

# REPORT APPENDIX: SASPER EVALUATION

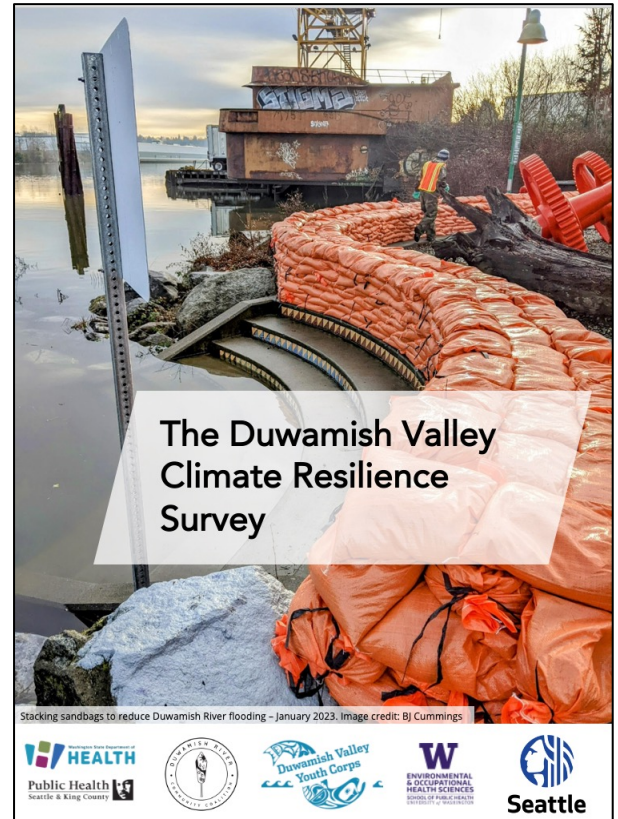
## Evaluation Description

This is an evaluation of the Seattle Assessment for Public Health Emergency Response (SASPER) project. For more information, see [UW's Duwamish Resilience Planning webpage](#).

We conducted an internal evaluation (meaning the evaluator was directly involved in the project) to understand how effective the SASPER process was for achieving the project goals.

### **We used the below questions to guide the evaluation:**

- How effective was the SASPER survey in collecting information representative of the Duwamish Valley?
- To what extent was the SASPER survey implemented as intended?
- How and to what extent did the SASPER enable Duwamish Valley Youth Corps, UW Student Epidemic Action Leaders, Public Health Reserve Corps, and other volunteers to develop new skills?
- Was the SASPER an effective method for building awareness of Duwamish Valley Resilience District project activities among Duwamish Valley community members?
- Did all project partners feel that their perspectives and needs were considered and addressed through the SASPER survey planning and implementation process?
- How feasible would it be to conduct a future SASPER in the same or other communities?



# EVALUATION PROCESS

We used two sources of information to evaluate the SASPER:

- 1. Day-of feedback surveys.** Volunteers who assisted with door-to-door data collection completed surveys at the conclusion of their first surveying day to assess their preparation level, development of skills, perception of the method appropriateness, and willingness to participate in future events. We summarized the survey responses (N=58) and compared whether the responses differed between youth corps members and adult volunteers.
- 2. Interviews with project team-members.** Using an interview guide based upon the guiding evaluation questions, we conducted 11 semi-structured interviews with project team members. Interview questions were based on the questions guiding the evaluation and other priorities for the project team. Each interview was professionally transcribed and thematically analyzed to identify key findings.



