

QUESTIONNAIRE DEVELOPMENT

To date, CHI has conducted surveys of Colorado licensed physicians, registered nurses, pharmacists, certified nurse aides, dentists and dental hygienists. Through this process, CHI has learned that it is imperative that representatives of the health professions are actively involved in the development of the survey questions and survey format. This involvement improves the likelihood that the survey questions reflect the profession's data needs and increases the support of the profession for the survey process.

QUESTIONNAIRE MAILING

CHI realizes the importance of conducting mail surveys in which personalized letters are sent to potential respondents with the survey questionnaire, and the questionnaire is coded enabling the tracking of non-respondents. Follow-up mailings to non-respondents are sent in order to increase the response rate. The ability to track and analyze characteristics of survey non-responders compared to responders permits more detailed survey findings.

DATA ENTRY

After receipt of the survey forms, information from the forms is entered into a database program. Data verification and cleaning are carried out with a series of quality checks to ensure data completeness and adherence to formatting protocols. For CHI's purposes, a manual data entry program (e.g., Microsoft Access) is highly superior to a scanning data entry program. Manual data entry has resulted in greater accuracy and fewer data omissions compared to the scanning program. Manual data entry also enables CHI to capture the richness of qualitative information that is otherwise omitted.

CONFIDENTIALITY

Preserving the survey respondents' confidentiality has been the mainstay of the Health Professions Workforce Database project. It is imperative that the survey form and the accompanying letter both explain that participation in the survey is voluntary and that the information provided is confidential. Throughout the survey mailing and data entry processes each respondent's name and corresponding code number is protected. In order to maintain respondent confidentiality, responses to questions are publicly reported in aggregate only and no individual information is released. In reporting results in CHI's public use files, respondent confidentiality is further protected by providing certain data elements, such as age and income, in grouped ranges.

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