Chapter 3  Study Methodology

Historically, disease and disability were viewed in terms of their social connections to material living conditions, for example. However, from the 1980s, health research shifted to an economic perspective focusing on the individual (Mechanic 1993). This new focus became medicalized, limiting enquiry to single outcomes through epidemiological investigations rather than examining general health outcomes that require interdisciplinary research. Barriers to interdisciplinary research parallel those for other interdisciplinary efforts; i.e., competitive approach, territoriality, and the belief that quantitative research is superior (Dean and Hunter 1996). As discussed in Chapter 2, the new public health calls for a focus on forces that protect or damage health and thus, for collaboration between different sectors of society. Following this tradition, the present research borrows from systems and organizational development theory to explore the issue of partnerships to improve the health of the community.

A retrospective, qualitative case study methodology was used to study the process of partnership. A qualitative approach permitted a deeper understanding of Community Voices and Healthy New Orleans by setting out the contextual conditions, especially important as our
understanding of health broadens to include both the physical and social environments (Baum 1995). Given that little research has been conducted on the process of partnership in public health, exploratory qualitative methods provided a means to understand the process more fully.

A case study is defined as “a method for learning about a complex instance, based on a comprehensive understanding of that instance obtained by extensive description and analysis of that instance taken as a whole and in its context (GAO 1990a). The case represents an integrated system of patterned behavior (Stake 1994). A case study methodology is, therefore, well suited for the study of partnership, given that it, too, is a system of patterned behavior, influenced by its environment. As an open system that influences and that is influenced by its environment, the partnership is indistinguishable from its context, where explanatory variables can be found (Yin 1993).

Because the concepts of the partnership model were well delineated before the field phase, the model served as the basis to focus research questions, to standardize data collection procedures, and to carry out a systematic analysis (Yin 1993). The model served as the basis for research questions, codes, sampling strategies, and semi-structured protocols. Bringing together a deductive and an inductive approach, this research sought evidence that the model and its underlying theories were useful in understanding the practice of partnership, as well as attempted to identify new or contradictory evidence to improve the model (Miles and Huberman 1994).
This qualitative research followed a constructivist tradition in which truth is not absolute but rather varies and arises from a consensus among stakeholders within a given historical and temporal context. The case studies in this research therefore present the meanings given to the Community Voices and Healthy New Orleans by their members, as depicted by the researcher (Lincoln and Guba 2000). While efforts were made to control for researcher bias, qualitative research is inherently subjective since it represents the researchers’ attempt to find meaning or to ‘construct’ his/her reality of the subject studied (Baptiste 2001). Because partnerships occur in the social world, where contexts and phenomenon cannot be replicated exactly, qualitative research uses different standards than quantitative research to judge quality. Qualitative research standards used in design of this case study involved

- **Confirmability** (equivalent to objectivity in quantitative research)
  
  Rubin and Rubin offer a similar standard—transparency— to control for researcher bias (1995).

- **Credibility** (equivalent to internal validity)

- **Dependability/consistency** (equivalent to reliability)

- **Transferability** (equivalent to external validity)

  (Miles and Huberman 1994).

Efforts to meet these standards to produce a quality research study is the subject of the section on study limitations.
3.1 Phases of the Study

Development of the research study involved three phases—case site selection; study design and instrument development; and study implementation (site entry, data collection, and data analysis).

3.1.1 Phase I - Case Site Selection

A purposive sample of two sites was selected from suggestions made by a group of six public health experts, familiar with current partnership efforts throughout the U.S. Site selection for a purposive sample benefited from the knowledge of these experts, who included representatives from the two Turning Point national program offices at the University of Washington and at NACCHO, the W. K. Kellogg Foundation, the Robert Wood Johnson Foundation, the Health Research and Education Trust, and the Community Voices project. Each expert nominated three to four sites from which the researcher selected two.

Criteria for case site selection included 1) the partnership must be a voluntary one; 2) the partnership must be in operation for a minimum of three years; 3) attention must have been paid to the partnership development process, whether successful or not, in addition to the health improvement effort; 4) the partnership must include the local public health entity; and 5) the goal of the partnership must include improving community health status.

Experts suggested a total of 17 sites of which eight were eliminated because they did not meet selection criteria based on project documentation. Of the remaining nine sites, three sites had
to be eliminated either because of ongoing turmoil or lack of interest. The final choice of West Virginia Community Voices and Healthy New Orleans represented the first sites willing to participate among the remaining six sites suggested by the experts. Incentives to encourage sites to participate included an opportunity to gain an external perspective on their partnership and copies of the final case study analysis for that site, along with the bibliography.

