Rapid Ethnographic Assessments: A Practical Approach and Toolkit For Collaborative Community Research

Book · March 2020

DOI: 10.4324/9780429286650

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Rapid Ethnographic Assessments

This book provides a practical guide to understanding and conducting rapid ethnographic assessments (REAs) with an emphasis on their use in public health contexts. This team-based, multi-method, relatively low-cost approach results in rich understandings of social, economic, and policy factors that contribute to the root causes of an emerging situation and provides rapid, practical feedback to policy makers and programs.

Using real-world examples and case studies of completed REAs, Sangaramoorthy and Kroeger provide readers with a logical, easy-to-follow introduction into key concepts, principles, and methods of REAs, including interview and observation techniques, triangulation, field notes and debriefing, theoretical saturation, and qualitative analysis. They also provide a practical guide for planning and implementing REAs and suggestions for transforming findings into written reports and actionable recommendations. Materials and detailed tools regarding the conduct of REAs are designed to help readers apply this method to their own research regardless of topic or discipline. REA is an applied approach that can facilitate collaborative work with communities and become a catalyst for action.

Rapid Ethnographic Assessments will appeal to professionals and researchers interested in using REAs for research efficiency and productivity as well as action-oriented and translational research in a variety of fields and contexts.

Thurka Sangaramoorthy is a cultural and medical anthropologist and public health researcher with 22 years of expertise in conducting applied ethnographic research, including rapid assessments, among vulnerable populations in the United States, Africa, and Latin America/Caribbean. Her expertise includes global health and migration, HIV/STD, health systems, and environmental risk.

Karen A. Kroeger is a cultural and medical anthropologist who has conducted ethnographic research, assessment, and evaluation among populations vulnerable to sexually transmitted diseases and HIV in the United States and abroad since 1994. She is a former Research Anthropologist at the US Centers for Disease Control and Prevention (CDC).

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Rapid Ethnographic Assessments

A Practical Approach and Toolkit For Collaborative Community Research

Thurka Sangaramoorthy and Karen A. Kroeger

Routledge
Taylor & Francis Group
LONDON AND NEW YORK

First published 2020
by Routledge
2 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

and by Routledge
52 Vanderbilt Avenue, New York, NY 10017

Routledge is an imprint of the Taylor & Francis Group, an informa business

British Library Cataloguing-in-Publication Data
A catalogue record for this book is available from the British Library

Library of Congress Cataloging-in-Publication Data
A catalog record has been requested for this book

ISBN: 978-0-367-25228-1 (hbk)
ISBN: 978-0-367-25229-8 (pbk)
ISBN: 978-0-429-28665-0 (ebk)

Typeset in Bembo
by Cenveo® Publisher Services

To Ashok, Gyan, and James—for the unwavering support and enthusiasm that made this work possible.

—Thurka

To my mother, who awakened me at an early age to the notion that there are worlds worth exploring beyond the one that I live in.

—Karen

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Preface

The journey for this book began a long time ago. We met in 2009 at the Centers for Disease Control and Prevention (CDC), when Thurka had the good fortune of working with Karen, then a research anthropologist in the Division of Sexually Transmitted Disease Prevention, during a postdoctoral fellowship in sexually transmitted disease (STD) prevention. As we began to work together, we discovered that we had a lot in common. Nearly a decade prior, Karen had completed the same postdoctoral fellowship. We were both trained in traditional cultural anthropology PhD programs, where we conducted long-term ethnographic fieldwork as lone anthropologists. We had similar research interests—Karen had conducted research on HIV risk among sex workers in Indonesia and had spent five years in CDC's Global AIDS Program working on programs for vulnerable populations. Thurka's research focused on the impact of HIV within Haitian communities and the effects of stigma on health and health outcomes among those living with HIV in urban settings.

We had also worked in public health contexts where we collaborated with interdisciplinary teams and communities to better understand the differential impacts of disease and plan effective interventions focused on health equity. Working in government public health, we often found ourselves walking a fine line between using the principles and methods of traditional ethnography and needing to generate timely information for action. We believed strongly in ethnography's power to bring depth and insight, but we were also distinctly aware of the confining realties that many public health programs face—depleted budgets, overworked staff, punishing bureaucratic deadlines, and, above all, the need to work quickly when facing disease outbreaks and other urgent problems.

We knew we were not alone in contemplating these challenges between traditional ethnography and its applied dimensions. Ethnography has a long and complex history of application in the federal government across multiple agencies (US General Accounting Office 2003). As early as 1852, Congress commissioned anthropologists to collect information on the social organization and relations of indigenous Native communities in the United States, and this analysis gave context and shape to policies which often had negative

consequences on indigenous people (Baker 2010, Castile 2008). During the 1920s and the New Deal era, anthropologists in the US Department of Agriculture and the US Bureau of Agricultural Economics undertook a series of community studies to examine the cultures of rural agrarian communities in the US South in attempts to define poverty and develop instruments for its measurement (Adams 2007). These studies led to a series of policies and technical, institutional interventions focused on rural rehabilitation to solve the problem of rural poverty, including technical planning and bureaucratic supervision designed to maximize individual and community self-sufficiency (Baldwin 1968). During World War II and the post-war landscape, the United States began to emerge as a recognized global power, engaging in a period of global involvement. Anthropologists were instrumental to the reach of these global interventions, being tasked with teaching foreign service and military personnel regional culture, history, and language relevant to national defense and US participation in global affairs and engaging in research in the developing world (Borneman 1995).

Federal agencies have more recently used ethnographic methods to better understand and practically address programmatic issues or problems. A 2003 report on the use of ethnographic methods found that 10 federal agencies, ranging from the US Agency for International Development, the Environmental Protection Agency, and the Department of Health and Human Services used ethnographic methods in the past 15 years to assess the relationship between federal programmatic concerns and social lives of communities (US General Accounting Office 2003). The CDC, for instance, was noted to have employed rapid ethnographic assessment methods to examine populations experiencing high rates of sexually transmitted diseases to develop intervention strategies at the local level to reduce transmission. During the early-mid 2000s, CDC's Global AIDS Program supported rapid ethnographic assessments in Asia and Africa that helped lay the groundwork for HIV prevention and treatment programs serving vulnerable populations.

