

Monitoring and Evaluation of Outreach Strategies for Low-Income Children and Their Families

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About Covering Kids

Covering Kids is a national health access initiative for low-income, uninsured children. The program was made possible by a \$47 million grant from The Robert Wood Johnson Foundation of Princeton, New Jersey, and is designed to help states and local communities increase the number of eligible children who benefit from health insurance coverage programs by: designing and conducting outreach programs that identify and enroll eligible children into Medicaid and other coverage programs; simplifying the enrollment processes; and coordinating existing coverage programs for low-income children. *Covering Kids* receives direction and technical support from the Southern Institute on Children and Families, located in Columbia, South Carolina.

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MONITORING AND EVALUATION OF OUTREACH STRATEGIES FOR LOW-INCOME CHILDREN AND THEIR FAMILIES

INTRODUCTION

In the 1980's Congress passed legislation to expand Medicaid coverage in an attempt to address the problem of the growing number of uninsured children. Despite this effort, millions of children remained uninsured leading to the passage of Title XXI of the Social Security Act, the State Children's Health Insurance Program (CHIP), in 1997. Through CHIP, approximately \$24 billion were authorized to provide health insurance to low-income children not eligible for Medicaid.

The number of uninsured children is a large problem. The number of uninsured children who are believed to be eligible for existing public programs is even more problematic. Using data from the 1996 Medical Expenditure Panel Survey (MEPS), an estimated 4.7 million children 18 years and younger were eligible for, but not enrolled in Medicaid.¹ Further estimates using the MEPS reveal that 3.1 million uninsured children are potentially eligible for CHIP under the maximum federal eligibility thresholds. The authors of this study note that CHIP-eligible children tend to have the same demographic characteristics of Medicaid-eligibles with low enrollment rates. Medicaid eligible children who are not enrolled tend to be older, and residing in two-parent working families with higher levels of income and education. Some of these children also reside in immigrant families, which are disproportionately Hispanic.² To encourage these families to enroll their children, outreach, cost sharing, and application approaches must be developed carefully.³

Identifying children who are eligible and enrolling them in either CHIP or Medicaid is a requirement of the Title XXI legislation.⁴ States however are faced with a difficult challenge. Many have limited resources to conduct outreach activities and there is very little information available to help them target those scarce resources into strategies that are most likely to be effective in encouraging families to enroll their children in CHIP or Medicaid programs.

To assist states in the development and implementation of strategies targeted toward families of uninsured children who may be Medicaid or CHIP-eligible, the Robert Wood Johnson Foundation (RWJF) made grant awards of over \$40 million to 49 states and the District of Columbia. Through these projects, states have the opportunity to enhance current outreach efforts and to implement new strategies, particularly targeted toward the hardest-to-reach

families such as immigrants. Most states are using multiple outreach approaches that include mass media campaigns such as television, radio, and bill boards, along with more targeted approaches such as personalized assistance with applications and distribution of applications to Head Start Centers and County Public Health Units.⁵ Through the RWJF, *Covering Kids* initiative, some states are also trying more labor-intensive and innovative strategies such as door-to-door outreach and payments to agencies for completed Medicaid and CHIP applications, known as finder's fee approaches.

While a systematic evaluation of the effectiveness of these various outreach strategies on identifying and enrolling eligible children would be very difficult to implement, states can use various process monitoring strategies to track their outreach approaches, the number of applications received, and the number of children enrolled. In July 1999, the RWJF, through its *Covering Kids* initiative, sponsored two, two-day conferences with grantees who were implementing door-to-door outreach strategies or finder's fee approaches. Grantees discussed areas they would like to monitor and evaluate, data sources available for such activities, as well as barriers they faced in conducting monitoring and evaluation.

The purpose of this document is to provide a framework for implementing process monitoring and evaluation approaches specifically targeted toward door-to-door and finder's fee outreach strategies. Examples from the July 1999 conferences are incorporated into the discussion. Because of the difficulties inherent in conducting a systematic evaluation designed to assess the effectiveness of a particular outreach strategies, the greatest emphasis in this report is placed on process monitoring strategies and descriptive analyses. This document is organized into the following sections:

- Designing the program evaluation;
- Developing a denominator;
- Using administrative databases and developing other data sources;
- Preparing monitoring and evaluation reports.

