

## PRIMARY DATA COLLECTION

The *South Dakota Good & Healthy Community Health Needs Assessment and Improvement Planning* data collection process is primarily focused on accessing local data from the *South Dakota Good & Health Community Checklist* and secondary data sources. However, primary data collection provides access to local information that may not otherwise be discerned from secondary data collection. Primary data is data that is collected firsthand and often involves professionals familiar with primary data collection. “Existing secondary health data, often based on state and national data sets, are essentially averages of local community data and do not decipher the social determinants affecting local health. Therefore, it is necessary to collect data that could capture the cultural and community context of health in order to accurately reflect the characteristics, perspectives and health profiles of diverse communities.”<sup>1</sup>

Collecting primary data is a time-intensive process; however, it provides the opportunity to understand local residents’ perceptions about their health status, needs, and local resources available to support a healthy community. Community coalition members, as well as other local partners and stakeholders, can participate in the data collection process and strengthen the understanding of local health needs and assets regarding chronic disease prevention and control.

The decision to utilize more than one data collection method to garner information regarding the health of a community may be determined after identifying and collecting secondary data. Secondary data is available from existing data sources that was previously collected for a specific purpose and reused. To support this decision, community coalitions should identify data needed to meet the goals of the assessment, as well as the resources (i.e. time, money, team member abilities) available to support additional data collection. If resources are limited, use of one appropriately implemented and comprehensive primary data collection method is preferred versus the weaker implementation of multiple methods. Choose the method(s) that best meet your coalition’s needs.

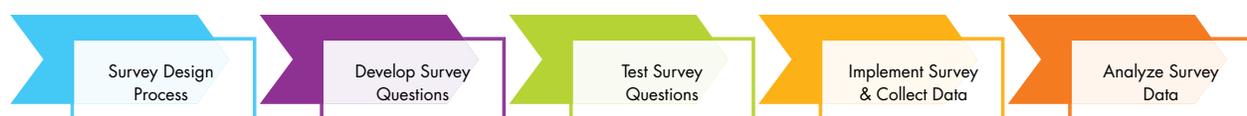
There are some common primary data collection methods that a community may choose to utilize to support their community health needs assessment, including:

- Survey
- Focus Group
- Key Informant Interviews
- Community Health Resource Inventory

### SURVEY

A survey of local/county residents is an effective method for collecting specific information about residents’ demographics, personal health, and opinions about the “health” of their community. A survey provides an opportunity to garner information from a broad array of residents and gain an understanding of community health, representative of all residents of the community. Utilizing primary survey data results along with secondary data information (i.e. U.S. Census data) provides comprehensive information about the local community and helps determine the needs and priorities for community public health interventions.

In order to facilitate a local survey, a plan must be determined regarding survey design and implementation. Typically this is a systematic process of gathering information on a specific topic by asking questions of individuals and generalizing the results to the groups represented by the respondents (i.e. low-income, males, high-income). This process involves steps as outlined below.



The survey design process requires establishing the purpose and goals of the survey to determine: 1) what you want to find out from the survey data, and 2) how you will use the information produced. It is also important to determine the resources and time available to implement a survey. The survey is disseminated to a pre-determined group of people, or *sample population*, a group of people whose opinions represent the total group of people impacted by the survey topic. There are different types of survey methods that can help garner data. The method identified to conduct the survey will vary based on several factors, including: survey target population(s), suitable ways to reach target population(s), available resources and skills, time available to conduct the survey, and types of survey.

A survey must be a well-designed questionnaire, regardless of which survey method is utilized. For survey results to be meaningful and useful, the questions must show “reliability” and “validity”. *Reliability* is the extent to which repeatedly or consistently measuring the same property produces the same result (i.e. each survey question will mean the same thing to everyone).<sup>2</sup> *Validity* is the extent to which a survey question accurately measures the property it is supposed to measure (i.e. when you measure what you term “health status” is that what you were really measuring?).<sup>2</sup> Pre-testing the design of the survey questionnaire with colleagues and/or potential survey respondents is an integral part to developing a strong tool and verifying the appropriateness of the survey design and methodology. Survey data is collected once the survey questions have been tested for validity and reliability prior to dissemination. The survey should be disseminated according to the pre-determined survey methodology. A final step involves analysis of final survey data to create a picture of the community’s health, individual health behaviors, and opinions about the community.