When Thurka joined the CDC, ethnographic efforts vis-à-vis rapid assessments were well underway in STD prevention efforts (Aral et al. 2005; Bloom et al. 2003). We worked together to develop, plan, and carry out several important rapid ethnographic assessments (REAs) on STD outbreaks and prevention. We also provided trainings on REAs to CDC staff, state and local health department personnel, and practitioners in non-governmental and community-based organizations from fields outside of public health. Even after Thurka took an academic position at the University of Maryland, we continued to collaborate on writing projects and training curriculums on REAs for academic researchers, practitioners, and students. We found that people were eager for methods that combined the emphasis of social-structural context in understanding events and meanings with the practical application of research in identifying, assessing, and mitigating problems. We began to think about how we could take what we had done at the CDC and beyond and share it with others interested in learning about rapid assessment

methods. We also wanted to generate interest, support, and resources for qualitative social scientific research, work which is often undervalued and seen as marginal in many areas, including academic, government, non-profit, and other sectors. A publishing opportunity came up rather unexpectedly, and we felt strongly that writing a book in the vein of a toolkit was the best way to disseminate the usefulness of REAs widely.

This book is meant to serve as a practical guide to understanding and conducting REAs. REAs have a proven history of success in shifting policies and programmatic outcomes in health and development sectors where resources and local research capacity are often limited and where the success of interventions requires direct engagement and collaboration with local communities. Today, REAs have broad applicability for those interested in research efficiency and productivity as well as action-oriented and translational research—including students, researchers, and community members. Although we use examples from our own work in public health settings, our key objective is to demonstrate the increasing relevance of REAs for governments, non-governmental institutions and organizations, researchers, and communities in a variety of contexts. Researchers, program planners and staff, and policymakers need practical research and assessment tools and skills that help them obtain timely information on emerging problems, engage local community members in problem solving, foster new collaborations, and inform program and policy adjustments. REAs are flexible and serve a variety of programmatic and policy needs including program planning, program evaluation, quantitative survey planning, and community participatory research.

REA, as applied knowledge, can also be a catalyst for theoretical development because it is inherently action-oriented, critical, and participative. It is decolonial in that it shifts the power dynamics away from longstanding norms in which dominant power structures of researchers, governments, and institutions determine research goals, practices, and parameters, with communities viewed as mere recipients. Instead, REA positions local actors in communities as equal partners by giving them the tools that facilitate self-determination and shared control of research, including the ethics of engagement, accountability, and presumed benefits. As a result, REAs aid in decision-making practices under real-life circumstances by engaging local communities in the research process as active participants and collaborators and center indigenous or local knowledge.

We have over 30 years of combined experience in conducting applied ethnographic and public health research, including large- and small-scale REAs related to health and well-being among vulnerable populations in the United States, Africa, and Asia. We both have a history of working in settings dominated by public health perspectives and quantitative methods as well as more traditional academic environments where applied and action-oriented research and researchers are often marginalized. We have demonstrated expertise in successfully navigating these settings and training academics and non-academics—students, faculty, public and community

health professionals, social and health service providers in non-governmental organizations, and community members—in the design and conduct of REAs. Our combined experience working in domestic and international settings and across a variety of sectors means that we have a rich body of experience to draw on and the navigational skills to successfully emphasize the importance of community-driven participatory research. As such, we are uniquely positioned to bring a set of perspectives and experiences to our book that differentiates it from those that currently exist on rapid assessment methods, applied qualitative research, and ethnographic methods.

Our book can serve as the main textbook in courses or training programs where the emphasis is on applied qualitative research. It can also serve as a supplementary textbook in courses or training programs focused on research methods in a variety of disciplines (e.g., anthropology, sociology, communication, public health, education, urban planning, etc.), as well as general courses in the fields of global health, public health, health policy and administration, and anthropology. We are also committed to writing in a manner that is accessible, usable, and helpful to those outside the academy—community leaders, program managers, field staff, program consultants, and scientific staff. We envision our audience as including scholars and practitioners in low- and middle-income countries or low-resource settings where research capacity is still growing and the need for response to problems is urgent. We are confident that this book is essential reading for researchers interested in collaborating with communities to provide rapid collection and dissemination of information useful for key decision makers utilizing ethnographic and qualitative methods.

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Chapter summaries

In Chapter 1, "Overview of rapid ethnographic assessment," we introduce readers to the REA method. We discuss the purpose and provide the defining characteristics and theoretical frameworks constituting REAs. We also include a discussion of when REAs are useful and under which circumstances they are not appropriate. Further, we provide the reader with an overview of REA, its history, and examples of its use in various contexts and disciplines. Finally, we discuss the basic principles underlying anthropological methods and theories as well as the orientations of qualitative, applied, and action-oriented research and their positioning within disciplines with a strong focus on "evidence-based research."

In Chapter 2, "Key considerations in planning for a rapid ethnographic assessment," we outline key concepts and considerations of REAs. Specifically, we detail the kinds of questions a REA is best designed to address and whether REAs are applicable and appropriate for certain types of research or programmatic questions. Further, we consider decisions related to the design and scope of the REA. We also discuss the various types of expertise (e.g., technical, lay, etc.) needed, the time and resource commitments required, and the types of dissemination plans of REA findings to consider. We focus on the roles of local, community stakeholders, including the role of community members in identifying study objectives and selecting appropriate study designs. Finally, we discuss the role of funding and funders (e.g., government, non-profit, etc.) and the complexity of data ownership. We contend that these issues are particularly important for those who are located outside the academy (i.e., communities) as it may have serious implications for data ownership, retention, and access. We also offer sample budget items.

In Chapter 3, "Rapid ethnographic assessment design and methods," we discuss issues specific to the design and conduct of REAs, including constructing and conceptualizing key aims and objectives; sampling frames; methods such as ethnographic observation, ethnographic and geospatial mapping, in-depth key informant interviews, focus groups, and surveys; and writing field notes. We also provide a practical guide to the advantages and challenges of certain methods as well as suggestions for using several combinations of methods depending on the scale and scope of the research.

In Chapter 4, "Fieldwork," we illustrate the fundamentals of team-based fieldwork. We discuss critical questions of how to choose team members with a particular emphasis on disciplinary skill sets and orientations. REAs can be catalysts for community collaborations; therefore, we attend to the issue of skills transfer and the potential for building research and assessment capacity in communities where research is not the norm and data may not be readily available. We also include a thorough discussion of how to plan and proceed with team debriefings. Further, we review issues related to field safety with practical considerations for understanding issues related to gendered, racial, ethnic, and power dynamics of fieldwork. Finally, we consider ethics in various dimensions including research values; informed consent; confidentiality; accountability and responsibility to participants, collaborators, and the public; and common ethical dilemmas and conflicts that arise in team-based community-driven participatory research.

