



Crisis Response Teams Initiative

RARE Project

Field Assessment

Methods Training Workbook



***Crisis Response
Teams***

OHAP
Office of HIV/AIDS Policy

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Office of Public Health and Science
Office of HIV/AIDS Policy
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Crisis Response Teams Initiative

RARE Field Team Principle Investigator Guide

Department of Health and Human Services
Office of HIV/AIDS Policy

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RARE Field Training Introduction

Introduction to CBC RARE Project

In 1999, the Office of Public Health and Science (DHHS) announced the availability of technical assistance teams, known as crisis response teams (CRT's), to provide multidisciplinary technical assistance to cities highly impacted by HIV/AIDS within racial and ethnic minority communities (Federal Register 63:247 pp. 71290, Dec. 24, 1998).

The HIV/AIDS epidemic has disproportionately affected racial and ethnic minority populations nationally, especially in major metropolitan areas and urban centers. The CRT program was developed to work in partnership with local community officials, public health personnel and community leaders. Its purpose is to create a local infrastructure that can further assess the local HIV/AIDS epidemic, implement culturally effective intervention strategies, and evaluate the impact of those interventions at the local level.

The CRT program assists communities to enhance prevention efforts, and to maximize community health, support and services networks and to provide access to care for the most vulnerable populations. The findings of the crisis response team and the community participants are provided to local elected and health department officials, the HIV community planning groups, and the planning councils for their consideration and action.

The methodological basis for the CRT and community groups is the use of a Rapid Assessment, Response and Evaluation (RARE) approach to assessment and program implementation.

The CRT's provide technical assistance only at the request of the chief elected official (CEO) of an eligible jurisdiction, in collaboration with the director of the local health department and State/local HIV community planning groups and HIV planning councils.

This methods workbook is designed to provide a basic introduction to Rapid Assessment, Response, and Evaluation (RARE) strategies that are being applied by the OHAP (Office of HIV/AIDS Policy) crisis response teams as part of the technical assistance program to eligible communities. It is also designed to provide the training exercises that will assure high quality data collection by local RARE field teams. The guide provides definitions of the RARE processes, establishes a rationale for rapid assessment and response, and provides a model for conducting the data collection that is necessary to produce targeted rapid responses in communities.

Key Feature of RARE

One of the key features of the RARE approach is that data must be collected from many different sources, using a variety of assessment methods. This process, called triangulation, allows the RARE team to continually check the reliability, validity, scope, and interpretation of the data collected. This allows them to determine the types of information that are needed to create an excellent intervention that meets all of the important local needs.

The rapid assessment process consists of a number of inter-dependent parts. The findings gained from one research method are also relevant for answering questions in other areas of assessment. One of the main principles of RARE is that the methods and data are not simply used sequentially but are used interactively and in combination with each other. This allows the RARE team to be creative, comprehensive, and responsive to local conditions and needs.

Basic Features of Rapid Assessment

There are eight primary features or principles of rapid assessment that make it useful for the RARE program.

1. Speed.

Time is of the essence when tackling rapidly unfolding social and health problems. The diffusion of new patterns of substance use and associated problems may occur more rapidly than the time it takes to undertake conventional research.

2. Cost-effectiveness.

Rapid assessment uses research techniques that have a high output of information in relation to input of research effort. There is a preference for cheap sources of information.

3. Relevance to interventions and practical issues.

Rapid assessments are used to assist the deployment of interventions. They are not an end in themselves. The utility of a rapid assessment may be judged by its adequacy for decision-making rather than by its scientific rigor alone.

4. Strengthening of local responses.

Rapid assessments involve the community and those who will be involved in developing interventions, or advocating on their behalf.

5. Use of available data.

New data gathering exercises (such as surveys or interviews) are undertaken only where the existing sources of information are inadequate.

6. Multiple methods and data sources.

RAR combines various methods and sources of data. A single method or source of data cannot encompass all aspects of complex social problems, particularly those that are sensitive and tend to be hidden. An overview is constructed from various data sources which individually may only offer a partial and incomplete description.

7. Investigative orientation and inductive analysis.

Rapid assessments adopt a 'detective' approach. In many societies there may be a cultural or political incentive to deny the existence of various activities, and this is particularly significant with respect to substance use and sexual behavior. The advantage of rapid assessment methods over other social science approaches is that it encourages the constant cross checking of information from various sources. For example, key informants' accounts can be checked against observations. Investigators work 'inductively' and build up their conclusions by collating and checking from a wide range of information.

8. Multi-level analysis.

There is a need to see the problem in the social, cultural, religious, political and historical context. Rapid assessments commonly move across several levels of investigation in order to identify different levels for intervention. All societies are in a state of dynamic change, particularly those in developing countries. Substance use problems may be emerging or rapidly developing and may be linked beyond the community level with structural and economic features of these countries.

The Relationship between rapid assessment and intervention development

The data collected during the RARE process are focused by the ultimate goals of the project; to find effective and inexpensive interventions that will stop the spread of HIV in local communities.

The recommended interventions can be new, can be expansions of existing interventions, or can be cultural modifications of available intervention designs. **There is a direct relationship between the questions that are asked and the final outcomes of the RARE field assessment.** The result is a community based, community informed development of a culturally competent and locally responsive set of actions that have a high probability of being adopted and successfully carried out at the local level.

The goal of the rapid assessment process is to provide the information that is necessary for the local community to make informed decisions about the kinds of interventions that are required, the resources that are needed, and the types of programs that are acceptable to the community. It is understood from the inception of the project that any local response will be influenced by social, cultural, political, religious, ethical and economic factors. Interventions will have to be made locally acceptable, and feasible. This implies that rapid assessments should only be undertaken at times and in places where there is already a commitment to do something. However, rapid assessments can also be used to alert leaders and local organizations to new problems, or to critical changes in existing problems, where actions and responses will also need to be changed.

RARE Assessment Modules

The OHAP RARE assessment modules provide the primary organizational structure for the

RARE field data collection program.

There are three field data modules that provide the data for the assessment process. These are:

1. **Risk and Protective Factor Assessment**
2. **Contextual Assessment**
3. **Intervention Assessment**

Each of these assessment modules utilizes a set of common questions that can be answered by the field assessment team. The basic areas of exploration are that cut across the assessment modules are:

1. Who are the vulnerable populations that need to be the focus of the field investigation?
2. What are the important things to understand about the lifestyles, beliefs, behaviors, and environment of the vulnerable populations?
3. Where do key conditions occur?
4. When do key conditions occur?
5. Why do vulnerable populations do the things they do?

Risk and Protective Factor Assessment

The Risk and Protective Factor Assessment collects data on the extent and nature of risk behaviors, the reasons people engage in risk behavior, and the protective factors which enable risk reduction. It provides information on the types of risks that are encountered by vulnerable populations, as well as the extent and nature of those risks. This assessment primarily describes the people, times, places, and sociocultural processes of HIV risk taking and protective behaviors. **This module answers basic questions about WHO is vulnerable in a particular neighborhood, WHAT people do that put them at risk, HOW they do things that have health consequences, WHY they do them, WHEN they do risky things or things that protect themselves, and WHERE those things happen?** It provides key information on conditions that make individuals vulnerable to HIV infection.

Key areas of assessment

The field team creates locally appropriate interviews, questions, and observational opportunities that allow them to explore the following major issues that are the core explorations in this module.