3.1.2 Phase II - Study Design and Instrument Development

Phase II of this research involved design of the study and development of a research protocol and instruments.

3.1.2.1 Study Design

The study involved mixed qualitative techniques, including

- preliminary telephone discussions with people at the case sites identified by experts in the case site selection;
- visits to each site to attend, where possible, meetings and to carry out interviews with participants;
- review of documentation (e.g. plans, minutes, procedures, policies, job descriptions, etc.) to identify community and participant background information and documented operations;
- semi-structured interviews with key informants, suggested by participants;
- focus group interviews to explore more in depth findings from individual interviews
- Follow-up phone interviews and e-mails to clarify results, where required.
Multiple sources of information improved the credibility of the research (Yin 1993). Use of multiple sources not only confirmed researcher interpretations, but also provided additional interpretations (Stake 1995). Each site assigned one person to work with the researcher to increase site commitment to the review process. The project director and a co-chair served in this role in Community Voices and Healthy New Orleans, respectively. In addition, verifying researcher interpretations by on-site sources increased confirmability by decreasing researcher bias in interpretation of results.

The unit of analysis for this retrospective research was the community partnership; that is, the partnership and all participating organizations (Yin 1994). Interviewees from all participating organizations were identified with assistance from the project director in West Virginia Community Voices and the co-chair in Healthy New Orleans. To reduce selection bias, a minimum set of interviewees was established and included partner chief executives, the partnership coordinator, organizational member liaisons to the partnership, as well as key informants from the community. During the interview process, respondents suggested key informants who were knowledgeable about the partnership. Key informants then suggested additional key informants. This snowball sampling was appropriate because a strong network existed that was difficult to identify directly by the researcher (Rice and Ezzy 1999).

3.1.2.2 Instrument Development

As mentioned earlier, open systems and institutional theories provided an organizing framework to examine partnership development. Tying the research to these theories contributed to increased transferability (Marshall and Rossman 1995). The model and its
elements provided a framework to develop interview instruments, starting with questions on background information to describe the partnership and to identify the health need being addressed. One question focused on identifying participating organizations in an effort to determine whether they represented all sectors that influenced the health goal being pursued according to the determinants of health.

Open systems theory provided a framework for questions to ascertain the extent to which a transformation process (inputs—transformation—outputs) had occurred to establish the requisite sub-systems of the partnership system. Feedback loops represent an important part of open systems theory because they permit identification of problems, facilitators, and impediments, as well as the need for change in partnership operation. Used in conjunction with institutional theory, an open systems framework permitted an understanding of the sources and types of pressures for these facilitators and impediments. Finally, because organizations use feedback data to make rational changes, interview protocols included questions regarding attempted changes and results of those changes.

Existing self-assessment questionnaires and documents providing advice on partnership formation contributed ideas for the type of evidence to be sought and for questions to be included in the research protocols. These included the Partnership Self-assessment Tool developed by the Center for the Advancement of Collaborative Strategies in Health, the Wilder Collaboration Factors Inventory (Mattessich, Murray-Close, and Monsey 2001), the Prevention Institute’s Guide on Developing Effective Coalitions (Cohen, Baer, and

Different types of interviewees responded to slightly different questionnaires (See Appendix 1), with partnership coordinators responding to the full set of questions covering establishment and operation of the partnership and partner liaisons concentrating on operation of the partnership. Partner chief executives described the extent of their support and along with key informants discussed the issue of social legitimacy and influences on Community Voices and Healthy New Orleans.

Focus groups provided an additional research tool to gather participants’ perceptions, allowing for interaction between respondents, a feature unavailable in one-on-one interviews (Rice and Ezzy 1999). The purpose of the focus groups was to clarify and provide a more in-depth discussion of issues identified in the one-on-one interviews. More specifically, the objective was to gather participant perceptions of problems encountered in developing the partnership and solutions attempted, with a view to examining the fit with the proposed model and to exploring alternative explanations where there was no fit. The focus group protocol (See Appendix 2) was therefore developed once the semi-structured interviews had been completed at each site. The quality and validity of the research were improved by bringing in these diverse views and local knowledge (Israel et al 1998; Krieger et al 2002).
3.1.3 Phase 3 - Study Implementation

Issues of study implementation involved site preparation, data collection, and data analysis.

3.1.3.1 Site Preparation

Experts involved in site selection facilitated entry to case study sites, after which an e-mail letter introduced the research and the researcher to the partnership coordinator at the two sites, setting out the objectives and requirements of the study and inviting the site to participate. Follow-up phone calls served to gain agreement to participate and to discuss the timing for the site visit. Each site designated a site colleague, one person to work with the researcher to set up initial interviews for the visit, to collect background information on the partnership and the community, and to review a draft of the case study for their site. Working with a site colleague enhanced the relevance, usefulness, and use of findings, as well as increased the confirmability of the research.