In Chapter 5, "Data analysis," we provide an in-depth overview and practical step-by-step instructions on qualitative data management, qualitative data analysis, and triangulation. We specifically detail practical and logistical issues related to rapid data analysis including the construction of the aims and objectives of analysis, analytical styles, data preparation and management in team-based research, issues of reliability and validity, and computer-based qualitative analysis software. We also critically discuss the composition of the analytical team and considerations for including and engaging community members in the process of data analysis and preliminary findings.

In Chapter 6, "Report writing and follow up," we detail how to construct and present key findings and outcomes especially to decision makers, program administrators, and policy makers. We provide specific instruction on writing clear and concrete recommendations for a variety of audiences, developing a dissemination plan for findings, and creating a follow-up plan for addressing further needs. We discuss the potential challenges and solutions related to community-driven research that may arise during the analytical and dissemination phases.

In Chapter 7, "Case studies," we provide rich, comprehensive information on three case studies of REAs we planned and conducted. We select these case studies to illustrate the range, size, and scope of REAs, including small and large REAs and US- and internationally-based REAs, reflecting both jurisdictional as well as cross-cultural parameters related to scale that need critical consideration.

In the appendices section we include additional, essential materials and information, including a glossary of terms, sample budget, and project planning tool and additional resources such as weblinks and references. This section also serves as the basis for materials to be included in a companion website for students and instructors.

Acknowledgments

It takes an entire community to write a book. Although getting thoughts and words to the computer screen is a fairly solitary endeavor, the ideas and experiences that lead to the words which eventually transforms into a book takes a community of people. We are both deeply indebted to a number of individuals and institutions for the support and resources we have received in bringing this book to press.

We would like to thank the many people at the Centers for Disease Control and Prevention (CDC), the various Ministries of Health and US-based state health departments, the University of Maryland, and those involved in REA projects globally and in the United States who helped shape the content and form of this practical guide through their involvement and participation in different stages of its development.

Thurka is particularly grateful for the continued support of students and colleagues at the University of Maryland, especially the friendship, support, and encouragement received from Erica Glasper Andrews, Lynn Bolles, Stephen Brighton, Typhanye Dyer, Christina Getrich, Emilia Guevara, Kimberly Griffin Hayes, Amelia Jamison, Nipun Kottage, Andrea López, Mona Mittal, Helen Mittmann, Sybil Paige, Devon Payne-Sturges, Samantha Primiano, and Joe Richardson during this process. This book also could not have been completed without a full-year sabbatical made possible through generous financial support from the Graduate School's Research and Scholarship Award, the Office of Faculty Affairs, the College of Behavioral and Social Sciences, and the Department of Anthropology. Gregory Ball, Wayne McIntosh, and Paul Shackel were instrumental in providing time and resources needed to write and publish this book.

Colleagues at the CDC within the National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention were critical to conversations related to the intersections of ethnography and public health prevention methods. Fred Bloom, Hazel Dean, Kathleen McDavid Harrison, Matthew Hogben, David Johnson, Tanya Telfair, Penny Loosier, Donna McCree, Eleanor McLellan, Greg Millet, Ramal Moonesinghe, Ranell Myles, Thomas Painter, Laurie Reid, Rebecca Schmidt, Madeleine Sutton, Jo Valentine, Petra Vallila-Buchman, Kim Williams, and Samantha

Williams were amazing colleagues who made interdisciplinary and interprofessional collaboration meaningful and empowering.

Finally, the support of family and friends was crucial to the development and completion of this book. Long-time writing partners and friends, Adia Benton and Jennifer Liu, provided thoughtful feedback on earlier versions of the manuscript, while the Cerwinski and Sangaramoorthy families helped out with childcare and other forms of invisible labor that made writing possible. Ashok, Gyan, and James Cerwinski, in particular, proved to be the most enthusiastic cheerleaders anyone could ask for.

Karen would like to acknowledge several colleagues at the CDC, including Fred Bloom, a fellow anthropologist, who helped make the transition to CDC in 2001 particularly welcoming. Fred's wise counsel, unfailing good humor, and friendship helped ground the years at CDC. Rich Needle and Naomi Bock in the Global AIDS Program provided important opportunities to collaborate on large-scale REAs and work with vulnerable populations. Eleanor McLellan's collegiality, patience with questions, attention to detail, and depth of methodological knowledge improved every manuscript, training session, and protocol.

Rapid ethnographic assessment has always been a bit of an outlier at the CDC, but Rich Needle, Fred Bloom, Janet St. Lawrence, Sevgi Aral, and Matthew Hogben, in particular, gave unstinting support for the approach. Over the years, many CDC public health fellows and colleagues put in tireless hours of work on every aspect of REAs. They are too numerous to mention by name, but they know who they are and their contributions are immeasurable. Their questions helped spur mutual learning that led to improvements in training for and implementing REAs. The Global AIDS program offered opportunities to collaborate with and learn from talented country nationals implementing REAs, including Judite Langa at CDC-Mozambique and Charles Parry at the Medical Research Council in South Africa.

Writing is a solitary exercise, even when undertaken in partnership. Family and friends in far-flung places gave enthusiastic support and were a welcome distraction at moments when it was sorely needed, especially Diana Gores, Sarah Sbarra, Jennifer Gores, Russ Kroeger, Catherine Koziol, Alice Klement, Mary Williams, Lucy Moorman, Jeri Malone, Lorrie Burroughs, Ann Temkin, and Elaine Wesley. Without them, the hours at the computer would have seemed much longer.

Collectively, we would like to thank Adia Benton, Jennifer Liu, and Andrea López for taking the time to meticulously review the book proposal and Chapter 1. Their generous comments helped us formulate clear goals and objectives for this book. Moreover, we would be remiss if we did not acknowledge those who have participated in our various REA workshops and trainings. We have benefitted immensely from their feedback and active engagement. Students in Thurka's Qualitative Methods in Applied Anthropology class at the University of Maryland over the years also provided

invaluable assistance in helping us think through the benefits of this method to a wide audience.