1. Who are the key groups that are vulnerable to HIV infection in the neighborhood?
2. What are the exact risk behaviors in the vulnerable population?
3. Where do the risks occur?

4. When do the risks occur (i.e. what is the extent, frequency, and time pattern of risk?)
5. Why do individuals engage in risk behaviors (i.e. What are the beliefs, knowledge, values that are important to understanding risk)
6. How can risks be avoided or reduced, from the perspectives of all of the key stakeholders in the community?

The Risk and Protective Factors Assessment focuses on the beliefs and behaviors relating to HIV risks and the broad health consequences associated with those risks. The field team explores the conditions, which increase the likelihood of adverse health or social consequences, beliefs that tie into the continuation of the risks, community values that have an impact on the risk behavior, and processes of engaging in risk. They also assess the impact of other individuals' behavior (friends and family, acquaintances, and individuals in institutions) on risk taking, in addition to individual behavior. The influence of structural factors (such as the impact of the legal environment) is also considered as they increase or decrease risk or harm. Some of these issues are also explored in the contextual assessment, which allows triangulation of these conditions from two different approaches to the data.

Risk and Protective Factors can be influenced at three inter-dependent levels, and some of the exploration must cover each of these levels. They are:

Individual: At the level of the individual, personal knowledge, attitudes, lifestyles, and beliefs about risk can influence behavior in risky situations.

Community Culture: At the level of the community risk behavior is influenced by wider community-wide 'norms' and settings, as well as the institutional processes that affect individuals.

Policy and Politics: At the structural level, risk behavior is influenced by general public attitudes, policies and laws.

Risk reduction often requires changes at all three levels. This means identifying or developing interventions that promote individual change, changes in peer group norms, structures and attitudes (community change) as well as changes in public attitudes and policy ('structural change').

Key questions to guide the assessment

The following list is a guide to the questions that have to be modified at the local level (for language, culture, communication issues) to provide the data that identifies the main consequences that need to be addressed by the assessment process.

Individual risk behaviors

1. Who are all of the different groups, populations, in the neighborhood that are taking risks that make them vulnerable to HIV infection?
2. What are all of the different configurations of risks that these people are engaging in (specific drug, sex, etc. risks in relation to specific populations)?
3. What are the levels of knowledge that people have of the causes and treatment of HIV and AIDS?
4. Where do the risks for specific populations take place?
5. When do the risks take place? What is the daily, weekly, and seasonal variation in risk taking behavior?
6. Why do people take the risks? Who knows about the risks? Who does something positive or negative about the risks?
7. How can the risks be reduced in the neighborhood, from the perspective of the individuals involved in the risk, the perspective of neighborhood leaders, and the perspective of local health and governmental organizations?
8. What are the attitudes and values about the risks associated with HIV transmission?

Community norms and context

1. How do social do's and don'ts influence risk behaviors? What are the rules about risk that exist in the community? What are the beliefs about the consequences of risk that are important to know about?

Policy and the environment

1. What impact do local and national policies have on risk behavior?
2. What impact does the economic and legal environment have on risk behavior?

Methods

There are five basic RARE methods that can be used to collect the appropriate data to answer these questions.

1. **Focus groups**
2. **individual qualitative interviews**

3. **direct observation**
4. **mapping**
5. **rapid assessment surveys**

Contextual Assessment Module

The contextual assessment helps identify the important social and physical environments within the community that can lead to local recommendations about the need for interventions and the structure of those interventions.

The context assessment describes the impact of the environment on people, times, places, and the processes of HIV risk taking and protective behaviors. It directly complements the risk assessment module. **This module answers basic questions about WHERE people do things (both risky and protective), WHEN they do them, WHY they do them, and HOW the social and physical environments have an impact on peoples lives.** The module also provides key information on the environmental conditions that affect individuals that are in need of services after infection and on people who are in need of services to minimize the impact of HIV infection (treatment and prevention of progression to AIDS)

This module focuses on the interaction between the environment and people. Therefore the basic questions that cut across all modules (who, what, where, when, why) are focused on the following basic issues:

1. Who are the vulnerable populations within each key context (neighborhood, risk area, setting, etc.)?
2. What kinds of locations and social conditions produce the most intensive risk configurations that must be addressed? What specific locations must be addressed locally?
3. When does the environment have an impact on HIV transmission? What are the important times of risk and protection for each location? The time dimensions of risk include daily, weekly, and annual cycles of risk in specific locations.
4. Where are the physical and geographical barriers located that hinder interventions, and where are the local elements (programs, people, institutions) that provide help to people in an appropriate way? What are the social and cultural barriers to providing interventions, and what are the local social and cultural facilitators to providing help?
5. Why do the environmental and social conditions create problems? This question focuses on the reasons, beliefs, and values that are associated with both barriers to help, and facilitators for creating successful interventions.

The Contextual Assessment is used to identify the main factors that affect the nature and extent of HIV risks and consequences and the abilities of communities and individuals to respond to it at the neighborhood level.

Key questions to guide the assessment

The field team creates locally acceptable questions (based on local language and culture) that allow the team to explore the following conditions through direct observations, interviews, and surveys.

1. Who are all of the social groups who are vulnerable to HIV risks and consequences within the neighborhoods that are the focus of the rapid assessment?
2. What are the features of the geographical environment that facilitate or constrain the spread of HIV?
3. What are the significant movements of population (including commuters, migration, and tourism) that are relevant to the spread of HIV risks and consequences in the neighborhood?
4. What economic conditions are important to understanding the spread of HIV risks and consequences (e.g. the drug and sex economy, commuting, income inequalities)?
5. Where and when does the health care system provide care and treatment for people with HIV risks and AIDS in the neighborhood?
6. What health services are available and accessible (include services provided by the government and informal health services)? What types of health workers are there? What are the priorities for the department of health? Are there alternative (e.g. traditional) health providers?
7. What are all of the different views held about HIV risks and consequences by different sectors of the population (e.g. in government, among local communities, or by families)? Are there any racial, ethnic or other divisions in society which have an impact on HIV risks and consequences at the neighborhood level?
8. Do households and families support or reject HIV risks and consequences? What aspects of the role of men and women affect the consequences of HIV risks and consequences?
9. What are the local powerful groups that affect the implementation of interventions? Are there CBOs, which operate in the field of HIV risks and consequences or in related fields? Are there constraints over CBO activity? Can educational services assist interventions?
10. How influential are religious groups? What are their views on HIV risks and consequences and sexual behavior? What are relationships like between different religious groups?

11. Are there any racial, ethnic, language or other divisions that help or hinder the development of interventions?
12. What sources of media communication are accessible to and believed by the population? Who controls and influences the print and broadcast media?
13. Is there capacity for research and evaluation on HIV risks and consequences and interventions?
14. What are the other key problems that affect the population and which have an impact on HIV risks and consequences?
15. At what level are decisions made in the fields of law, health and welfare? Who is involved in decision-making?

Context Assessment Methods and data sources

There are five primary methods that are used by the field assessment team to collect the data on the context assessment.

1. **key informant interviews**
2. **focus groups**
3. **direct observations**
4. **mapping**
5. **rapid assessment surveys**

Intervention assessment

The intervention assessment is conducted by the field team to determine the types of interventions that are needed, which would work well in the community. They explore the positive and negative benefits of various types of interventions that could be recommended for the RARE project. The Intervention Assessment investigates current and potential interventions that prevent and reduce the adverse health and social consequences of HIV risk and treatment, and identify the need for new interventions where none are in existence. It is targeted at the specific vulnerable populations that are being studied in the RARE project, not at the total range of interventions available, although complete intervention data is desirable in some cases.

