

Assessment of Women's Behavioral Health in Eastern Montana and Western North Dakota

Region VIII OASH/OWH Generic Information Collection Request
OMB No. 0990-XXXX

Supporting Statement – Section B

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Contract Officer Representative (COR)

Susana Calderon, MPH
Regional Women's Health Coordinator
DHHS/Office of the Assistant Secretary for Health (OASH)
Region VIII (CO, MT, ND, SD, UT, WY)
Byron G. Rogers Federal Office Building
1961 Stout Street, Room 08-148
Denver, CO 80294
Phone 303.844.7859
Fax 303.844.2019
Email: susana.calderon@hhs.gov

Section B – Collection of Information Employing Statistical Methods

1. Respondent Universe and Sampling Methods

The Region VIII Office of the Assistant Secretary for Health (OASH), Office on Women’s Health (OWH) of the U.S. Department of Health and Human Services (HHS) is exploring the behavioral health of women in Eastern Montana and Western North Dakota. Mixed methods including 40 key informant interviews, 20 focus groups and a community survey will be employed. This is the first time these data are being collected and only one period of data collection is planned at this time. This assessment is exploratory in nature and aims to describe the state of women’s behavioral health including mental health and substance abuse in the context of energy development, population growth and a rural setting. We will use a community participatory approach for data collection which helps build support among stakeholders, allows the research to capture a range of often unheard voices of the community, and yields a more accurate portrait of the community’s needs. Although this assessment is interested in the experiences of women in these geographies broadly, Region VIII OASH/OWH is focusing on several population sub-groups including young women 18-25 years old, older women, pregnant women, American Indian women and women who are survivors of violence and human trafficking. In many cases these sub-groups are vulnerable, hard to reach and accurate estimates for the universe of individuals falling within these groups do not exist. It is for these reasons that we will work through stakeholders who have access to and trusted relationships with women in these sub-groups to recruit convenience samples to participate in the community survey for women, focus groups and key informant interviews.

2. Procedures for the Collection of Information

Information collection procedures for the focus groups, key informant interviews and the community survey are described below.

Key Informant Interviews

To gather input and perspectives from leaders and providers, we will conduct approximately 40 key informant discussions in the region with individuals representing a range of sectors and organizations. Discussions will last approximately 60 minutes and be conducted by trained HRiA research staff using a semi-structured guide. The key informant discussions will explore the perspectives of providers and organizational staff/leadership on their communities’ behavioral health needs and strengths (including assets and resources), challenges and successes of working in their communities, and perceived opportunities to address these needs. These interviews will provide a perspective of community needs and strengths from an organizational and provider perspective and will include representatives from: tribal leadership, state and local government, public health, social services, mental health and behavioral health treatment, health care (especially women’s focused fields such as OB/GYN), education, law enforcement, victim services, advocacy and community organizations, and energy development employers. Interviewees will be chosen from a list of stakeholders who have been engaged in the planning phase of this project over the past year or will be individuals recommended by

our stakeholder group. Individuals will be invited to participate in an interview via email. To minimize burden, interviews will be scheduled at the individuals' convenience either by phone or in person. Questions are open-ended, but will be tailored to the individual and his/her specific role and location. The conversation is designed to be brief and focused. The interviewer will take notes throughout the discussion.

Focus Groups

OWH will conduct 20 focus groups or listening sessions will be conducted with a wide cross-section of population groups to get the community perspective on women's behavioral health in the region. These discussions will be organized primarily through existing groups (e.g. a new moms group hosted by a local health department) with the help of our stakeholders to minimize participant burden. Trained facilitators from HRiA's research staff will use a semi-structured guide to conduct the focus groups in person. Questions asked of focus group participants will also be open-ended and discussions will last approximately 60-90 minutes. Trained note takers will record the sessions with the approval of the group and types notes throughout the session.

Using NVivo software, qualitative data from interviews and focus groups will be coded and analyzed thematically for main themes and sub-themes.

Community Survey for Women

Working with stakeholders, Region VIII OASH/OWH will conduct a brief (10-15 minutes) community survey that will be administered online or in hard-copy to a convenience (non-random) sample of women in the geographic areas of interest with particular focus on the sub-groups of interest. This survey will examine their perceptions and experiences of issues related to their personal and their community's behavioral health and access to services. Many of the survey questions are standardized questions used nationally (e.g. Behavioral Risk Factor Surveillance System) so that comparisons can be made at the state and national levels.

Region VIII OASH/OWH will work with stakeholders to determine which mode of survey dissemination is compatible with the sub-group of interest. The online survey will be developed in SurveyMonkey and be disseminated as a link to stakeholder community networks. The email link will be promoted on professional and personal list serves in the community, sent to organizational rosters, or via social media. Some stakeholders, such as county health clinics may choose disseminate and/or administer hard copies of the survey to their clients/constituents.

Survey data will be analyzed using SPSS statistical software. We will conduct descriptive statistics to examine frequencies for appropriate questions. Bivariate analysis will be conducted to identify whether there are statistically significant differences in responses between subgroups. Findings will be used to recommend community strategies for improving the status of the behavioral health of women in this region.

As we have been engaging local stakeholders in the planning process of this assessment project over the past year, we have developed relationships and buy-in from them to participate as key informant interviewees and to recruit focus group members as well as disseminate and administer surveys. Focus groups will be scheduled in advance. We will monitor survey responses, paying particular attention to the number of respondents falling in our sub-populations of interest. We will continue to distribute and administer the survey until we have a total of at least 500 participants. No payment or remuneration is provided to respondents for participating in the key informant interviews. Given that focus group participants, comprised of community residents, may have to travel a distance due to the expanse of the geographic area of interest, focus group attendees will be given a stipend of \$25 upon completion of a focus group and signature of receipt. Additionally, \$10 will be given to those community residents who complete the survey. Research conducted by McCormack (2103) in rural South Dakota found that women mailed an incentive were more statistically significantly more likely to complete the survey than those who did not receive the incentive (35% compared to 27%). Applying these findings to the proposed assessment assumes 175 survey participants when providing an incentive and 135 without an incentive. Although the proposed survey will be a convenience sample and we do not plan to generalize our findings to all women living in these geographies, an incentive may help to ensure that diverse participants are equally motivated to respond to the survey decreasing the opportunity for differences between respondents and non-respondents.

4. Tests of Procedures or Methods to be Undertaken

Qualitative and quantitative data collection instruments have been reviewed by key stakeholders (less than ten) representing the sub-populations of interest. Feedback has been incorporated into the instruments to ensure cultural competency and clarity of the questions.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Heather Nelson, PhD, MPH
Health Resources in Action
95 Berkeley Street
Boston, MA 02116
hnelson@hria.org

Allyson Auerbach, MPH
Health Resources in Action
95 Berkeley Street
Boston, MA 02116
aauerbach@hria.org

Ziming Xuan, PhD
Boston University
801 Massachusetts Avenue Crosstown Center
Boston, MA 02118

zxuan@bu.edu