We would like to thank Hannah Shakespeare for being a supportive editor as well as Matt Bickerton and the rest of the staff at Routledge and Apoorva Mathur and the staff at Cenveo Publisher Services for seeing this book through to publication. The comments we received from external reviewers and copy editors were extremely valuable and helped make important improvements to the book. The final manuscript benefitted tremendously from the diligent work of Ellen Platts, who provided instrumental assistance with formatting, and Sarah Ahmed, who supported us in finalizing our resource guide.

Finally, we would like to thank the following individuals and institutions for their permission to use tables and figures. Maya Kearney, Evelyn Lopez, Stephanie Madden, Janna Napoli, and Søren Peterson for allowing us to use their figure "Mind Map of Safety Resources and Services;" Caitlin Cromer, Charlene Gatewood, and Yurong He for letting us reprint the observational maps in their paper "Understanding Diversity on McKeldin Mall;" and Jossey-Bass for permission to use Table 3.1: Style of Data Collection from *Qualitative Methods in Public Health: A Field Guide for Applied Research* by Priscilla R. Ulin, Elizabeth T. Robinson, and Elizabeth E. Tolley.

We wish to make clear that the findings and conclusions in this book are our own, and do not represent the official position of the Centers for Disease Control and Prevention.

1 Overview of rapid ethnographic assessment

Key learning outcomes

1 Identify key concepts and principles of rapid ethnographic assessment (REA)
2 Understand how REA relates to other qualitative and community-engaged participatory research approaches
3 Know when REA may be useful and when it is not

What influences women in Mexico City to breastfeed their infants? What motivates Native American gay, bisexual, and transgender men to use or not use available HIV prevention services? What factors limit children's access to quality primary education in the Kakuma refugee camp in Kenya? How is tourism development affecting residents in communities along Camino Real de Tierra Adentro, a historic trail between Mexico and the United States?

Although traditional qualitative and quantitative studies may answer questions like these, such research can often take months or even years to design and implement. They can also consume considerable resources before findings are finalized and shared. Program managers and practitioners in public health, education, and other fields often need to act quickly to make decisions about how well programs are working and what needs to be changed or adjusted to help them to better reach, serve, and respond to the needs of their clients. The need for timely, useable data can be especially critical for programs serving socially marginalized or vulnerable populations because these populations are often hidden, hard to reach, and geographically mobile due to a variety of social, political, and environmental factors. In the current social and political environment, program planners and staff as well as policymakers often find themselves needing practical research and assessment tools and skills that help them obtain timely information on emerging problems, engage local community members in problem solving, foster new collaborations, and inform program and policy adjustments. In this book, we share our experience with REA, a practical, applied method and approach for quickly obtaining community-level data that researchers, program planners

and managers, students, and community members can use to understand and alleviate problems.

We broadly define vulnerable populations as social or demographic groups that have relatively limited access to necessary social, political, and economic resources. Vulnerable populations can include persons who lack access to the traditional means of power and experience marginalization due to economic, racial, and gender disparities. Vulnerable populations may also include those who are unstably housed or homeless; uninsured or under-insured; chronically ill or disabled; and the working poor. They can be persons involved in stigmatized or criminalized behaviors such as illicit drug use, sex work, or same-sex relationships. Other populations, such as migrant workers and refugees, may also be vulnerable because they are highly mobile and hard to reach due to seasonal work, war, or environmental disasters. Vulnerable populations often lack access to important social and health services because of social, institutional, policy, and personal barriers. They may not use available services due to stigma, discrimination, and fear of arrest or deportation.

Over the past decade, programs that serve vulnerable populations have had to innovate and adapt quickly to new conditions brought about by severe budget cuts to public health and social services, rapid shifts in social welfare and development priorities, and increasing social, economic, and health disparities. Many programs have had to develop new, more sustainable models of care and engagement for the communities that they serve. This often requires engaging directly with community members to understand their perspectives and involving them in the search for potential solutions.

This community-driven research orientation, which is central to the approach described in this book, places the "insider perspective" at the heart of any research or assessment question. It also presumes that community members have substantial insight into problems and that engaging community members as part of the research process will result in more feasible, practical solutions.

In this book we lay out the theoretical orientation and principles of REA, an applied research method that we have used in our own research, teaching, and community engagement work. We demonstrate how the concepts and practices incorporated in this approach have been used in a variety of domestic and international settings and serve both programmatic and policy needs.

In writing this book, we have made a conscious decision to use the term "REA" to describe the approach we have used in our work. As anthropologists, we are well aware of debates in our discipline regarding whether rapid approaches can be sufficiently "ethnographic." As researchers, we have conducted more traditional anthropological research in the form of long-term ethnographies, where we spent months and years in the field. We have a keen understanding of what is gained and what is lost in these two very different approaches. We firmly believe that, skillfully applied, it is possible to undertake short-term, rapid research that remains grounded in ethnographic principles. We contend that by using this term, and by emphasizing the centrality

of an ethnographic orientation to the work, we are able to engage more effectively with others not trained in anthropology or ethnographic methods about the advantages of using anthropological approaches.

By suggesting that our book would be beneficial to those outside the discipline of anthropology and academic settings, we do not imply that REA and applied research are of lesser importance to those within the discipline or the academy. There is deep anthropological and academic value in applied work, and the lessons learned from REA significantly contribute to the discipline and the training of students in academic programs, the majority of whom are eventually employed outside the academy (Gupta and Ferguson 1997). As we explain below, throughout this book we take seriously the theoretical significance of practice—ideas that clarify and justify the role of practice within and outside the discipline—that focuses on community-driven acquisition of knowledge and its utilization. Thus, we embrace societal or community problem solving as a mainstream disciplinary pursuit, one that contributes to the development and advancement of anthropological theory (Baba 2000). REA is an approach and orientation that illustrates the interdependence of knowledge and action and proves itself capable of producing rigorous problem-oriented scholarship.

What is REA?

REA is primarily a qualitative research method that focuses on the collection and analysis of locally relevant data. It is an approach and orientation to data collection that can be used for a variety of purposes; for example, for exploratory or formative research, for program assessment or needs assessment, as a rapid response tool, or for program evaluation. REA is used to elicit rich description about the context in which things occur, and about processes, systems, motivations, and relationships. REAs often allow research teams to assess a variety of complex social and structural issues to improve programs and policies impacting marginalized and vulnerable populations.

