The 2012 Qualitative Methods Showcase
- Qualitative methodologies for health research
- First event of its kind here at CU

Hosted by the Qualitative Research Methods Conference (QRMF)
- Designed in response to feedback from the QRMF community re: qualitative interests and needs

Supported by the Colorado Health Outcomes Program (COHO), University of Colorado School of Medicine
Overview

- Introduction to qualitative research
  - How qualitative methods can be used in health research

- Introduction to the QRMF
  - Who we are, what we do, where we’re heading

- Introduction to today’s schedule of events
WHAT IS QUALITATIVE RESEARCH?

- Provides ways of discerning, examining, comparing and contrasting, and interpreting meaningful patterns or themes
- Can enhance quantitative methods by helping to illuminate or explain what numbers alone cannot
- Increased interest in and support for both qualitative and mixed-methods studies from funding agencies (e.g., NIH, CDC)
- Building qualitative research capacity is increasingly valuable for institutions supporting health research
WHAT QUALITATIVE RESEARCH EXAMINES

- Patterns in behavior (actions)
- Patterns in the meaning and interpretation of events and experiences
- Real vs. ideal behavior:
  - What people say they do does not always (in fact often does not!) match what they actually do
  - What people do also varies in different social contexts (e.g., talking to a physician vs. a stranger)
  - Understanding these differences can be critical for designing effective interventions
QUALITATIVE VS. QUANTITATIVE

- Although distinctly different from quantitative statistical analysis in procedures and goals, good qualitative analysis is both systematic and disciplined.
- In quantitative analysis, numbers and what they stand for are the material of analysis.
- In contrast, qualitative analysis:
  - (Usually/often) deals in words.
  - Is guided by relatively fewer universal rules and standardized procedures (both a source of versatility and the focus of considerable misunderstanding).
QUALITATIVE VS. QUANTITATIVE

- Differences in Timing:
  - Quantitative: More easily divided into discrete stages (instrument development, data collection, data processing, data analysis)
  - Qualitative: Stages are not temporally discrete
    - Data collection and analysis occur nearly simultaneously
    - Loop-like pattern: Multiple rounds of revisiting the data as additional questions and new connections emerge

- Qualitative analysis is fundamentally an *iterative* set of processes
QUESTIONS A QUALITATIVE RESEARCHER ASKS (AND RE-ASKS):

- What patterns and common themes emerge in responses?
- How do these patterns (or lack thereof) help to illuminate the broader study question(s)?
- Are there any deviations from these patterns? If so, what factors might explain this?
- What interesting stories emerge from the responses? How can these help to illuminate the broader study question(s)?
- Do any of these patterns or findings suggest that additional data may need to be collected or that the study questions need to be revised?
- Do the patterns that emerge corroborate the findings of any corresponding analyses that have been conducted? If not, what might explain these discrepancies?
THE HUMAN FACTOR: STRENGTH AND WEAKNESS

- Qualitative methods and analysis are not easy, nor should they be done by untrained novices.
- “Applying guidelines requires judgment and creativity. Because each qualitative study is unique, the analytical approach used will be unique. Because qualitative inquiry depends, at every stage, on the skills, training, insights, and capabilities of the researcher, qualitative analysis ultimately depends on the analytical intellect and style of the analyst. The human factor is the greatest strength and the fundamental weakness of qualitative inquiry and analysis.” (Patton, 1990)
Helps health researchers understand what is going on with patients beyond clinical lab values.

*Example:* As part of a primary care intervention in community health center clinics, MAs screened patients for health risk behaviors and then talked with them about goal-setting.

Data on screening rates from different clinics were wildly different. But why?

As part of a mixed method evaluation, the MAs were interviewed.

Finding: some MAs were resistant to the “extra” work or felt uncomfortable with the new duties, while others were enthusiastic about the opportunity to expand their skills.
USES OF QUALITATIVE METHODS

- Well-suited to addressing aspects of a topic that are intensive, nonlinear, and/or may require interaction for fullest understanding
- E.g., the study of processes
  + Requires deep and careful observation of dynamic patterns of engagement so that only the nuances in but also the meanings behind the patterns are clear
USES OF QUALITATIVE METHODS

- Because qualitative work involves an inductive, contextual, and often subjective approach, it is also particularly useful when:
  - Eliciting the perspectives, values, and opinions of stakeholders, participants, or consumers in their own words
  - Understanding why evidence-based practices are un/successfully implemented
  - Seeking to identify strategies for facilitating implementation
Many excellent studies use only qualitative (or only quantitative) methods, but mixed method designs are increasingly common and valued, perhaps especially in health research.

In such studies, qual methods are used in conjunction with quantitative methods in order to achieve both breadth and depth of understanding:

- Methods may be used either simultaneously or sequentially.
- One method is often (though not always) considered the primary method, with the other secondary.
MIXED METHOD DESIGN TYPOLOGIES

- **Convergent Parallel Design**
  - Simultaneous collection of qual and quant data

- **Explanatory Sequential Design**
  - Quant data collected first, followed by qual data

- **Exploratory Sequential Design**
  - Qual data collected first, followed by quant data

- **Embedded Design**
  - One form of data embedded within the other

- **Multiphase Design**
  - Combination of multiple sequential and/or concurrent phases or separate studies
COMMON COMBINATIONS IN HEALTH RESEARCH

- Quantitative data to measure outcomes and qualitative data to understand processes
- Qualitative methods to generate a relevant conceptual model and hypotheses and quantitative data to test those hypotheses
- Quantitative methods to measure content and qualitative methods to understand context
WHAT IS THE QRMF?

