

Rapid Ethnography in Evaluation

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Consider the object and draw nigh obliquely.

Lancelot “Capability” Brown
18th Century landscape architect



Rapid Ethnography in Evaluation

Session Goals:

Become familiar with issues associated with planning, organizing, and implementing qualitative data collection and analysis that is:

- systematic
- time-constrained
- team-oriented



Rapid Ethnography in Evaluation

Session Overview:

- Ethnography and “Rapid Ethnography”
- Case study design and site selection
- Key informant / respondent selection
- Focus groups (pros and cons)
- Topic guide development
- Organizing a team site visit
- Data records for analysis

Handout:

- Small group exercise – topic guides



Ethnography's Role in Evaluation – What's it good for?

- Process description and variable selection
- Contextual variable selection
- Interpretation of outcome assessment



Questionnaires and other standard instruments

- Assumes that enough is known in advance to identify the relevant issues
- Cannot identify unanticipated, site-specific relationships, so it is limited to validating models articulated in advance
- Often ensures that important elements will be missed, **UNLESS** the context is already understood
- Not *anti-questionnaire*, just not as a first step



Ethnography and “Rapid Ethnography” – What’s the difference

Classic Ethnography

- Data collection based on participant-observation and open-ended interviewing
- Go there, stay there, use the local language, characterize local knowledge – variability and consensus
- Implies staying long enough to be a linguistically competent witness to a complete cycle (often 12-18 months)
- Often represented as “lone ranger” – in fact, involves local research associates and interpreters



Ethnography and “Rapid Ethnography” – What’s the difference

Rapid Ethnography

- Same data collection aims and methods, but **time-constrained**
- Explicitly acknowledges need for team involvement, including multi-disciplinary specialists and locals or “insiders”
- Should not be seen as a substitute for longer-term engagement; breaks it up into smaller pieces



Rapid Evaluation and Assessment Methods

- Many names with modest variations on a set of common themes
 - Rapid assessment & Rapid ethnographic assessment
 - Participatory rural appraisal
 - Real-time evaluation
 - Rapid-feedback evaluation
 - Rapid evaluation methods



Common Themes

- Participatory
 - Usually involves community members/ target population in the framing of study
- Team-based
 - Usually involves the collaboration of team members throughout process (from planning and data collection to the interpretation of findings)
- Iterative
 - Usually involves the analysis of data while they are still being collected and the use of preliminary findings to guide decisions about additional data collection
- Focus on constraints and facilitating factors
 - Evidence of outcome effectiveness suggestive at best
- Short-Term Engagement
 - Some decry “erosion” of field work



Common Methods Repertory

- Qualitative observations:
 - Formal and informal interviews with key informants/stakeholders
 - Focus groups and community group interviews
 - Limited naturalistic observations
- Quantitative observations:
 - Collected through mini-surveys and the review of existing data sets
- Mapping is also commonly used
- Increase in innovations such as local video and digital photography



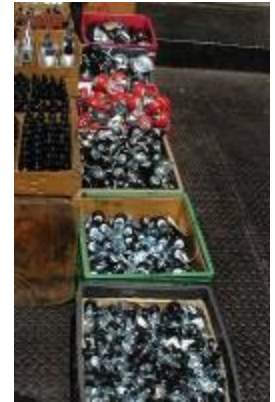
Rapid Evaluation and Assessment Methods

- Rapid assessment (RA)
 - RA is often used to generate information about health and social problems to aid in the design of culturally appropriate interventions for health and social problems
 - Focused on exploring local knowledge of health issues, including local perspectives on local / global linkages



Rapid Evaluation and Assessment Methods

- Participatory rural appraisal (PRA)
 - Principally employed in developing countries in the areas of natural resource management, agriculture, poverty, and food security
 - Emphasis is on information gathering as a process with defined characteristics, including:
 - Community involvement
 - Holistic and systematic approach
 - Multidisciplinary and interactive methods
 - Flexible responses
 - Emphasis on communication and listening skills
 - Visual display of information



Rapid Evaluation and Assessment Methods

- Real-time evaluation (RTE)
 - RTE developed in the 1990s in response to the proliferation of humanitarian crises
 - RTEs use a mixed-methods approach
 - Involves semi-structured interviews, site visits, a limited number of in-depth interviews, focus groups, and reviews of secondary documentation



Rapid Evaluation and Assessment Methods

- Rapid-feedback evaluation (RFE)
 - RFE involves the use of existing program data to make a quick, preliminary assessment of program performance
 - Wholey's RFE model consists of five steps:
 - Collection of existing data on program performance
 - Collection of new data on program performance
 - Preliminary evaluation
 - Development and analysis of alternative designs for full-scale evaluation
 - Assisting policy and management decisions
 - Some evaluators have argued that you can skip step 4 depending on the existing data.