REAs mainly rely on qualitative data collection methods such as interviews and focus groups but also incorporate other methods such as structured observations, mapping, and short surveys. They draw on principles of ethnography, an approach used historically by anthropologists, to learn about the social and cultural conditions of individuals and communities. The primary goal of ethnography is to understand a problem or situation from the perspective of the "insider," whether the insider is a health provider in a clinical setting, an outreach worker, or a community member who lives in a neighborhood experiencing disease increases. As some anthropologists have described it, the purpose of ethnography is to understand another way of life from the perspective of those who have experienced it, and to "learn from" rather than "study" people (Spradley 1980).

A fundamental aspect of anthropological research is the integration of "emic" or insider perspectives (i.e., perspective of the subject) with "etic"

or external perspectives (i.e., perspective of the observer). Incorporating these perspectives in a holistic approach usually results in findings and recommendations that are based on detailed and culturally rich information and grounded in local realities. However, unlike more traditional qualitative research methods, REAs emphasize information for action, which is achieved through a few key principles: (1) the rapid collection and dissemination of information useful for key decision makers; (2) the use of multidisciplinary assessment teams; and (3) triangulation across multiple data collection methods and sources to strengthen the validity of findings, which are aimed at developing practical, achievable recommendations. REA is oriented toward rapid response and carried out over a relatively compressed period of time, with data collection usually taking several days to several weeks, depending upon the scope, and up to several months for analysis of data and report writing. Because of its limited scope, REA is typically less expensive to undertake than other types of studies.

REAs have often been used in health and development sectors where resources and local research capacity are often limited, and where the success of interventions requires direct engagement and collaboration with local communities. In some situations, REA has created a framework for communities to work together to address a need or problem and as a means of transferring research skills to local communities. Today, REAs have broad applicability for anyone interested in research efficiency and productivity as well as action-oriented and translational research.

We intend for this book to be useful to students, researchers, community advocates, public health practitioners, urban planners, and education specialists—many of whom have worked for years to improve programs and policies that impact marginalized and vulnerable populations. In addition, we hope the book appeals to academics in the social sciences, public health, communication, urban development, education, and other fields, who are training future generations of students and researchers interested in doing practical, applied work.

REA in the context of community-engaged research

REA, like other rapid data collection methods, has deep roots in international health and development, arising in the 1970s from a need to respond quickly to problems in communities where few data were available. Reasons for this absence of data varied. Developing countries or communities often lacked disease surveillance or other types of systems infrastructure to collect data, and few had economic or human resources needed to carry out studies to gather information on a large scale. In some cases, a problem was new or emerging, so data were non-existent. Development experts in agriculture, community development, and health, many of whom were trained social scientists, realized there was a need to innovate. They sought a middle ground between "quick and dirty" methods such as cursory observations made by

external professionals during site visits and, at the other extreme, traditional social science studies such as long-term ethnography or surveys that could take years to complete and result in few data that could be applied to planning programs and services. Approaches such as Rapid Rural Appraisal (Chambers 1979) developed, in which teams of researchers worked alongside local people and employed a variety of qualitative and observational methods including individual and group interviews, field observations and ethnographic mapping, archival study, and rapid, street-based surveys and censuses to quickly obtain information related to a focused problem or question.

Over the years, numerous models developed that were similar to Rapid Rural Appraisal. These approaches drew on anthropological principles of "treating [insiders] as teachers" (Chambers 1979), and sought to reverse existing social and intellectual hierarchies that positioned the researcher (or outsider) as the expert and community members as subjects of research. Health and development workers recognized that drawing on indigenous knowledge, practices, and experiences in program design could determine their success or failure. This shift toward a more participatory and engaged view of local populations, which placed the researcher in the position of "learner," coincided with a reflexive turn in anthropology, which overlapped with a broader social revolution related to civil rights, women's liberation, and anti-war sentiment that was occurring in the 1960s and 1970s in the United States and beyond. During this period, anthropology as a discipline was in the process of reinventing itself (Hymes 1969).

For much of its history, anthropology was organized around the study of the "savage slot," examining the everyday life of so-called primitive, small-scale, or savage societies disempowered by Western colonial powers (Trouillot 2003). Anthropologists themselves often worked for colonial powers that used their research on local customs to subdue and exploit indigenous populations. In the mid-twentieth century, however, anthropologists began to acknowledge that research itself was a form of "scientific colonialism," a process driven by the interests of the powerful and wealthy that seldom benefitted the communities being studied (Galtung 1967). Encouraged to "study up" (Nader 1969) and decolonize (Harrison 1997), many in the discipline sought to examine the people who wielded power and the structures that maintained them. In coming to terms with the uses and abuses of their work, anthropologists also began to better clarify ethnographic practice and fieldwork to a broader audience, often challenging the singular authority of the researcher and approaching research as collaborative, activist engagements (Fals Borda 2001; Reiter and Oslender 2014). Outside of anthropology, other fields like education were also being influenced by rapid cultural changes, shifting toward a more participatory, action-oriented, and decolonizing approach inspired by the work of Brazilian educator Paulo Freire (2006), among others.

Over the next few decades, rapid data collection models proliferated into a veritable "alphabet soup" of labels and acronyms, often captured under

Table 1.1 Examples of rapid research methods

Approach	*Acronym*	*Reference*	*Field*
Rapid Rural Appraisal	RRA	Chambers 1979	Agriculture
Participatory Rural Appraisal	PRA	Chambers 1994	Community Development
Rapid Assessment Program	RAP	Parker III and Bailey 1991	Biological Conservation
Rapid Assessment Procedures	RAP	Scrimshaw and Gleason 1992	Health and Nutrition
Rapid Anthropological Assessment	RAA	Manderson 1996	Health
Rapid Assessment Process	RAP	Beebe 2001	International Development
Rapid Assessment and Response	RAR	Fitch and Stimson 2003	Global Public Health
Rapid Assessment Response and Evaluation	RARE	Trotter et al. 2001	Public Health

the general rubric of "assessment" but employing other similar labels such as "appraisal," "procedures," or "process" (see Table 1.1). The history of these approaches—their developmental "family tree"—along with their similarities and differences, has been well-covered elsewhere (Beebe 2001, 2014). However, most of these approaches adhere to similar core principles—research driven by the need for timely data to be used for practical purposes. This usually means that there is a focused research question and a relatively short period of data collection. Data are collected by a multidisciplinary team of researchers, often working in concert with local people. Although not all models rely exclusively on the collection of qualitative data, the majority center on interviews that draw on indigenous or local knowledge as the core component of the data collection process. These approaches have been used in numerous fields, including agriculture, community development, environmental and natural resource management, education, and policy. In health, they have been used to develop or evaluate programs for waterborne diseases, HIV and other sexually transmitted infections, women's reproductive health, and substance abuse, among other needs.