DESIGNING THE PROGRAM EVALUATION

The evaluation design for any given outreach program will vary depending on the organizational structure of the program, the goals and objectives of the program, and the resources that are available to conduct the evaluation. Experts on evaluation design emphasize that there is no “single best way to proceed”⁶ In fact, “ a good evaluation design is one that fits the circumstances while yielding credible and useful answers to the questions that motivate it.”⁷ The purpose of this section is to provide a brief overview of major considerations that must guide the planning of any evaluation design. This section is a guide only and the reader is encouraged to consult and work with an experienced evaluator. The focus in this section is primarily on developing appropriate evaluation questions within the context of the *Covering Kids* projects that focus on door-to-door and finder’s fees strategies. This discussion is followed by an overview of process monitoring and evaluation approaches that may be used to assess various outreach strategies. Due to the nature of the *Covering Kids* projects, an emphasis is placed on developing process-monitoring strategies as opposed to actual impact assessments. The reasons for this emphasis are included in the section entitled “*Process Monitoring and Impact Evaluations: Factors to Consider.*”

Developing Evaluation Questions

Any program evaluation begins with developing the evaluation questions. These questions serve to focus the evaluation and must take into consideration the concerns of the important decision makers and stakeholders. In addition to considering the issues that key decision makers and stakeholders expect to have addressed, those responsible for the evaluation must determine the following:

1. Are the evaluation questions reasonable and do they relate to the program that is being evaluated?
2. Are the questions well defined and measurable?
3. Are the questions answerable given the available data, expertise, and financial resources for the evaluation?

These questions have been modified from the work of Berk and Rossi and Ross, Freeman, and Lipsey. The interested reader is encouraged to obtain copies of these texts for more in-depth information.^{8,9}

Working With Stakeholders: Evaluation questions must be developed as a collaborative process between the evaluator and stakeholders. Stakeholders must be included in this process because they are knowledgeable about the logistical and policy issues that confront the program. However, the evaluator is the most knowledgeable about what questions can be addressed credibly within the organizational context of the program and the available data and fiscal resources for the evaluation. Examples of the stakeholders that could be asked to participate in the development of the evaluation questions are:

- Representatives from state government agencies such as Medicaid, the State Children's Health Insurance Program, Health and Human Services, the state's Title V Children With Special Health Care Needs (CSHCN) Program, Education, and Children and Family Services, as well as others who may be participating in the implementation of the outreach strategies;
- Representatives from the governor's office or the legislative committee for health-related issues;
- Representatives from the health care provider groups; pediatricians and family physicians; and
- Representatives from the population of families served by the program.

An iterative process should be used between the individual Covering Kids Project staff, their evaluator, and the key decision makers and stakeholders that the grantees have identified. The process typically begins by asking those providing input to state the critical questions that they would like to have addressed through the program evaluation. A determination then needs to be made about whether each evaluation question is appropriate, well defined, and answerable within the context of the *Covering Kids* Project.

The Covering Kids Project staff will receive a wide variety of questions from key decision makers and stakeholders. At this stage of the process, some of the questions will be well-formulated, appropriate questions and others will be unfocused and unrealistic. Regardless of the quality of the question, the individual putting it forth will believe it is critical to the evaluation, and thus the group must give serious consideration to each question.

Questions often raised during the initial stage of the process include:

1. How many families were contacted through the outreach strategy? This question is focused, clear, and answerable.

2. How many children contacted through the outreach strategy actually enrolled in the health insurance program? This question is well focused, and with access to enrollment information from Medicaid or the CHIP initiative is answerable.

3. How many children contracted through the outreach strategy that enroll in the health insurance program remain enrolled for one year? How many of them complete the eligibility re-determination process after their initial enrollment period is complete? This question is also well developed and answerable, assuming that the Medicaid or CHIP initiative is able to provide enrollment information to the *Covering Kids* Project.

4. Does school attendance improve for children who are contacted through the outreach strategy and subsequently enroll in the health insurance program? This question is a popular one among key decision makers and stakeholders. Often, those allocating resources for health insurance programs want some demonstrable, beneficial outcomes of the program such as improved school attendance or improved health. However, the relationship between an outreach strategy, enrollment in a health insurance program, and school attendance is tenuous at best. Many factors influence school attendance such as the families' social circumstances and routine childhood illnesses that are not prevented by having health insurance. In fact, in a study of 1,400 enrollees in the Florida Healthy Kids Program, families were asked how many school days their children had missed in the two weeks preceding the interview and the reasons for the absences. Reasons included absence due to colds and flu, older children staying home to care for younger siblings, and absences due to transportation problems. Most of the reasons given for the absences were related to the poor social circumstances of the families.¹⁰

Reducing these kinds of absences through outreach strategies and the availability of health insurance is not likely. Therefore, this question may not be an appropriate one when monitoring outreach strategies. The following section on assessing the reasonableness of the

evaluation questions also will provide the reader with further information to consider when formulating evaluation questions.

