (street address) - Unit #

Example: Suppose an interviewer is surveying a respondent who lives on the 5th block face in the neighbourhood of Eglinton East. Also suppose that the person’s home address is 72 Main Street, Apartment 818. On the survey, they would assign the code “E-5-72-818.”

- Using a Response Rate Form

In order to keep track of the response rate, interviewers will need to use a response rate form. An example of this form from the pilot project can be found in Appendix C. When interviewers are in the field, they will need to carry this form with them at all times. Each time an interviewer knocks on a door, they must record the outcome on their form. The following list covers the standard responses that interviewers will record.

Possible “Responses:"

1) “No” - Resident does not wish to participate
2) “No response” - Residents not home, or do not answer the door
3) “Yes” - Survey completed with resident.
4) “Return later” or “Come back at….“Resident wishes to complete the survey at a later date and/or time. Interviewer must record date/time requested by resident to return
5) Resident wishes to participate, but does not speak English as primary language. *If the interviewer cannot speak the same primary language as the participant, the interviewer should try to find out what language is spoken, and record this information. Then, if there is another interviewer on staff who can provide the necessary translation assistance, the appropriate interviewer can be sent back to this residence at a later date.
6) “No eligible resident” – Nobody over the age of 18 is at home. Interviewer should ask when somebody who is over 18 will be at home and record this so that they or another interviewer can return later.
3. Handling the Data

- Storing Hard Copy Surveys

It is important to keep the hard copies of completed surveys organized and secure. As part of keeping participant’s information confidential, research ethics boards often require all hard copy materials, including surveys, to be kept in locked filing cabinets. If you are doing data entry on-site at your organization, especially if data entry is ongoing and taking place concurrently with data collection, you will need to make sure that surveys are kept organized to ensure that surveys are not missed or entered twice by mistake. During the pilot project, project coordinators were responsible for collecting completed surveys from interviewers and filing them appropriately.

- Keeping Track of Response Rates

As discussed above, interviewers need to record the results of each attempt made to contact a resident for a survey. Each time an interviewer knocks on a door, they must record a response, but these results also need to be documented in a database or spreadsheet to keep track of them. This serves two purposes:

1.) To coordinate sending interviewers back to households whose response is not a simple ‘Yes’ or ‘No’ – these will be those households where interviewers record ‘no response’ (residents are not home or do not answer the door); ‘come back later,’ or arrange with a resident to come back at a particular time; or require another interviewer who can speak a specific language to return to the household.

2.) To calculate the total response rate at the end of data collection - this is important to report in your results. A formula for calculating your response rate is given in Appendix D.

Depending on the scope of your project and the number of interviewers involved, interviewers may be able to coordinate keeping track of responses and returning to residences when necessary, or a project coordinator may need to be responsible for this. For example, if one interviewer were designated as responsible for surveying a specific set of blockfaces in a neighbourhood, and only they were surveying on those blockfaces, they could be expected to keep track of their own response rates. On the other hand, if your rapid assessment project involves multiple interviewers surveying in a number of neighbourhoods or surveying on the same blockfaces within a neighbourhood, keeping track of response rates becomes more complicated.

**TIP:** Based on our experiences with the pilot project, we recommend that coordinators be designated the responsibility of keeping track of response rates.

During the pilot project, keeping track of response rates was one of the primary responsibilities of the project coordinators. As the project progressed and attempts had been made to contact almost all of the ‘nth’ residences within the four project neighbourhoods, coordinators would create response rate forms to be given to interviewers each surveying day – these would tell interviewers which residences to go
to. An example of this second version of a response rate form is included in Appendix C. Interviewers would hand in their response forms at the end of each surveying day, project coordinators would record the new responses on a master response rate spreadsheet, and were then able to make up another round of response sheets to hand out to interviewers the next surveying day. Updating this response rate spreadsheet and producing the response forms for interviewers each day did take a good deal of coordinator’s time.

The pilot project used a Microsoft Excel database to keep track of response rates on a spreadsheet. While there are other software packages designed specifically for this kind of database, we found that an Excel database was sufficient. You will need to consider your project’s budget and the availability of Excel or similar software at your organization, as well as who will be responsible designing a response rate spreadsheet or database and for inputting data.

- **Survey data input**

The pilot project used SPSS for data input and analysis, and data entry was carried out all at once, after surveying was completed. After all the data was entered, the dataset was “checked” – 10% of the total surveys were re-entered and compared to the original entries to examine the accuracy with which the surveys were entered.

You will need to consider a few points in order to allocate appropriate time and resources for data input for your project:

First, do you have the necessary software and human resources to complete your own data analysis? If your organization has access to SPSS software, you will need to set up a codebook for data entry - a simple guide for setting up an SPSS codebook is included in Appendix E.

**TIP:** Some of the variables in the survey belong to a scale or score and cannot be analyzed independently. These variables must be combined through a formula to create a meaningful variable. The height and weight variables (Questions 71 and 72 in the survey) are examples of such variables, which are used to calculate the Body Mass Index (BMI) variable.

Programs such as Excel can also be used as a cheaper, more accessible alternative for data entry. If you plan to outsource your data analysis (by hiring a consultant, for example), you will need to consider whether their services will include data input (ie. your hard copy surveys will be given to them) or not.

When will data entry take place? Depending on who will be responsible for doing the data input for your project, as well as the timeline of the project and number of surveys collected, you will need to consider whether data input will be done 1.) on an ongoing basis during data collection (surveying), or 2.) all together once data collection is finished.

Who will be responsible for inputting the data? The pilot project hired short-term staff specifically for data entry. Data entry training was provided by one of the project coordinators, who was responsible for overseeing the input process. Depending on the
size of your project and the skills of your staff, you may choose to have interviewers or coordinators complete data entry, or you may need to hire staff specifically for this task.
Part IV: Understanding and communicating your results

1. Analyzing Data

1a. Statistical Analysis

Once the data is entered and cleaned, the dataset is ready for analysis. At this point, you may require assistance from a statistician in case you do not have the expertise or necessary software in-house. The following section describes some of the basic statistical analyses you may want to perform. All analyses for the Rapid Assessment Project were completed using SPSS. Many other statistical software programs are available that would also be able to complete the same analyses, including some freeware. A useful list of free statistical analysis software packages is available at: http://www.statsci.org/free.html.

- Descriptive analysis

First, all of the variables should be analyzed descriptively. Variables that are interval or ratio can be described using measures of mean, median and mode to describe central tendency. The spread of interval and ratio data can be described using standard deviation. Nominal or ordinal data can be described using proportions or percentages along with confidence intervals. You may also want to consider using bar graphs or histograms to visually display some of your variables.