The proliferation of these rapid data collection methods, particularly those that rely on ethnographic data collection and analysis techniques, suggests that ethnography as it has been traditionally conceived is being re-interpreted and re-oriented towards practice that has direct benefits to the communities involved. Further, it also indicates that ethnographic methods are increasingly being taken up and adopted by researchers in a variety of fields beyond anthropology (e.g., education, sociology, public health, urban studies, journalism) making it useful in a variety of contexts and applicable to a variety of research questions. Our goal is to demonstrate the usefulness of REA as a tool that not only benefits communities, researchers, policy makers, and

programs, but also advances anthropology's commitment to ameliorating contemporary social problems.

Moreover, REA fits within the rubric of a long tradition of community-based participatory research (CBPR), known for its equity-focused approach to health research. In CBPR, research is conceptualized as an inherently collaborative process between researchers, communities, and other stakeholders to leverage data and build on existing strengths and priorities of communities in order to improve health equity. CBPR can occur in varied contexts, from clinical trials to basic community-level data collection. Further, the methods and tools used can encompass a wide range of qualitative and quantitative methods. Although projects undertaking CBPR approaches are incredibly diverse, common factors that unite them include how research is conducted, how different constituents are involved, and how work is presented and used (Israel et al. 2010; Minkler and Wallerstein 2011). CBPR has been institutionalized in many sectors, especially public health, yet questions of research rigor, validity, and value, as well as conflicts that arise within the context of collaboration remain common challenges.

Ultimately, we see REA as a method that can be used to support and inform various models of rapid and community-based participatory research. We understand that while some of the principles and methods of REA have been used by non-anthropologists, an ethnographic orientation or sensibility toward local knowledge or social hierarchies may not have been fully incorporated. We think we can help readers better understand how this orientation differs from other forms of research, and how it can help to inform and enrich CBPR, community-based needs assessments, and other similar methods.

Despite the proliferation and use of rapid data collection methods for various purposes, the results of these approaches are seldom published. Consequently, rapid assessment methods are not being shared widely with those who might wish to undertake similar work. In some cases, sponsors (e.g., governments, international institutions, and corporations) impose classified and restricted access agreements that limit the circulation of reports or documents to funders and other key stakeholders. In part, this may be due to a perceived lack of impact or interest in the results of assessments, which are often used for practical purposes and not viewed as generalizable. As a result, this work often circulates internally within an organization or appears only in the gray literature, which makes it difficult to find and locate. Consequently, because their findings and methods are rarely disseminated on the scale of traditional academic peer-reviewed publications, many researchers have not heard of rapid assessment approaches or do not understand them well.

Even when those conducting rapid assessments try to publish their work in peer-reviewed journals, they face considerable challenges. Some publishing venues have a tendency to reject qualitative research papers on methodological grounds, often arguing that such studies are of low priority, lacking in practical value, insufficiently theoretical, unlikely to be highly cited, or not of interest to readers (Greenhalgh et al. 2016). These challenges are not

unique to those who conduct REAs, as they impact qualitative researchers more broadly. Such rejections, even if discouraging, can be opportunities to educate those who may not have training in reading or evaluating qualitative studies. As we argue later in the book, certain research questions such as those pertaining to socio-political context, program or policy translation, social interactions, and community perspectives are best answered by qualitative studies. Good qualitative research with well-defined, focused results can be popular with readers, highly cited, and advance knowledge.

REAs can also face unique publishing challenges even in venues where qualitative research is widely published. Critics feel that work utilizing rapid qualitative data collection methods lack rigor or that the findings of such work are insufficiently theoretical and of little interest to audiences accustomed to more traditional types of studies. Despite criticism from traditional methodologists and ethnographers (who are often located within the academy) about questions related to reliability and validity due to its relatively rapid nature, essential ethnographically rich data based on community-driven needs can be collected within the realities of programmatic time and budgetary constraints. Our understanding and practice of ethnography does not limit it to a particular method (i.e., participant observation—the cornerstone of traditional ethnography) or specific way of generating knowledge (i.e., long-term immersion). For us, ethnography is also a kind of sensibility that prioritizes understanding how people make sense of their social and material realities (Schatz 2009). Ethnography, when envisioned in this way, is more than an on-site data collection process. It is an epistemological commitment to community perspectives and needs, using multiple tools of inquiry that are flexible and necessary for studying the contemporary social world.

Throughout the book, we show how REAs can complement data collection and analytical approaches traditionally used in anthropology and public health such as long-term ethnography or focus groups, reconfiguring them in new and innovative ways. REAs emphasize the importance of applied knowledge as a foundation for theoretical development through the conduct of research that is applied, action-oriented, critical, and decolonial. Often, dominant and powerful constituents such as researchers, governments, or institutions determine research goals and objectives, without consideration of ethics, accountability, or unequal power dynamics embedded within research itself (Smith 2012). The use of REAs can provide local actors and communities with the tools needed to shift this process of knowledge production to center on the attainment of community-driven goals, facilitating self-determination and shared control of the research process as well as the ethics of engagement. As a result, REAs aid in decision-making practices under real-life circumstances by engaging local communities in the research process as active participants and collaborators and centering indigenous or local knowledge. REAs, therefore, represent an equity-driven approach to research that can be exceedingly useful. With appropriate guidance and leadership, implementation of successful REAs can be carried out with minimal research training. At a moment when traditional

Box 1.1

Example: Need more information

Epidemiologic data indicate that HIV disproportionately affects Native American gay and bisexual men, yet little is known about why the risk of acquiring HIV has increased among this population. Researchers wanted to gather more information about Native American men who have same-sex experiences. The use of REA methodology allowed for culturally sensitive, community-driven research to gather more information about these sensitive and stigmatized topics. The study identified several factors that could increase HIV risk among Native American gay and bisexual men such as mistrust of HIV service organizations, barriers to obtaining condoms, and easy availability and access to casual sex interactions (i.e., "hookups").

