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Using qualitative online methods to evaluate community responses to Covid19

Louise Warwick-Booth, Susan Coan

Abstract

The abstract should be a concise summary of your case study. What aspect of the research process, or specific methodological and practical challenges, will your case study address? It should be succinct and enticing, and should incorporate key words and concepts discussed in the body of the text. Please do not *cite references within the abstract.*

[Insert here: Maximum of 250 words]

This case study considers moving health promotion evaluation practice online to allow the continuation of data gathering safely in Covid19 and the implications of this for all of those involved; researchers and participants alike. We outline the methods that we used to conduct a commissioned evaluation online because of the Covid19 restrictions imposed in England at the time of our study. Evaluation is an activity that remains central to health promotion practice because it is concerned with assessing whether interventions are effective (Green and South 2006). This evaluation focused upon qualitatively assessing the Third Sector and community response to Covid19 across one city in the North of England. We aimed to use a people centered approach to our data collection to explore the impacts and outcomes arising from small grants awarded to different communities (young people, ethnically diverse groups, older people, Travelers, men) by capturing the importance of service user experiences in our work. We learned to be flexible, to consider the importance of offering a variety of mechanisms to facilitate participant involvement and to expand our ethical considerations because of the implications of online data gathering.

Learning Outcomes

Please refer back to these learning outcomes when writing your case study. Your case study must satisfy each proposed outcome. It is vital that you provide achievable and measurable learning outcomes. Please see the links below for guidance on writing effective learning outcomes:

- *Writing learning outcomes*
- *Bloom's Taxonomy Action Verbs*

[Insert 3–5 learning outcomes under the following statement: "By the end of this case, students should be able to . . ."].

By the end of this guide, students should be able to . . .

By the end of the case you should:

- Understand the methodological challenges involved in conducting online evaluation research within health promotion settings [Learning Objective 1];
- Be able to examine the advantages of using a mix of qualitative methods online when conducting evaluation research [Learning Objective 2];
- Be able to assess the pros and cons of online evaluation approaches that aim to give voice to diverse communities within health promotion settings [Learning Objective 3].

Case Study
[Insert your case study here. The main body of the text should be between 2,000 and 5,000 words.]

Headings and sub-headings add structure to the body of your case, enhance online discoverability and make your case easier to read on screen. This template includes suggested headings, you should also add your own according to the focus of your case study.

Each main section with a heading must be followed by a Section Summary. *Each Section Summary should consist of 2-3 bullet points, written out as full sentences, succinctly encapsulating the preceding section.*

Suggested headings:

Project Overview and Context

Includes information about the substantive focus of your research project. Why were you interested in studying this topic, particularly using the methods you chose? Are the methods you chose typical for researching your topic? If not, explain your choice of methods. This section should not read as a literature review, but should be a reflective exploration of your research interests.

In the wake of Covid19 statutory agencies such as local authorities in England, responded to the pandemic in a variety of ways. One local authority in the North of England secured funding to develop a local community-based response to the pandemic. A key component of this work focused upon engaging with the Third Sector* who have wide reach across the city into communities, and an established track record of working with vulnerable groups. (* The Third Sector is a term used to describe organizations outside of the public and private sector such as charities and social enterprises). Therefore, part of the local authority response included resourcing the Third Sector to enable them to work positively with communities. This work over a 12-month period involved several elements:

a. Ongoing communications about Covid19 (e.g. via social media and online briefings)

b. Community engagement, for those identified as being most in need including young people, ethnically diverse groups, older people, Travelers and men

c. Micro-grants (small grants to support communities to respond differently)

d. Coordination

We were commissioned to evaluate this work, specifically tasked with focusing upon the micro-grants which were administered, managed, and coordinated by a non-statutory organization working to supports and coordinate a network of health and social care providers within the Third Sector.