*\*If you choose to conduct a survey as part of your primary data collection process, refer to an experienced data analyst or statistician to assist with the survey design and analysis. Contact the South Dakota Department of Health Community Experts for technical assistance.*

Refer to the [Sample CHNA Survey Questions](#) in the *Tools and Templates* of this section for a series of standardized valid and reliable survey questions that can be utilized to collect first-hand data from county residents. The questions align with the [South Dakota Good & Healthy Community Primary Health Indicators](#) identified in the [Secondary Data Collection](#) section of the toolkit, and are taken from the Behavior Risk Factor Surveillance System (BRFSS) Questionnaire that the South Dakota Department of Health administers annually to South Dakota residents regarding their health risks and behaviors. Any or all of the sample survey questions that are applicable to a local survey area may be used.

Additional questions not included in the sample can be added; however, it is highly encouraged to utilize **tested, valid, and reliable** survey questions from existing, nationally-developed, and tested surveys (*refer to table below*). If you choose to develop your own questions, they should be tested prior to inclusion in the survey questionnaire.

*\*Consult a professional with survey experience if you choose to develop additional questions.*

### National Survey Questionnaires

[National Health Information Survey](#) (NHIS) - The principal source of information on the health of the civilian non-institutionalized population of the United States and is one of the major data collection programs of the National Center for Health Statistics (NCHS) which is part of the Centers for Disease Control and Prevention (CDC).

[National Health and Nutrition Examination Survey](#) (NHANES) – A program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations.

**CDC Health-Related Quality of Life (HRQOL)** - A set of questions called the “Healthy Days Measures”, including ten additional questions about health related quality of life. These questions ask about recent pain, depression, anxiety, sleeplessness, vitality, and the cause, duration, and severity of a current activity limitation an individual may have in his or her life.

**National Survey of Children’s Health** - Touches on multiple, intersecting aspects of children’s lives. The survey includes physical and mental health status, access to quality healthcare, as well as information on the child’s family, neighborhood and social context.

**Youth Risk Behavior Survey (YRBS)** - A national school-based survey of high school students (grades 9–12) conducted in states across the nation, including South Dakota. YRBS is a large CDC survey with more than 15,000 respondents. The purpose of the survey is to help determine national prevalence and age at initiation of key health risk behaviors.

**Behavior Risk Factor Surveillance (BRFSS)** - State-based system of health surveys that collects information on health risk behaviors, preventive health practices, and healthcare access primarily related to chronic disease and injury.

## FOCUS GROUP

A focus group is a primary data collection method that involves gathering information and opinions from a small group of people, approximately 6 to 10 participants who share similar characteristics or common interests related to your focus group topic. A skilled moderator leads the group through an open dialogue regarding a specific set of topics. A focus group provides an opportunity to garner detailed, qualitative (descriptive) information from targeted participants that a survey sometimes is unable to gather, as well as provide opportunity for discussion amongst participants. For example, a survey of your local community’s health status was disseminated to county residents, the findings of which point to local barriers in healthy food access. A focus group could be facilitated with local community members as follow-up to those survey results to gain further understanding of residents’ access to healthy foods to help gain a picture of the community access issues. Utilizing both a survey and a focus group to gather additional primary data is also part of a mixed method evaluation approach, which increases the validity of the CHNA findings by using a variety of data collection methods.<sup>3</sup>

Planning for a focus group includes multiple components to ensure a successful discussion, including developing a focus group guide with specific questions that will be used to garner the desired feedback from participants and identifying the participants. Focus group questions are often open-ended to encourage open discussion, rather than close-ended, structured questions. Pre-testing questions with your workgroup members provides an opportunity to 1) gather feedback regarding the proposed questions to ensure they are clear and understandable, and 2) to identify how long it takes to answer the questions.<sup>4</sup>

A focus group is conducted by a skilled moderator in person or via teleconference, whose goal is to nurture discussion and generate opinions from all participants. An assistant moderator (recorder) is responsible to record the participants’ responses to ensure thorough data collection. Tape recording the session is an additional option to ensure detailed transcription of the participants’ responses. Focus group questions generally consist of 7 to 10 questions, with the same questions repeated if facilitating multiple focus group sessions. A session is typically held for two hours or less (ideally 60 to 120 minutes) and includes a structured, detailed process as identified in the focus group guide. Upon completion of the focus group, participant responses are reviewed and analyzed to identify themes and overall information learned from the discussion.

