



Research Rounds #1: How information is collected

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In 2015-2016, the First Nations Health Authority (FNHA) is collecting health-related information from at home (on-reserve) BC First Nations using two surveys: the **Regional Health Survey (RHS)** and the **Regional Early Childhood, Education, and Employment Survey (FNREEES)**. The FNHA will use the data collected from these surveys to address the wellness needs and priorities of BC First Nations communities by producing a report with provincial results, and results for each Health Authority. We would like to thank participating BC First Nations communities; data collection is complete for the FNREEES and currently underway for the RHS.

Building on the success of recent data governance forums the FNHA is initiating a series of 'Research Rounds' that aim to provide information about all things research. Research Rounds will answer many of the questions we have been hearing in the regions and will include descriptions about research processes, related definitions, considerations in research, and more! The first of these 'Research Rounds' describes some methods used in research to collect health information from people. Specifically, you will find descriptions of the major forms of health research that apply to the FNRHS and FNREEES. Enjoy!

How is Health Information Collected?

Health research designs can be broadly classified as **quantitative** or **qualitative**.

Quantitative research involves numbers and statistics. The formulation of numbers from survey information classifies the research conducted using data from the FNREEES and FNRHS as quantitative.

Qualitative research is more exploratory in nature, and often aims to collect less measurable information, like opinions and feelings.

Descriptive and Analytic Designs

There are several approaches to conducting health research, most of which fall into one of two broad categories: **descriptive** and **analytic** designs. Data from the FNREEES and FNRHS will be used by the FNHA for both descriptive and analytic research purposes.

Descriptive studies typically do just that: describe populations of people. In the health field, this type of study includes the reporting of health indicators, such as the occurrence of a health condition, and average wait time for a surgical procedure.

Analytic studies examine the possible relationships between exposures and health effects, like smoking (exposure) being associated to lung cancer (health effect). We can either observe or manipulate the surrounding environment to determine if and what health effects exist. The relationship between smoking and lung cancer, for example, can be determined by “observing” actual rates of cancer against behaviours, like smoking.

Research resulting from the FNRHS and FNREEES is observational, in nature. Experimental studies, on the other hand, add something new to the normal environment and determine the effects. For example, a new prescription medication (experimental intervention) needs to be tested before being released to the public. Some study participants are given the medication, and some are not, and the results are compared to understand the health effects of the drug. In this case, researchers do not observe the normal environment to form conclusions, but test a specific intervention for its effects on health. Research resulting from the FNRHS and FNREEES do not use this kind of study design.

Primary versus Secondary Sources of Information

In research, health information that is collected directly from the source and is designed to be used for a specific research purpose is considered **primary**. For example, conducting a survey to quantify people’s health behaviors and outcomes, and reporting the outcomes. The FNREEES and FNRHS, therefore, are primary sources of health information. If research is conducted using data not originally intended for the research purpose, the data are considered **secondary sources** of information. For example, data originally collected for administrative purposes (and not necessarily for statistical purposes), such as hospital emergency room admissions, and medications prescribed, can be secondary sources of information for research that aims to understand the effect of prescribing certain medication on emergency room visits. Because administrative data is already available, data collection is not required. Implementing surveys, however, requires additional time to collect data directly from participants.

Questions about our research? Please email RHS@fnha.ca or FNREEES@fnha.ca