Adapted from Burks et al. 2011

ethnography is being reconceived and ethnographic methods are increasingly being employed by non-anthropologists (LeCompte 2002; Bejarano et al. 2019), we provide a guide that demonstrates both the applied and theoretical significance of REAs in the contemporary social and political landscape.

When is REA useful?

It is important to know when and when not to use REA and to plan and prepare accordingly. REA is very useful in a number of contexts. First, it is useful when we need more information about a problem (see Box 1.1). Often, there are problems where very little is known or situations that are poorly understood. REAs elicit rich, descriptive information that contributes to understanding why a problem or a situation may be occurring and how best to respond. REAs help program managers obtain information about individual and community perceptions, beliefs, motivations, and practices that affect both longstanding and emergent problems. For instance, REAs can help to understand factors that contribute to increases in disease and the social and environmental context in which increases occur, as well as structural or systemic factors that affect how people access and use health services.

Second, REA is useful when the problem may be developing (see Box 1.2). When there is an emerging situation or an evolving trend, REA is useful for obtaining a preliminary understanding of who is affected, what kind of response may be needed, and the best strategy for implementing sustainable and culturally-relevant interventions. For example, if there are notable increases in syphilis cases related to drug use, it may be useful to carry out a REA to learn more about what kinds of drugs are being used, where they are being used, and how to reach impacted individuals and communities with prevention information. If there is a need to tailor programs or policies to

Box 1.2

Example: Problem is developing

In the aftermath of Hurricane Katrina, New Orleans experienced a demographic shift in the Latino population, particularly single, undocumented men who work as day laborers. Researchers suspected an emerging pattern of crack cocaine use among this population but needed to gather more information to begin to formulate a response. The results of REA revealed how contextual factors such as a flourishing drug market, along with social isolation and victimization of undocumented Latino day laborers, led to initiation and increased use of crack cocaine in a group that previously had relatively low use of drugs.

Adapted from Valdez et al. 2010

adapt to new challenges, gathering data through a REA may be a necessary first step.

Third, REA is useful when we need to reach hidden or vulnerable populations (see Box 1.3). REAs allow for and encourage the involvement of local community members in all aspects of the study process. Some populations may be particularly closed off and hard to reach, unless they are approached by someone known and trusted within that community. Most communities and subcultures have "gatekeepers," individuals who play a role in facilitating engagement with members of the community who may otherwise be reluctant to come forward or be interviewed. REAs often attempt to identify gatekeepers early in the process and engage them and other trusted community members to participate in the assessment.

Box 1.3

Example: Reach hidden or vulnerable populations

In December 2008, nine Senegalese men who have sex with men (MSM) were arrested and imprisoned for "acts against nature." Soon after, HIV service providers noticed a sharp decline in the use of HIV-related services among MSM. A REA was conducted to assess and document the impact of these arrests on HIV prevention efforts. A trusted network of community-based organizations was instrumental in identifying an initial pool of MSM participants to be interviewed. These MSM participants then used their personal social networks to recruit other MSM. The REA results provided documentation that increasing stigma and fear of violence associated with the 2008 arrests seriously disrupted the provision and uptake of HIV services to MSM throughout Senegal.

Adapted from Poteat et al. 2011

Box 1.4

Example: Plan or adjust a program, plan, or policy

REA was used to identify recommended practices for computerized clinical decision support and knowledge management in ambulatory clinics and community hospitals in the United States. The research team conducted REA at two hospitals and five clinics and identified ten areas such as workflow integration, well designed user interfaces, ongoing knowledge management, and intentional interaction among stakeholders that need attention to successfully implement computerized clinical decision support. REA team members also offered actionable recommendations based on findings by asking about and recording noteworthy practices of interviewees during the process of data collection, identifying the practices through debriefings and team analysis meetings, conducting member checking by asking for feedback from site report recipients, and discussing recommended practices with a panel of experts.

Adapted from Ash et al. 2012

Fourth, REA is useful when we need to plan or make adjustments to a program, plan, or policy (see Box 1.4). Findings from REA can be used as formative data for new program development or to make adjustments to ongoing programs, services, plans, or policies. Programs going through reorganization of services may benefit from assessment to identify elements of the system that are working well, along with problems in service delivery or staffing that still need to be addressed. HIV/STD prevention programs often use rapid assessment methods to adjust the hours and locations of mobile and field-based services to better reach populations in need, such as sex workers, persons who use drugs, and homeless men. Likewise, an institution or an organization may have a new plan or project they would like to carry out but may need more input from constituents or stakeholders to tailor the work. For instance, a team of anthropology students carried out a rapid assessment to understand the use of the campus' main green space to aid in the redesign of the space.

Finally, REA is useful when we need to involve the community (see Box 1.5). Often, understanding how to address a problem necessitates engagement with local community members. Having community members involved from the beginning of the research process can create support for the assessment as well as investment in the outcomes. How "community member" is defined depends upon the assessment objectives, but involving people who are directly affected by the problem means that data are likely to be more useful and result in more practical, and often achievable, recommendations. Community participation occurs at various levels. For example, community members and stakeholders can be involved in developing the plan for the assessment and helping to focus the questions and scope of the assessment. Community members are nearly always included as interview participants,

Box 1.5

Example: When community needs to be involved

In 1998, public health experts wanted to explore why, despite overall downward trends, 65% of new AIDS cases were among Black and Hispanic adults. Planners needed information on the behavioral and social context in which HIV risk behaviors occurred and how to improve strategies for reaching vulnerable individuals. Racial and ethnic minority community members in three cities helped to design, plan, and carry out a REA. Mapping and interviews carried out by local community members helped to identify patterns in the days, times, and locations that risk behaviors, such as trading sex for drugs, took place, and enabled programs to better structure service hours and outreach efforts.

Adapted from Needle et al. 2003

and may act as key informants, cultural "experts," or "insiders" who have a particular perspective on a problem and can offer insight into processes and structures that may not be readily apparent to outsiders. As mentioned above, community members may act as gatekeepers, but may also become full-fledged members of the data collection, analysis, and writing team, participating in all phases of the assessment and helping to formulate recommendations.