*\*If you plan to conduct a focus group to gather additional primary data from your local area, contact the South Dakota Department of Health Community Experts for technical assistance and/or an experienced professional familiar with conducting focus groups.*

## KEY INFORMANT INTERVIEWS

A key informant interview is a primary data collection method that is used to gather detailed, qualitative information about a specific topic, and asking questions about individual experiences working or living within a community or healthcare system.<sup>5</sup>

"Key Informants" are key members or leaders of your community and/or assessment area who have in-depth knowledge about a specific topic/focus area. The interview allows for detailed data collection regarding the key informants' opinions, facts, assumptions and perceptions. The interview is a structured, open discussion and generally conducted in person by an experienced interviewer; however, interviews can also be conducted via teleconference to accommodate the interviewer and interviewee's schedule and resources. The interview time varies in length, but can be time-consuming, based on the number of questions asked.

Key informant data can be used in conjunction with other assessment data to support a mixed method assessment approach to understanding the "health" of your community. A key informant interview can serve various purposes to support your CHNA process and provides the opportunity to collect detailed information on a specific community health issue from a community expert. Consider if a key informant interview will suit your purposes. For example, would collecting existing data on the health system provide adequate information about the number of local uninsured people? Would focus groups provide insight about how a segment of the community thinks about specific health issues?<sup>5</sup> Would interviewing a community leader provide further insight into a particular topic?

A key informant interview is a data collection method that helps to provide a knowledgeable perspective on your specified topic(s). Key informant interviews can be beneficial in providing an initial assessment of a community and/or issue as well as begin relationship-building with key community members. The interview potentially may provide you access to other community members or resources for your assessment.

Planning for a key informant interview is an integral preliminary step to facilitating a quality, structured interview process. Steps involved in the process include:

1. Development of the interview questions; determine what information you want to gain from the interview
2. Identify "Key Informants" you wish to interview, including how many interviews you would like to hold; this step also includes identifying an experienced professional to conduct the interview
3. Determine interview method (in-person or by phone)
4. Conduct the interview
5. Analyze information gathered from the interview

*\*If you choose to conduct interviews as part of your primary data collection process, refer to an experienced professional to help facilitate the process. Contact the South Dakota Department of Health Community Experts for technical assistance.*

## **COMMUNITY HEALTH RESOURCE INVENTORY**

The Community Health Resource Inventory is another form of primary data collection that can be incorporated into the overall data collection process and help contribute to understanding the "health" of your community. A Community Health Resource Inventory is a database of resources/services that are available through community organizations and agencies to support local residents. The inventory simply tracks who is doing what for whom in the community and helps identify which organizations and agencies are serving various populations in the community. Estimates of the number of persons being served in the community can be identified through the inventory, as well as identify gaps in service and access to resources/services.

Once a community workgroup has identified which local area and organizations and agencies will be contacted, information can start to be gathered by utilizing your community workgroup to complete the inventory as possible. Workgroup professionals and/or partners who represent local organizations and agencies in your community can also help to fill in the information gaps. Community Health Centers, Insurance Providers, Health Promotion & Prevention programs, are a few examples of the types of organizations and agencies who can be contacted to complete the inventory.

*\*\*The inventory of data sources and contacts utilized to complete the South Dakota Good & Healthy Community Checklist is also an inventory of your community resources that can assist your CHNA data collection process. Refer to that as you determine the "health" of your community.*

*\*If you choose to conduct a Community Health Resource Inventory as part of your primary data collection process, refer to an experienced professional to help facilitate the process. Contact the South Dakota Department of Health Community Experts for technical assistance.*

## PRIMARY DATA COLLECTION METHODS – ADVANTAGES AND DISADVANTAGES

Each primary data collection method has advantages and disadvantages to support the CHNA process.

Review the following to identify which method(s) will best support your CHNA process based on available resources.

