BACKGROUND AND OBJECTIVES
The engagement of fieldwork teams is key to successful surveys implementation. Thus, the Portuguese National Health Examination Survey (INSEF) is involving fieldwork teams in survey quality control processes.

INSEF is a cross-sectional population-based study representative at regional (7 Regions) and national level focused on health status, health determinants and use of health care services. INSEF target population comprises community-dwelling individuals aged between 25 and 74.

Sample size: 600 individuals for each region (4200 at national level).

Data collection: blood collection, core physical measurements and a CAPI questionnaire.

INSEF local team: The fieldwork staff (receptionists, nurses and laboratory technicians) worked at the local health centre. They were trained for the survey measurements before the fieldwork started.

The aim of this presentation is to report a midterm evaluation’s results of the internal quality control concerning participants’ recruitment strategies and how these influence participation rate.

SOME RESULTS OF FOCUS GROUP

TRAINING

+ Adequate program (contents) of formation
+ Spectacular manuals
+ Very detailed

- In Physical exam notebook the absence of separators (height, weight and perimeter) makes it difficult to fill in the information and visually it’s not well achieved.
- Need for additional practical exercises (difficulty in filling data collection instruments and in internalising procedures) and more days of training
- Use of different colors would make it easier to find the corresponding part of the physical exam notebook

PHYSICAL EXAM

Difficulty in finding the right spot to measure the hip perimeter (Algarve)
Difficulty/embarrassment in taking off the pants (specifically men) (Center)

Equipments: The fact that the stadiometer swings is a problem, because it is difficult to fix (glue, cardboard) Measuring tape splits in half (Algarve, Center, North)

When we start to measure the blood pressure, they start to undress and then they take off their shoes. There are a few that wanted to undress even more. We got a little bit of everything (North)

Cultural differences

BLOOD SAMPLE

We don't have a proper blood collection chair, where a person can extend the arm; only on top of the table (Algarve)

A "constraint is to know where to sit the persons down. We would sit the person in a wheelchair and I didn't even had a chair to myself. (...) We had to improvise several times, in order to find solutions in the field" (Center)

Problems in the equipment

INTERVIEW

+ Global satisfaction in regard to the questionnaire (Center)

Low level of literacy implies decode some questions

The length and extent makes the interviewer tired

Slow network coverage and losing the REDCap link

Impossibility of returning back on REDCap

The questionnaire is well developed, but some people have education levels very low and, therefore, we have to decode all the questions (Center)

CONCLUSIONS

The use of qualitative methods such as focus group is important to improve survey process and these can also give valuable input on fieldwork teams engagement and motivation.

Differences in participation rates depend on the population dimension where the health centre is located, cultural factors and the years of experience from the health teams. Some divergent elements in two focus groups were found in socio-professional categories regarding the clearness of the letter and the aim of the study, only fully achieved in the informed consent. The different perspectives can be explained by demarcations between disciplinary fields, as well as the population health illiteracy.

Key messages

** Focus groups are useful tools to develop strategies for improving both participation rate and technical procedures; given that quality data are essential for any health survey.
** Field teams are motivated by a participatory methodology based on a continuous process of evaluation and discussion

METHODS

A focus group discussion was carried out with fieldwork teams (nurses, laboratory technicians and administrative staff) and regional coordinators in the North, Center and Algarve regions.

Each focus group had between 8 to 14 participants with an average age of 47 years and a long professional experience with an average of 22 years.

A slideshow presentation fostered the discussion of the survey process: It also explored the teams’ perceptions of local cultural attitudes and the strategies used within the fieldwork. A thematic content analysis was performed.

SOMES RESULTS OF FOCUS GROUP

Training + Recruitment + Informed consent + Procedures

- Blood collection
- Core physical measurements
- Interview (CAPI)

Logistical issues

RECRUITMENT

+ Being free of charge
+ Letter signed by General practitioner
+ Free clinical analysis
+ Interest in the scientific study and never having been invited (specifically in the younger generation)
+ Credibility of having a health professional doing the exam
+ Good study presentation in the recruitment
+ Schedule flexibility
+ Invitation and confirmatory telephone calls

FUNDING

The Portuguese National Health Examination Survey 2013-2016 (INSEF) is being developed as part of the project "Improvement of epidemiological health information to support public health decision and management in Portugal. Towards reduced inequalities, improved health, and bilateral cooperation", that benefits from a 1.500.000€ Grant from Iceland, Liechtenstein and Norway through the EEA Grants.

Key messages

** Focus groups are useful tools to develop strategies for improving both participation rate and technical procedures; given that quality data are essential for any health survey.
** Field teams are motivated by a participatory methodology based on a continuous process of evaluation and discussion