- Further analysis

Descriptive analyses may provide a sufficient amount of information about the community surveyed to answer the questions that you set out to answer in your rapid assessment project. However, if you would like to explore whether there are differences in a variable (i.e. health status) by another variable (i.e. gender, education level), you will need to proceed to either a “one-way analysis of variance” (one-way ANOVA) or a Chi-square. For example, the Rapid Assessment pilot project was interested in differences in the variables that describe “general health,” “health behaviours” and “healthcare use” by “neighbourhood.” In other words, we asked questions such as: “Did ‘general health’ differ by neighbourhood?” or “Did some neighbourhoods have better or poorer ‘general health’ than others?” as well as, “Do women have better or poorer ‘general health’ in our neighbourhood?” To answer these questions, one-way ANOVA and Chi-square analyses were carried out. A one-way ANOVA is used when the dependent variable is categorical (nominal, ordinal or interval) and the independent variable is continuous (ratio). A Chi-square is used when both your dependent and independent variables are categorical (nominal, ordinal or interval).

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3 For a more thorough introduction to basic statistical analyses, we recommend referring to Biostatistics: The Bare Essentials by Geoff Norman & David Streiner. This book includes a chapter that orients people to SPSS and includes step-by-step guides by analyze data with SPSS. A free preview of the book is available through Google Books (http://books.google.ca/books?id=8rkqWafdpuoC ).
The Rapid Assessment pilot project conducted preliminary, exploratory analysis using descriptive statistics and cross-tabulations (cross-tabs) with all categorical variables by major, independent variables of interest. For this project, we conducted all descriptive cross-tabs by gender and neighbourhood. For descriptive statistics of continuous variables, we conducted one-way ANOVA by major, independent variables of interest.

As mentioned, analyses were conducted to examine significant differences in General Health, Health Behaviours, and Health Care by identified social determinants of interest (e.g., level of education, employment status, age, etc). “General health” variables included self-rated health status, mental health index scores, having at least one chronic health condition and Body Mass Index. “Health behaviour” variables included number of alcoholic drinks consumed, number of times five or more drinks were consumed in one sitting, smoking status and amount of physical activity per week. Finally, “healthcare use” variables included status of flu shot, length of time since last visit to the dentist, whether participants have a family doctor and if participants have tried to but have been unable to see their family doctor.
1b. Open-ended questions and Qualitative Analysis

- The Importance of Qualitative Data

Why is the qualitative element of the Rapid Health Assessment Tool useful? What type of information can it provide?

The qualitative component of the survey is in the form of two open-ended questions (questions 89 and 90 in the survey tool), which ask respondents to identify neighbourhood health priorities and possibilities for future interventions. The open-ended questions in the Rapid Health Assessment Tool provide useful qualitative data to supplement the quantitative data from the rest of the survey. The qualitative component of the Rapid Health Assessment tool is valuable for several reasons. Firstly, the qualitative component of the survey can provide information that the rest of the survey may not be able to. Secondly, the open-ended questions reveal specific concerns or suggestions related to health. Finally, the open-ended questions serve as an opportunity for the participant to be consulted with about health issues in their neighbourhood. This consultative component of the survey is useful for maintaining interest in the survey by requesting the participants own opinions, beliefs and needs.

The issues raised can help form interventions that may improve the health of neighbourhoods. The suggestions for interventions from people who live in the neighbourhood are especially valuable, because they come from the people who are directly involved with the day-to-day experiences within that community. Also, issues may be revealed that may not traditionally be associated with neighbourhood health. Open-ended questions may give greater insights into the nature or severity of certain health issues. The questions do not limit the kinds of responses that are accepted, which allows the participant to honestly, and openly give his or her comments and/or concerns. Furthermore, the open-ended questions allow for the exploration of possible associations between the type of responses and individual-level determinants of health, such as age or gender.

Note: Although there are two open-ended questions in the survey tool, the following section focuses on one (question 90). This question deals specifically with health priorities. We refer to analysis done during the pilot project that was specific to this question to discuss qualitative analysis and the utility of qualitative data. Keep in mind that the two open-ended questions are distinct in the information they can provide and the kind of analysis that may be appropriate.

Examples of responses from Question #90 from pilot project – “In your opinion, what is the greatest priority for improving the health of residents in your neighbourhood? [please name no more than three issues]”:

“More walk-in clinics - Cleaner parks - More recreational facilities for seniors”
“We need a female doctor in our neighbourhood”
“Poverty, people go into apartment buildings garbage to check for food. Misconception of safety in the neighbourhood”

It also important to note what insights the qualitative component can provide. For example, the desire for a female doctor involves issues such as gender and cultural sensitivity, as well as equity. These insights can provide information on the values and
beliefs of the individual participants as well as identify salient issues around health care access or quality of health services provided in the community. Similarly, the final quote lists poverty as a health concern, yet goes on to explain a situation that occurs in his or her neighbourhood. With this example, it is clear that poverty is associated with issues such as extreme hunger, hygiene and issues of dignity and self-respect which are intrinsic to personal health.

- **Issues to Keep In Mind When Planning Your Qualitative Analyses/Organization of Data**

The next step is **coding** the data, which means that themes need to be identified within the responses, and classified accordingly so that the dominant themes are apparent. Based on experience with the pilot project, we would recommend an ‘open coding’ approach. Open coding means that subject categories for coding are based upon the dominant themes in the responses, which is determined in a preliminary review of the data. This method of coding is driven by the responses given by participants and is distinct from methods that start with a pre-set list of themes or categories established ahead of time. Open-coding is used to ensure that the issues raised in the open-ended questions are accurately represented. Due to the flexible and data-driven nature of this method of coding, the subject categories that were identified in the pilot project’s qualitative analysis may not be applicable to your study. Similarly, the set of issue categories that emerge as important for one study or neighbourhood using the Rapid Health Assessment Tool may be very different from those identified in another context or even within the same community at a different point in time.

If more than one person is coding the responses, all of those people should agree on how answers should be coded in order to maintain consistency in coding and to avoid potential problems in the future. Researchers also must discuss how ambiguous answers will be treated. In the case of the pilot project, ambiguous answers were classified as “Other” and included with other responses that may not have fit in with the established issue categories. The “Other” category was analyzed separately, as it is important not to forget those responses, for they included some very interesting and insightful feedback.

Identifying and refining **issue categories** to organize your data is an iterative process when using open coding. In the pilot project, the issue categories were established after a preliminary review of the data. However, it may also become necessary to re-evaluate your issue categories after coding. For example, upon the completion of coding it may become apparent that a relatively large proportion of “Other” may be a particular issue. Therefore, it may be a good idea to set up that issue as one of the established issue categories.

