
TECHNIQUE:**• The Community Identification Process**

A critical step in creating a community-based outreach program is becoming familiar with your target population. You may have already been associated in some way with the population of interest through service provision, social contact, ethnic ties, current or past behavioral association, sexual orientation, or a combination of contacts. The process of community identification is critical because it allows you to enter the population or community in question and build trust. Each step guides your entrance into the community and brings you more intimate knowledge of your target group.

The Community Identification Process (CID) uses a lot of the techniques we've discussed earlier in this book, so some of this information may be a review. The process draws from many different methods, bringing them all together to draw a comprehensive picture of the community you'd like to work with.

An Introduction: Anthropology

Anthropology is the holistic study of the human being. The ethnographer researching the community goes into the field to create a body of reliable data about the subject through *objective* fieldwork. To put it another way, a culture should be understood in terms of the categories created by the people themselves, and not those imposed by an outside observer. In the community identification process, you will be learning to understand people from their own unique point of view. The anthropological term for this understanding is "emic." Emic simply means seeing things from the perspective of the insider, or subject. Unless you are part of the target population, your point of view is from the outsider's perspective. This is called an "etic" perspective, as we discussed in Part I. For instance, walking through a neighborhood you just moved into may seem strange. You are an outsider (etic) learning how the neighborhood functions. The people already living there (emic) know you are an outsider until you have "learned the ropes." In essence, you are trying to learn the ropes from the perspective of that community. Along the way, you will gain the trust of that community, which may be the single biggest challenge to carrying out a successful outreach program.

Why Community Identification?

Why is this process important? Simply because time after time, social programs in this country fail due to the intervener having neglected to understand the persons toward whom the program is directed. If you arrive with the opinion that you know how to fix the problem according to your belief, you're in for a big surprise. In all actuality, the real problem may be much different. People may not respond to you. If you enter with the "conscious attitude of complete ignorance" (Spradley, 1979) and follow a specific plan of action, you'll save time and work in the long run. You will also come away with an accurate understanding of what your population truly needs. You may even earn their respect and trust in the process.

Rapid Ethnography

Community Identification (CID) is also called rapid ethnography. This approach starts with a broad focus and narrows it into an intensive investigation from which you develop a plan of action. The plan of action becomes your outreach.

Rapid ethnography is flexible and quick. With a good plan of action, it is possible to complete this process within a few months. A key item is note-taking; some steps will involve interviewing and specific forms. Copies of forms are included in the appendix. Realize that this is a referral process: someone gives you a name and that person then gives you more names, and so on until you have a network of interacting people and information. As you may recall, this sounds quite similar to the snowballing method that was explained in Part III.

Graphically, you can visualize the CID process as a series of concentric circles moving the researcher from a distant position, with little or no information about the target population, to direct proximity to the population, providing the target population with direct access to those creating interventions.

The CID process can help researchers collect qualitative data on public health risk-related behaviors and on the attitudes, beliefs, and values that a particular community or population holds. The process also looks at how these attitudes, beliefs, and values affect the types of behaviors targeted by education and intervention programs.

In a nutshell, the CID process includes the following:

- (a) defining the population, creating taxonomies (classifications), and acquiring materials;
- (b) surveying internal knowledge;
- (c) summarizing internal knowledge;
- (d) developing an external knowledge base;
- (e) integrating information and refining segments;
- (f) interviewing gatekeepers/opinion makers and observing the community;
- (g) interviewing community members; and
- (h) interpreting the data.

Each of these steps will be discussed in the following section on implementing Community Identification. It has been suggested that the CID process helps researchers to confront and actively control preconceived notions, biases, and stereotypes that may affect the development of appropriate and responsive interventions and programs—the same type of process we discussed in Part I, “Acknowledging Assumptions”.

Goals of Community Identification

The CID was designed to help communities accomplish six basic goals. These goals are to:

1. Develop a clearer understanding of the target population and the subgroups within it.
2. Identify agencies and organizations already providing services to the target population.

3. Gain an appreciation of the barriers to behavior change that are faced by the priority population members, and illustrate how these barriers can be overcome.
4. Identify specific risk behaviors, as well as the conditions under which they occur.
5. Develop a plan for accessing at-risk members of the target population.
6. Generate support and cooperation from other agencies and community members.