Our evaluation focused especially on capturing the experiences of community members to gather their views about the process, experience, and impact of the micro-grants. Our health promotion evaluation work has often been about foregrounding the experiences of those most marginalized,

and this study was again about understanding the city's most disadvantaged and underserved, as well as at-risk groups. Our research intended to capture the ways in which the Third Sector were delivering support and reaching into communities in response to Covid19 needs. Binci and Doyle (2020) argue that researchers should consider if their work should go ahead in Covid19 as not all evaluations should. However, if work is relevant to policy makers (Binci and Doyle 2020) and is capturing complex community change (Judge and Bauld 2010) then evaluation approaches should be developed. As evaluators we have always attempted to foreground participatory practices in our data gathering (Warwick-Booth and Coan 2020); to both capture and present the lived experiences of our participants (Cross and Warwick-Booth 2015). Therefore, we prioritized the use of qualitative data collection in this evaluation as there is a need to explore lived experiences during challenging times (Lobe et al 2020).

Section summary

- *Consideration of the need for moving evaluations online is needed within health promotion settings, with projects that offer policy and practice insight remaining important.*
- *Our approach to data gathering online drew upon our principles which are underpinned by participatory practices, therefore our methods for this evaluation were qualitative, to ensure that marginalized groups were being included.*
- *Our evaluation design also included on-going reporting to offer insights and learning for local policymakers and practitioners.*

Research Design and Practical Considerations

Includes an investigation into how you designed your study, taking into account any fundamental decisions you had to make. ***This section should emphasize the aspects of the research project – specific methods or challenges - that you will focus on in this case study****. You should ensure that you define and explain any key terms for student readers.*

[Insert text here]

The evaluation was carried out between September 2020 and September 2021 and used a range of qualitative data collection approaches:

i. Remote interviews (online via videoconferencing and via telephone);

ii. An online qualitative survey was offered to participants as an alternative to participation in interviews;

iii. Online observation of project meetings was also undertaken.

Methods

During the course of this evaluation research we had to adhere to the Government's Covid-19 guidelines. No face-to-face data collection or meetings took place; therefore the entire evaluation was conducted remotely. Archibald et al (2019) highlight that digital technologies offer new opportunities for qualitative researchers conducting online interviews. Our evaluation supplemented interviews with other qualitative methods to offer more mechanisms for the involvement of community members.

*This should include a discussion of the **primary aspects of focus** for this case study.*

Which aspects of the process you had to navigate when conducting your research will hold the most value for the student reader? For example, how did you recruit participants of your study, or access secondary data? What method was employed for data collection or data analysis? How did you work within a wider research team? What ethical considerations were essential? You might choose to rename this section, or to include a subsequent section (or sections) with a sub-heading that directly relates to the primary focus of the case study.

Remote interviews

Semi-structured interviews were conducted via videoconferencing with stakeholders from local community groups, voluntary and community sector organisations, faith-based organisations, and community interest groups. Participants were asked what their preferences were for videoconferencing as the evaluation team had access to Skype for Business, MS Teams and Zoom. In order to provide as many options as possible for participants to contribute we also offered telephone interviews. These were part of our evaluation practice before the pandemic, used mainly to capture the views of professionals who were familiar with this way of working. However, in this instance we were aware that not everyone has access to videoconferencing software, nor the skills

or confidence to use it as well as personal preferences for telephone contact in some instances, Access to technology is a barrier to engagement in remote research (discussed later on) especially when aiming to give voice to diverse communities within health promotion settings [Learning Objective 3].

Online qualitative survey

When participants were unable to commit to an interview, we offered an online open-ended survey for completion at their convenience. Administering a survey online has again been a standard part of our evaluation toolkit for many years, prior to Covid19. However, in this instance we were mindful of the amount of screen time that some people were experiencing and were wary of simply offering them more of the same. Crellin and Appleby (2021) point out that evaluators need to consider the time and capacity of frontline workers when doing research with them because they may already be overwhelmed and exhausted. Therefore, we kept the survey questions to a minimum using a clear, simple format. Participants could decide how much detail they wanted to include, according to the time that they had available.

Online observation

In each community of interest, grant holders were attending online group meetings (via Zoom) arranged by paid professionals as part of the support package accompanying the micro-grants. We observed these online meetings to capture any points of learning and feedback. Data gathered was in note-form, as well as screen shots of written feedback generated during the meetings, for example, via MENTI polls.

Sampling

Purposive sampling was used throughout our data collection. This sampling approach is useful when there are a limited number of appropriate people for addressing the aims of a study. The grant-making organization provided us with contact details of participants who had consented to us

contacting them. Participants included those who had received funding (grants) and those implementing projects. Table 1 provides an overview of our data collection.