Data Collection Method	Advantages	Disadvantages
<b>Survey</b>	<ul style="list-style-type: none"> <li>• Relatively inexpensive</li> <li>• Less respondent bias</li> <li>• Quick data collection method</li> <li>• Ability to administer to large groups of individuals</li> <li>• Ability to analyze the data efficiently</li> </ul>	<ul style="list-style-type: none"> <li>• Data entry and analysis can be time-consuming</li> <li>• Potential for low return rate</li> <li>• Useful for large-scale surveys</li> <li>• High-cost and requires access to resources if conducting web-based survey</li> <li>• Requires moderate to high literacy level to complete</li> </ul>
<b>Focus Group</b>	<ul style="list-style-type: none"> <li>• Can assess body language</li> <li>• Ability to share discussion with those who can not attend if session is recorded</li> <li>• Focused discussion with participants' attention</li> <li>• Provides in-depth data</li> <li>• May increase the comfort level of participants</li> </ul>	<ul style="list-style-type: none"> <li>• Participants lack anonymity</li> <li>• Potentially high travel expenses when sessions are conducted in multiple locales</li> <li>• Large group may intimidate some participants from open dialogue</li> <li>• Recording and analysis can be time-consuming</li> </ul>
<b>Key Informant Interviews</b>	<ul style="list-style-type: none"> <li>• Provides in-depth data</li> <li>• In-depth, open dialogue between the interviewer and interviewee</li> <li>• Highlight issues not previously considered</li> <li>• Obtain detailed feedback from an individual who did not expound on a survey or in a Focus Group</li> <li>• Flexible and spontaneous interview session</li> </ul>	<ul style="list-style-type: none"> <li>• Time-consuming</li> <li>• Transcription and analysis of interview discussion can be cumbersome if conducting multiple interviews</li> <li>• Not efficient data collection method from a large number of people</li> <li>• Feedback is from one individual and may not be representative of the community</li> <li>• Potential for inaccurate information due to trust level between interviewer and interviewee</li> </ul>
<b>Community Health Resource Inventory</b>	<ul style="list-style-type: none"> <li>• Identifies the target populations community organizations and agencies are serving</li> <li>• Provides information about the perceived quality of program activities</li> <li>• May assist health care providers, local healthy lifestyle supports and residents by facilitating referrals and encouraging networking</li> <li>• A good source of health resource information for community members</li> </ul>	<ul style="list-style-type: none"> <li>• Needs to be updated on an ongoing basis</li> <li>• Information based on opinion of representatives of organizations and agencies</li> <li>• Subjective judgment of the community workgroup gathering information regarding knowledge of local area</li> </ul>

## ADDITIONAL PRIMARY DATA COLLECTION METHODS

There are additional primary data collection methods that have not been discussed in this section which are not utilized as readily but do garner feedback from the community to develop an overall understanding of your community's health status. Consult with an experienced professional familiar with these methods to help implement the process. Some additional methods that are often utilized include:

- **Photovoice:** blends a grassroots approach to photography and social action. Photovoice is a process in which people – usually those with limited power due to poverty, language barriers, race, class, ethnicity, gender, culture, or other circumstances – use video and/or photo images capture aspects of their environment and experiences and share them with others. The pictures can then be used, usually with captions composed by the photographers, to bring the realities of the photographers' lives home to the public and policy makers and to spur change.<sup>6</sup>
- **Walkability Audit:** Designed to broadly assess pedestrian facilities, destinations, and surroundings along and near a walking route and identify improvements to make the route more attractive and useful to pedestrians.<sup>7</sup>
- **Community Forum:** A series of public meetings to involve the community in defining and discussing needs. Community forums are less formal and open to the public, while public hearings consist of testimony from selected witnesses and often the issuance of a summary report.<sup>8</sup>

For additional information and resources on other primary data collection methods refer to the following table.

Additional Primary Data Collection Methods
<i>Manual and Resource Kit. Photovoice 2007. Using photography to: Help people share their ideas &gt; Improve our communities &gt; Give a voice to those not heard.</i> Photovoice Hamilton.
<i>Conducting a Community Health Assessment. Tools to Assist You with Data Collection, Analysis, Synthesis, and Presentation.</i> National Association of County & City Health Officials (NACCHO).
<i>Brief Overview of Data Collection Methods. Community Resource Inventories.</i> Minnesota Department of Health.
<i>Assessing Community Needs and Resources.</i> The Community Toolbox, University of Kansas.
<i>What is a walkability audit?</i> Pedestrian and Bicycle Information Center.
<i>Healthier Worksite Initiative. Worksite Walkability.</i> Centers for Disease Control and Prevention.

## CONCLUSION

Collecting primary data is not an essential component of the CHNA process; however it provides an opportunity for community coalitions to gather in-depth information about the health of their community, beyond secondary data collection. Various primary data collection methods are available and communities should utilize ones that are feasible to conduct based on available community resources. Employing the assistance an experienced professional trained in primary data collection methodology, allows a community to gather valid and reliable data that can be effectively utilized to determine the health of a community regarding chronic disease prevention and control.