REA can be an end in itself or used as a tool that can enhance further investigations into a problem (see Box 1.6). Data collected through a rapid assessment also can contribute to the design of quantitative data collection strategies by defining important local terminology, identifying populations who may be at risk, and delineating the range of practices that may be contributing to emerging or existing challenges.

When are REAs not appropriate?

If specific quantitative information is needed—for instance, the degree or magnitude of a problem—then REA is generally not the best approach. REA is not appropriate when population-level analyses are needed. Qualitative

Box 1.6

When is REA useful?

- When we need more information about a problem.
- When the problem may be emerging or evolving.
- When we need to reach hidden or vulnerable populations.
- When we need to plan or adjust a program or policy.
- When we need to involve the community.

methods used in REA necessarily rely on small purposive samples that are designed to elicit deep insights and rich descriptive information. These methods are not meant to produce statistical results. However, the information and lessons learned from REAs are often broadly applicable to other programs, places, or populations. In addition, first-person narratives and examples obtained through rapid assessment can be powerful tools, either on their own or used in conjunction with quantitative results, for illustrating a problem or persuading policymakers to act.

Other factors, such as time, resources, and available expertise in qualitative methods and analysis, should also be weighed when considering whether a rapid assessment is the best approach. Following chapters cover some of these factors in more detail.

Organization of the book

In this book we provide a practical guide to REA, based on our own experience designing, implementing, and teaching REA in various contexts. We take a stepwise approach through REA, starting with the basic premise and theoretical underpinning of REA to planning and conducting research, analyzing results, and disseminating findings. Our objective is to show that REA is a fundamentally participatory, action-oriented, and community-driven approach to research that allows mutual cooperation between experts and "non-experts" in problem solving. Given our increasingly shifting social and political environment, REA may help researchers and communities to quickly act on the most pressing challenges affecting communities today. In the book, we share what we have learned with others who are interested in or committed to engaging with communities as they develop programs and policies that respond to contemporary challenges.

In the chapters that follow, we build on the REA process. Each chapter includes key points, examples, a summary, and additional resources.

In Chapter 2, "Key considerations in planning for a rapid ethnographic assessment," we introduce the reader to key concepts underlying REAs and considerations in undertaking them. We consider decisions related to the design and scope of the REA, such as the kind of expertise needed, required time and resources, and considerations in disseminating findings and results. We discuss identifying the roles of stakeholders and community members in the planning processes, along with the role of funding and funders as it relates to data ownership and publications. This is particularly important as it may have serious implications for data ownership, retention, and access. We also offer sample budget items, along with prerequisites for undertaking REA. In addition, we discuss ethical considerations within the planning process such as obtaining necessary permissions and issues related to accountability and responsibility to participants, collaborators, and the public.

In Chapter 3, "Rapid ethnographic assessment design and methods," we cover the fundamental steps in conducting REAs. We focus on fine-tuning

key aims, objectives, and research questions developed during the planning phase. We describe and discuss developing sampling frames and key REA methods including ethnographic observation, ethnographic and geospatial mapping, in-depth key informant interviews, focus groups, and brief surveys. We illustrate the advantages and challenges of certain methods and explain how to make decisions about combining methods depending on the scale and scope of the research. We also include a discussion of field notes, and how to ensure that team members know how to appropriately record their notes. Finally, we discuss the pros and cons of recording and transcribing interviews versus relying on notes.

In Chapter 4, "Fieldwork," we focus on the fundamentals of team-based fieldwork. We offer advice about how to put together a research team—specifically, who should be on the team and how the team should be organized. We also discuss considerations for including community members who may not be trained researchers. We pay special attention to the issue of skills transfer and the potential for building research and assessment capacity in communities where research is not the norm. We also cover team debriefings, their purpose, and how to make them productive. We discuss field safety in general, along with practical considerations for understanding issues related to gendered, racial, ethnic, and power dynamics of fieldwork. Finally, we discuss fieldwork ethics, including research values, informed consent, and confidentiality, along with common ethical dilemmas and conflicts which arise in team-based, community-driven participatory research.

In Chapter 5, "Data analysis," we provide an in-depth overview and practical step-by-step instruction on qualitative data management, qualitative data analysis, and triangulation. We specifically detail practical and logistical issues related to rapid data analysis including the construction of the aims and objectives of analysis, analytical styles, data preparation and management in team-based research, issues of reliability and validity, and computer-based qualitative analysis software. In addition, we offer practical advice about how to compose and manage an effective analytical team, and considerations for including and engaging community members in analysis.

In Chapter 6, "Report writing and follow up," we offer guidance on how to construct and present key findings and outcomes based on audience, but especially to decision makers, program administrators, and policy makers. We provide specific instruction for writing clear and concrete recommendations for a variety of audiences, developing a dissemination plan for findings, and creating a follow-up plan for addressing further needs. Finally, we discuss the potential challenges and solutions related to community-engaged work that may arise during the analytical and dissemination phases.

In Chapter 7, "Case studies," we provide rich comprehensive information on three case studies. These case studies serve to illustrate the range, size, and scope of REAs, including small and large REAs and US and internationally-based REAs, reflecting both jurisdictional as well as cross-cultural parameters related to scale that need critical consideration.

In the final section, "Additional Resources and Appendices," we include additional materials and information that we consider to be essential, including a glossary of terms, sample budget, and project planning tool, and additional resources such as web-links and references. We designed this chapter to serve as the basis for materials to be included in a companion website for students and instructors.

Finally, our key objective throughout the book is to provide a useful guide to students, researchers, and practitioners interested in conducting applied qualitative research, assessment, or evaluation in public health, education, cultural resource management, and other fields. We feel strongly that REAs are increasingly relevant for governments, non-governmental institutions and organizations, researchers, and communities in an ever-changing social and political landscape.

Box 1.7

Summary

- REA is a qualitative research method that focuses on the collection and analysis of locally relevant data and is used to quickly assess a variety of complex social and structural issues in order to improve programs and policies impacting marginalized and vulnerable populations.
- REA is an equity-driven approach to research, one that includes communities in the collaboration of both the acquisition of knowledge and its utilization.
- REA has deep roots in international health and development and draws on principles of ethnography and anthropological sensibility.
- REA is appropriate to use in contexts where we need information about a problem that is emerging or evolving, when we need to reach hidden or vulnerable populations, when we need to plan or make changes to programs or policies, or when we to involve the community.
- REA is not appropriate in situations where specific quantitative information or population-level analyses are needed.

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