Key areas of assessment

Three main areas are addressed by the data collection for this module.

1. What are the current local interventions targeting HIV risks and consequences? Are current interventions adequate and effective? This question should explore interventions that are targeted at the vulnerable populations identified for the field assessment. They should include the entire spectrum of interventions from

prevention to treatment, wherever appropriate for that population.

2. Where are these interventions available and where are they not available?
3. When are the interventions available and when are they not available?
4. Why are some interventions available, and other interventions are not available?
5. How does the local community assess the positive and negative characteristics of these interventions (from the perspectives of clients, people providing the services, and policy makers)?
6. What additional new or expanded interventions are needed?
7. What new or expanded policies are needed?

The intervention assessment collects data on the extent and nature of current interventions, their adequacy and efficacy, and the need for developing new or expanded interventions. The assessment should provide an overall description of the institutional affiliations, types, extent and structural elements of current interventions. Key information collected includes:

Summary of the RARE Analytical Framework

The following outline identifies the global questions that need to be answered by the RARE field data collection and analysis procedures.

ASSESSMENT ANALYSIS FRAMEWORK

Context (Environment)

Who are the vulnerable populations?

What are the local norms, values, beliefs that influence HIV risk and protective behaviors, access and utilization of services?

What and where are the locations/settings in which behaviors occur that influence patterns that influence risk and protective behaviors?

How do the settings (physical environment and sociocultural context) influence the patterns of risk and protective behaviors?

What is the extent and availability of existing interventions, treatment and care?

What are the factors that increase/decrease likelihood of changing risk behaviors, and or sustaining protective behaviors?

Risk and Protective Factors

What are the different patterns of risk and protective behaviors, access and utilization of services that influence transmission of HIV, progression to AIDS, and morbidity and mortality associated with behaviors and HIV/AIDS

Which sub-groups are at greatest/lower risk of acquiring HIV, progression to AIDS,

experiencing morbidity and mortality associated with behaviors?

What is the extent of HIV risk, HIV infection and AIDS in subgroups at risk (gender, and by exposure group) in the community?

Extent, availability and accessibility for subgroups, relative to their risk for HIV, progression to HIV/AIDS and morbidity/mortality

Interventions

What is the extent and availability and accessibility of existing prevention interventions and treatment and care services?

Who is being served and how are they being reached?

What is the sociocultural appropriateness of the interventions and services?

What are the advantages and disadvantages of the existing interventions and services?

What is working and needs to be continued, expanded, adapted for different groups?

What is not working and has to be discontinued?

What intervention strategies have not been implemented?

Interventions

What are the current local interventions targeting HIV risks and consequences?

Are current interventions adequate and effective?

What is the entire spectrum of interventions from prevention to treatment, wherever appropriate for that population?

Where are these interventions available and where are they not available?

When are the interventions available and when are they not available?

Why are some interventions available, and other interventions are not available?

How does the local community assess the positive and negative characteristics of these interventions (from the perspectives of clients, people providing the services, and policy makers)?

What additional new or expanded interventions are needed?

What new or expanded policies are needed to improve existing interventions or add new ones?

Section 2

Training Outlines and Materials

RARE Field Team Initial Training Outline

DAY 1

A. Introduction to Rapid Assessment

1. Overview of RARE, Purposes and Procedures (1 hour)

This segment would introduce the participants to RARE. This would include the background on the HIV epidemic crisis in African American Communities, the need for rapid response from the CRT=s, the overall goal of creating specific, rapid, targeted intervention responses based on community involvement and RARE feedback, plus the overall goals of RARE. This session is very important and provides both the orientation and motivation for the field team to conduct a highly successful rapid assessment.

2. Background and history of Rapid Assessment (1/2 hour)

This segment provides the field teams with basic bibliographic information on rapid assessment. It would include the philosophy and purpose behind rapid assessment, concrete examples of successful rapid assessment projects, and an overview of the time line, structure, and potential outcomes for the rapid assessment fieldwork.

3. Overview of RARE Methods and Procedures (1/2 hour)

This segment introduces the participants to basic RARE concepts, and introduces the methods that will be used to collect the data.

B. RARE Methods Training

1. Focus Group Management and Interview Training (5 hours)

This training segment will provide the field team with both information, and practical experience, with the procedure necessary for selecting focus group participants (sampling), planning and organizing focus groups, proper data recording techniques, practical experience as focus group moderators, and data management procedures.

Topic Outline:

1. Introduction to focus groups, purpose, strengths, and weaknesses.
2. Selecting Focus Group participants
3. Focus group planning procedures (site selection, staffing, physical layout, recording, selecting participants, follow up and reminders for participants, food and focus groups, early data collection).
4. Developing appropriate focus group questions and question guides
5. Focus Group Issues (selecting the right moderator, managing question flow and subject

- transitions, maintaining control, and handling difficult participants).
6. Practical Experience for moderators
 7. Focus Group Issues, continued (remaining neutral, providing guidance but not putting words in peoples mouths, encouraging difference of opinion, non-verbal management options).
 8. Practical Experience for moderators
 9. Data recording issues
 10. Transcription, moderator notes, preparation for analysis.

DAY 2

2. Key Informant Interview Training (3 hours)

This will introduce the field team to the procedures and processes that create excellent key informant interviews.

Topic Outline

1. Introduction to key informant interviews: purpose, strengths, and weaknesses.
2. Introducing a topic to key informants
3. Practical experience in topic introduction.
4. Maintaining the flow of information/conversation
5. Practical experience in maintaining flow
6. Ethnographic interview judgements: How to get deep description on a topic, how to know when to press for additional information, how to follow an unexpected lead in an unanticipated direction)
7. Practical experience in ethnographic judgements
8. Following an ethnographic guide, but allowing for individual conversational style.
9. Closure of an interview
10. Handling self-revelations and revealing self-information
11. Data (field notes and interview data) management

3. Direct Observation Training (3 hours)

Topic Outline

1. Introduction to RARE direct observation techniques: purpose, strengths, weaknesses
2. Types of direct observations (physical environment windshield surveys, access barrier observations, observation of key behaviors, institutional intervention observations).
3. Physical Environment Surveys (primary context observations of who, what, where, and when - who is present, what are they doing, what is the cycle of activity, and how does the physical environment affect key behaviors).
4. Access barrier observations (how does the environment or context impact flow and access to potential or existing intervention sites?)
5. Key behavior observations (observations of behaviors that have a direct impact on selection and structuring of interventions).

6. Institutional observations (observations of the interactions of clients in institutions)
7. Data Recording for direct observations
8. Practical experience in observational data collection
9. Thick, neutral description

C. RARE Special Methods Training (2 hours)

1. Mapping Risk Locations

simple mapping
overlay mapping
presenting maps with narrative

2. Field Intercept/Rapid Assessment Survey Training

Creating rapid assessment surveys
Qualitative questions in the survey
Quantitative questions in the survey
Data management
Analysis

DAY 3

D. RARE Data Management Training (1 hour)

1. Field Notes Management

a. Purpose, scope, and content of field notes (interviews, observations, speculation, and memoing).