3.1.3.2 Data Collection

The project director of the West Virginia Community Voices and the co-chair of Healthy New Orleans served as the site colleague for this research. Both facilitated the site visits by gathering relevant background material for the researcher to read upon her arrival at the site. They also arranged for staff to set up all interviews and graciously provided food for the focus groups.
Upon arrival at the research site in West Virginia, the researcher learned that although listed in the project proposal, a local health department was not a member in Community Voices, one of the criteria for selection. In keeping with the flexibility of qualitative research and after discussion with the dissertation committee chair, questions for key informants and the focus group concentrated on reasons for the absence of local health departments in Community Voices.

Willingness and availability to participate determined the final number of interviewees. A total of 19 semi-structured interviews were carried out for the West Virginia Community Voices project and a total of 18 for Healthy New Orleans. Table 1 sets out the distribution of types of interviewees in each site.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Type of Informants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>West Virginia Community Voices</strong></td>
<td><strong>Healthy New Orleans</strong></td>
</tr>
<tr>
<td>Type of Interviewee</td>
<td>Type of Interviewee</td>
</tr>
<tr>
<td>Partnership Coordinator</td>
<td>Co-chair</td>
</tr>
<tr>
<td>Partner Liaison</td>
<td>Executive Committee member</td>
</tr>
<tr>
<td>Partner Executive Directors</td>
<td>Community Volunteer</td>
</tr>
<tr>
<td>Key Informant</td>
<td>Key Informant</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>19</td>
<td>18</td>
</tr>
</tbody>
</table>

Site research for Community Voices included review of project documentation, nineteen interviews, and a focus group. In addition, the researcher observed a quarterly conference call between CV participants and the funding agency, the WK Kellogg Foundation. The nineteen interviews included fourteen representatives suggested by the project director of the nineteen organizations currently participating in Community Voices. These organizations were, for the
most part, community-based organizations within the health sector and outreach groups. These representatives either acted as the contact between their organization and Community Voices (partner liaisons - twelve, of whom four who also served as executive directors of their organizations) or as executive directors of organizations involved in CV but who did not serve as partner liaison (executive directors - 2). The five other interviewees included the current project director (partnership coordinator) and knowledgeable stakeholders (key informants - 4). Suggested by the project coordinator and partner liaisons, key informants represented the university system, the state and local health departments, and a consultant to Community Voices. Only two partner liaisons represented organizations that participated from the beginning of Community Voices; one of these also served as the previous project director and writer of the Kellogg proposal. Both of these interviewees will be referred to as ‘core partner’ to designate their longer association with Community Voices. The length of involvement of the remaining partner liaisons reflected when they were recruited for the changing priorities pursued by CV. This limited their familiarity with Community Voices, as did the fact that their own efforts focused on specific coalitions in which they participated. The semi-structured questionnaire was therefore adapted to provide opportunities for partner liaisons to talk about their coalition work with which they were more familiar. A focus group provided an opportunity to clarify outstanding issues from the individual interviews. Seven people participated, one of whom who had not participated in the individual interviews.

Site research in Healthy New Orleans involved eighteen interviews, review of documentation, and a focus group. Due to a death in the family, one of the co-chairs and director of the New Orleans Health Department, unfortunately, was not available. Efforts to provide questions by
e-mail were not successful. To compensate, the researcher interviewed the director’s assistant at the health department, as well as key informants knowledgeable about the work of the health department. Interviewees involved volunteers representing their communities rather than organizational representatives where individuals were employed. They all participated as their other responsibilities allowed, leading to a high level of turnover in participants and to varied knowledge about Healthy New Orleans among interviewees. A focus group, organized to supplement and clarify information gained in the individual interviews, included nine people, two of whom had not participated in the individual interviews.

This unexpected lack of organizational partners did not mean, however, that the model did not apply to Healthy New Orleans. Originally designed to focus on single organizations and their relationship with their environments, open systems and institutional theories were extended in the model to study partnership as an organization of multiple organizations. The researcher, therefore, focused on Healthy New Orleans as a single organization, with individual volunteers acting as ‘staff,’ and on the relationship between HNO and its environment. The lack of organizational partners, however, meant that terminology used to identify the types of interviewees (partnership coordinator, partner liaisons, and executive directors) set out in the methodology chapter no longer applied. Interviewees at the HNO site were, therefore, classified as an HNO co-chair, members of the executive committee (two), community volunteers (twelve), or key informants (three).
Interviewees suggested key informants who had provided support to HNO, including the HNO training contractor and representatives from The Louisiana Public Health Institute (the state Turning Point project) and Tulane University.

