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Using a Qualitative Approach to Develop an Evaluation Data Set for Community-Based Health Promotion Programs Addressing Racial and Ethnic Health Disparities

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1. Evaluating progress in eliminating health disparities among community-based health interventions is difficult because:
 - a. Most community-based organizations have limited resources
 - b. Many of these programs focus on process objectives or short-term outcomes, with limited opportunity to assess specific health impacts
 - c. Many of these programs address health disparities in population groups for which there are limited data.
 - d. All of the above

2. Community-based health disparity interventions are rarely evaluated under the cold standard of randomized experimental designs because:
 - a. They are typically operating with outdated software
 - b. Randomization is difficult due to program staff being closely connected with the community
 - c. There are not enough program clients
 - d. They are not organized around defined frameworks or theory-driven models that would facilitate testing of a hypothesis

3. The Uniform Data Set system was intended as a flexible tool to document the range of processes and outcomes important to community-based health promotion projects contributing to the elimination of racial and ethnic health disparities
 - a. True
 - b. False

4. Five steps used to develop the UDS were as follows: 1) Formation of an Advisory Group; 2) Conducting Key Informant Focus Groups/Interviews; 3) Conducting Site Visits to a Sample of Grantees; 4) _____; and 5) Conversion of UDS to an Internet-Based System
 - a. Literature Review
 - b. Collect Data on Best Practices
 - c. Development of Draft System and Pilot Testing
 - d. Train Grantees on System

5. The qualitative items included in the UDS are important because:
 - a. They provide a change of pace from the quantitative items
 - b. They can reveal key impact patterns that are not otherwise reported
 - c. They serve as a substitute for other narrative reports required of grantees
 - d. They serve as a validity check on quantitative data items
6. The UDS system collects data primarily by type of project, allowing proper comparison between different programs
 - a. True
 - b. False
7. According to the UDS system described by Edberg et al. (2011), which of the following is NOT a program activity that primarily targets individuals?
 - a. Mentoring
 - b. Resource coordination
 - c. Materials development and dissemination
 - d. Self-esteem building
8. All of the following would be considered Core Data Elements in the UDS; that is, data reported by all OMH (Office of Minority Health) funded programs, EXCEPT
 - a. Crisis Intervention
 - b. Grant Information
 - c. Project Outputs and Activities
 - d. Project Staffing
9. Demonstrating project outcomes and impacts towards eliminating health disparities, is only possible if the assessment criteria are goal directed.
 - a. True
 - b. False
10. Site visits that were conducted during the UDS development process helped to do all of the following EXCEPT:
 - a. Identify issues, barriers, and best practices to collecting performance data of grantee
 - b. Understand project outcomes and impacts
 - c. Collect quantitative data for the program
 - d. Understand the data collection process in the actual setting