Rapid Evaluation and Assessment Methods

- Rapid evaluation methods
 - Developed by WHO to assess the quality of health care services, identifying operational problems, and assisting managers in taking corrective action
 - Data are collected by means of:
 - clinic exit interviews with patients
 - health staff interviews
 - observations of staff task performance
 - community and staff focus group discussions
 - review of clinic records
 - checking of facilities
 - household interviews



The logic of ethnographic inquiry

Type of Significance Relationship	Expression of Significance	Form of Ethnographic Inquiry
Strict Inclusion	X is a kind of Y	What are all the kinds of Y?
Part-Whole	X is a part of Y	What are all the parts of Y?
Cause-Effect	X is a result of Y	What are all the results of Y?
Rationale	X is a reason for doing Y	What are all the reasons for doing Y?
Purpose	X is used for doing Y	What are all things that are used for doing Y?
Means-End	X is a way to do Y	What are all the ways to do Y?
Sequence	X is a step (stage) in Y	What are all the steps (stages) in Y?
Location for action	X is a place for doing Y	What are all the places for doing Y?

Case study designs

- Single site and multi-site designs
 - **Exploratory** – defining questions for subsequent examination, or testing methods
 - **Descriptive** – complete description of phenomenon within its context
 - **Explanatory** – data bearing on cause-effect relationships (i.e., which causes produced which effects)



Site selection criteria

- Driven by research questions
- An example
 - PACE EH Process Evaluation



Process Evaluation of PACE EH

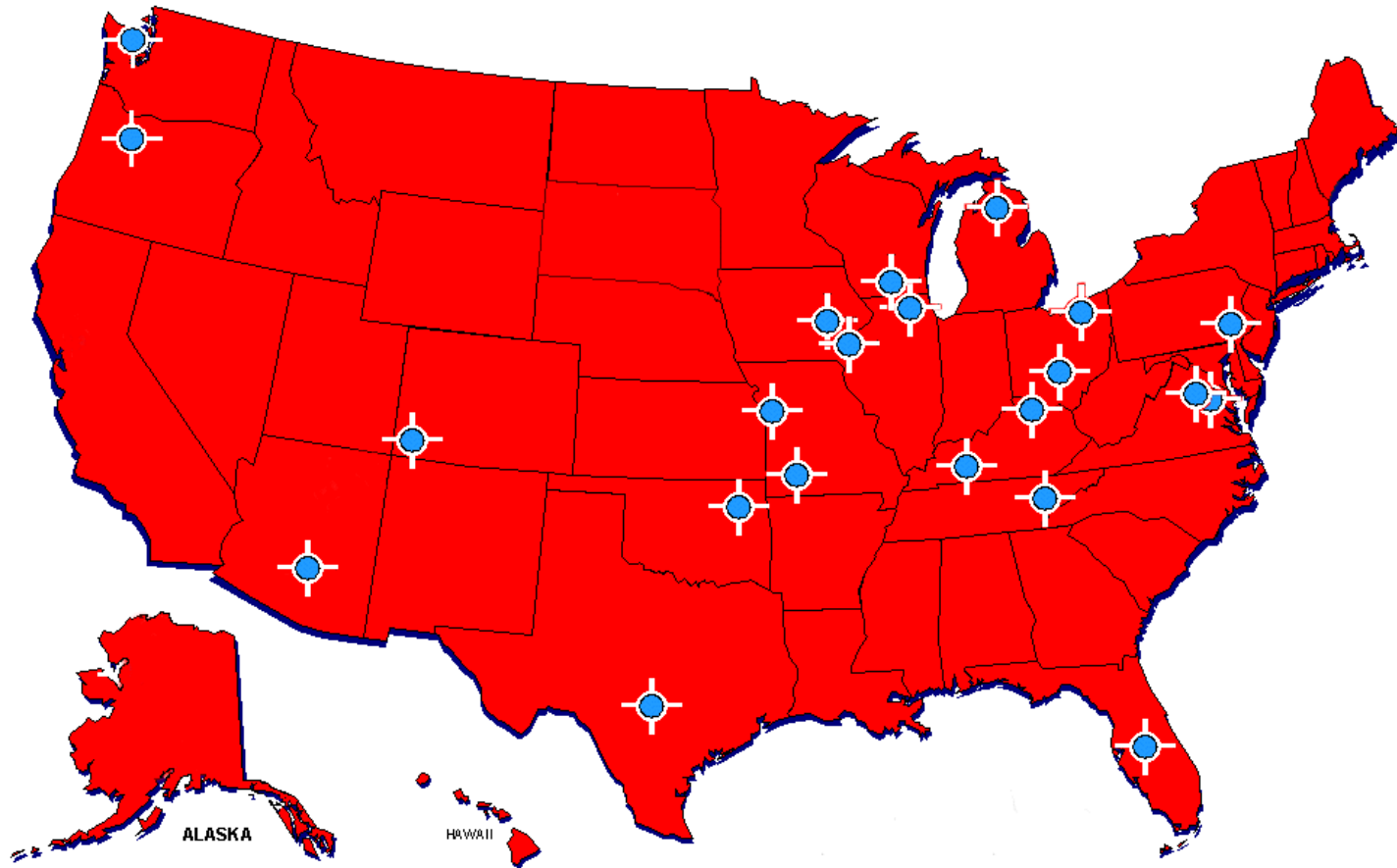
- Protocol for Achieving Community Excellence in Environmental Health