During the individual semi-structured interviews, it became clear that some respondents were more familiar with certain parts of Community Voices and Healthy New Orleans. Flexibility within the research, therefore, allowed the researcher to concentrate on questions about which respondents were knowledgeable. For example, when it became clear in Community Voices that the project office allocated resources and common activities focused on reporting back on use of grant funds and building relationships, interview respondents were asked to talk about their experience within the coalitions where most of the common activities took place. Similarly, volunteers in Healthy New Orleans were more familiar with their work in the Community Health Networks than with the work of Healthy New Orleans itself.

The researcher gained approval from the George Washington University Institutional Review Board and had interviewees sign consent forms before each interview and the focus groups to inform them of the procedures to be followed. Interviewees were reassured that all information provided to the researcher would remain confidential and that no individual results would be made available.

The researcher took detailed notes during the individual interviews, which were also tape recorded. All interviews were conducted at the offices of the West Virginia Community Voices project, with the exception of two interviews with key informants that were carried out
by telephone to accommodate their busy schedules. All in-person interviews were recorded. In Healthy New Orleans, ten of the 16 interviews were conducted by telephone, with all but one recorded because of technical problems.

The researcher developed questions for the focus groups, based on results of the semi-structured interviews, where information was missing or needed clarification. Because all focus group participants were active in either Community Voices or Healthy New Orleans and therefore represented a homogeneous group, only one focus group was required at each site (Rice and Ezzy 1999). Each focus group lasted approximately one and one-half hours. Because the researcher had no assistant during the focus groups, the discussions were tape recorded and then transcribed.

Data collection and analysis ran concurrently, with each phase of the research informed by the previous phase and revisions in interview protocols made, as required (Stake 1995). As just stated, focus group protocols reflected outstanding issues from the individual interviews.

3.1.3.3 Data Analysis

Case studies can be developed from three different theoretical perspectives; that is, no use of existing theory; use of a theory to develop the analytical framework; and use of a theory after evidence is collected to explain a phenomenon (Creswell 1998). In a similar vein, R.K. Yin set out two general analytic strategies for case study research; that is, developing a case description or relying on theoretical propositions (Yin 1994). An analytical framework based on existing theoretical propositions guided this data analysis plan.
As discussed in Chapter 2, the community health partnership model incorporates the determinants of health framework with open systems and institutional theories. Representing a logic model, defined as a hypothesized sequence of events that leads to an effective program or strategy (Yin 1993), the community health partnership model sets out one sequence of events to develop an institutionalized partnership that only contributes to improved community health as it is operated effectively. Because the research aimed to determine the usefulness of theory in understanding the practice of partnership, this conceptual framework allowed for more systematic data collection procedures and analysis (Miles and Huberman 1994).

In summary, this research based the need for partnerships on the multi-sectoral nature of health. The proposed community health partnership model, depicted in Figure 3 posits that organizations participating in partnership developed processes and structures in response to requirements from the institutional environment that may be at odds with a more recent policy calling for local partnerships and may require change. The model depicts two concurrent processes—one for improved health and one for partnership development, where partnership efforts serve as an input to the health improvement effort. Using systems theory to determine that a separate process was set up to develop the partnership, the model shows that inputs are required for partnership development activities, which in turn lead to institutionalizing the partnership. During this process, facilitators and impediments to partnership development arise and are identified through the feedback loop. The model borrows from institutional theory to identify sources and types of pressure that created these facilitators and impediments. This information helps define the kind of change in both the organization and
its institutional environment required and whether this change is possible. Effectiveness characteristics measure the level of collaboration between participating organizations and the contribution of the partnership strategy to improved community health.

Figure 3. Community Health Partnership Model

Determinants of Health | Open Systems Theory | Institutional Theory(IT) | Beyond IT
---|---|---|---
Case study described setting and determined if all appropriate partners participating | Case study identified whether partnership institutionalized and contributing effectively to community health goal | Case study worked backwards from identified problems to determine sources types of pressure on partner orgs. | Case study examined social legitimacy as input to partnership and efforts to make changes to improve partnership
With the exception of grounded theory within qualitative research, there is no correct way to undertake data analysis in qualitative research (Tesch 1990), nor are there any statistical tests (Miles and Huberman 1994), although there have been attempts to apply quantitative techniques to qualitative analysis. Qualitative data analysis techniques for this research therefore developed according to the needs of this study, following grounded theory techniques, wherever possible. As discussed earlier, because the model was derived from existing theories, the analytical approach combined a deductive approach to understand evidence in terms of the model and an inductive approach to identify new concepts from practice (Rice and Ezzy 1999). In addition, the environmental analysis provided an opportunity to look for the effect of intervening external events (Yin 1994).

