SECTION E. Survey Results

Between May and July 2005, the research team collaborated with 10 community/ faith based organizations to conduct a health needs assessment survey among 7 Asian community residents of Montgomery County, Maryland. See Appendix A for collaborative organizations, type of organization, translated survey instrument, and the incentives utilized.

MATERIALS/METHODS

To determine the health status, health care access (by using the proxy of health insurance status), language barriers, and available community health resources for the Asian community in Montgomery County, this study employed a cross-sectional design that included a sample drawn from seven Asian communities of Montgomery County, Maryland. The unit of analysis and observation for this study consisted of the individual Asian subgroup. The main selection criteria for inclusion were: 1) Asian ethnicity and 2) adult status (i.e., persons aged 18 or over). A convenience sample totaling 50 subjects from each group self-enrolled in this study. Valid responses from 373 subjects were obtained for data analysis.

Survey Instrument

The survey instrument was developed by the research team compiled through an extensive review of the literature, and approved by the Institutional Review Board of the University of Maryland, College Park. Survey instruments described in the Asian community health needs assessment literature review were assessed for consideration for adoption in this study. Several survey characteristics, including brevity, consistency, ease of response, and methods of survey delivery and response (e.g., online, via mail or by fax) were all considered in the development of the instrument for this study.

The final survey consisted of four main sections: health status, health care access, potential language barriers, and health resources availability. Response scales included both Likert-type and categorical scales, and open-ended questions. Survey data was collected using both paper and pencil surveys and web-based surveys. See Appendix B for the survey questions.

Prior to survey administration, the survey instrument was pilot tested with a small number of Asian community members who translated the survey and who were not part of the study population. Feedback on the format, content, wording, and the time required for completing the instrument was gathered. Feedback was generally positive, and respondents reported completing the survey in less than 15 minutes. The final version of the survey included 20 items divided among the four sections described above, and 8 questions on demographic information. The instrument is attached in Appendix A. To potentially enhance response rate, the survey was posted on the University of Maryland Public Health Informatics Research Laboratory Website (available: http://www.phi.umd.edu/aahi).

Data Collection Procedures
To protect the confidentiality of survey respondents, an informed consent statement was provided to interested participants, and no individual identifiers were asked or associated with the completed surveys. In terms of incentives, fifty respondents in each community were provided with (culturally-appropriate) either food or gift certificates ($5 value) to encourage their participation in the study. Data were collected through multiple forms: a self-administered paper-pencil survey, a mailed paper-pencil survey and a web-based survey. First, self-administered surveys were administered at community meetings held in either community-based or faith-based organizations. Second, mailed surveys were distributed to community members who met the selection criteria. For mailed surveys, a package consisting of an informed consent form, survey questionnaire, and a stamped self-addressed envelope was mailed. The cover letter included a description of the survey, human subject protection information, and a brief discussion of the importance of the study. The URL of the online survey was also included in the mailed cover letter for those who preferred to complete it online. The web-based survey was accessible to participants through a password-protected authentication system. This code was provided to each participant in the mailed package, and was required for log-in to the system to complete the survey. The server verified participants' information before allowing their access to the survey web page. Completed online survey information was automatically saved to a relational database for further analysis.

The following presents the summary statistics of the survey results (see page 3)

Data Analysis
Data were analyzed using SPSS 11.5.0 (Chicago, Illinois: SPSS, Inc. 1989–2002). The analyses included simple descriptive statistics (percentage, cross-tabulation, etc) to determine the distribution of responses regarding research questions of interest. The descriptive statistics were so chosen because the sample was not randomly drawn thus making inferential statistics less meaningful. The following provides the descriptions of the survey, selected descriptions of their responses of health status, health care access (by using the proxy of health insurance status), language barriers, and available community health resources,
as well as a summary analysis.

Appendix A: Participating Asian Community Organizations

Asian Subgroup	Organization Name	Organization Type	Language of Survey Translation	Incentive(s)
Asian Indian	Asian Indian For Community Service, Inc.	Community-based	Hindi	Gift certificates Invoice
	Guru Norak Foundation of America, Inc.	Faith-based	English	Gift certificates Invoice
Cambodian	Cambodian Buddhist Society, Inc.	Faith-based	Khmer	Invoice
	Cambodian Senior Association, Inc.	Community-based	Khmer	Invoice
Chinese	Chinese Culture and Community Service Center, Inc.	Community-based	Chinese (traditional)	Food Invoice
Filipino	Filipino Baptist Church	Faith-based	English	Invoice
Japanese	Japanese Christian Community Center, Inc	Faith-based	Japanese	Food Invoice
Korean	Korean Community Service Center, Inc.	Community-based	Korean	Lunch Box Invoice
Vietnamese	Vietnamese Senior Association, Inc	Community-based	Vietnamese	OTC Vitamin
	Public Health Student Organization, UMAB	Community-based	Vietnamese	Invoice