Many other kinds of questions will be raised during the initial phases of the process monitoring and evaluation. It is the responsibility of the Covering Kids Project staff, along with your program evaluator, to work with key decision-makers and stakeholders to educate them about the kinds of questions that are feasible for the evaluation. It may be possible to refine some questions and include them in the evaluation. Other questions, such as the one about school attendance described above, should not be included. It is important to work with the individuals making the suggestions to refine a core set of evaluation questions that are focused, realistic, and within the resources available to you.

Are the evaluation questions reasonable and do they relate to the program that is being evaluated? The heterogeneous group of stakeholders that are involved in this process will have different perspectives on the evaluation questions. A major challenge facing the group is to establish realistic questions that reflect what the program can and should accomplish. Unrealistic objectives can lead to false expectations and the belief that the program has failed, when in fact it was not reasonable to assume that the stated objectives could be accomplished through the program.

For example, outreach staff at one state agency believe that a goal of outreach is to provide education to families about the advantages of enrolling their children in Medicaid. While this is an appropriate goal, the evaluation question that the agency staff developed to address this program goal, arguably was not. The proposed evaluation question was “What is the satisfaction of Medicaid enrollees with their children’s health care after enrollment in the program?” The standard the staff set was that 85% of Medicaid enrollees would be satisfied with their children’s health care using a standardized instrument designed to measure family satisfaction with various aspects of care such as wait times for appointments, provider-patient interaction, and so on. One of the problems with this evaluation question is that families’ degree of satisfaction may be more highly related to the experiences they have with their children’s providers, as opposed to education they received about Medicaid during an outreach contact. A positive or negative finding about satisfaction may have little, if any, relationship with education provided during an outreach contact. Perhaps a more appropriate question would be to ask “how many families received education about the advantages of the Medicaid

Program for their children during outreach efforts?” If there are adequate resources, another appropriate question may be “Are families who receive education about the advantages of Medicaid more likely to enroll their children in Medicaid than families who do not receive such education?”

Are the questions well defined and measurable? Evaluation questions must be well defined and measurable. For example, several Covering Kids grantees are interested in “gaining the confidence of hard-to-reach families.” An evaluation question might be “has families’ confidence in local health service agencies increased after the implementing door-to-door outreach?” This question is problematic. The term “confidence” is vague and ambiguous. Moreover, the question is not measurable. Does confidence mean that the family actually enrolls their child in Medicaid or the state Title XXI Program? Does confidence mean that the family states they were satisfied with their interaction with the agency staff or outreach worker? A more appropriate question might be “how many hard-to-reach families enrolled their children after contact with a site using a finder’s fees approach compared to hard-to-reach families seen at a comparable site that is not using this approach?” If this evaluation question were used, the term “hard-to-reach” must be defined. For example this term could refer to families who do not speak English, families who are migrant workers, and/or American-Indian families residing on reservations. Moreover, if the resources were available to assess two sites and to make comparisons, the criteria for determining the comparability of the two sites would need to be determined. For example, two sites might be considered comparable if they are serving clients with the same sociodemographic characteristics, if they have the same mission, if they have a similar number of employees, and so on.

Are the questions answerable given the available expertise, data, and financial resources for the evaluation? This is perhaps, one of the most difficult and important questions to answer. The first issue to address is one of expertise. Commonly, stakeholders and decision-makers expect the program evaluation to address questions related to the effectiveness and efficiency of the intervention that is being implemented. In the case of outreach strategies, the question most people would like to answer is “Are door-to-door strategies more effective than other outreach strategies such as media campaigns, toll-free numbers, and so on, for enrolling children in state-sponsored insurance programs? As described in the section below

entitled *“Program Monitoring and Evaluation: Factors to Consider”*, an impact evaluation is necessary to address such a question and this type of evaluation typically requires significant expertise and is costly. There are many issues to address when considering an impact evaluation. However, a very fundamental issue is whether the necessary resources in terms of expertise and dollars are present.