A major step in the analysis of the open-ended questions is to clearly define the issue categories. For example, if the issue category has been defined as ‘Housing’, then a working definition for issues that fall under the heading of ‘Housing’ should be outlined for maintaining consistency and also for the benefit of the reader. For an example, a couple of the issue categories that were used in the pilot project were, “Access to Health” and “Recreation/Green Space.” A definition of each subject was provided and examples were provided in the pilot project.
• **Analysis of Qualitative Data**

Although statistical analysis was used in the pilot project, qualitative data from the open-ended questions can be analyzed in a number of ways. Statistical analysis is one way to produce meaningful results from responses to the open-ended questions, but not the only way. Themes and relationships identified by coding your data do not necessarily need to be quantified by statistical analysis to provide valuable information for your organization. You will need to think about the resources available to your organization, in terms of both software and staff, as well as the kind of results you are aiming to draw from the qualitative data. Are you aiming to identify major themes and describe respondent’s views, concerns, and ideas? Or are you aiming to quantify the important issues raised and make statistical comparisons? Identifying the important themes and issues in the data is in itself a basic qualitative analysis. Identifying connections between issues, themes and characteristics of respondents (eg. gender, age, neighbourhood of residence) is another possibility in qualitative analysis.\(^4\) NVivo is a software program designed for coding and qualitative analysis that might also be used – a free one month trial of this program is available at: http://www.qsrinternational.com/products_nvivo.aspx

In the case of the pilot project, the statistical analysis software SPSS was used to analyze the open-ended responses. The responses were coded in SPSS by creating new variables with the names of each issue categories that were created. For each response, 0 or 1 was inputted under each issue category, 1 meaning that the issue was mentioned, 0 meaning it was not. This method proved to be very efficient and very useful for the subsequent data analysis. If you do not plan on doing statistical analysis, data can also be hand-coded, or coded using qualitative software such as NVivo.

For the pilot project’s qualitative data analysis, the prioritization of the health issues was the focal point. The coded data was first analyzed in a basic way, followed by more complex statistical tests. However, a high-level statistical test is not required to obtain meaningful information from the Rapid Health Assessment Tool and your organization will decide which level of analysis is appropriate. The first step in the pilot project was to report the frequencies of the prioritized health issues to determine what the most reported health issues were amongst each neighbourhood. Furthermore, cross-tabulations were conducted to show what proportion of each neighbourhood mentioned each health priority. Some of the variables that were used in this case included gender, age, and immigrant vs. Canadian-born, which are independent variables. Based on the findings of the qualitative analysis of the pilot-project, the independent variables that most influenced the prioritization of health concerns were social support, physical activity and especially immigrant vs. Canadian-born. Statistical tests were used to determine the level of significance of each relationship, meaning the degree to which the independent variable may influence the dependent variable.

*Note:* It is also important to keep in mind that an apparent relationship between an independent and a dependent variable does not indicate a *cause* but rather a *relationship*. In especially in qualitative research, it is very difficult to establish that

\(^4\) For an accessible introduction to qualitative research methods in the social sciences, we recommend *Basics of Qualitative Research* (3rd ed.) by Juliet Corbin & Anselm Strauss, and *Qualitative Research & Evaluation Methods* (3rd ed.) by Michael Quinn Patton.
something caused something else to happen. The strength of the relationships between the independent variables (individual level determinants) and the dependent variables (the prioritization of health priorities by the respondents) was the focal point of this pilot project qualitative analysis.
2. Sharing Results

Now that you have collected and analyzed your data, you will need to think about who you need to communicate your results to, and how you will do so. This section provides suggestions for reaching target audiences, and points to consider in sharing your results with stakeholders and your community.

- **Communicating results to your stakeholders**

Looking back at the section ‘Planning a Rapid Assessment project,’ one of the key first steps in planning a project is to consider who the stakeholders are for your project, and what kind of information they are interested in finding out from your project. We have also suggested that partnering with other organizations who are interested in finding out the same kinds of information as your organization can provide shared resources and facilitate knowledge transfer. Involving your partners and stakeholders in all stages of the research process, from planning the project to reporting your results, is a best practice in community-based research.

At this final stage of your project, when you are ready to share your results with stakeholders, it is important to go back to the goals and aims that you laid out with when planning the project and how these relate to your stakeholders interests. When communicating the results of your project to relevant stakeholders, it is important to highlight results that have the most bearing on stakeholder’s interests and their areas of influence in policy. Reports should be tailored in scope, tone, and length to be most appropriate to the group or groups.

- **Communicating results to the community**

You may also want to consider how to communicate the results of your project to community members themselves – community presentations or community forums are often a good way to reach a broader public audience. Consider holding an event at your organization or at a local community centre or community gathering place.

- **Publication and Conferences**

It may not be appropriate to publish or present your results to a wider audience, this is something that should be discussed and decided in collaboration with your partners and stakeholders, as well as with input directly from your community members. On the other hand, if you have identified important issues from your project results that might be relevant and informative for other communities, or if you have interesting experiences to share about community-based research, you may have an important contribution to make to furthering understanding of, and capacity for, community-based research. Discussions around possible future publications, conference presentations, or other knowledge dissemination activities should ideally occur at the project planning stage and in collaboration with all stakeholders.
Points to consider:

- Keep your audience in mind when preparing reports and presentations
- Informing stakeholders and others will help establish buy-in for implementing changes resulting from the survey.

3. Conclusions: Using the Appendices

This manual has been designed as a guide for planning and executing a rapid assessment project and analyzing and sharing the resulting data. The appendices that follow in the final section of the manual below are an important companion to the text of this manual. The appendices are organized into five sections of materials, which follow the structure of the manual: Materials for planning a project; for training interviewers; for administering the survey (for interviewers), for administering the survey (for coordinators), and for data analysis and reporting. Note that many of the appendices present materials used in the pilot project and are intended to serve as examples for developing your own rapid assessment, but may need to be modified to suit the context and needs of your project. Also note that appendices that are very lengthy (eg. the survey tool) are described below, but housed in full on the project website (http://www.stmichaelshospital.com/crich/rapid_assessment.php), where they can be viewed and downloaded.
Appendices

APPENDIX A: Materials for Planning a Rapid Assessment Project

1. Sample budget
The following is a detailed sample budget for an RA project, to illustrate the main sections of a project budget you will need to consider that are discussed in Part II, Section 3a of the manual (Budget and Staffing). Note that pay rates, transportation, mailing costs, etc. are based on the Rapid Assessment pilot project. This budget is intended as an example of calculations and an illustration of key areas that may need to be considered in a project budget, and not as an estimate of costs for a specific RA project - your costs may be significantly different depending on the scale and timeline of your project and the procedures that you use (for example, putting up posters or hand delivering flyers vs. a Canada Post mail-out, having volunteers or existing staff as your interviewers, or surveying in your own community and not having transportation costs). Keep in mind that a smaller-scale study in one community would cost significantly less than a large-scale, multi-neighbourhood RA project like the pilot project study.