Table 1 - Overview of the data collection for the evaluation

Community of interest	**Data Collection**
Young people	Observation of meetings (n=2) Interviews with professionals (n=2) Survey professionals (n=1)
Older people	Meeting observations (n=2) Interviews (n=5 professionals) Email comments (n=1 professional) Survey responses (n=10, 9 professionals and 1 volunteer)
Faith Sector	Interviews with faith sector community members (n=2)
Men	Interviews with a volunteer and a worker (n=2)

Analysis and reporting

All qualitative recordings were listened to repeatedly by the research team to ensure familiarity with the content, with a critical listening summary produced as the first part of the analysis process. Full transcription of interview data was not undertaken to both save time and budget. Data from the online survey was also in the form of text. Observational data was in the form of researcher notes made during (and after) events, and so could also be analysed using framework analysis (Richie and Spencer 1994). We developed a coding framework using an inductive approach to identify emerging themes from all of the data. Key themes were agreed by the researchers. We reported during the lifetime of the project, writing three brief reports, and then a final evaluation summary to coincide with the end of the funding, and to meet the commissioners need for rapid learning (Crellin and Appleby 2021).

Section summary

- *We used a broad mix of qualitative data collection methods in our evaluation including interviews via digital platforms, telephone interviews and open-ended surveys.*
- *We worked according to participant preference to encourage involvement in the data gathering process to suit individual needs, IT skills and personal preferences.*
- *We used existing meetings and events as a point of data gathering, observing these to capture learning in real time, feeding back our findings on a regular basis to support learning.*

Method in Action
This should be a "warts and all" description and evaluation of how your chosen research method/approach actually worked in practice. What went well? What did not go to plan? What challenges did you face? How did you respond? What would you do differently?

[Insert text here]

Evaluating online led us to reflect on the differences in our experience of this work when compared to the traditional evaluation approaches that allow for in-person, face-to-face data collection. The key points we considered are discussed below.

Not missing out by not attending

There were some instances where evaluating online raised different experiences and issues within our research practice. In one instance where a researcher was unable to attend an online meeting, participants were asked to allow a worker to record the meeting, so that this could be watched later (all agreed). Whilst positive this raises ethical questions – ownership of the recording, storage of it as well as participant rights to withdrawal. This was a clear advantage of using online meeting methods with an entire zoom event recorded so that the evaluation research team did not miss out by not being able to attend. Traditional ways of recording meetings (such as notes and minutes) are far less fulsome, potentially biased, and reflect different agendas to those of the researchers. Therefore they are of reduced use for evaluation purposes when a researcher is absent from observation.

Challenges to data collection online

Many challenges to online data collection using qualitative data collection are already outlined in the literature. Carter et al (2021) write about the challenges of balancing the personal and professional during online qualitative data collection, and this was directly experienced during an interview as part of this evaluation where an interruption had to be managed (a workman repeatedly interrupted despite being asked not to). Rather than this disrupting the interview, it created a moment of rapport building and shared frustration. However, this may not always be the case - interruptions are less controllable in some situations and they also raise ethical challenges in relation to confidentiality. Further to privacy risks and technical challenges (internet issues, people using mobiles with poor reception, and lack of knowledge about using video conferencing), there may be issues with rapport building, embodied care and the quality of data as online methods can result in less information being gathered (Carter et al 2021). It is more difficult to build rapport because of the loss of personal interaction before the data collection starts such as not being able to offer refreshments. Body language is also less visible online. Remote evaluation is more formal, and data collection more hurried potentially at the expense of in-depth participant reflection.

Sampling

Our approach to sampling was in some ways not affected by the move to collecting data online. We sampled using an approach that has successfully worked for us in previous evaluations whereby we contacted names on a list given to us by the organization coordinating the grants (Warwick-Booth and Coan 2020; Warwick-Booth et al 2014). Some of our communities of interest, such as older people, were likely to be digitally excluded such as lacking access to the internet, facing financial barriers and needing skills development (Seifert 2020), whereas professionals find online data collection more accessible and satisfactory (Archibald et al 2019). Before the pandemic we would have gathered data with such groups in community settings, but as this was not possible, it led to limitations. Whilst community-based participatory research can be successfully conducted online during a pandemic (Nguyen et al 2020), this was not possible in our evaluation. However, whilst we

did not achieve a large sample, in this instance our qualitative evaluation provided rich detail and useful learning.