Using the theory set out in Chapter 2 as a guiding strategy for data analysis, variables were identified to

- establish the partnership as an organization in its own right by assessing the transformation process
- identify sources of facilitators and impediments to partnership development by examining the institutional and macro environments and social legitimacy and
- compare partnership results with criteria for effective partnerships.

As discussed earlier, case studies lend themselves well to describing the process of partnership development and to identifying patterns, where the predicted pattern of variables in the community health partnership process is compared to practice (Miller and Salkind
In addition, a logic model posits that certain activities must be accomplished before other activities can take place; as such, it calls for an examination of the sequence of events (Yin 1994). In the case of the community health partnership model, only when a partnership is implemented effectively can a partnership strategy contribute to improved community health. In addition, partnership represents the most formal form of organizational affiliation, where a variety of other forms of affiliation represent less formal steps in organizational affiliation. This research, therefore, sought evidence of attention to development of the partnership, separate from health improvement activities, as well as of the stages of development of each of the sub-systems and of the type of organizational affiliation being pursued.

Data analysis commenced with identifying codes (labels for discrete events or concepts) and categories (related concepts) for the community health partnership model from open systems and institutional theories and from previous research on partnerships before the actual data collection began (Rice and Ezzy 1999). Table 2 on the next page sets out evidence sought and the sources of evidence for each model element.

The process was iterative, starting with the initial model, comparing it with evidence from the selected case sites, and revising the model, as required along the way (Yin 1994). The data analysis plan is depicted in Figure 4 below.
Specific steps followed to carry out this analysis included

- Identification of major categories(s) and sub-categories—axial coding—and their relationships—selective coding—from the model prior to data collection
- Collection of data
- Application of axial codes to the data
- Simultaneous application of open coding to the data to identify important new concepts not included in the original model (Strauss 1987)
- Integration of open codes into new categories (axial coding) and to show how categories link to core category(ies)
- Interpretation of quotations to identify those which provide evidence of each element of the model
- Preparation of tables, organizing evidence by element of the model
- Comparing and contrasting the model with practice to identify similarities and differences both in terms of the elements of the partnership model and the sequence of events
Table 2  
Model Elements, Data Sources, and Evidence Sought

Research Question 1:  How do organizations’ environments influence the development of partnerships?
Sub-questions 1:  What facilitators and impediments to partnership development exist in the partnerships under study?
2:  What changes, if any, in the environment of partnership and in partner organizational structure practices have been undertaken in the sites under study?

<table>
<thead>
<tr>
<th>Model Element</th>
<th>Data Source(s)</th>
<th>Evidence Sought and Found</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Problem Addressed</td>
<td>Documentation, Interview Question: 1</td>
<td>Description of health problem - Goals- (from strategic plan)</td>
</tr>
<tr>
<td>Partners</td>
<td>Documentation, Interview Question: 2</td>
<td>By Level: Local Community Residents Community-based Orgs.</td>
</tr>
<tr>
<td>Kinds of Influence</td>
<td>Documentation, Interview Question: 11, 14, 15, 16</td>
<td>Coercive (laws, regulations, funding requirements, etc.) Normative (e.g. sectors, professions) Mimetic (e.g. partnership &quot;fad&quot;)</td>
</tr>
<tr>
<td>Sources of Influences (Institutional Environment)</td>
<td>Documentation, Interview, Focus group Question: 11, 14, 15, 16</td>
<td>Professions Regulatory structures Public opinion Legal system</td>
</tr>
<tr>
<td>Macro Environment</td>
<td>Documentation, Interview, Focus Group Question: 11, 14, 15, 16</td>
<td>Culture Political system Economy</td>
</tr>
<tr>
<td>Problems</td>
<td>Documentation, Interview, Focus Group Question: 14, 15</td>
<td>Personal: Institutional: Macro:</td>
</tr>
<tr>
<td>Facilitators</td>
<td>Documentation, Interview, Focus Group Question: 16</td>
<td>Personal: Institutional: Macro:</td>
</tr>
<tr>
<td>Changes</td>
<td>Documentation, Interview, Focus Group Question: 17</td>
<td></td>
</tr>
</tbody>
</table>
**Research Question 2:** To what extent does the proposed model of partnership contribute to an understanding of the practice of partnership In the cases under study?