Timeline:
- April 15th – May 1st: Preparation of training; printing of training materials, survey materials, and mail-out flyers
- Beginning of May: 2-day intensive training (approx. 6 hours/day)
- May 15th – August 30th: Data collection

Target number of surveys: 400

Personnel: $46,560
1.) One full-time Research Coordinator @ $30/hr for April 15th – Aug.30th = $21,600
2.) Interviewers: $20/hr. x 1200 interviewer hours total ($24,000) + $20/hr. x 12 hrs training x 4 interviewers ($960) = $24,960

Æ Interviewers can be expected to complete an average of 2 interviews per day for a 5 hours surveying day. An average of 1 hr. paid travel time each day (as an average between interviewers going to the neighbourhood close to the downtown core and the neighbourhood far from downtown) should also be taken into account. So, one interview = 3 hours of interviewer time. 400 interviews @ 3 hrs/interview = 1200 interviewer hours.
Æ With 1200 total interviewer hours for 400 interviews and 14 weeks to complete the interviews, approx. 90 hours of interviewer time/week will be required = 4 part-time interviewers (22.5 hrs/week, = 4 surveying days/week)
Æ Volunteers will be recruited to be paired with paid interviewers – safety protocol is for interviewers to travel in pairs at all times.

3.) Data entry: 15 minutes/survey x 400 surveys = 100 hrs, @ $20/hr. = $2000
Participant compensation: $8000
- 400 surveys x $20 compensation/survey = $8000

Transportation: $1012.50
- 4 interviewers x 8 TTC trips/week for 14 weeks = 448 TTC tokens
  450 tokens @ $2.25 each = $1012.50

Printing and flyer mail-out: $1500
TOTAL PROJECT COSTS: $57,072.50
2. Recruitment flyer
This flyer was mailed out to all residents in the four pilot project neighbourhoods before surveying began. Note that it includes the logo of the organization conducting the survey, a succinct summary of basic information about the project, and a contact number for residents to call with questions.

Community Health Study

Study Information Brief

This study is designed to ask people in your community about neighbourhood and health issues, and how they compare to other neighbourhoods in Toronto.

Your participation and the information you provide are strictly confidential.

The study is being conducted by the Centre for Research on Inner-City Health (CRICH), a research centre at St. Michael’s Hospital in Toronto.

To learn more about this project, you may call:

[phone number here]

Thank you!
APPENDIX B: Materials for Training Interviewers

1. Training Day Checklist/Itinerary for training facilitators
Below is an example of a training day agenda to be used by staff facilitating training to help the day run smoothly. This sample comes from one of the training sessions run by the two project coordinators for pilot project interviewers.

Materials for the Day:

1) Two copies of day’s activities (for each coordinator)
2) Agenda
3) Copies of Training Manual Part 1 and 2 for interviewers
4) Copies of Survey
5) Copies of Role-plays
6) Copies of the Training Session Feedback Form

Timeline:

9:00 – 9:15: Introductions and Coffee

9:15 – 9:30: Activity 1: Intro to IRONhI and Rapid Assessments
Time: 15 min

9:30 – 10:00: Activity 2: Introducing Interviewing Skills
Time: 30 min
- Small group exercise:
  • Break group into 4.
  • Have each brainstorm important interviewing skills.
  • Have each group report back to create a master list.

10:00 – 10:30: Activity 3: Introducing the Survey
Time: 30 min
- Read through the survey with the group. Use LCD projector, if available.

10:30 – 11:45: Activity 4: Survey Role-plays
Time: 45 min
- Pair group off with person they don’t know. One person is the designated participant—ask those people to put themselves in the shoes of the respondents. Think of something original/some characteristic of the respondent. The other as the interviewer—to imagine you are the person that is really administering the survey.
- The designated participant will be assigned a role-play scenario.
- Members will switch off so that both participants have a chance to interview.
- Each participant will evaluate the interviewer. At the end, group members will report their interviewing and role-play experiences.

11:45 – 12:30 Lunch Break

12:30 – 1:00 Activity 5: How to Introduce the Survey
Total time: 30 min

- Part 1: Time: 10 min
  • We outline the steps to get to interview.
- Part 2: Time: 20 min
  • Break group into 2.
  • One coordinator will go with one group, and one with the other.
  • Each participant will role-play introducing the survey by knocking on the door.
  • Feedback given within group and by coordinators

1:00 – 1:10 Activity 5: Response Rate Forms, Maps
Time: 10 min

1:10 onwards: Questions and group discussion
2. Activities for Training
The following activities were used in training sessions for the rapid assessment pilot project. They appear in the order that they were used during these training sessions. Directions for introducing and executing each exercise are given, as well as an estimated time for each activity to help you plan your training session. Depending on specifics of your project (i.e. the experience and background of the staff you are training, the time available for training), it may be appropriate to modify or omit certain activities.

Activity 1: Icebreaker – ‘Human Bingo’
This activity is useful when training a group of interviewers who haven't met before, to introduce themselves to each other in an informal way and facilitate more comfortable discussion for the rest of the training session. The statements given on the ‘bingo card’ can be modified to suite the background and interests of the interviewers being trained, to make the exercise appropriate for your group.

Time: 15 minutes
Directions: Print out enough copies of the ‘bingo sheet’ below for each interviewer. The object of the exercise is for each person to check off as many bingo squares as they can by finding another person in the group who answers ‘yes’ to the statements given.

<table>
<thead>
<tr>
<th>Owns a dog</th>
<th>Likes to play hockey</th>
<th>Is in summer school</th>
<th>Likes to camp</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plans to go on vacation this summer</td>
<td>Has a brother</td>
<td>Has a pet fish</td>
<td>Wishes they had a super power</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can’t start the day without coffee</td>
<td>Secretly loves America’s/Canada’s Next Top Model</td>
<td>Refuses to join Facebook</td>
<td>Watched the Canada Day fireworks</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------------------------------------------</td>
<td>-------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>__________________________________</td>
<td>__________________________</td>
<td>________________________</td>
<td>______________________________</td>
</tr>
<tr>
<td>Is a good cook</td>
<td>Eats eggs for breakfast</td>
<td>Plays videogames</td>
<td>Has a large collection of shoes</td>
</tr>
<tr>
<td>__________________________________</td>
<td>__________________________</td>
<td>________________________</td>
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<td>______________________________</td>
</tr>
</tbody>
</table>
Activity 2: Intro to Social Determinants of Health
This is a general brainstorming activity to get interviewers thinking about the social determinants of health, and is useful for training interviewers from a range of educational and professional backgrounds.

Directions: A flip chart is useful for this exercise. Post each question on a flipchart page, and write down answers from the group. Some examples of answers are given – the idea is for the group to arrive at these answers, but the facilitator may need to suggest some of the answers to generate discussion.