Section summary

- *There are advantages to data gathering online such as being able to observe recordings of events after they have taken place, even if researchers are unable to attend in real time.*
- *There are disadvantages to evaluating online as well, such as unplanned interruptions which may in some instances challenges rapport and the flow of data collection.*
- *Our sampling was limited by not being present in community settings to informally recruit participants in person, rather than just using online approaches.*

Practical Lessons Learned

This is perhaps the most important section of your research methods case study*. This should be an in-depth reflection on the specific methods/approaches used in the research project, detailing the important lessons you learned from this experience. Student readers must be able to learn from these lessons in order to inform their own research projects.*

[Insert text here]

Flexibility

We have previously discussed the need to work flexibly when evaluating health promotion interventions (Warwick-Booth et al 2014; Warwick-Booth and Coan 2020), and the ability to adapt was needed more than ever during the pandemic. Flexibility was used in our approach by adapting to using methods online, accommodating participants' preferences, and collecting data via the observation of existing meetings. We discussed the idea of using existing online meetings as an opportunity to conduct focus groups with members from communities of interest, because they were going ahead already and would involve relevant participants. We have used this approach prior to the pandemic, attending meetings in person and incorporating a focus group into the agenda. However, the online meeting agendas were full, and whilst we could use them as a space to introduce ourselves and the evaluation, as well as observing them, it was not possible to conduct a focus groups in the time available. This was in part linked to the pandemic and the need to communicate up to date information about government guidance during these meeting spaces,

which removed our window of opportunity to capture data from those attending beyond observation. Adaptation in evaluating online can also be achieved by rethinking the scope of the research being done; considering the potential of remote data collection, expanding it and presenting the results in different non-traditional ways to feed into more rapid responses (Binci and Doyle 2020).

Reconsidering ethical practice

Ethical approval for the evaluation was obtained through the University research ethics process, with data collection only being allowed online during the time period for this study. Informed consent was obtained from all participants prior to digitally recording all interviews and telephone conversations. Consent for the survey was via completion and submission. We started with the usual research ethics guidance, and then worked to adapt our practice further because traditional ethical guidelines are not always sufficient when working online (Sugiura et al 2020). For example, conducting data collection remotely presents challenges to obtaining consent from participants, particularly those in the community and/or those with limited access to information technology. As such, a tiered approach to gaining consent was used. In the first instance we sought written consent for all participants returned via email using the consent form (which worked well in the majority of instances). The participants all received a copy of an information sheet and consent form prior to providing verbal consent. The information sheet contained contact details for the research team as well as for an independent academic in case they wanted to raise any concerns. Where achieving written consent was not possible, we gained verbal consent at the beginning of each interview and this was audio recorded. There were no instances where we needed to obtain verbal consent from participants without recording.

Confidentiality and anonymity were assured across all methods used and the participant's right to withdraw was also made clear. Where participants had been filmed during data collection (Skype, Teams and Zoom) only verbally recorded content was saved for analysis to increase anonymity. All

quotations used in reporting were anonymized, simply labelling participants according to their community of interest. Furthermore, given the focus of the data collection (people being asked about their experiences of a grant scheme related to COVID19), we tried to be sensitive in our approach to questioning, offering care for participants' well-being. Participants were informed that they could opt out of answering any question and end the data collection at any time without giving a reason. We also prepared a debrief sheet in case any participants became distressed during research activities, so that we could signpost them for further support, however this was not used in practice during our evaluation. We use debrief sheets as part of our usual evaluation practice, and in this instance we were aware that we did not have the same non-verbal cues to observe distress, therefore we were more attentive asking specifically about wellbeing during data gathering.