Strengths & Weaknesses of CID

Strengths

One of the most important strengths of this method is that it provides a culturally appropriate and sensitive approach to research. By involving the target population, the researcher can bring the reality of the “streets” into the policy making or decision making branch of service agencies. This voice of the people ultimately results in decisions and policies that are meaningful to the target population.

Using this approach, public health practitioners from a variety of professional backgrounds are able to identify and gain access to populations that they are unlikely to reach through usual channels. CID allows public health and community-based organization staff to:

- ❖ Gain access to populations previously unsampled or incompletely sampled (for example, injection drug users or closeted gay men);
- ❖ Obtain results in a limited, specific period of time (approximately 6 months);
- ❖ Assure high degrees of replicability, reliability, and validity across researchers and target populations;
- ❖ Be rigorous in construction of interventions;
- ❖ Build skills in quantitative methods;
- ❖ Be successful even with limited or no background in qualitative research methods; and,
- ❖ Complete work with limited ongoing outside technical assistance and oversight.

Finally, you can use the community identification process with a wide variety of data collection methods, such as focus groups, individual interviews, in-person street interviews, and microsite interviewing (See Parts II and III of this book for more information about how to use these methods).

Weaknesses

Community Identification is a labor-intensive process that cannot be hurried. At least 1.5 to 2.0 full-time positions are needed for as long as 6 months to conduct an assessment.

Training for CID

The CID training is a minimum of three days prior to initial implementation of the CID and, optimally, two additional days prior to the beginning of the individual interviews. The overall purposes of the training are to familiarize field and supervisory staff with the CID method, provide specific skills training, and develop commitment to the goal of the CID process: gaining in-depth knowledge of the target population through a rigorous qualitative process. The training is also intended to provide direction for field staff in voicing

preconceptions and biases and learning techniques for controlling them. A variety of skills are taught or enhanced during the training. The training is highly participatory, with all trainees engaged in all activities as direct actors and as analysts. The following is a listing of skills you will develop in CID training:

- ❖ Observation techniques
- ❖ Qualitative interviewing techniques and skills development
- ❖ Recording information and record keeping
- ❖ Debriefing techniques and skills development
- ❖ Data interpretation
- ❖ Field safety
- ❖ Data safety and confidentiality

For more information on CID training, please see the resources listed at the end of this guide.

Resources

The process can take as long as 4-6 months to complete. Staff resources must continue to be available, and management must buy into the concept of understanding the needs and values of the target population prior to intervention development. Pressure to begin the intervention can be substantial.

Following is a detailed description of how the CID process is implemented in the field. Although not a substitute for the training necessary before Community Identification is undertaken, this may help you get an idea of what the process is like.

IMPLEMENTING COMMUNITY IDENTIFICATION

❖ Step 1: Defining and Describing the Population

The goal for this step is to organize your knowledge of the target population. Write down everything that you know about the target population, with a goal of developing the population taxonomy—a listing, defining, and categorizing of all segments of the population. Please refer back to the process described in Part I, “Building on Existing Knowledge”, page 12, for a detailed description of this part of the CID process.

❖ Step 2: Survey of Internal Knowledge

Step two involves finding out what other staff members know about the target population. This is especially helpful if you work in an organization that is large enough to have staff not directly on the project team. To save time, you may do this in a group session. You are describing the “etic” or outsider perspective, unless some of your fellow staff members are part of the population.

Here, you are expanding on the information you learned in step one, furthering your understanding of the target population. Areas of interests in this stage are: a description of the population, ways to access/barriers against access, ways to enhance access/eliminate barriers, locations for potential interventions, perceived risk, actual risk, factors for risk, referrals to gatekeepers and informal networks within the population, internal resources, other outside groups operating within/serving the population.

These internal knowledge interviews are carried out until no new references within the researcher's own systems are obtained (that is, redundancy is reached in the network), and all indicated staff have been interviewed. After each interview or short series of interviews, the supervisor should debrief the interviewer. The focus of this interaction is on interview content, context of the interview, responsiveness of the interviewee, clarity of response, and interview completeness. The purpose of these debriefings is to obtain information not spontaneously reported and to sharpen observation, interviewing, reporting, and debriefing skills in preparation for future steps.