Feedback  
surveys



Interviews

# KEY FINDINGS

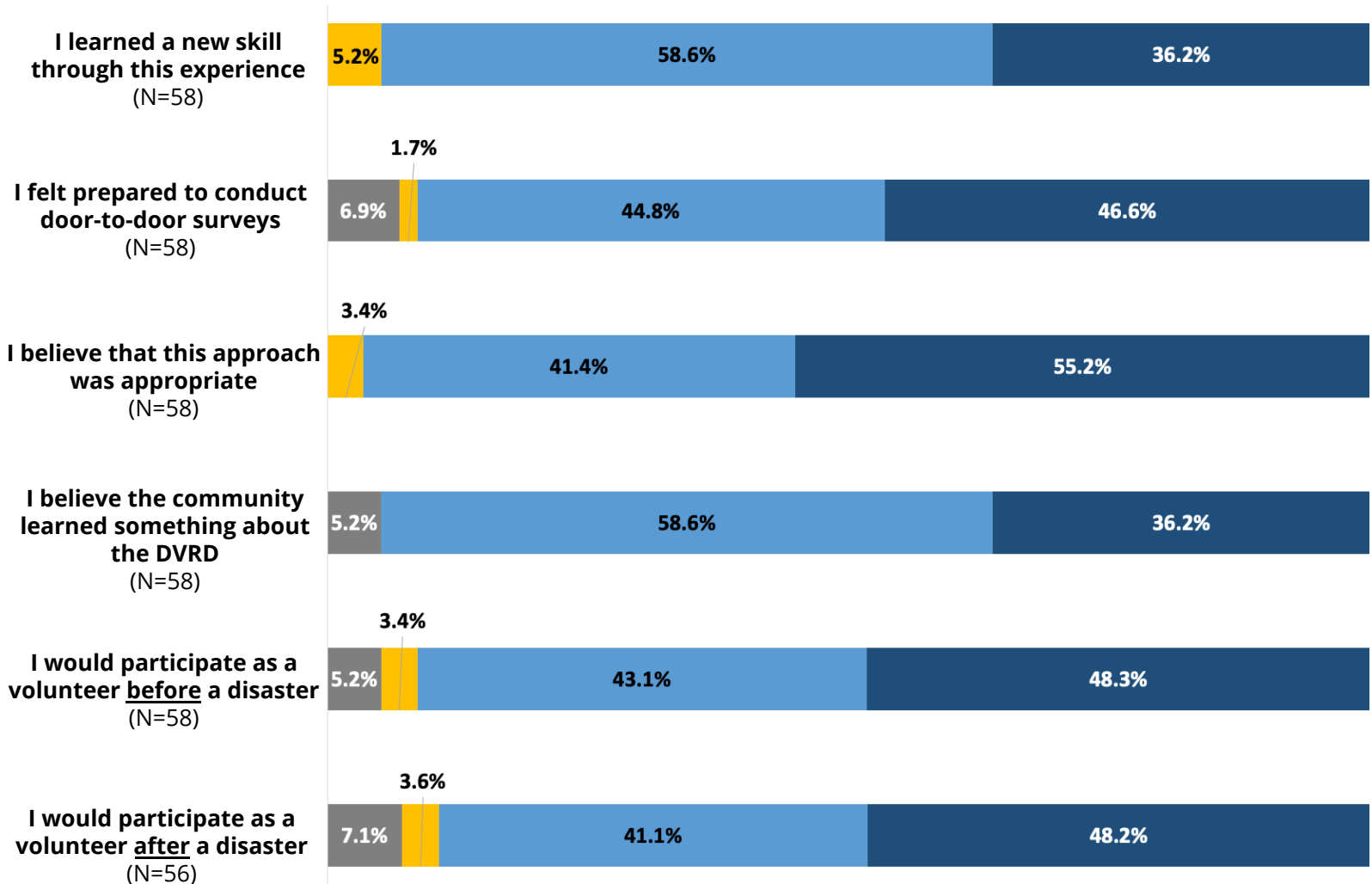
## Feedback surveys

In total, 58 volunteers completed the surveys, including 25 Duwamish Valley Youth Corps members and 33 adult volunteers from the UW, Public Health Reserve Corps, Public Health–Seattle & King County, and the City of Seattle.

The majority of SASPER volunteers agreed or strongly agreed with the following statements. No volunteers who completed the survey strongly disagreed with any of the statements. (See figure below.)

### *Level of agreement with the following statements among SASPER volunteers*

■ Don't know ■ Strongly disagree ■ Disagree ■ Agree ■ Strongly agree



However, there were some differences in responses between volunteer types: with a higher percentage of youth corps members agreeing (instead of *strongly* agreeing) that they learned new skills and were prepared for the experience than adult volunteers. Similarly, a higher percentage of youth corps members agreed (instead of *strongly* agreed) that they would participate in future assessments either before or following a disaster.