Focus Group and Key Informant Data Management

- a. Field notes on interviews
- b. Data Storage Protocols
- c. Transcription Protocol
- d. Coding, Intercoder reliability

3. Observation Data recording and management

- a. Observation data recording and storage
- b. Observation data (maps, computers)

4. Transcription Protocols (both interviewer and transcriptionist)

5. Computer Programs for RARE Data Management

a. Ethnographic Program (Answer)

E. RARE Ethical Procedure Training (1 hours)

1. Review of Human Subjects Protections

a. truly informed consent

b. privacy protection (handling files, separating data and identification information)

c. confidentiality protection (safekeeping of data, avoiding accidental access or deliberate access to information, etc.)

d. treatment of all cultural experts, respect for knowledge

F. Overview of Analysis, anticipating what will be done with the data, to improve data collection. (1 hour)

1. Qualitative Data Analysis Procedure, An overview

a. Themes

b. thick descriptions of beliefs and behavior

c. Importance of stories and examples

d. Process data collection and analysis

e. Natural language, open ended, non-forced interviews for naturalistic analysis

2. Mapping and Contextual Data Analysis

3. Quantitative data management strategies

G. Wrap-Up (1 hour)

RARE Data Collection Time Line

RARE FIELDWORK PRIMARY SAMPLING FRAMEWORK

The three assessment modules can be conducted at the same time by combining questions in specific interviews, or by combining different observational opportunities. The following table identifies the number of individual interviews, the number of observations and the secondary data analysis sources that are used for the core CBC RARE study in a particular vulnerable population. The sample size is based on standard practices guidelines established for ethnographic sampling, focus group data collection methods, and environmental rapid assessment techniques.

Methods	Community Cultural Experts	Health and other Institutional Experts	Community Leadership Experts
Key Informant Interviews	15	15	10-15
Focus Groups	3 groups, 8-10 people each	3 groups, 8-10 people each	6 groups, 8-10 people each, segmentation by gender and other demographics, as necessary
Geo-mapping	Map all sites recommended by community cultural experts in key informant and focus group interviews	Map all sites recommended by community cultural experts in key informant and focus group interviews	Map all sites recommended by community cultural experts in key informant and focus group interviews
Direct Observation	minimum – observation in 5 locations with 5 key informants, on policy issues for HIV	minimum – observation in 10 locations with 10 key informants – health and other service provider locations identified by affected populations	minimum – observation in 30 locations with 10 key informants, 15 risk venues, 15 service venues
Brief Rapid Assessment Survey Interviews	0 – 30 depending on data needs	0-30 depending on data needs	30, to provide answers to key questions from street perspective
Focus Group warm-up Interview (optional data collection opportunity)	30	30	30
Institutional Network Information (optional data collection opportunity)	Identify interconnections among all institutions identified as important to interventions in KII and F.G. interviews	Identify interconnections among all institutions identified as important to interventions in KII and F.G. interviews	Identify interconnections among all institutions identified as important to interventions in KII and F.G. interviews

The RARE model takes advantage of the need to appropriately sample cultural variability, rather than individual variability. The propose behind the methods is to gain the greatest

coverage (breadth and depth) of beliefs, actions, environmental barriers, and symbolic conditions that are directly connected to developing interventions locally, rather than the total breadth and depth of the entire culture, or individual variability in knowledge or beliefs about the culture. It is the shared aspects of culture, not the idiosyncratic aspects that are needed to develop good interventions.

The methods both allow and demand the use of expert samples, rather than random samples of individuals. The positive result is that small samples are both appropriate and adequate. The individuals in the samples are normally asked to provide information based on two or more methods, to allow for integration of the data collected by the different methods, and to allow triangulation (validating the data by checking for consistent reaffirmation of findings based on different methods of data collection) based on the use of multiple methods. Each sample will contain some overlapping and some unique individuals for the persons who participate in each area of data collection. For example, the focus participants should include the individuals who provided key informant interview information, but also include individuals who did not participate in those interviews. This allows both cross validation and allows for a potential expansion in the diversity of opinions represented in each data set.

Since the individuals who are interviewed or observed need to be ethnographically representative (have significant cultural expertise and experience in the areas being explored), they must be a nominated (consensual) sample, rather than a random sample. The sample will be created in successive waves. The research teams will identify individuals who are known to have experience and knowledge in the community (such as the Mayor, key agency personnel, community representatives). These individuals will then nominate other individuals to participate. In order to get the greatest diversity of cultural expertise, the nominating individuals will be asked to nominate people with the following characteristics. 1. individuals who have the most personal experience, the most cultural expertise, and who are the most articulate in talking about the issues being explored. 2. individuals who represent the greatest diversity of opinion and beliefs within the community. 3. individuals who have accomplished the most in terms of changing conditions in the community. Individuals who show up on a minimum of four expert lists will be eligible to be interviewed and to participate in other aspects of the study. This technique produces a list of recognized cultural experts.

Analysis Framework

Risk/Consequences

- What are the different patterns of risk and protective behaviors, access and utilization of services that influence transmission of HIV, progression to AIDS, and morbidity and mortality associated with behaviors and HIV/AIDS?
- Which sub-groups are at greatest/lower risk of acquiring HIV, progression to AIDS, experiencing morbidity and mortality associated with behaviors?

- What is the extent of HIV risk, HIV infection and AIDS in subgroups at risk (gender, and by exposure group) in the community?
- Extent, availability and accessibility for subgroups, relative to their risk for HIV, progression to HIV/AIDS and morbidity/mortality

Context

- Who are the vulnerable populations?

What are the local norms, values, beliefs that influence HIV risk and protective behaviors, access and utilization of services

- What and where are the locations /settings in which behaviors occur that influence patterns that influence risk and protective behaviors?
- How do the settings (physical environment and sociocultural context) influence the patterns of risk and protective behaviors?
- What is the extent and availability of existing interventions, treatment and care
- What are the factors that increase/decrease likelihood of changing risk behaviors, and or sustaining protective behaviors?

Interventions

- What is the extent and availability and accessibility of existing prevention interventions and treatment and care services?
- Who is being served and how are they being reached?
- What is the sociocultural appropriateness of the interventions and services?
- What are the advantages and disadvantages of the existing interventions and services?
- What is working and needs to be continued, expanded, adapted for different groups?
- What is not working and has to be discontinued?
- What intervention strategies have not been implemented?

RARE Methods Modules

Module 1: Focus Group Interviews:

Introduction to Focus Groups (Format, Purpose, Conditions for Success)

I. Project Description

- A. CBC RARE Project (History and Overview)
- B. Goals and Objectives of Field Based Rapid Assessment (RAR).
- C. Place of Focus Groups in Project
 - 1. Risk Assessment
 - 2. Context Assessment
 - 3. Intervention Assessment

IV. Introduction to Focus Groups

A. focus groups defined

- 1. focus groups as type of group interview
 - a. natural language format
 - b. conversational style
 - c. controlled exploration of a topic
- 2. criteria for success
 - a. maximum coverage of topics (depth, breadth)
 - b. interaction leading
 - c. open discussion
 - c. focused data
 - d. understanding context

B. general uses of focus groups

- 1. exploring topics for which there is little information available.
 - a. unknown cultural domains
 - b. exploring attitudes about issues
 - c. identifying intracultural variation in domain
- 2. evaluating a product or idea
 - a. interventions
- 3. developing interview questions
- 4. confirming previous research findings

