

QUALITATIVE GRANT-WRITING

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Poll Question

What do you think is the most challenging component of a qualitative grant proposal?

- Specific aims
- Study design
- Data collection/instruments
- Data analysis
- Budget

Course Objectives

- To provide participants with strategies for conceptualizing and writing each component of a qualitative research proposal
- To illustrate strategies using examples from successfully funded women's health qualitative and mixed methods projects

What is “good” qualitative research?

Cohen & Crabtree: 7 criteria

(1) Ethical

(2) Important

(3) Clear and coherent

(4) Appropriate and rigorous methods

What is “good” qualitative research?

Cohen & Crabtree (cont.)

(5) Attentiveness to reflexivity & researcher bias

(6) Valid/credible (plausibility/accuracy)

(7) Verifiable/reliable

- triangulation

- member checking

- peer review

- debriefing

- external audits

Establishing trustworthiness (Lincoln & Guba 1985)

Credibility: confidence in the 'truth' of the findings

Transferability: showing that the findings have applicability in other contexts by providing “thick description” (enough detail to evaluate the extent to which conclusions are transferable to other times, settings, situations, and people)

Dependability: showing that the findings are consistent and could be repeated

Confirmability: a degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest

Evaluating qualitative proposals (Morse 2003)

Three criteria for each component

- (1) Relevance: contribution of the research (what & why)
- (2) Rigor: adequacy and appropriateness of the method (what & how)
- (3) Feasibility: probability that research can be conducted/completed as described (how and who)

What needs to be conveyed in a proposal?

- WHO you are and why you are the RIGHT PERSON (or people) for the job
- WHAT you want to do
- WHY you want to do what you propose to do
 - What gap(s) are you addressing, what unanswered questions?
 - Has anyone else done what you propose to do?
 - Do your homework (search databases of funded grants)
- HOW you will do what you propose to do
 - Where
 - When
 - With whom (why?)
 - How often?

Proposal components (Part I)

- Specific aims
- Background/significance
- Investigator capability/preliminary studies
- Study design
- Methods: measures, procedures
- Analytic plan

Specific Aims

- Most impactful: first page, ONE page, statement of purpose and rationale

- First paragraph should be compelling

“In November 2009, the Secretary of Veterans Affairs (VA) pledged to end homelessness among Veterans within the next five years. Veterans comprise a disproportionate fraction of the nation’s homeless population, with an estimated 1 of every 4 homeless people having served in the military.¹ While the overall number of homeless Veterans is declining, the number of homeless women Veterans is increasing.² Women Veterans are four times more likely than non-Veteran women to experience homelessness.³” (RRP 11-421)

Specific Aims: First paragraph

“Although there has been increasing interest in the Western United States epidemic of methamphetamine (MA) use and in the relationship between MA use and various high-risk behaviors, there has been little articulation of the ways in which this particular drug affects women’s sexual experiences and behaviors. There is strong evidence suggesting that MA and sex are powerfully linked for men. For women, however, the evidence is ambiguous: women MA users may engage in increased levels of sexual episodes, but whether they want and enjoy this has yet to be thoroughly empirically investigated. Women MA users may engage in sexual behaviors that place them at greater risk for compromising their health and emotional well-being.”
(K01 DA017647)

Specific Aims

What is your overall objective?

“We propose to assess whether and how patient experiences of VHA care contribute to attrition, recognize patient subgroups at risk for attrition, and identify promising, patient-centered remedies, to set the stage for refinements to national implementation of comprehensive WH care delivery policy.” (HSR&D CRE 12-019)

Specific Aims

What is your overall objective, and what aims will achieve that objective?

The goal of this study is to understand HIV risk behaviors and healthcare experiences, needs, and preferences of women veterans in non-VA settings.

1. Conduct a quantitative assessment of women veterans' demographic characteristics and HIV risk behaviors; and
2. Via semi-structured interviews, explore women veterans' sexual relationships and behaviors, as well as their healthcare experiences, needs, and preferences.