Again, refer to "Building on Existing Knowledge" in Part I for a recap of this step.

❖ *Step 3: Summary of Internal Knowledge*

Now, organize what you have learned. Begin to identify patterns. Piece the elements together, paying particular attention to individuals identified as members of the target population. It should be possible at this stage to begin making an actual geographic map of where segments of the population can be found. This may simply mean taking a city map and flagging places mentioned thus far. If you have the luxury, it is good to set aside space to plaster the walls with all the information collected, including any maps.

❖ *Step 4: Creating an External Knowledge Base*

Now it is time to get out of the office and access other sources of information identified as relating to the target population. There are three categories of information sources:

- a. **Materials** - any items that deal with the population or segments of the population including books, videos, articles, reports, etc. You can take a look at the "Document Review" section of Part I of this guide for more information on how to collect these types of materials.
- b. **Systems people with knowledge of the population** - These people would include members of service agencies and community-based organizations providing services to the target population, law enforcement, judicial systems, health care providers, etc.
- c. **Interactors who are not part of formal systems or part of the population itself** - This would include such people as shopkeepers, taxi drivers, hotel clerks, bus drivers, etc.

Collect and review all non-interview related material available, realizing that this collection may continue throughout the remainder of this process. If you identified more than one person at any given agency as knowledgeable on the community, conduct a group interview. List all the names mentioned in association with the target population and keep track of how many times they are mentioned. The people named numerous times may be key information sources. You have reached the saturation point when the other systems or interactor persons to whom you are referred are people with whom you have already spoken and information begins to be repeated—no new information is being gained. The forms used for interviews at this stage are the same as those used in “The Big Questions” (p. 8); see Attachment 1 as well as Attachments 2-5 for illustrative examples. Debriefings are continued in this step.

❖ *Step 5: Integration and Refinement*

There will be new pieces of the puzzle to add, and there will be discrepancies that will warrant further research. This is a good sign. It is better to identify problem areas now instead of tackling them after an outreach program has started.

See where strengths and weaknesses are in the information collected so far. What areas of the puzzle are blank? Have you identified access points into the community for the next stage of the process? If not, what has kept this from happening? Constantly challenge the reliability and validity of the information you are receiving. Remember that this is still mostly an etic perspective so far!

❖ *Step 6: Gatekeeper Interviews*

In Steps 2 and 4, respondents may have mentioned people that serve as intermediaries into the target population. In this step, you will interview these individuals. Again, you get out of the office and may begin to work in areas where your population exists. Approach each person with a reference to the person who referred you to them.

This is a critical phase. Often, gatekeepers can serve as access points into the community. Gaining their trust and respect can make or break your program. It is important to familiarize them with your project and its goals. Try to let them know that they are a significant part of the plan and program. How you handle this first interaction is vital to the success of the rest of the program. You will be “feeling each other out” and establishing the trust relationships that are necessary. These gatekeepers may be the project’s most valuable supporters. Remember to follow through on the leads provided at this stage. You will be tested in many ways and this ability to follow through will be one form of testing your sincerity and consistency. Do not skimp at this stage. Give yourself the time to do it well!

If you are conducting gatekeeper interviews in areas where the actual intervention may take place, begin to make observations (see p. 24). As you enter and leave the area, keep notes on what you see and hear. Remember, assume an attitude of complete ignorance and never assume you have an idea of what is valuable. Each time you return to the office, immediately conduct a debriefing on your observations. A debriefing guide is included in the appendix of this section. This is a short session where you are “grilled” by your supervisor to recall the facts of your visit to the community. GET INTO THIS PRACTICE! Create an actual written and narrative picture of what you saw on that trip and add this to your records. Pay attention to the details of the site and subtle nuances of behavior. This helps you understand networks and mobility or access patterns.