The second issue to address is data availability. Data may be obtained from a variety of sources. Administrative datasets containing information about contacts made with families, applications submitted and their status, and enrollment, often form the cornerstone for any evaluation. However, often it is difficult to obtain access to datasets, typically because an agency is often too busy with its own internal requests to prepare a dataset for external research purposes. A dataset also may be available but not contain the specific data elements necessary to answer the evaluation question. For example, a Covering Kids grantee may want to know how many families submitted incomplete applications following contact with an agency participating in the finder’s fee approach. The agency may track the number of incoming applications but may not track whether they were complete. Therefore the data are not available to address the question. Finally, a dataset with all of the appropriate elements may be available, but a skilled programmer to prepare the data for the evaluation team is not. Thus, lack of skilled personnel may limit the data availability for the evaluation team.

Finally, as previously mentioned, cost is an important consideration. Evaluation personnel, programming and computer time, data acquisition, and data analysis are all factors that must be considered and incorporated into the budget.

Table 1 contains a summary of selected evaluation questions for door-to-door outreach and finder’s fees approaches. These questions are the result of the discussions held at the Tampa meetings in July, 1999. The table also includes information about potential data sources and whether the question would involve process monitoring or an impact evaluation. A list of participants from the Tampa meetings is contained in Attachment 1.

Table 1. Evaluation Questions Recommended by Grantees for Door-to-Door and Finder’s Fee Strategies.

| EVALUATION QUESTIONS | Data Sources/ Research Methods | Feasibility | Comments |
|---|--|--|--|
| <i>Important Monitoring Questions</i> | | | |
| 1. How many children received the outreach strategy? | Process monitoring using administrative databases. This database most likely will need to be developed by the <i>Covering Kids</i> Project. | An essential and feasible step. | When developing a database, think ahead about the kind of information that you would like to have. For example, contact information such as name, address and telephone number is important. Demographic information about race and ethnicity also should be included. Fields should be available to indicate how many times a family was contacted. |
| 2. How many families submitted applications for their children after receiving the outreach strategy? | Process monitoring using administrative databases. This database most likely will need to be developed by the <i>Covering Kids</i> Project. However, it may be possible to add information to state application forms to indicate the outreach strategy or strategies that the families may have received. This information can then be used to track the number of applications by the type of outreach strategy. | An essential and feasible step to develop a project-specific database. Important to work with state officials to include a field on the application forms to indicate outreach strategies. A mechanism for the <i>Covering Kids</i> project to receive the information, either electronically or in a written summary format, must be developed. | See comments above. |

Table 1 continued. Evaluation Questions Recommended by Grantees for Door-to-Door and Finder's Fee Strategies.

| EVALUATION QUESTIONS | Data Sources/ Research Methods | Feasibility | Comments |
|--|---|---|--|
| <i>Important Monitoring Questions</i> | | | |
| 3. What is the time frame from the submission of the application to enrollment in the program? | Process Monitoring using secondary, or administrative databases. Usually obtained from state agencies or third party administrators working the Medicaid or CHIP initiative | Very feasible and cost-effective. However, there must be a mechanism within the program files to record critical dates or for tracking the elapsed time between each of the various stages of the application process. There also must be a method to indicate which applications were received from door-to-door, finder's fee, or other outreach strategies. An additional field for the specific agency submitting the application would provide for a site-specific comparison. | This type of monitoring could include: 1) tracking the total number of completed applications received from each outreach strategy; 2) calculating the time from submission of an application to approval or denial of application; 3) calculating the time from submission of the application to coverage in the health insurance program. The availability of a comparison group would be extremely helpful. For example, a comparison could be made with a group not receiving the finder's fee or door-to-door strategy. It will be necessary to work with an experienced evaluator to identify the appropriate comparison group. |

Table 1 continued. Evaluation Questions Recommended by Grantees for Door-to-Door and Finder's Fee Strategies.

| EVALUATION QUESTIONS | Data Sources/ Research Methods | Feasibility | Comments |
|---|--|--|---|
| <i>Important Monitoring Questions</i> | | | |
| 4. What are the reasons that applications are rejected? | Process Monitoring using secondary, or administrative data obtained from same sources described above. | <p>Very easy to track provided a field(s) for reason the application was rejected is included in the tracking database.</p> <p>Additional fields in the administrative database could include the type of strategy that was used to obtain the application and the specific agency submitting the application.</p> | <p>This monitoring could include: 1) the number of denials due to incomplete forms, 2) the number of applicants who were determined to be ineligible, and 3) denials due to excess income or other resources.¹¹ This information is very important because many Covering Kids Projects believe that their interventions will result in more complete applications and fewer denials because those who are potentially eligible will be more effectively targeted.</p> <p>With the inclusion of the fields to track the outreach strategy used to get the application and the identification of the agency submitting the application, comparisons can be made across strategies and across participating agencies.</p> |