Time: 15 minutes

- Question 1: What is health?
  o Mental, physical, emotional
  o Is broad
- Question 2: What factors, positive and negative, impact health?
  o Money, time, language, access to food, job status, genetics, exercise, income, race, class, sexual orientation, gender, age, access to a doctor.
  o Many factors that impact health
- Question 3: Which of these factors are individually controlled?
  o Not many of these factors are individually controlled.
  o Research also shows that health is not largely determined by individual factors.
  o More specifically, factors such as income security, food security, race, class, education, housing
  o Part of the project is based on research that shows neighbourhoods (in other words, where you live) has an impact on health.
Activity 3: Intro to Rapid Assessments
Time: 15 min

This activity provided interviewers with an introduction to the background and aims of the Rapid Assessment pilot project – it can be used as an example and modified according to the details of your own project.

- Question 1: What is the purpose of the Rapid Assessments project?
  - First, we seek to develop a tool that decision-makers, service providers, and community groups can use to quickly and reliably assess local health status and needs.
  - Second, we will create a manual for rapid assessment of small-area health needs that will be made available for download by interested groups.
  - Third, we will develop a set of best practices for knowledge translation that involves potential end users of the knowledge from the beginning of the research process.
  - Finally, we will use the data collected for this pilot study of the rapid assessment tool to identify health needs and priorities of the four selected neighbourhoods and evaluate the effectiveness of the tool in a) generating a sufficient response rate, b) producing knowledge relevant to stakeholders, and c) in generating knowledge that is likely to be used in decision-making.

- Question 2: What gap in the literature will the RA project address?
  - Data on health status, determinants of health and access to health care at the small area level is surprisingly scarce, but urgently needed. There is now a large body of research showing substantial small-area differences in crude measures of health status (e.g., infant mortality) and health care utilization (e.g., hospital admissions), but no information on the prevalence of health risk factors or unmet health care need. Moreover, data is required that would allow for analyses of the factors (e.g., socio-economic status, health behaviours, etc.) contributing to health status, and health care utilization (or unmet need) at a small area level. National surveys such as the Canadian Community Health Survey cannot be disaggregated to such a small geographic level and administrative health care data can only make inferences about previous use, which is not an indicator of need, health status, risk or unmet need. The data that is needed to ensure equitable health outcomes and health care access, is quite simply, unavailable.

- Question 3: Which 4 neighbourhoods are part of the RA project? How many surveys will be conducted in each neighbourhood?
  - Eglinton East, Parkdale, St. Jamestown, and Weston
• 300 in each neighbourhood

• Question 4: Who will be provided the results of the project?
  o This tool will equip Local Health Integrated Networks (LHINs), community-based health care providers and other decision-makers, providers and community groups in Ontario to use evidence to understand local health needs, to generate solutions that are appropriate to local conditions and to act on significant disparities in health and health care access between local communities within their jurisdictions.
Activity 4: Introducing the RA Project Neighbourhoods
Time: 40 min

This activity introduced interviewers to the four pilot project neighbourhoods – the fact sheets that the exercise refers to can be found in Part 1 of the Training Manual that is included in this appendix, after the training exercises. Depending on your project and your interviewers' familiarity with the community or communities being surveyed, this kind of exercise may or may not be relevant for you.

Small Group Presentations

- Each group will be assigned a neighbourhood.
- Each group will go through the representative fact sheet from the manual and report back some basic information about the neighbourhoods.
- Questions to consider:
  - Where in the city is the neighbourhood located?
  - Are there any of the statistics that you find particularly surprising?
  - Who is living in the neighbourhood? What languages are spoken by people living in the neighbourhood?
  - Anything that you remember from the mapping days?
**Activity 5: Introducing the Survey**  
It is important to give interviewers ample opportunity to get familiar with the survey itself, ask questions, and get clarification before going into the field. Going through the survey in detail with interviewers was an important part of training during the pilot project.

Directions: Read through the survey with the group, allowing the interviewers time to ask questions as you review the survey. Pay special attention to instructions on reading the questions and answer sets, and skip patterns. Use a projector, if available.

Time: 30-40 min
Activity 6: Introducing Interviewing Skills
This is a small group exercise to generate discussion and key points on strategies for successful interviewing.

Directions: Break the interviewers into smaller groups (between 2 and 4, depending on the size of the group being trained). Have each group brainstorm ideas on important interviewing skills and characteristics of a good interviewer. After about 5 minutes, have each group report back to create a master list. Again, a flip chart is useful here for recording answers. A list of important points is given below – if any of these are not mentioned by the group, the facilitator can add them to the list. The facilitator should go over the points and explain further where necessary.

Time: 20 min

- Important factors to include:
  - Be Prepared
  - Keep the interaction professional
  - Select the appropriate environment
  - Keep in mind the number of people present
  - Be time conscious
  - Be Patient
  - Be aware of your own body language
  - Neutrality
  - Don’t be afraid to confirm information
  - Understands respondents and is empathetic
  - Listens well
  - Maintains an attitude of genuine interest
  - Is articulate
  - Accepts rejection—doesn’t take “no” personally
  - Doesn’t let mood affect performance
  - Read survey questions exactly as worded
  - Read slowly and clearly
  - Read entire question
  - Ask every question unless instructed to skip
  - Read in an appropriate conversational tone
  - Emphasize words that are in bold or underlined
  - Don’t define words or phrases unless definition provided
Activity 7: Survey Role-plays
This exercise give interviewers a chance to practice executing the survey during training, before going into the field, and to give each other constructive feedback.

Directions: Pair the group off. One person will role-play as the designated ‘participant’, and the other as the interviewer. The designated participant will be assigned one or two of the role-play scenarios below – give a copy of the questions below to each pair. Pairs should switch off so that both participants have a chance to interview. Instruct each ‘participant’ to evaluate the interviewer, making note of comments on the form given below. Allow about 25 minutes for role-playing – at the end of the exercise, have group members report their interviewing and role-play experiences. The facilitator can use feedback from the interviewers as a starting point to expand on important issues.