- Research questions:

- **Awareness.** How have potential users been made aware of PACE EH?
- **Adoption.** What factors contributed to the decision to implement PACE EH?
- **Implementation Process.** How is PACE EH being implemented in the communities that have elected to use the method?
- **Intermediate Impacts.** What have been the intermediate impacts of PACE EH on agencies and communities?
- **Recommendations.** What recommendations do local and national stakeholders have for improving the method and/or the guidance provided to implementing sites?



PACE EH Pilot and Demonstration Sites



Site Selection Criteria – PACE EH

- Willingness to participate
- Beyond the “start-up” stage
- Urban / rural mix
- Visible, acute environmental health controversies

Plus...

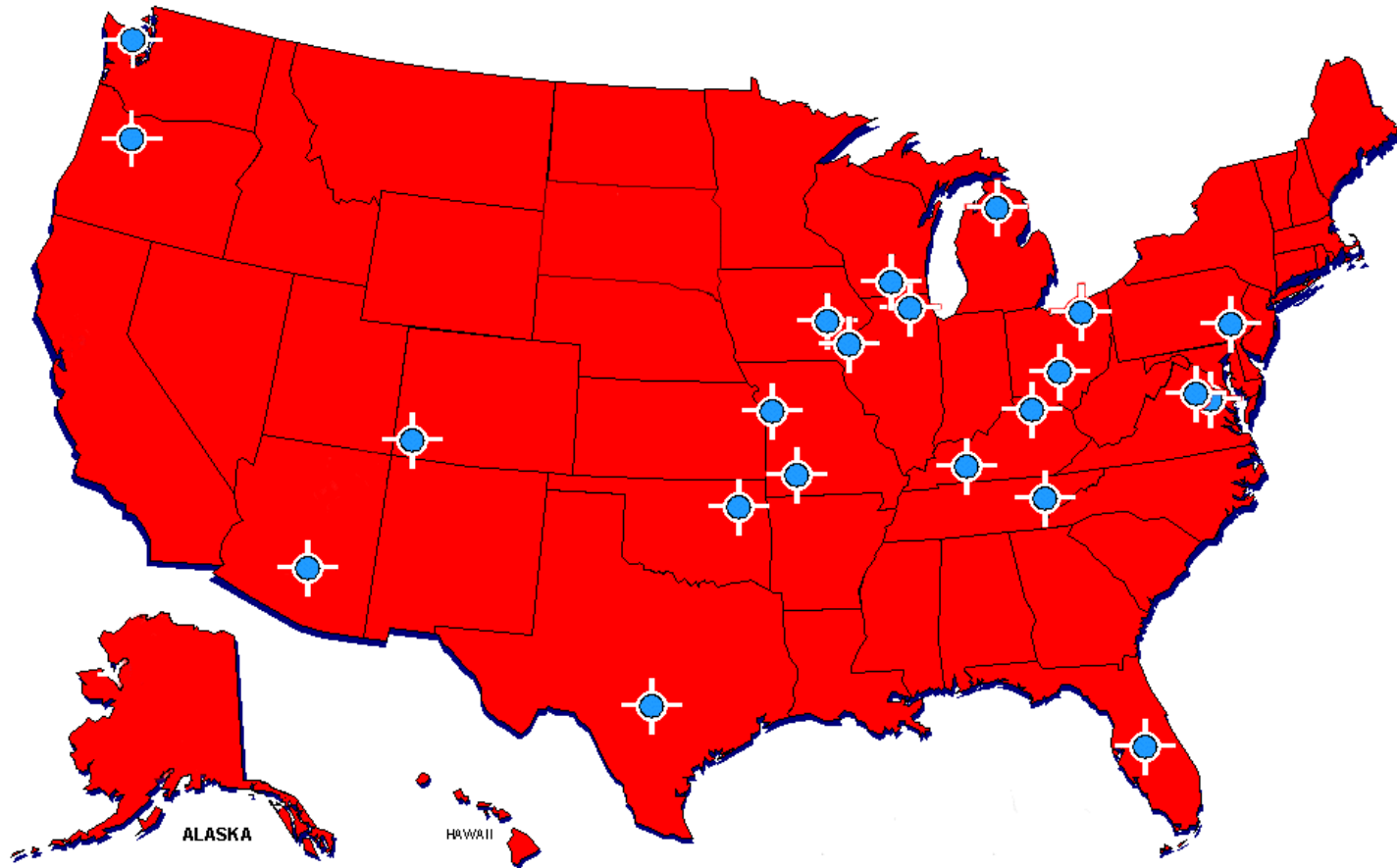
- *Geographic diversity*
- *Experience with other assessment protocols*
- *Existing documentation*