Table 1 continued. Evaluation Questions Recommended by Grantees for Door-to-Door and Finder's Fee Strategies.

| EVALUATION QUESTIONS | Data Sources/ Research Methods | Feasibility | Comments |
|---|---|--|--|
| <i>Important Monitoring Questions</i> | | | |
| 5. What has been the program's experience with disenrollment and re-enrollment? How do the individuals in these two groups compare to each other and to the group of those who remain enrolled? | Process Monitoring using secondary, or administrative databases | Feasible and cost-effective if the administrative databases are accessible and include fields to indicate the months the children were enrolled. A month-by-month or quarterly enrollment field is preferable. | May need telephone surveys to obtain critical demographic data that are unavailable in the administrative databases. With this information you can compare the characteristics of each of these three groups by age of child, race/ethnicity and other important factors. |
| 6. Are the outreach efforts culturally appropriate? | Case study data; focus group data; secondary analysis of data | Need mechanism to track the types of outreach initiatives and the groups targeted for outreach. Consider costs associated with original data collection. | Must be attentive to the vagueness of the question. What is culturally appropriate? The absence or a smaller number of applications from one cultural group doesn't necessarily imply a lack of cultural sensitivity. However, good descriptive information about the issues that those from racial and ethnic minorities experience with application and enrollment processes should be obtained. |

Table 1 continued. Evaluation Questions Recommended by Grantees for Door-to-Door and Finder's Fee Strategies.

| EVALUATION QUESTIONS | Data Sources/ Research Methods | Feasibility | Comments |
|--|--|-----------------------------------|---|
| <i>Important Monitoring Questions, continued</i> | | | |
| 7. How much does the intervention strategy cost? | Project specific administrative databases need to be developed to track the costs for personnel, travel, and supplies associated with the outreach activity. Costs per contact, costs per completed application, and costs per enrollee can be calculated. To calculate costs per completed application and costs per completed enrollee, access to administrative databases from state agencies or the third party administrator maintaining the application and enrollment files for the Medicaid or the CHIP initiative must be provided. | Very cost effective and feasible. | This is a very important question. Outreach strategies that are sustainable from a financial perspective need to be identified. |

Table 1 continued. Evaluation Questions Recommended by Grantees for Door-to-Door and Finder's Fee Strategies.

| EVALUATION QUESTIONS | Data Sources/ Research Methods | Feasibility | Comments |
|--|---|---|--|
| <i>Important Monitoring Questions, continued</i> | | | |
| 8. What are the steps in the application process? Where are the perceived barriers and how long does the process take? | Monitoring process by outline steps in application process and updating it periodically to reflect any changes in practice; telephone survey data with families; focus group data from families, health care providers and outreach staff who are involved in application and enrollment processes. | Detailing the steps involved in the application process is relatively easy but must be validated by the various groups involved with the application process. Developing telephone survey and focus group questions should be done with an experienced evaluator. | This type of information is critical in the early phases of the program implementation. In addition, it is very easy to monitor, and if reported in a timely fashion, decisions can be made to alter process to increase the timeliness of each step of the process. Primary data collection in terms of the telephone surveys and focus groups can be costly but the information is invaluable. |

Table 1 continued. Evaluation Questions Recommended by Grantees for Door-to-Door and Finder's Fee Strategies.