C. basic purpose of focus groups

- 1. rich exploration of content

2. observation of interactions
3. Model how people discuss a topic
4. help make sure key issues are not ignored

D. advantages of focus groups

1. cost
2. time
3. interaction on issues
4. general exploration of a topic

E. limitations of focus groups

1. public attitudes and behaviors, not private behavior
2. not based in natural settings
2. limited control
3. don't know if mirrors behavior
4. data can be difficult to analyze
5. representativeness of groups
6. discussing intimate or embarrassing topics is much more difficult in this type of setting

F. Known Problem Areas

1. controversial topics
2. conflict in larger group will be reflected in the focus group

Designing And Conducting Focus Groups

I. Initial Focus Group Preparation Processes

A. Selecting Focus Group Topics

1. Purpose of study matched with method
2. Selection of initial focus group questions
3. Timing, length of focus group, coverage

B. Group Composition

1. Appropriate group size
2. group characteristics (mixed, or matched)
 - a. sex
 - b. age,
 - c. SES
 - d. life experiences

B. Sampling and Selection Processes

1. Ethnographically Representative Samples

1. Sampling for cultural variation
 2. Reliability and validity
2. Determination of the number of groups needed for coverage of topic
- C. Interview Environment
1. Location
 - a. proximity to participants
 - b. familiarity and/or comfort with location
 2. Facilities
 - a. quiet (for recording, not just conversation)
 - b. privacy
 - c. accessibility and comfort
 3. Set up and design
 - a. accommodation of moderator needs
 - b. accommodation of participants (bathrooms, food, etc.)
 - c. accommodation of assistant moderator, support
- D. recruitment for project
1. General Recruitment Issues
 - a. Participant Selection Characteristics
 1. participants should know about issue
 2. participants should represent as wide a variety of cultural views as possible
 3. participants should be articulate, willing to agree or disagree, and willing to provide details about their opinions, without creating conflict
 2. Recruitment Sequence
 - a. Random, targeted, or community nominations list
 - b. develop initial contact list from nominations list
 - c. initial contact, description of project, invitation to participate
 - d. coverage of informed consent information
 - e. initial participant list
 - f. follow up reminders for participation

II. Focus Group Processes

A. Initial Focus Group Process

1. Greeting, acquaintance making period

a. ice breaking/chatting

2. Administration of pre-focus group sign up forms, consent, and data collection

B. Focus Group Start up

1. Introduction (Contextualization)

- a. providing an explanation of the purpose and importance of the focus group
- b. giving permission to participate
- c. setting interaction rules and limits
- d. Getting permission to handle difficult situations
- e. discussion focus group processes

C. Beginning a Focus Session

1. Initial Questions

- a. general, comfortable, warm-up, to get people talking

2. Probes

C. Sequencing Questions

D. Switching Questions

1. timing of switch
 - a. when is enough enough

E. Closure

1. Thanking Participants
2. Post-session information collection

III. Moderating Focus Groups

A. Role of the Moderator

1. control

- a. Low control is good for exploration, full-scale content analysis, natural discourse analysis, etc.
- b. High control is good when you have a strong agenda, product review, or need confirmation of previous findings

B. Asking Questions

1. Open style of asking question

2. avoiding leading, opinioning
3. sequencing questions
4. spontaneous questions
5. Getting back on the subject with questions

C. Probes, Pauses, and Listening Responses

1. what makes a good probe
 - a. it must be specific
 - b. it must be in context and connected to the discussion of the moment.
2. pauses
3. listening responses
4. avoiding judgmental statements

D. Potential Problem Participants

1. experts: people who MUST tell everyone everything they know.
2. non-participants
3. limelight hogs: people who need attention
4. friendship pairs: friends should be separated so they do not disrupt the group by talking amongst themselves.

E. Post-Interview Field Notes

F. Other Roles

- a. assistant or alternate moderator

Focus Group Analysis

A. Transcription

1. verbatim transcription (issues on translation)

B. Coding

1. Creating codes from questions
2. creating codes from theory
3. creating codes from content

C. Write Up

1. Description of groups
2. summary of content from groups
 - a. agreements
 - b. variations, variability
 - c. discoveries
3. Recommendations from groups

Focus Group Question Guides

The following list of questions is a guide to the questions that will be asked in the focus groups. The actual wording of the questions needs to be modified slightly, depending on the normal communication style of the individuals being interviewed. These modifications do not change the content of the question. However they make the question more easily understandable to the individual. Examples of these style changes, from the language used in board room, to the language used on the streets, will be part of the training exercises for each of the training modules.

A. Context Question Guide

Who are the vulnerable populations?

What are the local norms, values, beliefs that influence HIV risk and protective behaviors, access and utilization of services?

What and where are the locations /settings in which behaviors occur that influence patterns that influence risk and protective behaviors?

How do the settings (physical environment and sociocultural context) influence the patterns of risk and protective behaviors?

What is the extent and availability of exiting interventions, treatment and care?

What are the factors that increase/decrease likelihood of changing risk behaviors, and or sustaining protective behaviors?

Risk/Consequences Guide

What are the different patterns of risk and protective behaviors, access and utilization of services that influence transmission of HIV, progression to AIDS, and morbidity and mortality associated with behaviors and HIV/AIDS

Which sub-groups are at greatest/lower risk of acquiring HIV, progression to AIDS, experiencing morbidity and mortality associated with behaviors?

What is the extent of HIV risk, HIV infection and AIDS in subgroups at risk (gender, and by exposure group) in the community?

What is the extent, availability and accessibility for subgroups, relative to the their risk for HIV, progression to HIV/AIDS and morbidity/mortality

Intervention Guide

What are the extent and availability and accessibility of existing prevention interventions and treatment and care services?

Who is being served and how are they being reached?

What is the sociocultural appropriateness of the interventions and services?

What are the advantages and disadvantages of the existing interventions and services?

What is working and needs to be continued, expanded, adapted for different groups?

What is not working and has to be discontinued?

What intervention strategies have not been implemented?

III. Focus Group Data Recording Activities

A. Focus Group Selection Activities

a. group participant identification activities

1. Develop a contact list, including the rationale for the selection of each potential participant. This information is recorded in the Pre-Session Contact Log, Part 1.

2. Keep a log of all contacts made with the individuals on the initial contact list, including their response to the contact. This information is recorded in the Pre-Session Contact Log, Part 2.

3. Create a preliminary participant list, including key characteristics which lead to an individual's selection for group. This information is used for the last minute follow up contacts, and to provide the moderators with a list of individuals who will be attending the focus group. This information is recorded on the Initial Participant List.

b. location development activities

1. Select a location that is appropriate for high quality recording and interview characteristics. Information about this location is recorded in the Location Record. This provides the moderators with valuable information to help them design the proper setting for the interview in that location.

2. Provide a rough sketch of the location, and note any potential problems created by the space. This information is recorded in the Location Record.

3. It is also necessary to assure that there will be no interference from external activities at the time of the focus group. Noisy activities in the same building or outside the room can make recording during the focus group either difficult or impossible.

B. Focus Group Data recording activities

a. The moderator should create a record of all focus group participants; including names, addresses, note late arrivals, note relationships to other participants, etc. This is recorded in the Participant Log for Focus Group Session. Some of the information for this form can be collected directly from each of the participants when they complete the Focus Group Participant Form at the end of the focus group session. However, the additional comments made by the moderator about each person's participation can be very important information about the focus group.

b. The moderator (or assistant moderator, if one is available) should keep a focus group session log for each focus group which includes the start time, a list of questions asked, notes of the time when each major question is asked, and a record of major probe questions used.