- An inter-institutional community of researchers, faculty, students, and organizations focused on the practice and development of qualitative health research

- **Our mission:** To build interdisciplinary qualitative research knowledge and skills through multidirectional exchanges of methodological insight, expertise and resources
REACH OF THE QRMF

- Geographically based on the Anschutz Medical Campus, using COHO facilities
- Engages researchers from multiple partnering organizations:
  - Across the University of Colorado system
  - The Institute for Health Research at Kaiser Permanente
  - The Denver Veterans Affairs Medical Center
  - The University of Denver
REACH OF THE QRMF

- Within the CU system, QRMF has many active collaborators:
  - The Colorado Health Outcomes Program
  - The Children’s Outcomes Research Program
  - The College of Nursing
  - The School of Public Health
  - The Departments of Family Medicine, General Internal Medicine, Anthropology, and Health and Behavioral Sciences
QRMF STEERING COMMITTEE

- Karen Albright (CSPH, COHO, COR, CRISP)
- Juliana Barnard (COR)
- Doug Fernald (FM)
- Bridget Gaglio (Kaiser Permanente)
- Leah Haverhals (VA)
- Courtney Lee Ricci (Colorado Trust)
- Jean Scandlyn (Anthropology, HBS)
- Danielle Varda (SPA, CSPH)
WHAT WE DO

- Previously: hosted monthly presentations
  - Current or recently completed qualitative health research
- Now: two events per semester
  - Educational presentations on innovative qualitative methods
  - Next presentation (and last event of 2012) is December 13
- Beginning in 2013, presentations will be on the second Thursday of February, April, September, and November
  - 12-1 p.m. in person (UPI building) or via webconference
  - Get on our email list to receive announcements
WHAT WE DO

- Provide qualitative data software training
  - ATLAS.ti short courses are being taught by Doug Fernald
  - Beginning and intermediate level classes
  - Sponsored by the CCTSI
  - Offered three times a year
  - Very high demand
    - Suggests significant interest in qualitative research
WHAT WE DO

- Offer many resources for qualitative inquiry
  + Compiled numerous books, articles, websites, and qualitative-friendly journals
- Maintain an email distribution list (n=~250)
- Provide qualitative consultation and mentoring
- Developing Facebook presence to encourage interactivity and collaboration
- Learn more at http://tiny.cc/QRMF
WE SEEK TO...

- Identify potential collaborators who are currently conducting and/or are interested in qualitative research
- Contact and meet with potential collaborators to raise awareness about and discuss participation in an expanded QRMF
- Identify qualitative training needs and develop qualitative training opportunities within and beyond the CU system, including perhaps additional Showcases in the future
WE SEEK TO...

- (Continue to) develop the QRMF
  - An effective arena for collaboration, mentorship, training, integration of qualitative methods, and methodological exchange
  - For community members and researchers within and beyond the CU system
- Such interdisciplinary and inter-campus work will increase the likelihood of innovative and novel qualitative approaches grounded in interdisciplinary ideas and needs
Keynote address at 1 pm: Dr. Sara Shostak

- Assistant Professor at Brandeis University
- PhD from UCSF, MPH from UCLA
- Forthcoming book: *Exposed Science: Genes, the Environment, and the Politics of Population Health*
  - The implications of genetics for how we understand and address inequalities in health and social outcomes
  - How people use ideas about “nature” and “nurture” to explain differences between individuals (e.g., health, success in life)
  - How the availability of genetic testing for epilepsy may change the experience of living with a condition that historically has been stigmatized
First half of the day: Focus on methods

- 9-9:45: Jean Scandlyn on grounded theory and phenomenology
- 9:55-10:40: Steve Koester, John Brett, and Jini Puma on ethnography and CBPR
- 10:50-11:35: Sheana Bull on focus groups and interviews
- 11:45-12:30: Marty Otanez and Linda Zittleman on digital storytelling and PhotoVoice
TODAY’S PRESENTATIONS

- Second half of the day: Focus on design, analysis, and dissemination
  - 2-2:45: Susan Moore on mixed methods designs
  - 2:55-3:40: Nancy Leech on coding without software
  - 3:50-4:35: Doug Fernald and Kristi Jackson on coding with qualitative software packages
  - 4:45-5:30: Elaine Morrato, Tracy Johnson, and David West on the dissemination and implementation of qualitative data
OTHER USEFUL INFORMATION

• Lunch break from 12:30-1
• Food also available at Udi’s, directly below us
• Restrooms located below, near stairs
• Evaluations– please complete one!
  + Hard copy or electronic version
• Presentation slides and handouts will be available on the Showcase website next week
THANK YOU!

- For your interest in qualitative methods
- For the opportunity to introduce QRMF and our Showcase
- We hope to see you at future QRMF events!
- For more information:
  - http://tiny.cc/QRMF
  - http://tiny.cc/QualitativeShowcase2012
  - Karen.Albright@ucdenver.edu