| EVALUATION QUESTIONS | Data Sources/ Research | | Comments |
|---|---|--|---|
| | Methods | Feasibility | |
| <i>Important Monitoring Questions, continued</i> | | | |
| 9. Are families satisfied with the application process? | Telephone survey data; face-to-face survey data; focus group data | Need money for telephone or face-to-face data collection or focus group. Need to seek experience from an experienced evaluator to develop the questions and to select the sample to participate in the survey. | Be attentive to potential bias introduced if face-to-face surveys are conducted at a specific site. Again, as listed above, the demographic characteristics of the respondents are critical and allow comparisons by child's age, family size, and the race and ethnicity of child or family. |
| 10. What is the total number of uninsured children in the state? What is the number of uninsured children in a defined geographic area (regions or counties within a state)? | Secondary data such as the Current Population Survey (CPS), state-specific or area-specific survey data | Essential to have for developing a baseline. However, many of the existing national data sets only provide state estimates and some of these are not stable estimates. Most effective would be a separate survey initiative within the state but the cost involved may be prohibitive. | This is a critical question. Knowledge of this denominator can place the number of children who receive coverage within the larger context. Without this information, there is no mechanism for determining how successful the program has been in reducing the number of uninsured children in the state/area. In this report, other methods to construct a context for the outreach strategies, relying on case-study approaches have been described. |

Table 1 continued. Evaluation Questions Recommended by Grantees for Door-to-Door and Finder's Fee Strategies.

| EVALUATION QUESTIONS | Data Sources/ Research Methods | Feasibility | Comments |
|---|---|---|---|
| Important Questions but require significant resources | | | |
| 11. Does door-to-door outreach efforts yield better results than site- or event-specific contact/efforts? | This question requires an impact evaluation, an experienced evaluator, and significant resources. | Probably not feasible for most of the <i>Covering Kids</i> Projects. An important question, that perhaps can be addressed at some time. | See discussion of impact evaluations in this guide. |
| 12. Has the program affected the children's utilization of health care services? Have school absences been reduced? Has the children's health improved? | This question is interesting and important but not immediately relevant to the <i>Covering Kids</i> Projects where the focus is on application and enrollment. Addressing these questions requires access to health care use data and telephone or other survey data. An experienced evaluator must provide guidance to answer these questions. | Probably not feasible for most of the <i>Covering Kids</i> Projects. An important question, that perhaps can be addressed at some time. | |

Advantages of Survey Research

1. Helps eliminate interviewer bias by scripting the questions to be asked and their order.
2. Provided they are trained effectively, many people can administer the same survey at the same time, thereby allowing for efficient data collection.
3. The data that result are easier to analyze than interview or focus group data. Statistical tests can be applied to the data if correctly structured.
4. With mail or telephone surveys, large numbers of people can be surveyed, and those people can be scattered geographically.

Disadvantages of Survey Research

1. Survey research is only useful if you have already identified the issues. For example, families may be resistant to having someone come to their home for door-to-door outreach. You cannot ask about a possible problem if you don't know about it already. Preliminary research, such as a focus group or a case study may be necessary to identify these issues before constructing a questionnaire.
2. Surveys are inflexible in terms of question order, wording, and content. Those who administer the surveys must adhere to the same script for every survey. Interviewers cannot probe respondents for further information or provide any additional information unless the survey specifically calls for it.

3. Questionnaire development is difficult and requires tremendous forethought. Even the order that questions are asked can affect the way respondents answer. For this reason, it is best for you to keep your questionnaires simple, use a standardized instrument, and seek advice.

4. For surveys intended to sample a large and diverse audience, sophisticated sampling methodology is required. In the academic world, statisticians who specialize in sampling are generally consulted for such surveys. It is best for you to avoid this situation by one of the following methods:
 - a. When possible, interview everyone in the entire target population. This is only possible if the population is very small and your access to them is unobstructed.
 - b. Identify the important members of the population (called stakeholders), and interview them. Their opinions on certain issues can be said to represent everyone in their group.
 - c. If you have to resort to a so-called "convenience sample", be sure to acknowledge this in your report. Try to be as unbiased as you can be in choosing your audience, and consider factors outside your control that may influence your results.

Types of Survey Research

1. Telephone surveys

- a. Advantages:
 - i. Cheaper to implement than one-on-one interviews, but more expensive than mail-outs;
 - ii. Can be done at a central location, allowing geographically dispersed populations to be surveyed;
 - iii. If it is developed as part of the survey, the interviewer can assist the respondent in interpreting the questions. For example, terms can be defined. In addition, more complex questions can be asked.