**Sub-question 1:** To what extent do the partnerships under review meet requirements of an organization?

**2:** To what extent do the partnerships under study fulfill criteria for effective functioning?

<table>
<thead>
<tr>
<th>Model Element</th>
<th>Data Source(s)</th>
<th>Evidence Sought and Found</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sub-system development:</strong></td>
<td>Documentation, Interview</td>
<td>- Environmental Assessment – feasibility for type of org. affiliation PLUS health problem analysis</td>
</tr>
<tr>
<td>Adaptive</td>
<td>Question: 1, 11, 13–20</td>
<td>- Plan – adjusted based on feedback</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Partnership feedback mechanism – organizational and health activities</td>
</tr>
<tr>
<td><strong>Boundary spanning</strong></td>
<td>Documentation, Interview</td>
<td>- Person designated in each organization who attends partnership meetings regularly</td>
</tr>
<tr>
<td></td>
<td>Question: 5, 19</td>
<td>- Partnership mechanism to deal with external world, fundraising, pr</td>
</tr>
<tr>
<td><strong>Maintenance</strong></td>
<td>Documentation, Interview</td>
<td>- Culture</td>
</tr>
<tr>
<td></td>
<td>Question: 10, 12</td>
<td>- Basis of decision making; conflict resolution; how diversity is accommodated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Relationship and trust building</td>
</tr>
<tr>
<td><strong>Managerial</strong></td>
<td>Documentation, Interview</td>
<td>- Integrating mechanism -board; power sharing mechanism</td>
</tr>
<tr>
<td></td>
<td>Question: 5, 6, 7, 8, 9, 12</td>
<td>- Formal agreement between partners with agreed roles and responsibilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Common procedures, processes, regulations Decision making, communication, etc.</td>
</tr>
<tr>
<td><strong>Production</strong></td>
<td>Documentation, Interview</td>
<td>- Development of other sub-systems (see above)</td>
</tr>
<tr>
<td></td>
<td>Question: 4, 8, 12</td>
<td>- Support to develop partnership – board and leadership development, training, technical assistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Regular partnership activities – communication process, decision-making process, meetings, etc.</td>
</tr>
<tr>
<td><strong>Effectiveness Characteristics:</strong></td>
<td>Documentation, Interview</td>
<td>- A memorandum of understanding, contract or other formal agreement exists between members, defining coordinating structure that recognizes equality of partners, along with roles, responsibilities, and common procedures</td>
</tr>
<tr>
<td><strong>Formalization</strong></td>
<td>Question: 1, 2, 3, 5, 13, 18</td>
<td>- A plan, setting out a common goal and activities, along with participating organizations’ roles and responsibilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Acknowledgment of partnership through explicit support of partners – ability of liaison representatives to commit organizational resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Partnership is recognized in its own right – social legitimacy, ability to raise funds</td>
</tr>
<tr>
<td>Model Element</td>
<td>Data Source(s)</td>
<td>Evidence Sought and Found</td>
</tr>
<tr>
<td>---------------</td>
<td>----------------</td>
<td>--------------------------</td>
</tr>
</tbody>
</table>
| **Intensity** | Documentation, Interview, Focus group | - Frequency of interactions: communications, meetings  
- Internal support of individual member orgs, multiple layers of staff involved; internal changes to enable the partnership; e.g., rewards, incentives  
- Partners, resources, and timeframe reflect the complexity of the goal addressed |
| **Reciprocity** | Documentation, Interview | - Key stakeholders, including the community are involved  
- Benefits, risks, decision making and power are shared fairly  
- Organizational motivations for membership are explicit and mechanisms for dealing with differences and conflict are established  
- Trust and mutual commitment exist |
| **Standardization** | Documentation, Interview | - Procedures and processes for working together on overall goal are established  
- Feedback mechanism exists to allow for ongoing change, as required |
| **Contribution to Overall Health Goal** | Documentation, Interview, Focus group | - Overall collaboration as measured by effectiveness characteristics  
- Increased resources are available for the health improvement effort; results are larger than if working alone  
- Partnership exists in its own right |

- Review of the literature to determine what research exists on new category(ies)  
  (Creswell 1998)
- Memo writing throughout the process to document new ideas and patterns, ideas for further data collection, and the need to modify codes or categories, as well as to document decisions made and establish an audit trail (Tesch 1990)
- Revision of model to reflect new concepts identified in practice
- Follow-up telephone calls and e-mails to clarify issues, where required
• Review of the case study draft by the site colleague in Community Voices, with revisions, as appropriate. The site colleague in Healthy New Orleans did not provide feedback.