In addition, the moderator should sketch actual arrangement (location) of participants in the session. All of this data can be recorded in the Post Session Field Note Log.

c. The moderator should administer any pre-session activities, such as questionnaires, free listings, pile sorts, etc. after the introductions, but prior to the first focus group question. (see APPENDIX B for example)

d. The entire focus group session should be audio-recorded from start to finish; video recording is permissible, if the equipment is available. It is best to use at least two tape recorders at all times, to avoid loss of data.

e. If someone is available, it is very useful to have an assistant moderator take notes during the session on session processes: these include sequential notes on who is speaking, notes of questions for the moderator to follow-up later in the session, notes on the "tone" of the session and any problem areas that occur and what their resolution or lack of resolution were.

C. Post-Session Activities

a. The moderator should record a set of post focus group session notes either as individual notes from the moderator and assistant, or as an audio recording of a post-session on the focus group. These notes should include an overall assessment of the session, its strengths and weaknesses, notes on key issues that were raised, notes on potential cultural domains to explore with further sessions and one on one interviews, notes about individual participants and their contributions.

b. Each tape recorded during the session should be marked with appropriate identification information (date, place, moderator, etc.) and logged in the Master Log -- Focus Group Tapes. It is highly recommended that each tape be duplicated to prevent loss of data.

c. The moderator should hand out and collect all of the Focus Group Participant Forms.

d. The ideal circumstance is to have the moderator and any other team members present complete a post session debriefing and record any potentially useful information about the session. This information can be recorded in the Post Session Field Note Log.

e. The audiotapes should be transcribed as soon as possible after the session, so that the moderator can help with any problem areas. All of the information about the audiotapes should be recorded on the Focus Group Data Management Check List. (See Transcription protocol for further information)

f. Finally, we have found it useful to maintain a master log of all of the focus sessions conducted. It makes it easier to locate the information for a particular session. This information is maintained on the Focus Group Master Log.

Models for each of the above data collection forms are attached.

Focus Group: Pre-Session Contact Log

I. Part 1: initial contact list, including rationale for selection

	Name	phone	address	rationale
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

II. Part 2: Contact Log

Name	Date(s) Contacted	Remarks
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Focus Group: Initial Participant List

Moderator:

Session Date:

Participant List

Name	Phone	Rationale
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Focus Group: Location Record

Moderator:

Date:

Session Information:

- a. session information (topic, general group information)
- b. session date:
- c. session location (exact location of both building and room)
- d. sketch of physical space, with location of individual participants, moderator, and others noted.

Focus Group: Participant Log for Focus Group Session

Moderator:

Session Date:

Participant List

name	Comments
1.	
2.	
3.	

5.

6.

Focus Group Participant Form

Name _____

Address _____

Age _____ Sex _____

Relationship to any other member of focus group (relative, work, recreation, etc):

Name	Type of Relationship
------	----------------------

Would you like to make any comments about the focus group?

Focus Group: Post Session Field Note Log

Moderator: _____ Date: _____

Session Location: _____

Session Participants: _____

Session Topics (attach question and probe sheet)

general impressions and overall assessment of the session:

30 _____

Key issues that were raised.

notes about individual participants and their contributions:

notes on potential cultural domains to explore with further sessions and one on one interviews:

Comments and Speculations:

Focus Group: Data Management Check List

Focus Group # _____ Date Conducted _____ Location _____

Moderator _____ Asst. Moderator _____

Description of Group:

Data List:

1. Tapes

Original Recordings	Duplicates	Date
a. microcassettes ID #'s _____ # _____		
b. minicassettes ID #'s _____ # _____		

2. Data Logs

Log Received	Date
--------------	------

Pre-Session Participant Log

Focus Group Location Log

Group Participant Log

Post Session Field Note Log

Observer field notes

3. Transcriptions

Tape Number	Date Transcribed	Comments
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Focus Group: Master Log -- Focus Group Tape Cassettes

Focus Group ID #	Tape type (micro, mini)	Tape #'s
------------------	-------------------------	----------

"Average Time" for Focus Group Questions

The following tables can be used to plan the number of topic areas, topic questions and probes that will be used in a focus group session. The information is based on our experience with cross-cultural focus groups. The following tables are based on the assumption that the groups will contain an average of six (6) persons. More informants will lengthen the session, fewer topic areas will shorten the session.

Most focus group sessions last between two (2) and three (3) hours. The total in the table below indicates the amount of time available for questions. The time necessary for introductions, the introduction of each topic, changes of topics, etc. (all of which add about 20-30 minutes) should be subtracted from the table.

2 hours = 120 minutes

3 hours = 180 minutes 4 hours = 240 minutes

5 hours = 300 minutes 6 hours = 360 minutes

7 hours = 420 minutes 8 hours = 480 minutes

The following tables provide an estimate of the number of minutes necessary to conduct a focus group, based on participants each using an average of one, two, three, four or five minutes to answer each question asked during the focus group. This is calculated by multiplying (the number of people) x (the number of topics) x (the number of questions devoted to each topic) x (the average length of answer for each participant). Thus each person answering in one minute would be 6 persons x 4 topic areas x 4 questions on each topic x 1 minute = 96 minutes.

a. 1 minute per answer per person (highly unlikely, since most people cannot be that succinct, and more detail than that is usually preferable, anyway).

4 questions per topic (6x4x4x1) = 96 minutes

5 questions per topic (6x4x5x1) = 120 minutes

6 questions per topic (6x4x6x1) = 144 minutes

b. 2 minutes per answer per person

4 questions per topic (6x4x4x2) = 192 minutes

5 questions per topic (6x4x5x2) = 240 minutes

6 questions per topic (6x4x6x2) = 288 minutes

c. 3 minutes per answer per person

4 questions per topic (6x4x4x3) = 288 minutes

5 questions per topic (6x4x5x3) = 360 minutes

6 questions per topic (6x4x6x3) = 432 minutes

d. 4 minutes per answer per person

4 questions per topic (6x4x4x4) = 384 minutes

5 questions per topic (6x4x5x4) = 480 minutes

6 questions per topic (6x4x6x4) = 576 minutes

e. 5 minutes per answer per person

4 questions per topic $(6 \times 4 \times 4 \times 5) = 480$ minutes

5 questions per topic $(6 \times 4 \times 5 \times 5) = 600$ minutes

6 questions per topic $(6 \times 4 \times 6 \times 5) = 720$ minutes

Example of Pre-Focus Group Questionnaire, including free listings.

We are asking you to fill out this questionnaire to help us fill in some of information we might miss in the focus group. This questionnaire is completely anonymous. Please do not put your name on it. We would like your honest answers about all of these questions.

I. Vulnerable Populations Questions

Please list ALL of the different groups of people who you feel are most vulnerable to HIV infection in your community.

2. Using the above list, would you please list the four groups that you feel are the most vulnerable to HIV infection (1 would be most vulnerable, 4 would be least, for this list).

3. Please list ALL of the different places in your community where people are at risk for HIV infection.

4. What are the critical conditions in your community that make people vulnerable to AIDS?

5. What are the most effective organizations and programs in your community, working with people who are vulnerable to AIDS?

What are the most effective kinds of interventions that exist in your community?

