

Center for Rural Health
University of North Dakota School of Medicine and Health Sciences
Key Informant Interview and Assessment Process

1. Key informant interviews are a distinct form of community assessment. The Center uses a survey methodology for most of its community assessments. The Center has developed a survey questionnaire that is mailed to a random sample of the hospital service area. Key informant interviews, in contrast, are conducted face-to-face.
2. The primary advantages of key informant interviews are flexibility and time. Questions can be quickly added or deleted during the interview process. If, during the course of community interviews, a significant issue emerges that was unanticipated the researcher can easily incorporate this into the process. Key informant interviews typically take less time to administer and analyze than a survey methodology. Its primary drawback is it does not present elements of statistical validity. Key informant interviews can be used, and are recommended to be used, in conjunction with a survey methodology. They can be used to “flesh-out” the details that are found in the survey.
3. Key informant interviews present unique opportunities for the community group (e.g. hospital, nursing home, primary care clinic, public health unit, etc.) that is using this methodology. Typically the sponsoring community group selects 20-30 individuals to participate in the process. This gives the sponsoring group the opportunity to, in effect, say to the participants “we value your opinion and want to hear from you.” The letter inviting the respondent to participate usually originates from the sponsoring group.
4. While the sponsoring organization can select the individuals it is important to recommend to the organization to target not only key community contacts and leaders, but also key “interest” groups or sectors. The Center for Rural Health recommends key informants be representative of these five key rural community sectors: 1) health care, 2) business/economic development/agriculture, 3) education, 4) government, and 5) religion.
5. Interviews usually run for 45 minutes to one hour (best not to go over this time). The respondent has a scheduled appointment with a Center for Rural Health staff member. It is best to conduct these interviews (if at all possible) at the sponsoring group’s facility, such as the hospital. This has the advantage of placing the respondent on the “home turf” of the agency. Some interviews may have to be conducted at the location of the respondent (their work site).

6. Questions are developed ahead of time, with the assistance and input of the sponsoring organization. Again, flexibility allows for modifications at the time of the interviews.
7. Subject areas covered for hospitals as part of the **North Dakota FLEX program** include the following:
 - A. Community strengths and weaknesses.
 - B. Community health issues.
 - C. Attitudes toward the hospital.
 - D. Attitudes toward the medical providers (physicians, PA, NP, etc.) and clinic.
 - E. Availability of services– locally, regionally.
 - F. Quality of care– services locally, regionally.
 - G. Perceived need for additional services.
 - H. Attitudes toward the hospital working with other hospitals (rural/urban) and other provider groups (nursing home, public health).
 - I. Attitudes toward EMS.
 - J. Other issues raised by the hospital (e.g. assisted living, organizational consolidation, competing facilities, etc.)
8. Specific questions are developed to address each of the subject areas. Each key informant is asked the same set of questions.
9. Research is analyzed (subjective interpretation of data but categories of responses are created and compared).
10. Report of findings is developed and presented.

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