• Notation of remaining unanswered questions

Atlas.ti, a qualitative software package, provided assistance with analysis. Atlas.ti uses an index system that codes and searches documents, constructing a database that can be viewed hierarchically or in a network to explore connections between concepts. Several criteria should be considered in selecting qualitative research software. Those that are unique to Atlas.ti and on which the choice of software package was based are

• Ease of integration or how easy it is to use at all stages of research. Atlas.ti follows Microsoft Windows presentation, using drop-down windows and drag and drop features.

• Memo writing – Atlas.ti allows the researcher to stay close to his/her data by providing a primary document area that displays memos, as well as codes and quotations at one time

• Analysis inventory and assessment – Atlas.ti provides standard read and text retrieval and sorting and filtering, as well as allowing for visual presentations of networks or diagrams (Miller and Salkind 2002).

The axial codes that were defined prior to data collection were applied with the assistance of Atlas.ti software to results of the interviews and focus groups, as well as to project documentation, to compare and contrast the proposed logic model with practice. During data
analysis, this axial coding was complemented with open coding to identify new concepts not in the proposed model. This coded text represented evidence that was organized by code and interpreted by the researcher, searching for examples of elements of the model, in addition to examples of missing and new elements. Tables were used to organize the evidence for each element into a revised model that then served as the basis for the research in the next site (See Appendices 3 and 4).

Where differences in patterns between the model and practice were considered significant, new codes were identified and the model was revised to reflect these differences (Miles and Huberman 1994).

During the comparing and contrasting step, categories were described by their stage of development or by their level of effectiveness characteristics, as described in Chapter 2. Evidence of only some of these characteristics either meant that the partnership was still in the development stage or that it was a form of organizational affiliation other than partnership.

During the research process, physical evidence was sought in the form of agreements and plans, etc. Interviews from multiple types of informants and documentation, where available, provided further evidence. These multiple sources not only provided confirmation of evidence, but also a fuller understanding of the practice of partnership.

The memo writing process was an important guard against researcher bias by establishing a chain of evidence that allows other researchers to understand how decisions were made and how conclusions were drawn. Memo writing in the early stages of analysis focused on
operational issues, such as the choice of the computer software package and the selection process for case study sites. Memos were then written at the end of the interview process to document evidence for new concepts that required additional codes for the revised model and to identify outstanding issues for the focus groups (Strauss 1987). In addition, memos documented problems encountered during the interview process, as well as discussions held with the dissertation committee chair to resolve these problems.

Where questions remained after the field research during data analysis, the researcher corresponded via e-mail or telephone with the site colleagues to obtain clarification. Results of the interviews and focus groups for each site were consolidated into a draft and sent to the site colleague in each site to improve research confirmability (Miles and Huberman 1994). The Community Voices site colleague reviewed the draft and provided feedback that led to revisions, as appropriate. Unfortunately, the site colleague in Healthy New Orleans failed to respond to repeated attempts to obtain feedback on the draft case study. This may have been due to a misunderstanding about the purpose of the research, as evidenced by minutes of a meeting of the Healthy New Orleans executive committee where the research was presented as an opportunity to get positive exposure. This, combined with some informants’ limited familiarity with Healthy New Orleans itself, may have contributed to the generally favorable responses to interview questions about problems encountered.
Attempts to meet the four criteria for quality analysis as set out by R. Yin included

- Analysis must show that it relied on all relevant evidence –
  
  This was achieved by providing extensive evidence in each case study from interviews, focus groups, and documentation and by a continuous effort to collect missing information

- Analysis must include all major rival explanations –
  
  Because this research was not explanatory, application of this criterion to this research involved a search for missing or irrelevant elements of the community health partnership model as reflected in the practice of partnership. Differences in categories and concepts between the model and practice were, therefore, documented and used to revise the model for the second case study and then to develop a final version of the model.

- Analysis must address the most significant aspect of the case –
  
  The model developed for this research aimed to improve the understanding of partnership. Analysis, therefore, focused on the form and strategy of the organizational affiliation process, including requirements for partnership as an organization and influences on participating organizations that may impede and facilitate their ability to participate.

  And

- Analysis should bring the researcher’s own prior expert knowledge to the study -
  
  Knowledge gained in the development of the community health partnership model and a thorough review of the literature, as well as the researcher’s past experience in
planning and evaluating health projects, were instrumental in carrying out the case study analysis (Yin 1994).