Time: 40-50 min

When the interviewer asks you:
**Question 52: How long has it been since a doctor has given you a complete, overall physical checkup that was NOT for a specific health problem?**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year ago</td>
<td>1</td>
</tr>
<tr>
<td>1 year to less than 2 years ago (1-2 years ago)</td>
<td>2</td>
</tr>
<tr>
<td>2 years to less than 3 years ago (2-3 years ago)</td>
<td>3</td>
</tr>
<tr>
<td>3 years to less than 4 years ago (3-4 years ago)</td>
<td>4</td>
</tr>
<tr>
<td>4 years to less than 5 years ago (4-5 years ago)</td>
<td>5</td>
</tr>
<tr>
<td>5 or more years ago (&gt;5 years ago)</td>
<td>6</td>
</tr>
<tr>
<td>Never done</td>
<td>7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>88</td>
</tr>
<tr>
<td>NO RESPONSE</td>
<td>99</td>
</tr>
</tbody>
</table>

Answer: I haven’t thought about it. **Remember how the interviewer responded to report back to the larger group.**

When the interviewer asks you:
**Question 57: And finally, how long has it been since your last flu shot?**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year ago</td>
<td>1</td>
</tr>
<tr>
<td>1 year to less than 2 years ago (1-2 years ago)</td>
<td>2</td>
</tr>
<tr>
<td>2 years to less than 3 years ago (2-3 years ago)</td>
<td>3</td>
</tr>
<tr>
<td>3 years to less than 4 years ago (3-4 years ago)</td>
<td>4</td>
</tr>
<tr>
<td>4 years to less than 5 years ago (4-5 years ago)</td>
<td>5</td>
</tr>
<tr>
<td>5 or more years ago (&gt;5 years ago)</td>
<td>6</td>
</tr>
<tr>
<td>Never done</td>
<td>7</td>
</tr>
</tbody>
</table>
Answer: About 2-5 years ago. Remember how the interviewer responded to report back to the larger group.

When the interviewer asks you:
Question 59: In general, would you say the health of your teeth and mouth is:
Excellent---------------------------------1
Very Good-----------------------------2
Good-----------------------------------3
Fair-----------------------------------4
Poor-----------------------------------5
DON'T KNOW----------------------------88
NO RESPONSE--------------------------99

Answer “It’s outstanding!” Remember how the interviewer responded to report back to the larger group.

How did you pick me? Where did you get my name?”

Remember how the interviewer responded to report back to the larger group.

At the end of the interview, ask the interviewer: “Who will see my answer?”

Remember how the interviewer responded to report back to the larger group.

At the end of the interview, ask the interviewer: “What good does this do? How do I benefit?”

Remember how the interviewer responded to report back to the larger group.

At the end of the interview, ask the interviewer, “How long will this take?”

Remember how the interviewer responded to report back to the larger group.
### Evaluating Form for Activity 7

Evaluate the interviewer on the following scale

<table>
<thead>
<tr>
<th></th>
<th>Need more practice</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tone</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body Language</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Evaluate the interviewer on the following scale

<table>
<thead>
<tr>
<th></th>
<th>Need more practice</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tone</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body Language</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
RA Project Training
Feedback Form

At the end of our pilot project training sessions, all of the interviewers were given the opportunity to provide the coordinator(s) who lead the training with feedback using this anonymous feedback form. This was useful for the coordinators in planning future training sessions. Depending on your project and your organization, a feedback form like this may also be useful for you.

<table>
<thead>
<tr>
<th>felt</th>
<th>Needed some more work…</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Were/Was excellent</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, today’s activities and discussions…</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The morning training…</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The afternoon training…</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In today’s training, I learned…</th>
<th>Nothing new</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Lots of stuff!</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I liked:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I didn’t like:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Need clarification on:

How do you feel at the end of the training day?
3. Project Manual for interviewers

We prepared a training manual at the outset of the pilot project that was given to all of our interviewers during training. It can be viewed and downloaded at: http://www.stmichaelshospital.com/crich/rapid_assessment.php

Our manual was modified somewhat for later trainings, based on our experiences and changes to methods, but it provides a useful example of the kind of manual project interviewers had for their reference. Our training manual was divided into two parts, corresponding to the two original sections of the training that are described above in the ‘Training Interviewers’ section of this manual. Note that many of the sections and details in this manual are particular to the pilot project – it is meant as an example or template that can be modified or used as a reference for creating your own training manual for your rapid assessment project. When creating your own interviewer training manual, we recommend including the following components:

1.) Introductions
   a. **Background on your project** (Why are you doing the project? What are you hoping to find out? What will results be used for?)
   b. **Background on the Social Determinants of Health and/or Neighbourhoods and Health** (if suitable for your project and interviewers)
   c. **Background on the neighbourhoods** your are surveying in (if necessary for your interviewers) and/or target groups for your project (if applicable)

2.) Interviewing skills
3.) Project procedures
   a. **Administrative procedures** - such as scheduling of interviewers, returning completed surveys, responsibilities of interviewers and coordinators) and contact information for project staff
   b. **Safety protocol** and emergency contact information
   c. **Sampling** - including identifying block faces, selecting residences, and coding residences
   d. **Response rates** – tracking response rates and using response rate sheets
   e. **Introducing the survey** at the door
   f. **Informed consent** - the process of disclosure with participants and obtaining consent
   g. **Steps to interviewing** – detailed steps that interviewers will follow in the field

4.) Interviewer checklist: An checklist of everything interviewers need to bring with them when surveying in the field, and any additional important information they need to remember before going out to survey

5.) Appendices – A copy of all of the documents that interviewers may need for their reference should be included (Examples of these documents from the pilot project are included below in Appendix C)
   a. **Neighbourhood map(s)**
   b. **Response rate form**
   c. **Consent/Disclosure form**
d. Resources for crisis sheet (if applicable)
e. Script for introducing the survey
f. The survey tool
Appendix C: Administering the Rapid Assessment Tool: 
*Materials for Interviewers*

1. **Sample neighbourhood map**

This map of the neighbourhood of St. Jamestown has all of the blockfaces identified and numbered.
2. Response Rate forms

2a. Blank response sheet

<table>
<thead>
<tr>
<th>Interviewer:</th>
<th>Code Assigned:</th>
<th>Date:</th>
<th>Response:</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tr>
</tbody>
</table>
2b. Assigned response sheet

The following shows an example section of a response sheet where the project coordinator has assigned the interviewer to return to certain residences. The residence code, last date of attempt, and last response recorded appear in the first three columns – the interviewer then fills in the last column with the new responses they receive. Note that the two examples given are of apartment residences – the bolded row gives the code for the apartment building, as well as the number of floors and the number of surveys already completed in that building. The interviewer needs this information in order to fulfill survey quotas for different sized apartment buildings (this is discussed in detail in Part III, Section 2b of the manual).

