

**Indiana Minority Health Coalition
Programs Department - Minority Health Initiative
Data Collection Protocol and Guidelines**

The Indiana Minority Health Coalition (IMHC) and the local Minority Health Coalitions are partnering to improve health behaviors in our communities. The local Minority Health Coalitions (MHC) offer health education programs in their communities to improve the health awareness and promote healthy lifestyles. This project will serve community populations who have demonstrated an interest in learning more about what they can do to maintain optimal health.

Purpose

The project purpose is to measure the impact of the programs offered by the local coalitions and describe the community served by the local Minority Health Coalitions. Currently, the health education programs evaluated include the Chronic Disease Self-management Program and Prevention programs.

Objectives

- Assess behaviors, health status, readiness to change, and access to health services in the community
- Empower participants to manage their health through education in self-management, behavior changes, and treatment adherence
- Evaluate health knowledge, perceptions, and behaviors after participation in the health education intervention/ prevention programs
- Provide feedback to enhance continuous quality improvement in the services provided by the coalitions

Key participants in this program include the local coalition coordinators and staff, community members reached by the coalitions, the IMHC Programs Department and the Research Center.

Data collection procedures

Population sample

Participants are members of the local community reached through participation in coalition programs. Participants may learn of the programs from coalition staff, lay health workers, family and friends. The inclusion criteria consist of Indiana residents, community members, and participants interested in program participation. The exclusion criteria consist of participant lack of interest or declining to participate in the program.

Data collection

All data collection forms must include the participant name, address, telephone (if applicable), county, age, gender, date and name of the program. Racial and ethnic information must be included on the forms. The Research Center staff will assign unique numbers to the forms completed by individuals enrolled in the comprehensive programs.

The collection of complete data is required to evaluate the impact of the local coalition programs. To ensure the quality of the data, please observe the following:

- Coalition coordinator or representative will administer the data collection forms to the program or activity participants.
 - The coalition coordinator or representative will describe the purpose of the program, which is to provide participants health information and awareness to enhance the management of their health.
 - Each individual will be instructed to complete the requested information. For example, participant provides a response by marking the box corresponding to their answer, writing in the information in the space provided, or N/A (Not Applicable). Assure the participant that his or her responses will remain confidential.
- Coalition Coordinator is responsible for the review and verification of each form for completeness and accuracy.

Forms Editing

Forms will be reviewed for completeness and accuracy by the Coalition Coordinator while the participant is present. The Research Center staff will review the forms for completeness and will contact the Coalition Coordinator for missing information.

Data collection instruments

The Coalition Coordinator or designated staff will administer the following data collection instruments for completion by the participants enrolled in the programs.

Programs

The local coalition affiliates may offer one or more health education programs including and intervention program or prevention programs. The intervention program is entitled the *Chronic Disease Self-Management/Tomando Control de su Salud* program, while the prevention programs include *Bienvenido*, *Body & Soul*, *Diabetes Self-Management*, *First Place Weight Management*, *Heart Power*, *Operation Fit Kids*, *Search Your Heart/De Corazón a Corazón*, and *Sisters Informing Sisters About the Topics of AIDS (S.I.S.T.A)*

Program Forms

Minority Health Coalition Program Posttest Form:

- Collects information about the participant's daily activities, feelings, use of health services, health risk behaviors, and plans to change behavior. The posttest also includes questions regarding the participant's level of satisfaction with the program.
- Posttest form is completed by each intervention / prevention program participant
 - After the last session of the program

Memorandum of Agreement / Memorandum of Understanding (MOA/MOU):

- The MOA/MOU provides details regarding the roles and responsibilities of each party engaged in the contract. The MOA/MOU must include the following:
 - Name, frequency, number of sessions, and duration of the program to be implemented
 - Administration of posttests to collect data demonstrating knowledge of material taught
 - Data collected will be **shared** with the Indiana Minority Health Coalition
 - Period covered by the MOA/MOU (For example, June 1, 2008 through June 30, 2009)

Body & Soul program

- Please refer to the ***Body & Soul*** program specific protocol for details

Time Lines Summary for Data Collection

Intervention and / or Prevention Program Forms:

- After program participation:
 - **Posttest (program specific)**

Other Forms

Data Delivery Form

- Documents the number of forms enclosed in the monthly packet of data collection forms.
- This form is completed for each month of forms shipped to the IMHC Compliance Officer to provide an inventory of the items enclosed. These items include the number of program forms (posttests), Memorandum of Agreement/Memorandum of Understanding (MOA/MOU), education, awareness and outreach activity forms, education and awareness satisfaction surveys, health fair forms, referral forms, program facilitator signature page, and other forms.
- The coalition coordinator and the board president sign and date this form.

Education and Awareness Activity Satisfaction Survey

- Collects information about the name and date of the education and awareness activity, and asks individuals attending the event about their level of satisfaction with the presentation.
- This form is utilized for ALL education and awareness activities (for example, general health presentations and specific topics such as immunization, mental health, and tobacco).

