Campus of Wellness and Care Demonstration

Briefing Note #4: Data Collection with Older Adults

Campus of Wellness and Care Demonstration Project (CWCDP) at Shepherd's Care Kensington Village

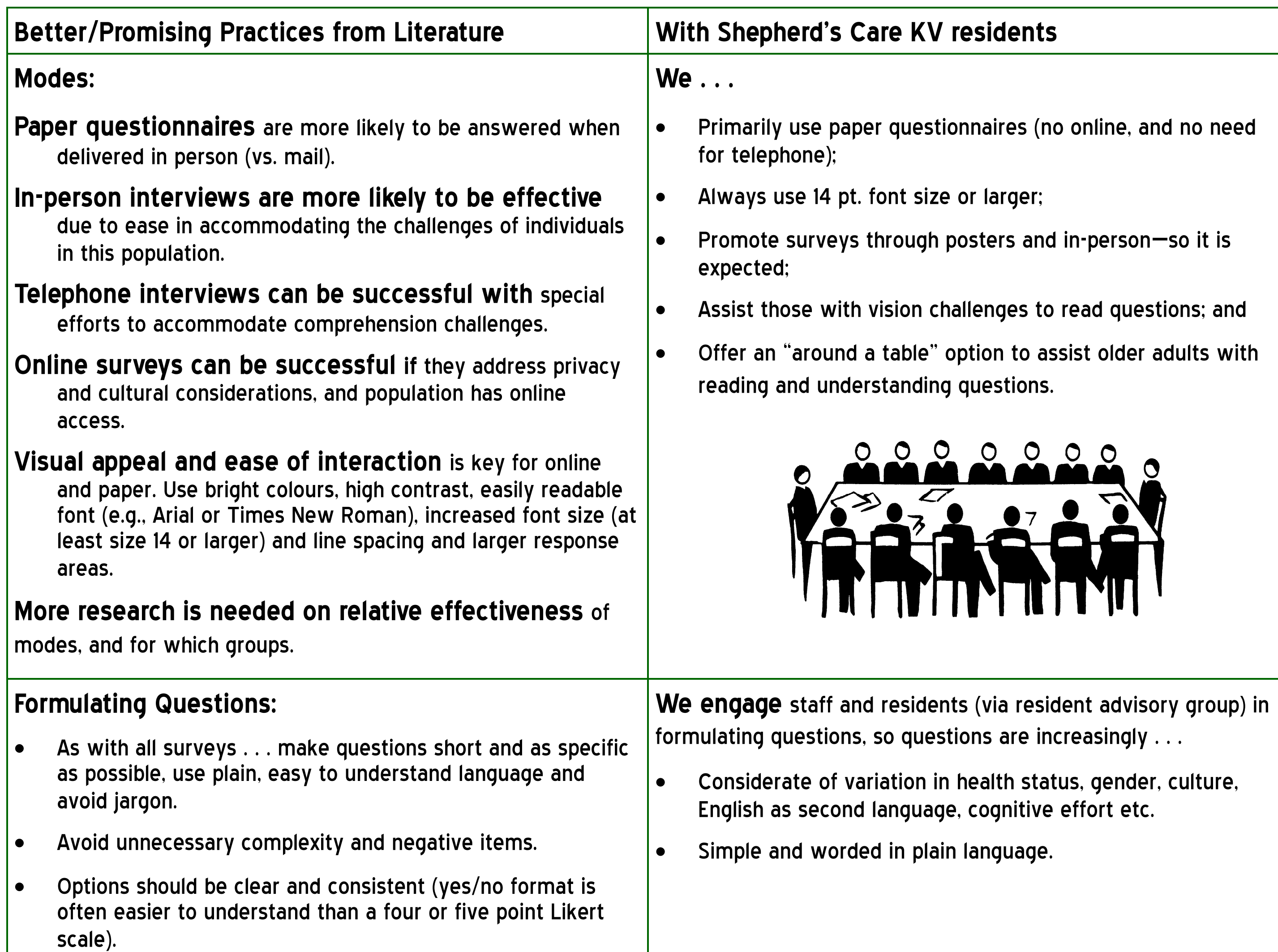
CONTEXT: In the Campus of Wellness and Care Demonstration Project evaluation, engagement and data collection with seniors is an essential component.