- iv. Reading Proficiency is not required.
 - v. Better able to target desired population. Interviewers can be trained to encourage participation in the surveys and thus it often is easier to obtain results from hard-to-reach populations, particularly when compared to written surveys.
- b. Disadvantages:
- i. Only useful for those who have telephones and depending on the population this may be more or less of a problem;
 - ii. Survey cannot be so lengthy that respondents drop out, usually 20 minutes is the maximum;
 - iii. Intrusion into people's homes and schedules must be handled with sensitivity and professionalism.
- c. Cost: about \$1 per minute
- d. Tips:
- i. Questions must be phrased in language easy for respondents to understand.
 - ii. Before beginning the survey, inform respondents of the approximate time required for completion. This will cut down on the number of people who drop out in the middle of the survey. Offer to reschedule the survey when the respondent can spend enough time to answer it in full.
 - iii. Interviewers fluent in the native language of respondents are vital.
 - iv. Make it clear in the first sentence that you are a researcher and NOT a salesperson. Many people will refuse to participate if they suspect you are trying to sell them something.

2. One-on-One Surveys

- a. Advantages:
- i. Allows rapport to be established between interviewer and respondent. This often leads to responses that are more complete, and to a higher response rate.
 - ii. Allows interviewer to assist in interpretation of questionnaire, but only as directed on the questionnaire.

- iii. Hard-to-reach populations, including those without telephones can often be located by a well-trained field worker.
- b. Disadvantages
 - i. Expensive in terms of personnel and travel. Interviewer must be highly trained, and often must spend considerable time with each respondent. A completed 20 minute interview can be as high as \$50 or more .
 - ii. Interviewers must be highly trained to avoid inadvertently influencing respondents.
- c. Cost: The most expensive type of survey research, often \$50 pre interview or more.
- d. Tips
 - i. Sometimes evaluators work with people known to the community to conduct interviews, particularly in areas where the subjects are very hard-to-reach. Interviewers who are already familiar to the respondent may have more success in eliciting data from the respondent. However, these individuals may also inadvertently influence the answers these respondents give. Thus the interviewers must be very well trained and supervised. Another alternative is to send a community member with a trained interviewer who is not part of the community. Thus the community member can add credibility to the process for the respondent, but not influence the respondent's answers.

3. Mail out surveys

- a. Advantages
 - i. The cheapest type of survey research.
 - ii. Allows the researcher to sample a highly diverse and geographically widespread population.
 - iii. Many respondents who cannot be reached by telephone can be reached by mail.
 - iv. Less intrusive than telephone surveys, yet allows researcher to reach the respondent in his or her home.
 - v. Respondent can spend an unlimited amount of time answering the survey.

- b. Disadvantages
 - i. The poorest response rate of all types of survey research.
 - ii. Poor quality of information because respondents often do not complete the survey correctly.
 - iii. Disadvantaged, illiterate, or itinerant families are hard to locate.
- c. Cost: The cheapest type of survey research. The only costs are for printing the surveys, obtaining the mailing list, and postage.
- d. Tips
 - i. Always include a stamped, self-addressed envelope with your survey.
 - ii. Always include a letter stating the purpose of your research, instructions for completing the survey, and contact information if respondents have questions (this should be a toll-free number).
 - iii. Identify who in the family should complete the survey. Obviously, anyone in the family can assist in completing the survey, but you should identify one specific household member whose responses you want.

4. Focus Groups

Focus groups are a popular method for data collection. A group of people are carefully selected and gathered together to discuss a topic. A trained moderator asks questions and guides the conversation during the focus groups. Usually two moderators are present, one who leads in asking questions and another who assists. Most focus groups are tape-recorded and the conversation transcribed after the session is over. Determining the number of participants, the type of participants, and developing the focus group questions is complex. An experienced evaluator can assist you with this process. Finally analyzing data from focus groups can be challenging. A knowledgeable evaluator can also work with you during the data analytic phase.

A. Advantages

- i. Helpful for identifying issues.
- ii. Allows for a number of opinions to be expressed. Thus, similarities and differences are spotlighted.
- iii. Respondents often help trigger responses from one another. The experiences of one person may remind someone else of a similar experience.
- iv. A rich source of anecdotal information that can enrich your report.

B. Disadvantages

- i. More gregarious participants may have more input than others. However, a well-trained moderator should be able to encourage all participants and limit those that are monopolizing the conversation.
- ii. Some respondents may be unwilling to voice dissenting opinions.
- iii. Requires a moderator who is skilled at eliciting relevant responses and keeping the conversation on track.

- C. Cost – Travel costs for the moderator, costs for those recruiting the participants, costs for food during the focus groups, and any participant incentives must be considered. During focus groups for the Florida CHIP evaluation, about \$500 per focus group was spent on travel, food, and incentives. This does not include the cost of transcribing data obtained from the focus group and analyzing those data.