Specific Aims

What research questions operationalize your aims?

Aim 3: To understand perspectives of attriters and non-attriters.

This qualitative aim will be achieved via telephone interviews with a national stratified sample of women primary care patients new to VHA in FY10 Quarters 1-2 (N~125), composed of attriters and non-attriters from high/low attrition facilities.

Experiences of Care: RQ3.1 (Explanatory): How do patient experiences influence women's decision to attrit?

Organizational and Patient Factors: RQ3.2 (Explanatory): How do contextual factors (VHA organizational characteristics/community health care resources) and patient factors influence women's decision to attrit?

Systems Improvements: RQ3.3 (Descriptive): What are patient-centered perspectives on organizational and improvements that would reduce attrition?

(CRE 12-019)

Background/significance

- Succinct literature review (remember audience-
-REVIEWERS, key/leading authors in field)
- What are the key contextual/background factors or issues that serve as the backdrop for the study?
 - Prevalence of the problem (e.g., epidemiology)
 - Importance of the issue
 - Gap in knowledge
- Consider using a brief sentence to introduce each paragraph in background/significance

Background/significance

Women MA users' sexual experiences and behaviors need to be explored in multiple ways. In order to understand the parameters of choice, decision-making, and risk-taking within the context of women's sexual relationships, and specifically women MA users' sexual relationships, it is essential to speak to the women themselves to learn how they phenomenologically characterize their actions and experiences (Amaro & Raj 2000, Chin 1999, Hall 2000, Kane 1991, Ratner 1993, Ross & Williams 2001, Sterk 1999, Tolman & Szalacha 2004). This qualitative step toward understanding can generate profiles from which to develop a model of the linkages between women's experiences and behaviors.

Investigator capability/preliminary studies

What makes YOU the appropriate person to carry out the research?

- Often conveyed by describing the work you have done to:
 - Inform current proposal
 - Establish that you have the requisite skills (FEASIBILITY)
 - Confirm that you have the right team
 - Convey that you have a track record (publications)



Study Design

- What type of study will you conduct, and WHY?
 - What is your rationale for this design? (Provide citations!)
- “This mixed methods study utilizes a concurrent design (Creswell & Zhang, 2009), i.e., simultaneous quantitative and qualitative data collection from one sample of women.”

Proposed Methods

- What methods will be used to achieve EACH AIM, to answer EACH RESEARCH QUESTION, and WHY are the chosen methods the MOST appropriate/relevant/feasible
 - Sample (WHO)
 - Who, how many, inclusion/exclusion, sampling approach
 - Procedures (HOW, WHEN, WHERE)
 - Measures (WHAT)

Proposed Methods: Measures

Measures

- Describe for each aim, by aim (keep text organized, consistent), e.g.,
- Aim 1: Quantitative Measures
 - Remember background questionnaire
- Aim 2: Interview Guide
 - What types of questions will you ask, and why?
 - Do the questions tie to a conceptual framework?

Proposed Methods: Measures

“The interview will begin with a “grand tour” question,⁸² designed to establish rapport and encourage the respondent to open up and describe her experiences. Based on the response to this opening question, probes will be used to understand specific details of those experiences. Probes are designed to elicit information pertaining to our conceptual framework {§2.2}, as well as unanticipated information that may be discovered in the course of qualitative interviewing.” (CRE 12-019)

Proposed Methods: Procedures

What will you do to collect the data, and how will you do it?

- Describe by aim, if relevant
- Where will you recruit your sample from, and how?
- What will potential participants do?
- What will actual participants do?
- How many times will they do what?
- Will participants get paid?
- How will you capture the data (recording, etc.)?

Analytic Plan

- Describe for each aim
- Think through each step of what you will do:
tell a story!

