

## Qualitative Analysis of CBO Summit Event: Methodology of Analysis

ATLAS TI Qualitative Data Analysis software was used to guide and structure analysis process.

### **Analysis team:**

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**County Differentiation:** In order to maintain a unique identity for each County-level report, each quotation was coded as applicable to **one** county.

Quotations from bi-county organizations, who participated at the Nassau event, were coded as Nassau. Likewise, quotations from bi-county organizations participating during the Suffolk event were coded as Suffolk. Any quotation where the participant verbally or physically (by holding up card) indicated they were speaking on behalf of a county, were flagged accordingly.

The Atlas TI word-cruncher feature was used within Atlas TI to identify town names (Hempstead, Wyandanch, etc.) spoken in vivo in order to assign the appropriate county flags. If a bi-county organization specifically spoke about an issue within one of these communities, the quote was coded with the county of that community. If the name of the town was being used as a figure of speech without a specific comment or anecdote about the community (e.g. we serve patients from Freeport to Patchogue"), the flags were not applied.

**Strategy for selection of codes:** Key terminology from the Prevention Agenda blueprint was selected and in vivo coding was taken directly from each transcript.

**Categories and sub-categories:** Selected using a combination of Priority Areas and Focus Area framework within Prevention Agenda blueprint, and key themes emerging from transcripts.

- Keywords were linked to each sub-category, for example: (A. Chronic Disease 1. Diabetes Keywords: Diabetes, A1C, amputations, blood glucose, blood sugar etc.)

- A. Chronic Disease
  1. Diabetes
  2. Respiratory
  3. Cardiovascular
  4. Cancer

5. Other Chronic Conditions
  6. Smoking
  7. Obesity/Nutrition
  8. Chronic Disease Prevention
  9. Chronic Disease Management
- B. Healthy and Safe Environment
1. Injuries
  2. Environment-Violence
  3. Environment-Air Quality
  4. Environment-Built
  5. Environment-Water
  6. Healthy and Safe Environment-Homes
  7. Healthy and Safe Environment-Access
- C. Healthy Women, Infants and Children
1. Children's Health
  2. Infants Health
  3. Pregnancy
  4. Childbirth
  5. Maternity/Mother
- D. Mental Health and Substance Abuse
1. Mental Health-Attitudes
  2. Mental Health-Treatment and Recovery
  3. Substance Abuse
  4. Eating Disorders
  5. Anxiety, Mood Disorders and associated emotions
  6. Suicide
  7. Mental Health- General
  8. Mental Health- Susceptible Populations
- E. HIV, STD, Vaccine Preventable Diseases and Health Care- Associated Infections
1. HIV and STDs
  2. Vaccines
  3. Hepatitis
  4. Healthcare-Associated Infections
  5. General
- F. Disparities
1. Race/Ethnicity
  2. Language
  3. Special Populations
  4. Gender
  5. Gender/Identity/Orientation
  6. Religion
  7. Age

- 8. Senior Issues
- 9. General
- G. Barriers
  - 1. Access
  - 2. Financial
  - 3. Culture
  - 4. Communication
  - 5. Transportation
  - 6. Insurance
  - 7. Care
  - 8. Employment
  - 9. Disabilities
  - 10. Research
- H. Barrier/Disparity
  - 1. Education
- I. Additional Services
  - 1. Community and Bridging Services
  - 2. Financial Assistance
  - 3. Policy
  - 4. Service Expansion and Improvement

### **Analysis of Qualitative Data**

1. Flags were added to every participant quotation to identify organization being represented.
2. Categories, sub-groups and keywords were applied using Atlas TI software to all 18 transcripts.
3. Any flags applied to facilitator comments were removed from data.
4. Two rounds of human oversight applied to each document in order to ensure appropriate codes were applied to each quotation. This process involved reading , contextualizing and interpreting each quotation, then removing any codes which were not applicable, and finally, adding any codes which the software missed, but should have been applied.
5. County codes were applied to each quotation as specified above within “County Differentiation” section.

*Important Note Regarding Data: Multiple priority area codes can be tagged to a single quotation*

### **Final Interpretative Documents Provided by Data Gen using Atlas TI software:**

1. Frequency Count Table
2. Quotations by Priority Area Codes
3. Quotations by Primary Documents
4. Quotations by County Codes
5. Co-occurring Codes Reference
6. Quotations by organization codes