Site Selection Criteria – PACE EH

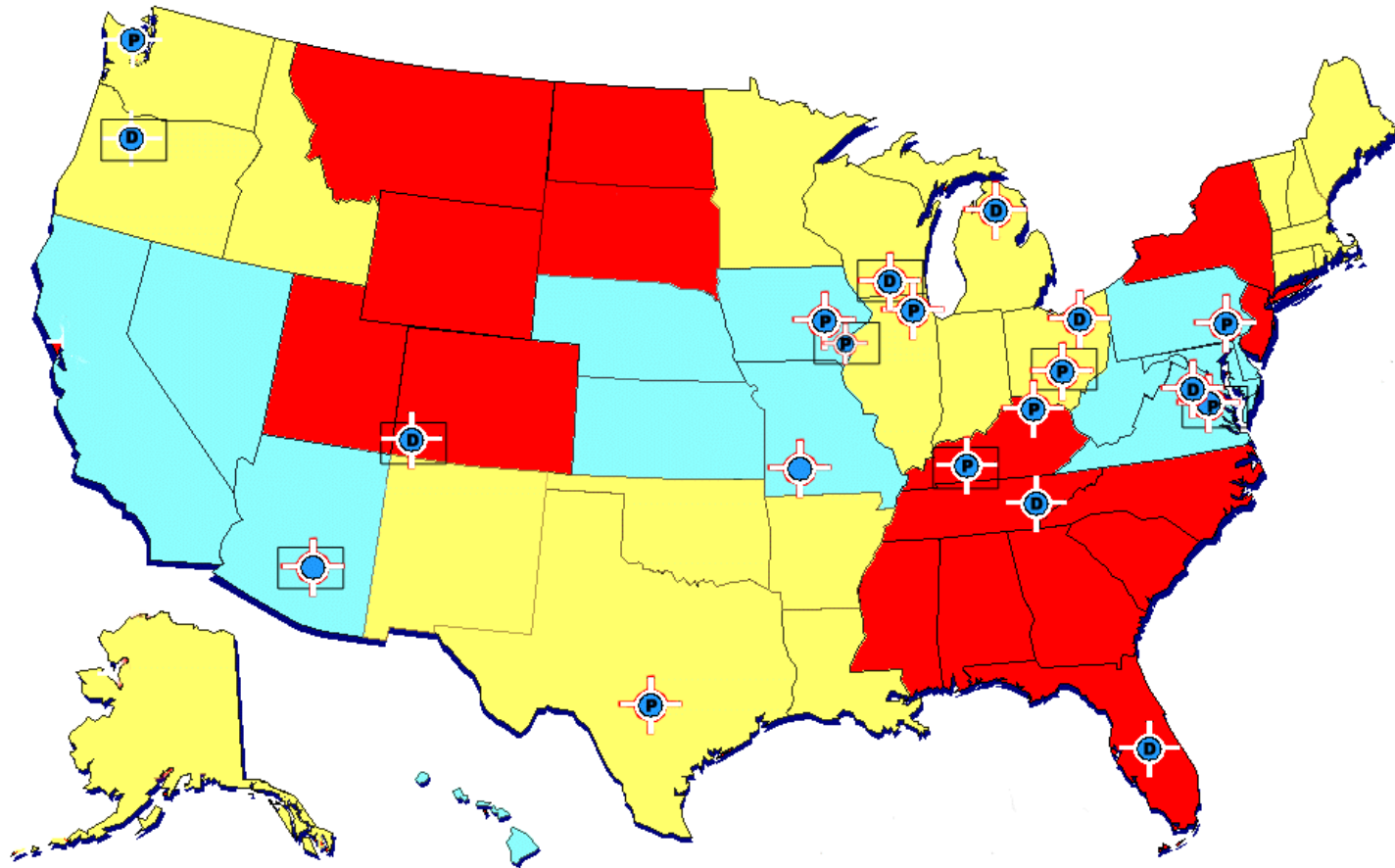
	Urban	Rural
Visible EH Controversies (e.g., presence of Superfund and/or Toxic Release Inventory sites)	Pilot Sites Allentown, PA (7) Linn County, IA (1) Northern Kentucky District, KY (2) San Antonio, TX (1) Demonstration Sites Multnomah County Health Department/Portland, OR (7) Polk County Health Department/Bartow, FL (3)	Pilot Sites Barren River, KY (1) McHenry County, IL (1) Island County, WA (2) Demonstration Sites The Muskegon County Health Department/ Muskegon, MI (9) Rock County Health Department/ Janesville, WI (3) Other Recommended Sites Springfield /Greene County, MO (3)
“Normal” Range of EH Issues (absence or low concentration of Superfund and/or Toxic Release Inventory sites)	Pilot Sites Arlington County, VA (0) Delaware County, OH (0) Demonstration Sites Alexandria Environmental Health Department/ Alexandria, VA (0) Mahoning County District Board of Health/ Youngstown, OH (0)	Pilot Sites Scott County, IA (0) Demonstration Sites Blount County Health Department /Maryville, TN (0) San Juan Basin Health Department /Durango, CO (0) Other Recommended Sites Gila River Indian Community AZ (0)