Analytic Plan

Aim 2 analysis: Initially, the team will develop a top-down code list based on the interview guide (potential codes include experiences in VA care, substance abuse treatment, mental health treatment, sexual risk behaviors [broken down into subcategories as relevant], intimate partner violence, combat exposure, child sexual abuse, etc.) and then these codes will be applied to the data, using Atlas.ti, by the PI (an expert on this software) and Dr. [] to develop an initial set of themes. Additional codes will be added as needed based on emergent findings. In addition, interview data will be clustered by various characteristics, e.g., age groups, military service eras, ethnicity, region in Los Angeles, level of HIV risk (per Aim 1 data) to examine potential differences in experiences and healthcare preferences by groups. A summary of each interview will be prepared; summaries will be reviewed by the PI and Co-Investigators on a regular basis (e.g., after every 5 interviews), to ensure that interviews are building iteratively on emergent findings.

Analytic Plan

Qualitative data analysis-Aims 1 & 2:

Analysis will be conducted primarily by Drs. Hamilton and [], utilizing ATLAS.ti, a software package...Using constant comparison analytic methods,⁸⁴ a preliminary codebook will be developed both deductively and inductively from a sub-sample of interviews within and across agencies at baseline. Qualitative findings at baseline will be augmented by preliminary analyses of staff-level data from the structured measures described above (e.g., burnout, attitudes toward evidence-based practices, etc.), and a baseline profile will be developed for each agency... This approach of using baseline data as diagnostic and informative for tailored implementation has been employed by Dr. Hamilton in a prior implementation study. The codebook will be elaborated upon and adjusted as each round of interviews is reviewed until thematic saturation is achieved within and across cycles of interviews. Interviews will be compared within each agency, across agencies, across different types of respondents, and over time.

Additional sources of qualitative data (i.e. meeting minutes, archival information) will also be included in the data set. We will analyze the data specifically for barriers to and facilitators of implementation, including but not limited to the ways in which the project's strategies and tools affect adoption, fidelity, and sustainability. In addition to identifying themes and patterns qualitatively, we will examine statistical associations between important process and outcome variables such as satisfaction with the intervention, fidelity, and retention, and improvement in behavioral outcomes. Agency profiles will be revisited and further developed at the end of the active implementation phase, and again after sustainability, thereby creating a story of implementation at each agency. (R01 MH093230)

Proposal components (Part II)

- Theoretical/conceptual model
- Facilities/environment
- Time/duration of project
 - Provide a timeline/GANTT! (Feasibility)
- Budget & Budget Justification
 - Remember transcription costs, travel, subject payments
- Human subjects
 - Do not leave this until the last minute!
- Dissemination
 - Who is your audience? What venues?
- Anticipated products
- Future grants, policy

Common Pitfalls

- Not having a credible qualitative team
- Not providing a compelling rationale for the study: WHY QUALITATIVE?
- Not providing a conceptual/theoretical framework/orientation (sometimes)
- Not articulating logic behind methods choices
 - Can state why some methods were NOT chosen or would not be appropriate
- Not adequately describing methods, especially measures/interview guides
 - Reviewers like to see sample questions, at least
- Not providing a thorough description of the analytic plan
 - Make sure to describe analyses for each type of data collected!
 - If you have set up comparisons, make sure to explain how you will handle this analytically
- Proposing a project that cannot feasibly be done within the budget & timeframe

Poll Question

Which topic would you like to be the subject of a future cyberseminar?

- Designing qualitative studies
- Collecting qualitative data
- Analyzing qualitative data
- Using software for qualitative data analysis
- Writing qualitative papers (and getting published)

References

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Resources

RWJF Guidelines for Designing, Analyzing and Reporting Qualitative Research <http://www.qualres.org/HomeGuid-3868.html>

NSF Workshop on Interdisciplinary Standards for Systematic Qualitative Research
http://www.nsf.gov/sbe/ses/soc/ISSQR_workshop_rpt.pdf

NIH OBSSR Qualitative Methods in Health Research
<http://obssr.od.nih.gov/pdf/qualitative.pdf>

NIH OBSSR Best Practices for Mixed Methods Research in the Health Sciences
http://obssr.od.nih.gov/mixed_methods_research/pdf/Best_Practices_for_Mixed_Methods_Research.pdf



Questions?

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