❖ *Step 7: Observation*

This step can actually take place along with the previous one. Now, you need to devote time to nothing but observations of the sites where interventions may take place. No matter what you do, expect to draw attention to yourself now. This attention can be good if you handle it well. Let the people that you will be contacting see you and get used to your presence. Go out at all times of the day, and all days of the week, so that you’ll get a complete picture of the activity that takes place. Observations are discussed in more detail in Part II of this guide.

❖ *Step 8: Intensive Review of Data*

It’s time again to meet with the project staff and look at all the information collected. It should now be possible to create a very accurate and full description of your target population.

You are looking for gaps in the information collected so that these can be filled. Also, it is time to start seeing what the information tells you about intervention concerns. Are the reasons for intervening still valid? Is an intervention even possible? Can the community mobilize to help? What are all the components needed to make the intervention work? Can several agencies form cooperative efforts? As you begin to ask these questions, you enter the second phase of the process. This is the initial creation of an intervention program.

❖ *Step 9: Individual Interviews*

Finally, you reach the emic perspective where you directly interview the target population. For a program that is true to the needs of its clients, this is the most important step of all. Who is the target population? What are the informal networks that they have established? What are their concerns and needs? What do they know or not know about the issue in question? These and many other questions are what you ask as you hold these interviews. Conduct the interviews in a group format or individually. You will find a sample of the external knowledge interview in **Attachment 6**. This is another one of those critical areas where you simply must not be stingy. Give this time and conduct as many interviews as possible using both the individual and group approaches.

❖ *Step 10: Data Reduction Within and Between Steps*

As you proceed through the CID steps, you create summative statements about information obtained in each step. You are requested to complete the summation for each step before undertaking the next step. After the internal analysis is completed, all subsequent summative steps are developed individually and then integrated with the preceding summative information. This results in an evolving etic picture of the entire risk population.

For each of the segments identified within the risk population, a narrative is developed, which includes at a minimum:

- ▶ Estimates of the number of individuals in the target population;
- ▶ Specific locations where members of the target population may be found;
- ▶ Barriers to accessing members of the target population;
- ▶ How to access members of the target population for individual interviews;
- ▶ Values of the target population as currently known (these could change or be based on conjecture depending on information then currently available);
- ▶ General trends that appeared in the information for this target population;
- ▶ Respondents' approaches to interventions; and
- ▶ Anomalous information obtained and how it has been accounted for in the data reduction.

For the key participant interviews (KPI), interviews with those with a great deal of knowledge about the population, a new analysis scheme is offered that includes specific information about working with the interview data. The KPI analysis can include such issues as:

- ▶ Demographics of the population;
- ▶ Mobility of the population;
- ▶ Daily activities and relationship patterns;
- ▶ Drug and needle behavior;
- ▶ Sexual behavior;
- ▶ Condom information and use;
- ▶ Use of and comfort with health care services; and
- ▶ Intervention-related information.

Two types of analyses are ideally performed on the KPIs. The first type is a vertical analysis. A vertical analysis focuses on developing a profile of each individual KPI respondent. For example, a profile would be a summary of a specific injection drug user or prostitute. This profile can then be compared to other individual profiles to establish points of concentration along a continuum of a risk segment in which you are interested. Even though the risk population has been divided into smaller risk segments, there will most likely be a range of individuals in a segment who can be placed along the continuum. The vertical analysis will focus on developing an emic or insider's view of cultural value orientations.

The second type of analysis to be used in the CID is a horizontal analysis of the KPI data. An example of this type of analysis would be a summary of all responses to each question posed in the interview, so that all responses to a particular question such as "How often do you share needles?" can be analyzed for patterns. The horizontal analysis examines the KPI based on an item by item review of the data from all KPIs in a risk segment. Depending on the questions, all or only selected items will be used for the horizontal analysis. The initial analysis of KPI items is designed to obtain the most critical information to inform the next phase of the project activities. The horizontal analysis provides a synthesis of data for each question. This synthesis allows for a comparison of responses across KPIs and among items. Finally, a report is developed detailing all of the findings from the KPIs and, as appropriate, comparing and contrasting those findings with the summary from the earlier steps. This detailed analysis then prepares you to continue on to other steps in formative research, to develop an intervention and field test it based on this data, or to continue on to administer KPIs with the next prioritized segment.