* The numbers in parentheses indicate National Priority List sites, used here as an indicator of visible controversies over environmental health issues. Superfund National Priority List sites can be found at a searchable web site, <http://www.epa.gov/superfund/sites/npl/npl.htm>

PACE EH Pilot and Demonstration Sites



PACE EH Pilot and Demonstration Sites

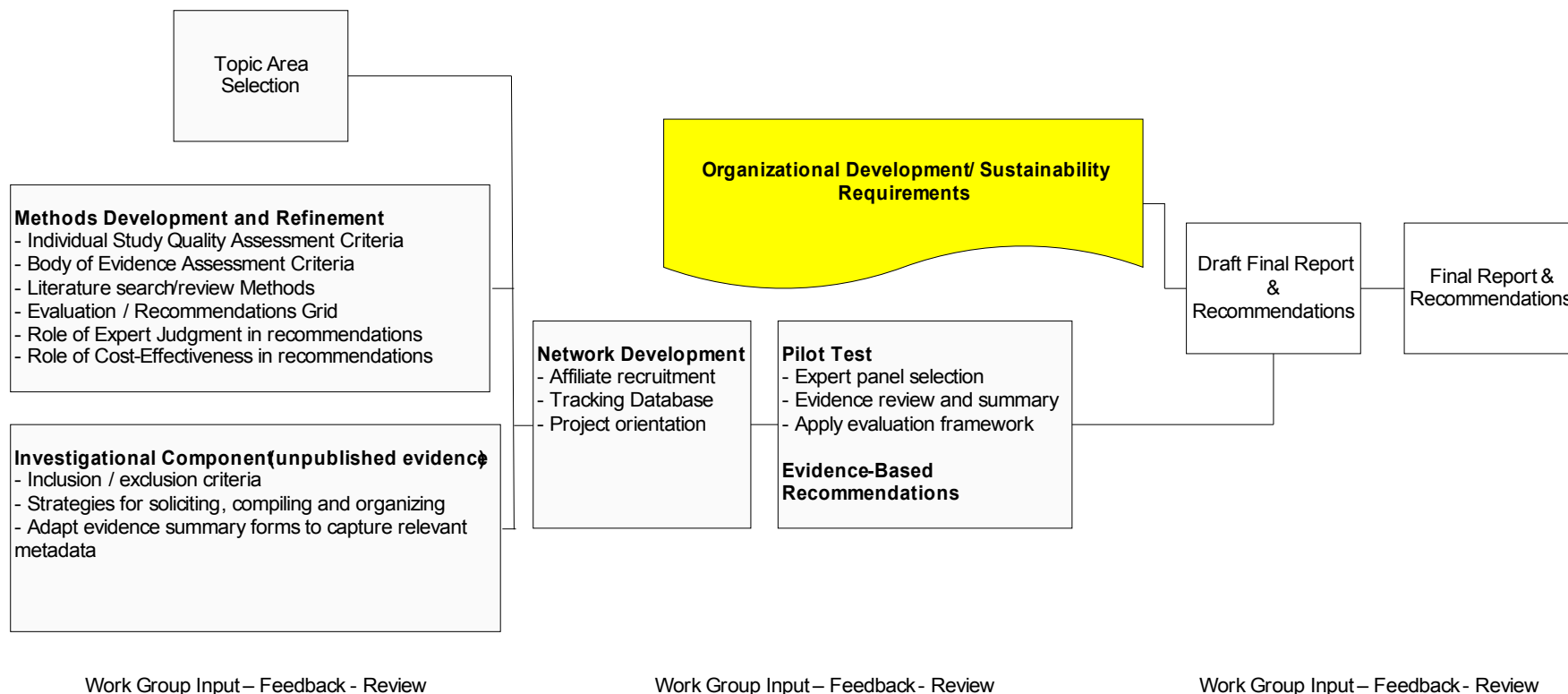


Key informant / respondent selection

- Distinguish between “Key Informants” and “Individual Respondents”
- Individual respondents are intentionally selected to represent variability
- Key Informants are able to describe the broader system beyond their own direct participation
- Specifically ask for the names of individuals who are known to disagree with, oppose, or otherwise offer a contrasting perspective