<table>
<thead>
<tr>
<th>Interviewer:</th>
<th>[Interviewer writes name here]</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Assigned:</td>
<td>Date:</td>
<td>Response:</td>
</tr>
<tr>
<td>P12_188</td>
<td>8 Floors</td>
<td>3/8 surveys done</td>
</tr>
<tr>
<td>P12_188_802</td>
<td>18-Dec-07</td>
<td>No response</td>
</tr>
<tr>
<td>P12_188_702</td>
<td>18-Dec-07</td>
<td>Vietnamese speaking – return with a translator</td>
</tr>
<tr>
<td>P12_188_703</td>
<td>18-Dec-07</td>
<td>No response</td>
</tr>
<tr>
<td>P12_188_602</td>
<td>18-Dec-07</td>
<td>Spanish speaking – return with a translator</td>
</tr>
<tr>
<td>P12_188_603</td>
<td>18-Dec-07</td>
<td>No response</td>
</tr>
<tr>
<td>P12_200</td>
<td>12 Floors</td>
<td>2/8 surveys done</td>
</tr>
<tr>
<td>P12_200_103</td>
<td>3-Nov-07</td>
<td>No response</td>
</tr>
<tr>
<td>P12_200_104</td>
<td>3-Nov-07</td>
<td>No response</td>
</tr>
<tr>
<td>P12_200_1105</td>
<td>17-Nov-07</td>
<td>No response</td>
</tr>
<tr>
<td>P12_200_1105</td>
<td>17-Nov-07</td>
<td>No response</td>
</tr>
<tr>
<td>P12_200_1107</td>
<td>17-Nov-07</td>
<td>Return next week</td>
</tr>
<tr>
<td>P12_200_1201</td>
<td>24-Oct-07</td>
<td>No response</td>
</tr>
<tr>
<td>P12_200_207</td>
<td>24-Oct-07</td>
<td>No response</td>
</tr>
<tr>
<td>P12_200_208</td>
<td>17-Nov-07</td>
<td>No response</td>
</tr>
<tr>
<td>P12_200_407</td>
<td>17-Nov-07</td>
<td>No response</td>
</tr>
<tr>
<td>P12_200_408</td>
<td>17-Nov-07</td>
<td>No response</td>
</tr>
</tbody>
</table>
3. Script for introducing the survey
The following script was given to pilot project interviewers for reference in the field – it can be used as an example and modified if necessary to suite your rapid assessment project.

Script for Interviewers: Introducing the Rapid Assessment Survey

At the Door:

Hi, my name is __________, I’m from St. Michael’s Hospital. We’re doing a community health survey in your area. It’s entirely anonymous and confidential and you’ll get $20 at the end of it. Would you be interested? We can come back if this isn’t a good time.

Interviewer: Remember, if it’s not a good time, find out when is. If English isn’t their primary language, find out what is so we can coordinate with the group.

If the respondent agrees to participate, proceed with introduction of the disclosure form. Give every respondent a copy of the disclosure form.

Introducing the Disclosure Form:

This disclosure form is for you to keep. Just so you know, I’ll outline the major points for you. Dr. Jim Dunn is the head of the project. If you have any questions about the project you can contact him. Dr. Julia Spence’s name and contact info is at the end of the form. If you have any problems with the questions, you can contact her.

Three major things I’ll tell you about: First, your participation is completely voluntary. We can stop and start at any point. You don’t have to answer any questions you don’t want. No matter how many questions you answer, you still get the $20. Second, it’s totally confidential. Your info won’t be shared with anyone and only the project team will have access to it. Third, the answers that you provide today will be anonymous, meaning that we won’t be taking your name down anywhere. We number the surveys according to the block number and the house number. Only people that are part of the project team know what the block numbers are. As part of the safety protocol, I just have to take a moment before we start to let the team leader know where I am and that I’m about to start a survey.

Do you have any questions?

Interviewer: Begin the survey after introducing the disclosure form and answering any questions the respondent may have.
4. Disclosure form

The following is the disclosure form used for the Rapid Assessment Pilot Project. This example form can be modified using your organization's information and tailored as appropriate for your rapid assessment project. Your disclosure form needs to tell participants why you are doing the project, what kind of information you are collecting, and why they have been chosen to participate. It also needs to outline any risks and benefits to participation, and let participants know that they can skip questions or withdraw from the study if they choose. It should state the survey is anonymous and confidential, and provide appropriate contact information if participants have any questions about the project.

INFORMATION ABOUT THE SURVEY

Research project name: Rapid Assessment Tool for Small-Area Health Needs

Principal Investigator:
Dr. James Dunn
Centre for Research on Inner City Health, St. Michael’s Hospital
(P) 416 864 6060 ex: 3313

Study Sponsors:
Ontario Ministry of Health and Long-Term Care

This survey is part of a project called Neighbourhood Health Assessment that is designed to ask people in your community about neighbourhood and health issues, and how they compare to other neighbourhoods in Toronto. We are choosing people at random in your neighbourhood to participate in a short 30 minute survey, and that is why I have knocked on your door.

You are eligible for this study if (1) you are 18 years of age and over, (2) if you can complete a 30-minute interview session, and (3) if you can speak English, or one of the common languages spoken in your neighbourhood for which we have an interpreter available.

This survey is anonymous, which means that we do not collect your name. While there are no direct benefits to you, by participating you contribute to an understanding of the specific health needs of your neighbourhood so that in future, these needs can be better
addressed by the health system. To identify these health needs, we will ask questions about your neighbourhood, your health status, how you access health care, and about other parts of your life that contribute to your health such as housing and service use.

Participation is voluntary—whether you participate is entirely up to you. This survey is entirely anonymous. We will not ask you for your name and you do not need to sign any document. During the interview, you will be given the opportunity to take a short break if needed. You are free to skip any questions that you are uncomfortable answering.

You will receive $20 for your participation; if you withdraw from the study this will not affect your reimbursement. If you end the interview at any time, your withdrawal from the study also withdraws all the information you have provided up to that point.

A copy of this INFORMATION ABOUT THE SURVEY will be given to you.

If you require further information about this project, you may contact [name of manager or coordinator], Project Manager at [manager/coordinator’s contact phone number] during business hours.

If you have any questions regarding your rights as a research participant, you may contact [name of Chair or contact person], Chair of the Research Ethics Board at [contact phone number] during business hours.
5. Resources for Crisis information sheet
This information sheet was given to all participants along with the disclosure form as part of the informed consent process. Such a list of resources can be modified by your organization as appropriate for the community being surveyed.

The following is a list of resources available for you to contact if you are in distress or if you have questions concerning your health:

<table>
<thead>
<tr>
<th>Distress Centre Name</th>
<th>Distress Line</th>
<th>Web Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distress Centres of Toronto</td>
<td>(416) 408-4357</td>
<td><a href="http://www.torontodistresscentre.com">http://www.torontodistresscentre.com</a></td>
</tr>
<tr>
<td>Survivor Support Program</td>
<td>416-595-1716</td>
<td></td>
</tr>
</tbody>
</table>

Telehealth Ontario
Free Access to a Registered Nurse — 24 Hours a day, 7 days a Week.

Now help is close at hand. You do not need to provide your health insurance number and all information is confidential. It doesn't hurt to call.

1-866-797-0000   TTY: 1-866-797-0007

What is Telehealth Ontario?
Telehealth Ontario is a free, confidential telephone service you can call to get health advice or general health information from a Registered Nurse.
That means quick, easy access to a qualified health professional, who can assess your symptoms and help you decide your best first step. We can help you decide whether to care for yourself, make an appointment with your doctor, go to a clinic, contact a community service or go to a hospital emergency room.