Introduction

To develop appropriate and effective health promotion and prevention strategies, one needs to listen to and engage with the target audience and gather data directly from them. During our evaluation, it became apparent that interacting, engaging and collecting data with seniors may be substantially different than other populations and presented a very real challenge. We conducted a literature review specifically designed to capture information on strategies to engage older adults (85+ years of age) in effective survey data collection both in Canada and internationally to support best practices. This was supplemented by engaging with senior and elder research centres to gather information from leading experts through an online survey. After discovering a research gap[1], we found that knowledge of data gathering practices with any older adults has not yet matured to the point of identifying "best practices". We suggest that what is presented below be considered "better or promising practices" for those 85+ years of age.

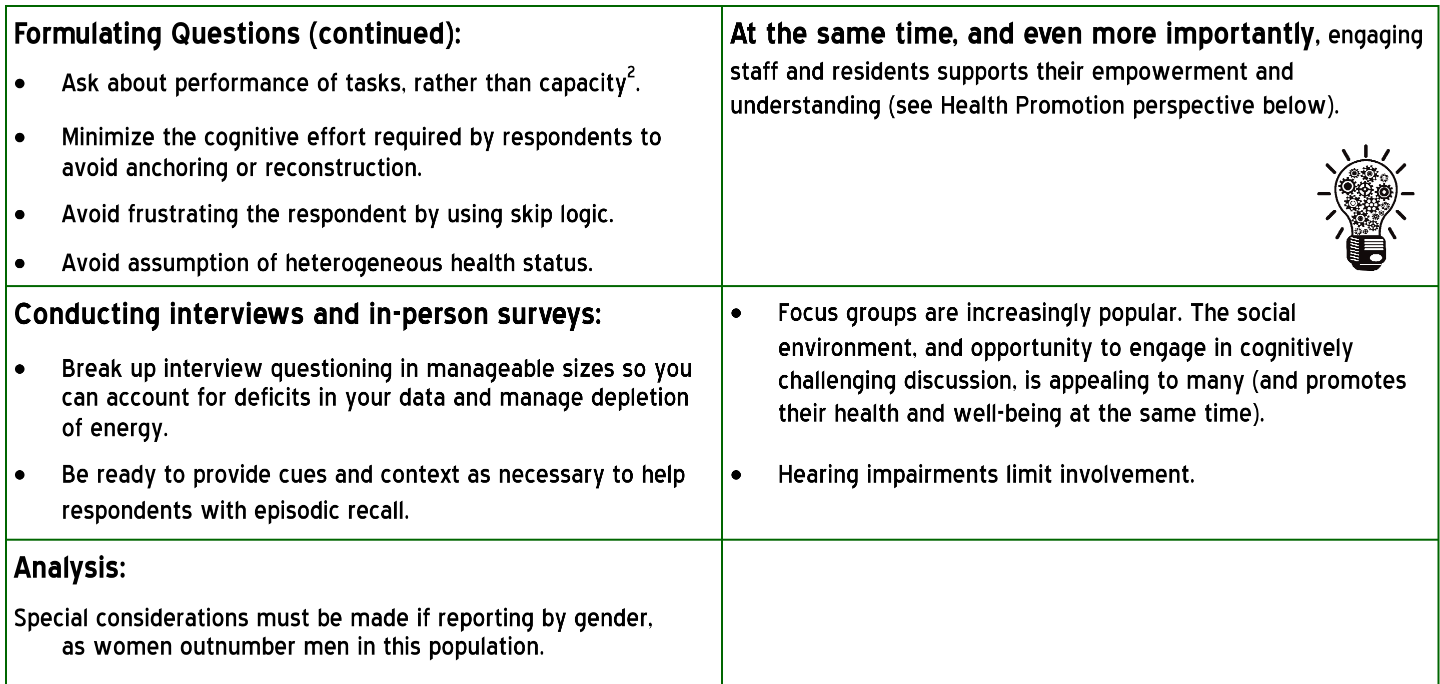
Purpose: Suggest "better practices" for gathering data from older adults that are derived from a review of literature and tested at Shepherd's Care KV, Edmonton, Alberta with independent older adults (average age 85 years).