Education, Awareness, and Outreach Activity Sign-in Sheet

- Collects information about the participant(s) name/ initials and demographic details, type of education and awareness activity or outreach service(s), date of activity/service, and items provided.
- This form is utilized for education and awareness activities (such as general health presentations), health fairs, health screenings, health consultations, interpretation services and other outreach activities (for example: baby supplies, food, clothing, walk-ins, etc).

Health Fair Form

- Collects information about the name health fair, location, organization, contact information, total number of individuals reached, staff representative(s) and the race/ethnicity of the participants reached by the local coalition affiliate during this event.
- This form is utilized for health fair, community fairs, school festivals, cultural fairs, etc.

Program Facilitator Signature Page

- Collects information about the coalition name, name and date of the activity/event, location, collaborator/partner and program activity with session number and topic. In addition, the form collects details for one-time events, education & awareness and outreach activities or other coalition services with the number of participants and forms attached, such as the sign in sheets, referral forms or the education & awareness and outreach forms.

- This form is completed for each session of the intervention and prevention programs, each Educational & Awareness event, Outreach Activities, referrals to other community services, and other miscellaneous activities/services completed by the coalition.
- This form is signed and dated by the facilitator and coalition coordinator

Responsibilities

Local coalition affiliate

- Recruit community members to participate in the intervention and prevention programs, education and awareness activities.
- Ensure completion of the data collection forms for all individuals participating in coalition programs, events and activities.
 - **ALL DATA FORMS must be printed on white paper only for scanning purposes**
- Document the required details of other coalition activities/events on the forms described above.
- Review and verify all of the forms to ensure that the data collected is complete and accurate for each form
- Make one copy of each of the completed forms
- **Keep all copies in the coalition office** in a locked filing cabinet to protect confidential participant information
- Ship all **original** forms to the Minority Health Field Consultant for your region **by the 20th of each month** [See Shipping Instructions for details]

Programs Department (Minority Health Field Consultant)

- Receive coalition data collection forms on a monthly basis (**by the 20th of each month**)
- Minority Health Field Consultant will send an e-mail to confirm the receipt to the coalition coordinator for forms received
- Verify the forms received with the enclosed shipping invoice and coalition database
- Forward data collection forms to the Research Center (**by the 5^h of each following month**)

Research Department

- Assign a participant number to each individual taking part in a comprehensive program as unique identifier for the database
- Review the forms for completeness
- Contact the Coalition Coordinator for missing information, when applicable
- Enter, verify, analyze, and interpret data received
- Write report
 - Monthly
 - Scan forms on monthly basis for entry and verification
 - Provide statement to Programs Department of descriptive statistics of data
 - Statement due to Programs Department on 20th of the month
 - Bi-annually
 - Analyze and interpret data for outcomes
 - Provide written report to Programs Department of Outcome results
 - Reporting periods
 - July 1 through December 30 – report due in January
 - January 1 through June 30 – report due in July

Shipping Instructions

Shipping the data collection forms to IMHC:

- Place the **ORIGINAL** data collection forms

- Fill in the Data Delivery Form with the NUMBER of each of the forms sent (see the Data Delivery Form)
 - Chronic Disease Program Posttest Form(s)
 - Prevention Program Posttest Form(s)
 - Education and Awareness Activity Satisfaction Survey(s)
 - Education and Awareness, Outreach Sign-in Sheet(s)
 - Health Fair Form(s)
 - Program Facilitator Signature Page(s)
 - Memorandum of Agreement / Memorandum of Understanding forms(s)
 - Other form(s) – specify

- Document the total of all forms shipped

- Keep a copy of this Data Delivery form for your coalition files

- Place the **ORIGINAL** Data Delivery Form in the shipping box along with the **ORIGINAL** forms

- Ship the forms via – United States Postal Service, FED EX, or UPS

- Complete the address label and tracking form information (tracking form must be completed so you can trace this box if it does not arrive at IMHC)

- Example of shipping label: To: Minority Health Field Consultant
Programs Department
Indiana Minority Health Coalition
3737 North Meridian Street, Suite 303
Indianapolis, Indiana 46208

- Minority Health Field Consultant will send an e-mail to confirm the receipt to the coalition coordinator for forms received

Indiana Minority Health Coalition, Inc.
Programs Department
Data Delivery Form

Date _____ / _____ / _____

To: Minority Health Field Consultant

From: _____
 (Name of local coalition affiliate)

Dear _____
 Minority Health Field Consultant

Enclosed you will find the Data collection forms for the month of _____

This package includes the following:

FORMS	Number of forms
Bienvenido Program Posttest	
Body & Soul Program Posttest	
Chronic Disease Self Management Posttest	
Diabetes Self Management Posttest	
First Place Weight Management Program Posttest	
Heart Power (Level 3-5) Program Posttest	
Heart Power (Level 6-8) Program Posttest	
Operation Fit Kids Program Posttest	
Search Your Heart Program Posttest	
S.I.S.T.A. Program Posttest	
Education and Awareness Activity – Satisfaction Survey	
Education, Awareness, and Outreach Sign-in Sheet	
Health Fair Form	
Program Facilitator Signature Page	
Memorandum of Agreement / Memorandum of Understanding	
Other Forms (specify:	
Total forms enclosed	

Please contact me with any questions regarding the enclosed information.

Thank you

 Coalition Coordinator Date

 Board President Date