Informant Selection Criteria – Evidence-Based Best Practices in Laboratory Medicine



Informant Selection Criteria: Evidence-Based Best Practices in Laboratory Medicine

Evaluation Questions	Respondent Type		
	Recommending Organization	Stakeholder	Pilot Test Participant
Attributes and Features of Similar Efforts			
Organizational history. Historical / structural factors contributing to the approach in use?	x		
Development Process. How does it work today?	x	x	
Resources. How do you sustain production and dissemination?	x	x	x
Barriers and Facilitators. What barriers and facilitators have you encountered?	x	x	
Organizational Structure and Governance			
Barriers and Facilitators. How is your effort organized and governed?	x	x	x
Initial Network Start-up and Long-term Sustainability			
Adoption. What motivated participants' decision to take part in the network?			X
Implementation. How was the pilot test implemented by each pilot test facility			x
Barriers and Facilitators. What barriers and facilitators exist to institutionalizing such processes over time?			x
Models for disseminating recommendations			
Dissemination Process. How do other organizations disseminate recommendations?	x	x	
Recommendations. for implementing and sustaining dissemination process	x	x	x

Informant Selection Criteria – Evidence-Based Best Practices in Laboratory Medicine

- **Recommending Organizations**
 - Gather, Review, Screen, and Evaluate Evidence
 - Produce & Disseminate Recommendations
- **Stakeholder Organizations**
 - Care Providers, Service Delivery, Patient Safety Advocates all with a stake in improved care quality
- **Pilot Test Participants**
 - Provided unpublished evidence
 - Process improvement / quality assurance stake in outcome

Focus Groups

- A 1 to 2 hour moderated discussion among 6-10 individuals with specific characteristics as determined by the purpose of the study
- Focus groups may be used in a variety of ways:
 - Alone – for example, to explore physician screening practices
 - In combination with other qualitative methods – for example, along with in-depth interviews to evaluate a program
 - In combination with quantitative methods – for example, prior to or during the development of a survey instrument
- Focus groups are not inexpensive: typical group projects average \$7K to \$13K per group



Focus Groups

- Focus groups may be used to gather information from various types of stakeholders during and after program implementation to:
 - Conduct process evaluations to
 - Ensure that the program is implemented as intended
 - Identify problems and determine how to resolve
 - Evaluate the outcomes of a program
 - Determine whether the desired outcomes were achieved
 - If not, determine why not
 - Identify any unanticipated effects



Focus Groups - Advantages

- Interaction between participants raises issues and perspectives that individuals might not bring up on their own
- Flexible, can direct the discussion yet also pursue unanticipated issues
- Researcher can recognize confusion or misunderstanding of questions by participants and clarify or rephrase questions in mid-stream
- Can be used to explore a topic even when research questions are not completely clear
- Participants enjoy and learn from interaction with others of similar background

Focus Groups - Limitations

- Cannot generalize results to larger population
- **Must** resist temptation to quantify results
- Limited information about any single respondent (cf. individual interviews)



When Not to Use Focus Groups

- Research goals require a representative sample or a large number of respondents
- Research questions have limited, known categories of response or require statistical analysis
- Participants are not comfortable with each other
- Participants know each other too well to talk freely
- Target population doesn't know enough about the subject to carry on a free-flowing conversation (e.g., non-users)
- Topic is highly polarizing/confrontational or personal



Analysis: Patterns of Meaning To Be Discovered In Discourse

Type of Significance Relationship	Expression of Significance	Form of Ethnographic Inquiry
Strict Inclusion	X is a kind of Y	What are all the kinds of Y?
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Group Exercise – Topic Guides

What this exercise involves:

- We will review together the study objectives
- Digest the main subject headings of the sample survey
- Group generates interview topics that take advantage of a “key” informant’s perspective to complement and amplify the survey inquiry
- I will serve as recorder

Exercise Objectives:

- Distinction between a “key informant” and an “individual respondent”
- Cover the full range of “patterns of meaning”

Group Exercise – Key Informant Topic Guide

Evaluation Objectives: Saving Medicine for Emergency Use

If people receive antibiotics that will protect them after exposure to particular bioterrorist threat, will they:

- Store the medicine according to instructions?
- Reserve the medicine for emergency use only?