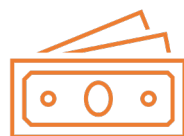
## Interviews

We interviewed 11 SASPER team-members over Zoom, including five interviewees affiliated with the UW, four with government agencies, and two with the Duwamish River Community Coalition.

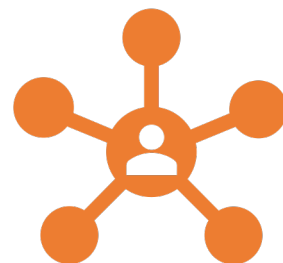
Generally, interviewees described the process of preparing and implementing the surveying favorably. However, most mentioned challenges encountered during these processes, broader limitations, and recommendations for improvement.

Key recommendations identified through the interviews include:

- **Ensure adequate resourcing.** The SASPER was challenging to plan and implement from a personnel, logistical, and financial-standpoint. It is crucial that organizations involved in similar community-engaged assessments are aware of and prepared for this and have adequate staff/resources to carry out the assessment.
- **Build a robust timeline.** While the Centers for Disease Control and Prevention (CDC) has noted that CASPER assessments can be planned with minimal time (e.g. one week), this was not the SASPER team's experience. Due to the focus that the SASPER team had on centering community voice and equity (including by compensating community members, engaging the DVYC, and translating materials), the process was time and resource intensive, and would have benefited from a more robust timeline and realistic expectations at the start of the project.



- **Focus on accessibility.** The SASPER team took several steps to ensure the relevance of the survey content and to improve language accessibility for DV community members. This included coproducing the survey with community partners and translating the survey into nine languages commonly spoken in the DV. However, future surveys could take additional steps, including hosting a community focus group to inform survey development and having a local language speaker review all translated surveys.
- **Plan for youth involvement.** Partnering with the DVYC was key to the success of the project. Survey volunteers and SASPER team-members described how youth team-members were adept at engaging community members. In the future, project teams should plan more deliberately for youth engagement, including by developing an interactive and engaging youth training and ensuring the youth have an appropriate role in the surveying process.
- **Be flexible.** Despite robust planning efforts, challenges did arise during the SASPER process that required the team to adapt. This included adding a weekday afternoon for surveying (the team had originally intended to only survey on two weekend days) and an online option to gather additional responses.
- **Over-communicate with partners.** With a project as logistically challenging and involving many partners as the SASPER it is critical for team-members to communicate consistently and clearly about the project timeline, roles, specific asks, as well as create space for sharing of concerns.



More broadly, the evaluation highlighted insights regarding **the feasibility and appropriateness** of the CASPER survey approach. Specifically, due to the resource-intensive nature of conducting a CASPER, the approach may not be feasible or appropriate for resource-limited organizations and for those aiming to center equity and community voice. For example, the CASPER approach **does not enable a focus on BIPOC individuals** – either in the data collection or analysis stage. Instead, the CASPER is designed to provide data that is representative of a population in an area.

This means that the method cannot be used to center BIPOC voices or understand disparities faced by BIPOC individuals within the same survey. However, there are benefits to using a CASPER: it is a **validated method** and information collected using the approach **may more readily be accepted** by government agencies and other stakeholders to inform policy, resource allocations, and decision-making. As such, future research teams **can combine a CASPER survey with other methods** (e.g., town halls, interviews) to specifically focus on BIPOC populations while benefiting from the rigor of the CASPER approach or can consider other survey approaches.

## CONCLUSION & NEXT STEPS

This evaluation uncovered novel insights regarding the effectiveness, feasibility, and appropriateness of using a community-centered CASPER approach to identify climate and resilience priorities among community members.

We recommend future project teams interested in using a CASPER carefully consider and discuss the tradeoffs of the approach, particularly regarding equity, as they select and design their approach(es) to assessment.

Additionally, we strongly urge that CDC and other researchers investigate how the CASPER approach can better consider and address equity.