6. Where should new interventions be located in your community?

Sample Introductory Remarks for Focus Group

Before we begin, we would like to explain some things about focus groups. They are a special kind of discussion, similar to the way you talk to your friends. The information provided by the focus group is very important and we want to hear everyone's ideas and we need to record it on tape, so that we will not miss any of the ideas and discussions. We will introduce a topic for everyone to discuss. We are interested in hearing all of the things you think about the topic. Sometimes people will say, well another person has said what I think. Even if this has happened, we would like to know that you agree. Or perhaps you agree with other people, but your experience is a little bit different. Please tell us about your different experiences. And at other times, your experiences or opinions will be very different from what other people have said. We would like to know about these differences, too. It is very important that we find out about all of the ideas that you have, not just a few of them. This will help us collect the information that can be used to promote future educational or focus group discussions on AIDS and alcohol and drug prevention for the Navajo people.

When you tell about your experiences, we are very interested in hearing about the details. People often tell stories that explain something important that happened, or they saw, or something that happened to someone they know. Other people like to tell about specific details on an issue. We would like to hear the most important stories and details from your experiences with AIDS and Alcohol and drugs. It will help us develop the content of our new programs so we can better teach and encourage health promotion activities.

The questions we will ask will be about a central topic, and we will switch from one topic to another during the discussion. If you think of something later, that relates to an earlier topic, please share it with us, even though we may be on a new topic. We want to hear all of the ideas you have, even if they come up later.

Sometimes people get off the topic during a focus group. Some of that is natural, but if people move too far away from the topic, then others will remind them that we are talking about the central subject and that we want to hear their ideas on it.

Module 2: Key Informant Interview

Key informants are individuals with either general or special knowledge about their culture. Most frequently, they are highly respected experts about their culture. They are able to describe and discuss key issues about the culture and can provide special insights into both the processes and the rationales for what people do, why they do it, how they do it, where, when, and with whom they do it.

II. Key Informant Training Outline

1. Place of Key Informant Interviews in Project

This is a specific description of the goals and objectives that the Key Informant interviews will support.

2. Introduction to Key Informant Interviews

a. overview of the types of information that can be gathered using key informant interviews.

rich exploration of content and context (who, what, where, when, why)
help make sure key issues are not ignored
provide good evidence about how people discuss a topic
explore values, beliefs, knowledge
explore cultural processes

b. general uses of key informant interviews

1. exploring topics for which there is little information available.
 - a. unknown cultural domains
 - b. exploring attitudes about issues
 - c. identifying intracultural variation in domain
2. evaluating a product or idea
3. developing interview questions
4. confirming previous research findings

Advantages of key informant interviews

Intimacy and privacy of conversation
depth from single person
can be conducted in context (where something important is going on)

Known Problem Areas

difficult or taboo topics
relationship of interviewer to person being interviewed

3. Designing Key Informant Interviews

A. Sampling

1. sample size (what is the appropriate size for the questions being asked and the cultural values of the group.)
2. sample characteristics (sex, age, SES, variation on topics need to be taken into account in designing the study)

B. Question Sequences

1. Initial Questions
2. Probes
3. spontaneous questions

D. Post-Interview Field Notes

In this section we discuss the importance of having the ethnographer record impressions and notes from the interview. These notes help in analyzing the data later on.

II. Key Informant Primary Question Guides

Context Question Guide

Who are the vulnerable populations?

What are the local norms, values, beliefs that influence HIV risk and protective behaviors, access and utilization of services?

What and where are the locations /settings in which behaviors occur that influence patterns that influence risk and protective behaviors?

How do the settings (physical environment and sociocultural context) influence the patterns of risk and protective behaviors?

What is the extent and availability of existing interventions, treatment and care?

What are the factors that increase/decrease likelihood of changing risk behaviors, and or sustaining protective behaviors?

Risk/Consequences Guide

What are the different patterns of risk and protective behaviors, access and utilization of services that influence transmission of HIV, progression to AIDS, and morbidity and mortality associated with behaviors and HIV/AIDS

Which sub-groups are at greatest/lower risk of acquiring HIV, progression to AIDS, experiencing morbidity and mortality associated with behaviors?

What is the extent of HIV risk, HIV infection and AIDS in subgroups at risk (gender, and by exposure group) in the community?

What is the extent, availability and accessibility for subgroups, relative to their risk for HIV, progression to HIV/AIDS and morbidity/mortality

Intervention Guide

What is the extent and availability and accessibility of existing prevention interventions and

treatment and care services?

Who is being served and how are they being reached?

What is the sociocultural appropriateness of the interventions and services?

What are the advantages and disadvantages of the existing interventions and services?

What is working and needs to be continued, expanded, adapted for different groups,

What is not working and has to be discontinued?

What intervention strategies have not been implemented?

Key Informant Initial Questionnaire

We are asking you to fill out this questionnaire to help us fill in some of information we might miss in the focus group. This questionnaire is completely anonymous. Please do not put your name on it. We would like your honest answers about all of these questions.

Please list ALL of the different groups of people who you feel are most vulnerable to HIV infection in your community.

2. Using the above list, would you please list the four groups that you feel are the most vulnerable to HIV infection (1 would be most vulnerable, 4 would be least, for this list).

3. Please list ALL of the different places in your community where people are at risk for HIV infection.

4. What are the critical conditions in your community that make people vulnerable to AIDS?

5. What are the most effective organizations and programs in your community, working with people who are vulnerable to AIDS?

What are the most effective kinds of interventions that exist in your community?

III. Key Informant Data Recording Activities

A. Key Informant Selection Activities

1. Develop a contact list, including the rationale for the selection of each potential participant.
2. Keep a log of all contacts made with the individuals on the initial contact list, including their response to the contact.

B. Key Informant Data recording activities

- a. The entire key informant session should be audio-recorded from start to finish.

C. Post-Session Activities

- a. The field researcher should record a set of post interview session. These notes should include an overall assessment of the session, its strengths and weaknesses, notes on key issues that were raised, notes on potential cultural domains to explore with further sessions and one on one interviews, notes about individual participants and their contributions.

Key Informant: Pre-Session Contact Log

- I. Part 1: initial contact list, including rationale for selection

	Name	phone	address	rationale
1.				
2.				
3.				
4.				
5.				

6.

7.

8.

9.

II. Part 2: Contact Log

Name	Date(s) Contacted	Remarks
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Module 3: Data Management for Key Informant and Focus Group Data

I. Transcription Protocols

Transcription is the main data entry and data management process that is necessary for high quality ethnographic data analysis.

I. Introduction

The ideal condition is to tape all interviews and to conduct a verbatim transcription of the interview for analysis. If this is not feasible for some interviews, a transcript should be made from field notes, using the same format as the taped interview transcriptions. The baseline data for each interview (and each tape) should include date and time of interview, location of interview, name of interviewer, name of person being interviewed, description of the location, notes on any other individuals present during the interview, and a set of interviewer comments on the quality of the interview.

II. Transcription Conventions

1. Each audiotape should be identified with the following information, at a minimum.

Name of Study
Respondent ID
Date of Interview
Interviewer

The first lines of the tape transcript should provide basic file information (interviewer name, date of interview, time of interview, person interviewed, place of interview) for data tracking purposes. In some cases the name of the person who was interviewed will be changed to a code, rather than the actual name. The “.id” designation allows the file to be tracked according to the individual being interviewed. The actual ID code, following the “.id” designation can be up to eight characters long and can contain both letters and numbers.

