



# ***Knoxville H.E.A.L.***

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# Welcome

Howdy cohort 6 from the whole Knox HEAL Gang  
Today our RAs will be so pleased to meet ya'  
To talk policy with Sandra and Khadijah  
Rocking that CARDA, the systems to change

Erin and Jessica collect the data  
Talking with patients and interviewees  
Will's strong on coding and how we relate-a  
He'll share his broad NVivo expertise  
As Katherine manages with ease

So good day our cohort six friends  
Welcome our fab research team  
They're gonna share all the ways that we care  
For sustaining community  
Now it's time to spill the tea







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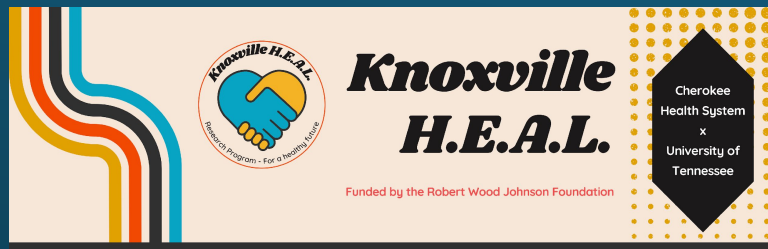
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# Agenda

- Khadijah and Sandra
  - Process and learnings from policy analysis conducted on *Operations and Procedures Manual* and manuscript preparation
- Erin, Jessica, and Khadijah
  - Learnings from patient and employee recruitment and interviews
  - Process, successes, and challenges
- Will
  - Qualitative coding coordination, management, and training
- Katherine
  - Interview and project direction and coordination
- Eboni, Jud, JJT
  - Summarize observations and learnings





# Policy Analysis: CARDA

- Procedures specified but no one listed as responsible
- Linguistic features displaced responsibility
- Uncovered an absence of explicit delineation of workflow responsibilities for specific individual roles within the organization

Step Description	Key Questions	Policy Analysis
<b>1. Select the Discourse related to race or racism</b>	What is the primary goal of this analysis?	Unmask and unmake organizational racism in FQHC Policy
<b>2. Locate and Prepare Data Sources that might be a site of negotiation between individual and institution.</b>	What texts engage the chosen discourses and provide a site of negotiation?	FQHC Operations Guide Updated 2021
<b>3. Explore the Background of Each Text by grounding them in a socio- historical context, including individual self-reflection</b>	What institution produced this text and for what purpose? Who am I in relation to this text and what awareness do I bring to this text?	FQHC produced these policies for the management of its healthcare facilities 3a. Racial positionality statement of each researcher
<b>4. Code Texts and Identify Themes using appropriate analytical methods</b>	What are the themes in the text? How do open codes relate to each other?	Qualitative microanalysis of the policy documents, including open and axial coding
<b>5. Analyze the External Relations that control the production and use of the text</b>	How do the institution and individual negotiate the text? How is power distributed or maintained by the text?	Analyze policies as negotiated between individual and FQHC Analyze policies for pursuit of dominance or agency
<b>6. Analyze the Internal Relations through linguistic analysis of what the text intends and represents</b>	How does the text address race (or not)? How does the text position those in negotiation? How does the text influence its context?	Analyze textual and linguistic features of policies to uncover how race is or is not addressed Analyze how the policies encode power relations, social context, and positionality
<b>7. Interpret the Data by describing major themes and implications grounded in steps 4 through 6</b>	How is the text racist or antiracist? How might the individual leverage policy toward equitable objectives?	Analysis outcomes viewed through the Continuum on Becoming an AntiRacist Organization, with each document and thematic cluster scored 1 to 5.



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# Policy Analysis

- Manuscript Writing Process
  - Creation of Outline with Dr. Laughter
    - Description of Partnership
    - Introduction of CARDA
    - Description of Policy Analysis of CHS documents
    - Discussed Outcomes
- Editing process consisted of collaboration between PIs and RAs
  - Academic writing for journal submissions
  - More in-depth understanding of CARDA process
  - Complexity of organization's policies
  - Collaborative writing
- MS at HSR and abstract accepted at Academy Health ARC







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# Interviewing Patients and Employees

## Process

- In-person recruitment at two different clinics
- Interviews completed either on site or scheduled for another day with phone/video option
- Surveys conducted primarily in person for patients; employees completed surveys remotely
- Participants also contacted us directly to be a part of the study
- Both patients and employees were compensated with gift cards for their participation

## Findings

- Thus far, patients have reported positive experiences or very negative experiences
  - Noticed this sometimes correlated to location receiving care
- Challenges recruiting employees
  - Encounter difficulty engaging employees beyond front-office staff
  - Solution: Recruitment Event with Food
- Previous interview guide consisted of many yes/no questions
  - Adapted the guide to be more open ended
  - Included questions regarding desire and feelings associated with receiving care from a provider of the same race and/or ethnicity
  - Adaptations to guide resulted in an increase of enriched data and longer interviews

# Interviewing Patients and Employees

## Manuscript Process (Negative Saturation)

- Repeated negative encounters with white patients during interviews and recruiting
- Methodological saturation
- Experiences resulted in team's decision to stop collecting data from white patients
- MS R&R at BMC Research Notes

## Learnings from experience

- Extensive resources required to address issues
- Any additional data collected from white participants was not worth risking the safety and well-being of the research team





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# Qualitative Coding

## Process

- Codebook developed based on PHCR praxis and preliminary findings collected from interview transcripts
- Deductive codes assigned to statements representative of the experiences and perceptions of racism in healthcare settings
- Inductive codes developed during this process and used to modify
- 7 major themes

## Managing Coding

- Consensus coding
- Constant communication

## Preliminary findings

- Positive experiences within Cherokee Health.
- Provider attitudes and explanations of conditions, tests, and results.

## Learning Experiences

- Living and working in our values
- Managing technology







# Project Management

## Process

- Scheduling recruitment
  - Tabling
  - Food/networking as incentives
- Managing recruitment logistics and recruiters' safety
  - Coordinated racial concordance of interviewers and participants
  - Paired recruitment as a strategy for logistics and physical safety



## Preliminary findings

- Neglect (i.e. *not* receiving a needed service) is frequently remarked upon but not always identified as structural racism by participants
- White staff are often only aware of their own experiences and use these as the basis to judge the facility's capacity for serving BIPOC patients

## What I learned from this experience

- Creativity is required to recruit staff participants beyond simple financial incentives
- It is challenging to define and elicit participant experiences of structural racism, perhaps in part due to the more commonly discussed concept of interpersonal racism



# Discussion and Next Steps



- Quantitative Analysis
- Employee Interviews
- Playbook