## Tools and Templates

**Sample CHNA Survey Questions** – series of standardized valid and reliable survey questions that can be utilized to collect first-hand data from county residents taken from the Behavior Risk Factor Surveillance System (BRFSS) Questionnaire that the South Dakota Department of Health administers annually to South Dakota residents regarding their health risks and behaviors.

**Sample CHNA Focus Group Questions** – Included are a sample of focus group questions that can be utilized to collect first-hand data from county residents. The questions align focus areas typically assessed regarding community health. These questions are just samples, but questions should be developed to meet the purpose and goals of the CHNA process.

**Community Health Resource Inventory Template** – Includes a template which can be utilized to construct the inventory database community health resources. The information included in the Inventory should be updated as need to complete the database. Once the inventory is completed, analysis of the data is conducted to support the CHNA data collection process.

## Resources

Refer to the following resources for detailed information to assist with developing, administering, and analyzing a survey questionnaire.

### Survey

**Healthy Carolinians Community Assessment Guide Book**. North Carolina Department of Health and Human Services.

- Phase 2: Collect Primary Data
- Phase 4: Analyze and Interpret County Data

**A Handbook for Participatory Community Assessments. Experiences from Alameda County.**

Alameda County Public Health Department.

- Step 6: Surveys

**Mobilizing for Action through Planning and Partnerships (MAPP)**. National Association of City and County Health Officials.

- Community Health Status Assessment, Steps 2-4 on data collection

**Questionnaire Design: Asking questions with a purpose**. University of Wisconsin-Extension Cooperative Extension.

**Survey Research**. Research Methods Knowledge Base, Web Center for Social Research Methods.

**Survey Fundamentals. A Guide to Designing and Implementing Surveys**. Office of Quality Improvement. University of Wisconsin-Madison.

**Conducting Surveys**. The Community Toolbox, University of Kansas.

Refer to the resources below for additional information on Focus Groups.

### Focus Groups

**Healthy Carolinians Community Assessment Guide Book**. North Carolina Department of Health and Human Services.

- Phase 2: Collect Primary Data
- Phase 4: Analyze and Interpret County Data

**A Handbook for Participatory Community Assessments. Experiences from Alameda County.**

Alameda County Public Health Department.

- Step 6: Focus Groups

**Conducting Focus Groups**. The Community Toolbox, University of Kansas.

**Using Focus Groups in Program Development and Evaluation**. Rennekamp R, Nall M. University of Kentucky Cooperative Extension.

**Data Collection Methods for Program Evaluation: Focus Groups**. Department of Health and Human Services. Centers for Disease Control and Prevention.

Refer to the following resources to assist with planning and implementing Key Informant Interviews.

### Key Informant Interview Guides

Healthy Carolinians Community Assessment Guide Book. North Carolina Department of Health and Human Services.

- Phase 2: Collect Primary Data
- Phase 4: Analyze and Interpret County Data

A Handbook for Participatory Community Assessments. Experiences from Alameda County.

Alameda County Public Health Department.

- Step 6: In-Depth Interviews

Conducting Interviews with Key Participants to Analyze Critical Events. The Community Toolbox, University of Kansas.

- Chapter 38, Section 8

Getting the Lay of the Land on Health: A Guide for Using Interviews to Gather Information (Key Informant Interviews). The Access Project. The Robert Wood Johnson Foundation, Brandeis University's Heller Graduate School, and the Collaborative for Community Health Development.

### Key Informant Interview Sample Questions

Community Health Eating and Activity Policies and Practices. Washington University, Transtria, and Active Living By Design, and the WK Kellogg Food and Fitness Planning and Assessment Guide.

Community Themes & Strengths Assessment. Knox County Health Department via NACCHO.

Addressing Walkable Communities through Local Public Health Staff meeting with City/County Planners and Engineers. Minnesota Department of Public Health.

Refer to the following resources to assist with planning and conducting a Community Health Resource Inventory.

### Community Health Resource Inventory

Healthy Carolinians Community Assessment Guide Book. North Carolina Department of Health and Human Services.

- Phase 2: Collect Primary Data
- Phase 4: Analyze and Interpret County Data

Brief Overview of Data Collection Methods. Community Resource Inventories. Minnesota Department of Health.

Identifying Community Assets and Resources. The Community Toolbox, University of Kansas.