Example:

id D101
Interviewer: Robert T. Trotter, II
Date: Jan 3, 1996
Time: 4:30pm
Place: Local Bar
Person Interviewed: D101
Instrument: HIV cultural models interview

2. Each speaker should be identified each time they speak. The convention for identifying the

speaker is to type “.id” followed by a space, and then the identification code (or name) of the person who is speaking. This allows for analysis of speech patterns, as well as the content of speech.

Example:

.id Harvey

or

.id Flg1101

3. The interviewer statements should be indented to visually set them apart from informant quotes.

Example:

.id ID501

Hi, I’m the interviewer and everything I say will be indented in this transcript. That way, anyone reading the transcript will be able to identify the interviewer’s comments easily.

.id D3098

I’m the participant. All of the information in the interview that is a response from a participant will not be indented, to visually distinguish it from the questions.

4. The verbatim transcription should include as many non-verbal sounds (e.g. laughter, coughs, external noises) on the transcripts as reasonable. Nonverbal sounds should be noted in parentheses, e.g. (Short sharp laugh) or (long pause).

5. The transcript should be recorded exactly as people speak. If people mispronounce words, their way of saying the words is what should be documented. The document should not be cleaned up by removing grammatical errors or misuses of words or concepts.

Example:

.id D123

I ain’t gonna spend much time on this answer ‘cause its too hard to keep track of the different segments I lives in. Un, its like, uh (short pause)... there’s people on the street ain’t got no place to stay.

6. Inaudible or difficult to transcribe segments, sentences, or paragraphs of an interview should be identified. When a segment is partially unintelligible, brackets should be place in the segment to indicate the portion that is missing from the text.

Example:

.id D543

The process of identifying missing words is a pain in [inaudible segment].

If an entire segment of the tape is inaudible or unintelligible, it should be noted with a bracketed statement that estimates the amount of tape information that is missing.

.id Flg803

[This segment of the interview is unintelligible: 2 minutes of interview missing]

7. Where required by research ethics, all proper names should be deleted or changed in the transcript to provide confidentiality. In some cases, study participants and their families should be identified by a pseudonym. The use of pseudonyms should be consistent (link the same people) throughout the text, and should reflect ethnic, gender, and (potentially) age differences in an appropriate manner. Place names may also need to be modified to protect confidentiality.

8. All transcriptions should be checked (proofed) against the original interview on cassette, preferably by the original interviewer.

Transcription Protocol: File Conventions

a. All files (transcripts) should be converted to ASCII (DOS text files).

b. Verbal consent should be captured on the tape.

c. File Names

Each interview is normally transcribed as a single file. Each file should be named in a way that allows for ease of data management and analysis. The file name should contain the following information.

a. Site

b. Informant ID

c. Specific interview type

d. If multiple interviews are conducted with one informant, then the number of the interview should be recorded.

Example:

F103CMA1 (Flagstaff, respondent 103, cultural models-AIDS, interview 1)

II. Key Informant and Focus Group Data Coding Options

A. Option 1: Hard Copy System

This system is the basic system used in most ethnographic fieldwork. It involves setting up a set of codes that identify and summarize key concepts that are to be found in the

qualitative data. These can either be derived from a priori theoretical interests of the investigators, can be derived directly from the data as descriptions and concepts emerge from the interviews, or both.

The system involves typing the notes from the interview and, at the top of the page, typing in codes that relate to the data saved on that page.

```
page 1 of x  code1 code10 code190 code301  date
```

```
XXXXXXXXXXXX XXX XXXXXXXXXXX XXXXXXXXXXXX XX XXXX X XXXXXXX  
XX XXXXXXXX X XXXXXXX XXXXX XXXXXXX XXXXXXX XXX X X XXXX  <--text  
XXXX X XXXXXXXXXXXXX X XXXXXXXXXXX XXX XX XXXXXXX XXX etc.
```

Each page is copied once for each code, and once for a master file that is kept in chronological order (or any other order that makes sense and keeps each interview together as a whole).

You create one file folder for each code, and place a copy of each page of the interview data containing that code in the folder. Additionally, you keep one folder with each interview in the order that the information was typed for the total interview. In this way you can either search through the data by topic, or read each piece of information within the context of the whole interview.

B. Text Oriented Data Base Option

There are a number of computer programs that are text (rather than numeric) oriented databases. These programs allow you to code data with a great deal of sophistication, and to search, retrieve, and even do some quantitative analysis of the data in the data set. However, except for some added speed and convenience, they do exactly the same thing that is accomplished in the hard copy option. They allow you to go back and find important parts of the data and to analyze it and incorporate it into reports.

C. Levels of Qualitative Data Analysis

1. Descriptive Level

This is the first, and often one of the most powerful and important levels of qualitative data analysis. It involves the process of describing the findings captured in the ethnographic interviews, by summarizing each issue or concept or set of ideas provided by the informants, and using exemplary quotations (the quote that best represents the subject being described) to illustrate each point. This provides readers with the clearest possible understanding of the issues from the point of view of the informants themselves.

2. Relational Level

The first description is often a normative one, which attempts to accurately represent the overall cultural position on each question or issue. Once the broad description is provided, it is almost always necessary to show the range and depth of variation in the culture on this subject. The most common variations are those that are related to important sub-groups in the population, such as differences between males and females, old and young, experts and lay persons, or between social or economic groups.

3. Thematic, Cognitive, Structural Level

This level of analysis involves the use of additional methodologies beyond ethnographic interview and focus group data collection. It depends on the use of special data collection techniques that allow for cognitive mapping of cultural domains, network analysis of social structures, or other forms of data manipulation.

Module 4: Street Intercept Surveys

Street Intercept Surveys, or rapid surveys, take advantage of the opportunity available in field research to do a rapid survey of individuals in key locations, to explore specific questions about emerging issues around HIV transmission dynamics, and issues related to prevention, treatment and care. The procedure is to develop a short survey (5 minutes max), composed of both open ended and closed questions. The open-ended questions explore key questions or issues, the closed questions allow for rapid statistical description of the problem. The questions are normally borrowed from other, psychometrically strong, surveys. The sampling uses either a random sampling procedure for a particular street intercept location, or can use Rapid Assessment sampling designs borrowed from ecological rapid assessment sampling procedures. In some cases, ethnographic sampling frameworks may be used. The normal sample size is 30 to 50 individuals, and the survey can normally be conducted in a 2 to 3 day period, maximum. The full intercept survey procedure can be conducted, the data entered, and a preliminary analysis created in a one week turn around time. The open-ended question data is entered into a CDC sponsored program called EZ TEXT, and the quantitative data is entered into SPSS for analysis.

The topics of the street intercept surveys will vary, depending on the key questions that need to be answered about interventions (prevention, treatment, or progression to disease) that are contemplated for a particular site.

Example of Open Ended Questions for Street Intercept Survey on Who Needs Help the Most?

I. Key Questions For Street Intercept Questionnaires: Open-ended Question List

Please list ALL of the different groups of people who you feel are most likely to get infected with HIV/AIDS virus in your community.

2. Please list ALL of the different places in your community where people are the most at risk for HIV infection.

What kinds of programs are available to help these people?

What kind of help is missing for these people?

Are the programs in the right places? Please explain either yes or no answer.

What are the most effective organizations and programs in your community, working with people who are vulnerable to AIDS?