How can key informant interviews help plan a survey and interpret survey results:

Study hypotheses:

- If antibiotics are easy to replace, likelihood of using the medicine is higher
- If the likelihood of attack is low and medicine is available, likelihood of using the medicine is higher
- If awareness of antibiotic effectiveness is low, likelihood of using medicine is higher
- If instructions are unclear about where to store the medicine and when to use it, likelihood of using the medicine is higher

Exercise: Sample Survey Sections

- General experience keeping the emergency medicine in the home
- Emergency medicine storage and custody
- Obtaining information about the medicine and what it is used for
- Knowledge and attitudes about correct use of antibiotics
- Additional emergency preparedness measures taken
- Social and economic characteristics of household and its members



Rapid Ethnography Interview Topic Guide

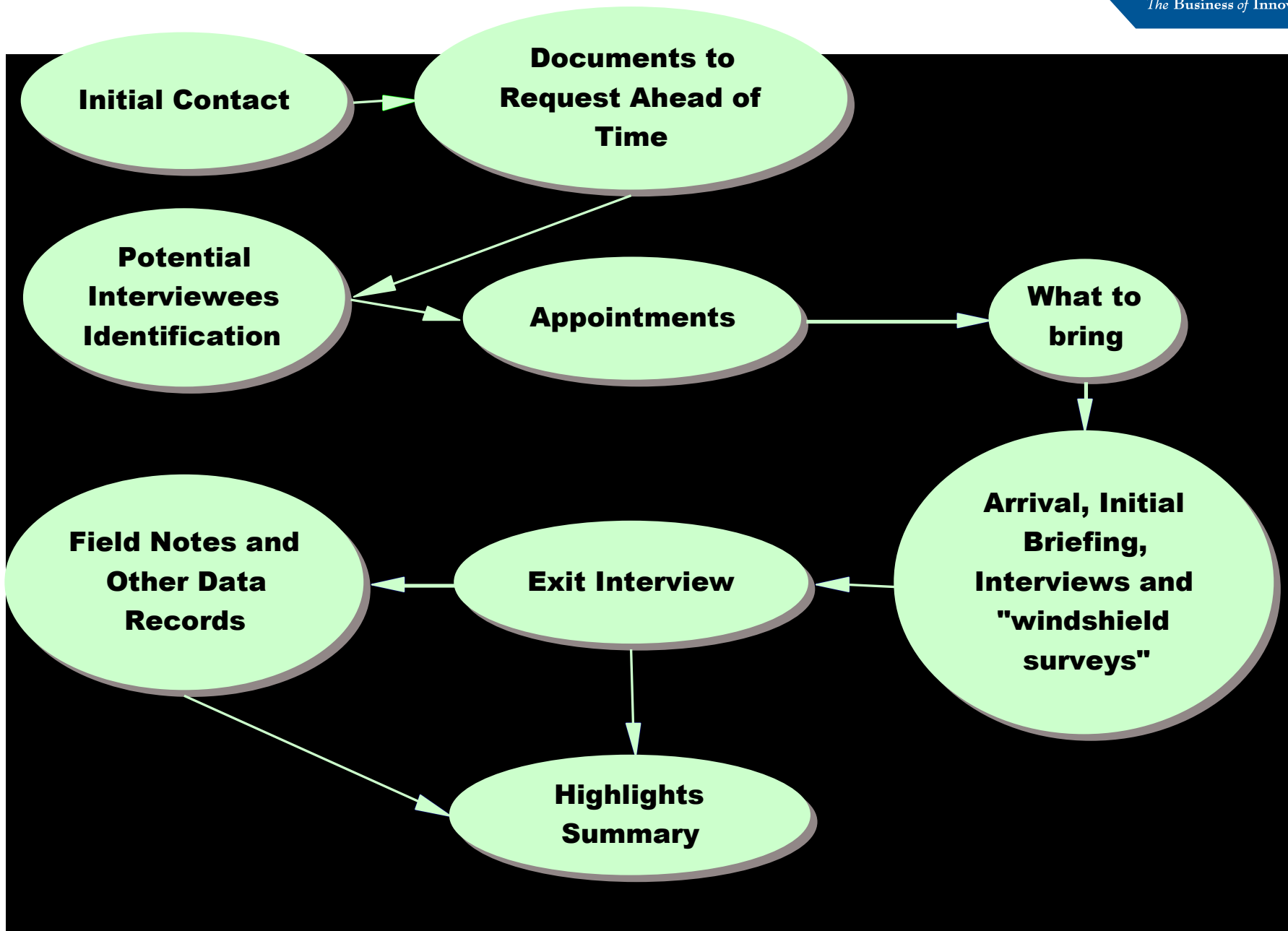


Putting it all together: Team orientation

A recent example:

- Topic guides
- Data records
- Recruitment and screening protocols
- Information collected in advance
- Site visit orientation
- Scheduling time in the field