### References

1. Shah, A. M., Williams, C., Delgado, J., & Whitman, S. (2003, February). *A Participatory Approach to Designing a Community Health Survey, A Report on the Survey Development Process: Part of the Catalyzing Public Policy to Improve Community Health Project*. Retrieved from <http://www.policyarchive.org/handle/10207/bitstreams/21749.pdf>
2. Thayer-Hart, N., Dykema, J., Elver, K., Cate Schaeffer, N., & Stevenson, J., Office of Quality Improvement, University of Wisconsin-Madison. (2010, December). *Survey Fundamentals, A Guide to Designing and Implementing Surveys*. Retrieved from [http://oqi.wisc.edu/resourcelibrary/uploads/resources/Survey\\_Guide.pdf](http://oqi.wisc.edu/resourcelibrary/uploads/resources/Survey_Guide.pdf)
3. Evaluation Research Team, The Centers for Disease Control and Prevention. (2008, July). *Data Collection Methods for Program Evaluation: Focus Groups*. Evaluation Briefs, 13. Retrieved from <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief13.pdf>
4. Mizoguchi, Nobuko, Mia Luluquisen, Sandra Witt, and Liz Maker. *A Handbook for Participatory Community Assessments: Experiences from Alameda County*. Oakland, CA: Alameda County Public Health Department, 2004.
5. Sherry, S. T. (1999, December). Getting the Lay of the Land on Health: A Guide for Using Interviews to Gather Information (Key Informant Interviews). In *The Access Project*. Retrieved from <http://www.accessproject.org/downloads/final%20document.pdf>
6. Rabinowitz, P. & Holt, C. (2013). Chapter 3. Assessing Community Needs and Resources, Section 20. Implementing Photovoice in Your Community. In *The Community Toolbox, University of Kansas*. Retrieved from [http://ctb.ku.edu/en/tablecontents/chapter3\\_section20\\_main.aspx](http://ctb.ku.edu/en/tablecontents/chapter3_section20_main.aspx)
7. Division of Nutrition, Physical Activity and Obesity, National Center for Chronic Disease Prevention and Health Promotion. (2010, January 6). Audit Tool. In *The Healthier Worksite Initiative, Centers for Disease Control and Prevention*. Retrieved from [http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/walkability/audit\\_tool.htm](http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/walkability/audit_tool.htm)

8. Minnesota Department of Health. (2013). *Brief Overview of Data Collection Methods*. Retrieved from <http://www.health.state.mn.us/communityeng/needs/needs.html>
9. Cooperative Extension, University of Wisconsin-Extension. (1998, May). *Questionnaire Design: Asking questions with a purpose*. Madison, WI: Taylor-Powell, E., Retrieved from <http://learningstore.uwex.edu/assets/pdfs/g3658-2.pdf>
10. Hampton, C., Vilela, M., Rabinowitz, P., Nagy, K., & Schultz, J. (2013). Chapter 3. Assessing Community Needs and Resources, Section 13. Conducting Surveys. In *The Community Toolbox, University of Kansas*. Retrieved from [http://ctb.ku.edu/en/tablecontents/sub\\_section\\_main\\_1048.aspx](http://ctb.ku.edu/en/tablecontents/sub_section_main_1048.aspx)
11. North Carolina Division of Health and Human Services. North Carolina Division of Public Health. (2011). Phase 2, Collect Primary Data. In *The Community Health Assessment Guide Book*. Retrieved from <http://publichealth.nc.gov/lhd/cha/docs/2012GuideBook/12gb-phase4.pdf>
12. North Carolina Division of Health and Human Services. North Carolina Division of Public Health. (2011). Phase 4, Analyze and Interpret County Data. In *The Community Health Assessment Guide Book*. Retrieved from <http://publichealth.nc.gov/lhd/cha/docs/2012GuideBook/12gb-phase4.pdf>
13. Berkowitz, B. & Wadud, E. (2013). Chapter 3. Assessing Community Needs and Resources, Section 8. Identifying Community Assets and Resources. In *The Community Toolbox, University of Kansas*. Retrieved from [http://ctb.ku.edu/en/tablecontents/sub\\_section\\_main\\_1043.aspx](http://ctb.ku.edu/en/tablecontents/sub_section_main_1043.aspx)
14. Centers for Disease Control and Prevention. *Community Health Assessment and Group Evaluation (CHANGE) Action Guide: Building a Foundation of Knowledge to Prioritize Community Needs*. Atlanta: U.S. Department of Health and Human Services, 2010.