Population presented in literature – Age 65+ but few other details; does not have subsets by age.	**KV Population** – about 450 independent older adults, with the majority living on moderate to low incomes. For some, English is their second language. Many have varying degrees of challenges due to chronic illness, physical disability, loss of sight and hearing, etc.



Better/Promising Practices from Literature	With Shepherd's Care KV residents
Modes: **Paper questionnaires** are more likely to be answered when delivered in person (vs. mail). **In-person interviews are more likely to be effective** due to ease in accommodating the challenges of individuals in this population. **Telephone interviews can be successful with** special efforts to accommodate comprehension challenges. **Online surveys can be successful** if they address privacy and cultural considerations, and population has online access. **Visual appeal and ease of interaction** is key for online and paper. Use bright colours, high contrast, easily readable font (e.g., Arial or Times New Roman), increased font size (at least size 14 or larger) and line spacing and larger response areas. **More research is needed on relative effectiveness** of modes, and for which groups.	**We . . .** • Primarily use paper questionnaires (no online, and no need for telephone); • Always use 14 pt. font size or larger; • Promote surveys through posters and in-person—so it is expected; • Assist those with vision challenges to read questions; and • Offer an "around a table" option to assist older adults with reading and understanding questions.
Formulating Questions: • As with all surveys . . . make questions short and as specific as possible, use plain, easy to understand language and avoid jargon. • Avoid unnecessary complexity and negative items. • Options should be clear and consistent (yes/no format is often easier to understand than a four or five point Likert scale).	**We engage** staff and residents (via resident advisory group) in formulating questions, so questions are increasingly . . . • Considerate of variation in health status, gender, culture, English as second language, cognitive effort etc. • Simple and worded in plain language.

[1] 16 published / grey literature articles were found.



Formulating Questions (continued): • Ask about performance of tasks, rather than capacity[2]. • Minimize the cognitive effort required by respondents to avoid anchoring or reconstruction. • Avoid frustrating the respondent by using skip logic. • Avoid assumption of heterogeneous health status.	**At the same time, and even more importantly**, engaging staff and residents supports their empowerment and understanding (see Health Promotion perspective below).
Conducting interviews and in-person surveys: • Break up interview questioning in manageable sizes so you can account for deficits in your data and manage depletion of energy. • Be ready to provide cues and context as necessary to help respondents with episodic recall.	• Focus groups are increasingly popular. The social environment, and opportunity to engage in cognitively challenging discussion, is appealing to many (and promotes their health and well-being at the same time). • Hearing impairments limit involvement.
Analysis: Special considerations must be made if reporting by gender, as women outnumber men in this population.	

What is required and is it worth the extra? The CWCDP experience....

From a system and staff perspective - It takes more staff time, but some efficiencies can be gained by integrating evaluation tasks with other activities (e.g., after an exercise class, during a social event). Project staff generally appreciate being involved in evaluation over time, and this engagement has contributed to the relationship-centred model we use.

From a data quality perspective - We have higher levels of participation, and higher rates of survey completion, so have more and better quality data.

From a health promotion and active, functional aging perspective - Through considering residents' characteristics in evaluation and data gathering design, we are returning them to their appropriate status as "primary stakeholders" in their health and care, as well as a "beneficiaries". Their participation and engagement is key to their understanding and ownership of the issues, and sense of empowerment and efficacy in improving them. This, in turn, is key to better understanding and influencing their environment and other factors that contribute to their health.

Implications and next steps:

We are trying to implement and evolve knowledge and practice in this area, and move from "promising / better" to "best" practices. Catalyst will continue to develop the ideas and test these with evaluation colleagues in a session at the Canadian Evaluation Society's 2017 conference. If you are interested in this area, we invite you to share your insights. Together we need to address the research gap discovered in our literature review and ensure that data collection with older adults (across defined ranges) is designed based on evidence and facilitates their voices in these matters.

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[2] Capacity-type questions (what a person can do) versus performance-type questions (what a person actually does). Jobe, J. B., & Mingay, D. J. (1990). Cognitive Laboratory Approach to Designing Questionnaires for Surveys of the Elderly. *Public Health Reports, 518-523.*