Initial Contact

- **Local points-of-contact** identified for each site
- **Site Visit coordinator** is designated for each locale
- Letter / email / phone **contact with advance notice** of project
- Coordinator phones local point-of-contact
 - Has received advance notice, elaborate on purpose of site visit
 - Establish willingness to host visit
 - Identify a suitable time
 - Explain the process for nominating interviewees
 - Ask about background documents and roster of local contacts

**Documents to
Request Ahead of
Time**

- Roster of local planning group
- Planning documents
- Action Plans



Potential Interviewees Identification



- “Case Study Interviewee Selection” matrix
- Phone or e-mail exchanges to get a better sense of nominees
- Emphasize range of perspectives
- Get contact information last

Appointments

- Nice if you don't have to make a 'cold call'
- Interview place and time – get directions
 - Audio-friendly venue
- Get / give phone number for last-minute changes
- Email project description and consent form
- Timing of planning group meeting



What to bring

- 1-page project description copies
- Consent forms
- Interview forms with visual aids
- Tape recorder, batteries, cassettes
- File folders, labels
- Laptop, notebooks or paper, pens
- Maps, directions, contact information
- Background documents



**Arrival, Initial Briefing,
Interviews, and Windshield
Surveys**



Exit Interview

- Good chance to thank hosts, fill gaps, identify unfinished business, hear things that people thought of after the interview
- Helps organize thoughts for quick turn-around “highlights” summary



Highlights Summary

- Summarizes visit in 3-5 pages
- Lists site visit team, scheduled activities
- Highlights of local implementation approach
- Accomplishments and challenges to date
- Points of convergence and divergence among participants



Field Notes and Other Data Records

- Finish notes promptly, before they all blend together
- Use the audio record to clarify / confirm
- Follow the formatting instructions to make your notes N-6 ready
- Give other data records gathered to site visit coordinator for safe keeping



Data records and qualitative analysis software

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"making more" different issues can help

Keep confidential!

stuff and then saying that it's there when you come back

Trust has to be developed, have to develop a trusting first.

Relative of symptoms first, infection on wrong, bit of it, infection spread to someone.

Elders feel that they're losing you

Diabetes Risk

Parents have it probably

Early, you feel

Label of symptoms, weather, mood

Healthy help, healthy

Common, better you to go

Alright and don't follow them

Have to get them to have it

Not check, then you have good diet to start, I think it has no effect

Symptoms

Sleepy, Thirsty, High blood sugar, vision blurry

Provision, my mother

lots of government

my dad

great grandmother

They family has it in their group

me too

been made. For a chronic disease like diabetes, transportation, language barriers, trust in health care providers, and continuity of care, while each surmountable by themselves, can combine to represent a significant cumulative barrier to health care access when ongoing treatment and patient education is required.

Understanding of diabetes. Disease symptoms for diabetes that community members mentioned included exhaustion, hunger, thirst, dry mouth, frequent urination, and "feeling sick when your sugar levels are too high." Most community members expressed the understanding that diabetes can lead to vision loss, renal failure, and amputations. Some understood that diabetes can be treated through diet and exercise changes, pills, and insulin shots. A few expressed the belief that diabetes can be prevented or forestalled if identified early, and the appropriate regimens complied with.

Most focus group participants knew diabetes was common in their community, and attributed much of that to poor diet (i.e., eating greasy, fried food or excessive amounts of candy and soda) and lack of exercise. Even with this knowledge, they cited contributing factors like high fat foods in the schools and limited access to healthy food as undercutting efforts to eat better meals. Additionally, in some communities we heard community members report that getting exercise can be difficult for children because neighborhoods and parks are unsafe for kids to play in. Without exception, every focus group

years to get her diagnosed.

Response to diabetes. The themes of denial and fatalism were identified across all the focus groups. Denial on the part of community members is reported to be fairly common by providers and community members alike. One person explained the reason for not seeking more information by remarking that, "I just don't want to know; I don't want to have it." Providers and community members reported that for many people in the target population, there is little incentive to find out their risk because of their inability to pay for care over the long-term.

For communities with such high rates of diabetes, the eventual onset of diabetes is often seen as one's fate or destiny, although other community members thought of diabetes as "an old person's disease" for which they were not at risk. Often the perception among community members seemed to be that a diagnosis of type 2 diabetes represents the onset of a trajectory involving insulin, dialysis, and death. As one person put it, if you are diagnosed, you have to "get on the shot," and "you are condemned to a slow death, limb by limb." Another stated that "when you have diabetes you are dying."

Among those community members whose lives are touched by diabetes, they are quick to note the intrusion of the disease on daily routines and community rituals involving food. One community member reported that among friends and neighbors there might be some reluctance to disclose one's