How Does Telehealth Ontario Work?
When you call Telehealth Ontario, you will be talking directly with a Registered Nurse. You will be asked to describe your symptoms and answer questions to best assess the seriousness of the problem. Based on the assessment, the Registered Nurse can either advise self care, recommend a visit to a health practitioner or, give you the phone numbers of community resources nearest you.
The Telehealth Ontario service is provided in English and French, with translation support for other languages and a direct TTY number for those with hearing and speech difficulties. Callers can also be connected to medication information and health information audio tapes.

Why has this service been introduced?
Telehealth Ontario will improve the use of our health system by providing you with access to experienced health advice 24 hours a day, 7 days a week.

When Should I Call?
When you have a general health question and nowhere to turn, call Telehealth Ontario. Within minutes your questions will be answered, providing you with peace of mind.
A call to Telehealth Ontario will give you confidential advice about any health-related concerns such as:

- Symptoms that could require medical attention
- Illness or injury
- Chronic illnesses
- Nutrition and healthy lifestyles
- Teen health and lifestyle issues
A call to Telehealth Ontario **does not replace 911** — that's always the first number you should call in emergency situations.

from website:
6. Survey tool
The full survey tool is available to view and download at:
Appendix D: Administering the Rapid Assessment Tool: 
*Materials for Coordinators*

1. Sample Response Rate spreadsheet
This section of a spreadsheet below shows how the master spreadsheet to track response rates was set up for the pilot project. The example below includes both houses and an apartment building. It also shows some residences where interviewers have returned multiple times – often interviewers will return to residences a number of times, recording ‘no response’ or ‘return later’ outcomes, before contact is made with a resident and a ‘yes’ or ‘no’ answer is recorded.

<table>
<thead>
<tr>
<th>Code Assigned</th>
<th>Date</th>
<th>Response</th>
<th>Interviewer</th>
</tr>
</thead>
<tbody>
<tr>
<td>N15_1696</td>
<td>1-Aug-07</td>
<td>No response</td>
<td>Ana</td>
</tr>
<tr>
<td>N15_1696</td>
<td>2-Aug-07</td>
<td>Yes</td>
<td>Michelle</td>
</tr>
<tr>
<td>N15_1705</td>
<td>1-Aug-07</td>
<td>No response</td>
<td>Ana</td>
</tr>
<tr>
<td>N15_1705</td>
<td>2-Aug-07</td>
<td>No response</td>
<td>Michelle</td>
</tr>
<tr>
<td>N15_1712</td>
<td>1-Aug-07</td>
<td>No response</td>
<td>Ana</td>
</tr>
<tr>
<td>N15_1712</td>
<td>2-Aug-07</td>
<td>No</td>
<td>Michelle</td>
</tr>
<tr>
<td>N16_57</td>
<td>1-Aug-07</td>
<td>Return at 2pm tomorrow</td>
<td>Ana</td>
</tr>
<tr>
<td>N16_57</td>
<td>2-Aug-07</td>
<td>Yes</td>
<td>Michelle</td>
</tr>
<tr>
<td>N16_64</td>
<td>1-Aug-07</td>
<td>No response</td>
<td>Ana</td>
</tr>
<tr>
<td>N16_64</td>
<td>2-Aug-07</td>
<td>No response</td>
<td>Michelle</td>
</tr>
<tr>
<td>N16_71</td>
<td>1-Aug-07</td>
<td>No response</td>
<td>Ana</td>
</tr>
<tr>
<td>N16_71</td>
<td>2-Aug-07</td>
<td>No response</td>
<td>Michelle</td>
</tr>
<tr>
<td>N22_1177</td>
<td>17 Floors</td>
<td>12/32 surveys done</td>
<td></td>
</tr>
<tr>
<td>N22_1177_1001</td>
<td>2-Aug-07</td>
<td>No English - Urdu speaking</td>
<td>James</td>
</tr>
<tr>
<td>N22_1177_1007</td>
<td>2-Aug-07</td>
<td>No response</td>
<td>James</td>
</tr>
<tr>
<td>N22_1177_1014</td>
<td>2-Aug-07</td>
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<td>James</td>
</tr>
<tr>
<td>N22_1177_1020</td>
<td>2-Aug-07</td>
<td>No response</td>
<td>James</td>
</tr>
<tr>
<td>N22_1177_1026</td>
<td>2-Aug-07</td>
<td>No response</td>
<td>James</td>
</tr>
<tr>
<td>N22_1177_1107</td>
<td>2-Aug-07</td>
<td>Return next Friday, anytime</td>
<td>James</td>
</tr>
<tr>
<td>N22_1177_1114</td>
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<td>James</td>
</tr>
<tr>
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<td>No response</td>
<td>James</td>
</tr>
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<td>N22_1177_1205</td>
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<td>No</td>
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</tr>
<tr>
<td>N22_1177_1212</td>
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<td>No response</td>
<td>James</td>
</tr>
<tr>
<td>N22_1177_1219</td>
<td>2-Aug-07</td>
<td>Yes</td>
<td>James</td>
</tr>
<tr>
<td>N22_1177_1226</td>
<td>2-Aug-07</td>
<td>No response</td>
<td>James</td>
</tr>
</tbody>
</table>
2. Response Rate calculations

To calculate a response rate for a survey project, as a percentage, the basic method is to subtract the number of refusals from the total number of surveys collected, and then divide this by the total number of surveys collected.

The following response categories and response rate calculations were used during the pilot project. We calculated two different response rates for the pilot project, using two definitions of what a ‘refusal’ was. The first calculation includes only those respondents who were contacted and said ‘no’ to the survey as a refusal (Category 2 in the list of response rate categories). The second counts all of those residents who did not say ‘yes’ and complete a survey as refusals – this means that it includes those who said ‘no,’ as well as those who we were unable to contact to complete the survey (Categories 2 and 3)

### Final Response Rate Categories:
1. Sampled, but not contacted (‘No Response’)
2. Contacted, but hard refusal (‘No’)
3. No refusal, no interview (‘Come back later’, ‘Come back _[day/time]_’, etc. – all cases where either the interviewer or interviewee was not there at the right time to do an interview)
4. Language barrier
5. Completed (Yes)

### Response Rate Calculations:

1. ) \[
\frac{\text{Total sampled} - \text{Hard refusals}}{\text{Total}}
\]

2. ) \[
\frac{\text{Total} - [\text{Hard refusal} + \text{Sampled but not contacted} + \text{No refusal, no interview}]}{\text{Total}}
\]
Appendix E: Materials for Data Analysis and Reporting
1. Quick guide to Constructing an SPSS Code Book

This introductory guide to setting up an SPSS code book for data entry is available at http://www.stmichaelshospital.com/crich/rapid_assessment.php

The guide was used by pilot project coordinators to assist in training data entry staff in SPSS, and a copy was given to each data entry assistant for their reference.