3.2. **Efforts to Meet Quality Standards and Study Limitations**

Efforts to ensure the rigor of this research involved, among others, countering study limitations that are inherent in qualitative research. As discussed earlier, because qualitative research represents the researcher’s interpretations, analysis depends on the researcher’s own assumptions and biases. Differing from standards for quantitative research, standards for quality in qualitative research include confirmability, credibility, dependability/consistency, and transferability (Miles and Huberman 1994).

3.2.1 **Confirmability (equivalent to objectivity in quantitative research)**

While qualitative research is inherently subjective, documentation of the research process ensures that others are able to understand the decision making process. A case study database created an audit trail throughout the research process for future researchers. This included written notes and tape recordings of interviews, as well as memos developed throughout the research process to document decisions and the need for follow up. Notes annotating the written record of interviews recorded decisions made in the analysis process so that others would be able to determine the influence of the researcher on the study. Efforts to ensure that the researcher accurately presented the evidence included having drafts of interview analysis reviewed by the site colleague in Community Voices. Unfortunately, after receiving the draft
case study, the site colleague in Healthy New Orleans did not provide feedback in spite of multiple attempts by the researcher.

3.2.2 Credibility (equivalent to internal validity)

The retrospective study design introduced the possibility of recall bias, where interviewees may not have remembered past events correctly. Multiple information sources and techniques, including document review, semi-structured interviews and a focus group, provided checks on different interpretations and evidence provided by the various informants, as well as a fuller understanding of the practice of working together in the two sites.

Informants included the partnership coordinator, participating organization liaison staff in the case of Community Voices and community residents in Healthy New Orleans, and key informants suggested by interviewees. Quotations provided evidence for findings in the analysis for each site, either confirming or suggesting alternative components of the model.

In both case studies, people in charge of Community Voices and Healthy New Orleans determined the list of interviewees, which was also influenced by their willingness and availability to participate. Interviewees suggested key informants who then suggested other key informants. The lists of interviewees and of key informants, therefore, introduced potential selection bias, which was reduced by naming specific types of individuals who had to be interviewed in the research protocol. A problem in the Healthy New Orleans interviews was the unavailability of one co-chair, who had been director of the city health department. Attempts to interview other staff of the health department resulted in one interview with the
director’s assistant who provided administrative support to Healthy New Orleans and who left the department along with the director. Other attempts to overcome this shortcoming included interviews with two knowledgeable key informants.

3.2.3 Dependability/consistency (equivalent to reliability)

A case study does not seek to establish reliability, but rather dependability. Use of a database not only provided evidence of the researcher’s decision-making process, improving confirmability as discussed above, but also documented the research process, improving the dependability of the research process. Following study procedures set out in the research proposal also improved dependability, although the local situation in both sites required flexibility in applying these procedures. Once it became clear during the semi-structured interviews that some respondents were more familiar with certain aspects of Community Voices or Healthy New Orleans, the researcher gave respondents an opportunity to focus on questions with which they were more familiar.

While focus groups provide an opportunity to gain a better understanding of a phenomenon in a short time, they are sometimes difficult to control and to analyze (Marshall and Rossman 1995). Use of a focus group protocol helped keep participants in the West Virginia Community Voices focus group on subject. On the other hand, although the focus group protocol sought to delve more deeply into problems encountered during implementation of Healthy New Orleans, participants either did not understand or were not willing to discuss
problems in Healthy New Orleans. To counter this limitation, the researcher organized interviews with key informants outside of but familiar with Healthy New Orleans. Interviewees’ lack of experience with the central entity of Community Voices and Healthy New Orleans presented another challenge, requiring flexibility in the interviews.

3.2.4 Transferability (equivalent to external validity)

Given the constant variation in the real world, it is difficult to replicate findings from one case to another. Phenomena cannot be manipulated as in an experiment. However, the merit of using a case study methodology flows from the uniqueness of the case and the possibility of deriving a rich description for a fuller understanding. Results from this research are not generalized to a specific population, but rather to the theory underlying the study (Janesick 1994). As discussed in Chapter 2 and at the beginning of the data analysis section, the community health partnership model used the determinants of health framework to suggest appropriate participants and open systems and institutional theories. Conclusions in Chapter 5 will discuss the usefulness of this theoretical foundation for better understanding the types of organizational affiliation practiced in the two sites (Miles and Huberman 1994).

Researcher time and resources limited the number of case studies to only two sites. However, the number of sites is not necessarily a limitation in qualitative research since the study does not attempt to generalize to other populations as in quantitative research but rather to the theory behind the model.
The methodology described in this chapter built on the theory set out in Chapter 2. Benefits of qualitative research allowed for probing of the practice of working together for organizations in Community Voices and for individuals in Healthy New Orleans. Chapter 4 presents a summary of findings of the two case studies.