Section summary

- *Being flexible in any evaluation research is important, and this is even more necessary when collecting evaluation data using online remote methods. Ideas and practices will need to be changed and adapted to each evaluation context, as well as participant preferences.*
- *Ethical considerations always apply in every research project, and when working online researchers need to consider how traditional principles might need to be adapted and expanded to adequately address remote ways of data gathering, whilst supporting wellbeing.*

Conclusion

Includes a round-up of the issues discussed in your case study. This should not *be a discussion of conclusions drawn from the research findings, but should focus reflectively on the research methodology. Include just enough detail of your findings to enable the reader to understand how the method/approach you used could be utilized by others. Would you recommend using this method/approach or, on reflection, would you make difference choices in the future?* ***What can readers learn from your experience and apply to their own research?***

Evaluation is central to health promotion practice and is an essential activity that can address questions about what works and why (Warwick-Booth et al 2014). It remains an important practice to aid learning especially in times of challenge such as Covid19. Our online evaluation worked effectively in practice to support participants from vulnerable and marginalized groups to contribute to learning about their experiences. Our findings showed that the model of delivery, involving trusted organisations and community members working together to respond to C19, was effective.

The micro-grants supported a variety of small-scale projects in communities (food parcels, tablet schemes, newsletters) which raised morale, at a time when this was much needed. Community members also described positive benefits from being involved such as learning new skills (IT); developing skills (working professionally); and improving their own wellbeing as well as the wellbeing of others in their communities. Of course, no single piece of evaluation is perfect, ideally in this case it would have been more rigorous to sample participants more widely, and in larger numbers. However using remote methods in a time of challenge when people were attempting to meet the needs of their communities limited the scope of what we were able to achieve.

The most important aspects other researchers could apply to their work would be to be flexible, to offer participants a range of ways to contribute to the research, and to continue to consider the ethical implications of the work throughout the project.

Discussion Questions

[Insert three to five discussion questions on the methods described in your case study]

Discussion questions should be suitable for eliciting debate and critical thinking. Avoid questions which require only a single-word answer such as "yes" or "no."

1. What do you see as the major strengths of using online approaches to evaluation in health promotion settings? Can you also identify any potential weaknesses?
2. In which research situations do you think online data collection is most useful?
3. Might some situations and indeed groups of participants work more effectively with online approaches?
4. Having read the approach that we took to evaluating online, if you were leading a similar evaluation project, what (if any) changes would you make to the research design?

5. Discuss how using online qualitative methods may impact on the ability of the research to engage with, and give voice, to diverse communities within health promotion settings.

Multiple Choice Quiz Questions

[Insert three to five multiple choice quiz questions here. Each question should have only three possible answers (A, B, or C), and one correct answer. Please indicate the correct answer by writing CORRECT after the relevant answer.]

Multiple Choice Quiz Questions should test readers' understanding of your case study, and should not require any previous knowledge. They should relate to the research methodology, rather that the research findings.

1. Online evaluation methods related to health promotion work should consider which of the following:
    a. Actively encouraging participants to contribute via offering a range of mechanisms for them to become involved in data gathering opportunities [correct]
    b. using traditional approaches that researchers are familiar with
    c. Using a 'one-size fits all' model where researchers don't need to worry about the diverse ways in which participants might want to communicate
2. When working online to conduct evaluations researchers should be wary of some disadvantages such as:
    a. Having no need to build rapport or to worry about supporting the wellbeing of participants
    b. Considering the requirements to disseminate in ways to facilitate learning during the lifetime of a project
    c. The potential for digital exclusion, limitations to sampling and unplanned interruptions [correct]
3. When conducting any research project, ethical guidelines are needed. With specific reference to online evaluations, ethical approaches should:
    a. Just apply traditional ethical principles and practices
    b. Be adapted to meet the needs of online data gathering because of increased challenges to anonymity and data protection [correct]

c. Not include applying for ethical clearance.

Further Reading

Please ensure content is inclusive and represents diverse voices. In your references, further readings and web resources you should aim to represent a diversity of people. We have a global readership and we want students of a wide range of perspectives to see themselves reflected in our pedagogical materials.

[Insert list of up to six further readings here]

- Carter, S.M., Shih, P., Williams, J., Degeling, C. and Mooney-Somers, J. (2021) Conducting qualitative research online: Challenges and solutions The Patient -Patient-Centered Outcomes Research.
- Green, J. and South, J. (2006) Evaluation Buckingham: Open University Press.
- Judge K, and Bauld L. (2001). 'Strong theory, flexible methods: evaluating complex community-based initiatives.' Critical Public Health. 11(1):19-38.
- Lobe, B., Morgan, D. and Hoffman, K.A. (2020). Qualitative data collection in an era of social distancing International Journal of Qualitative Methods 19, pp.1-8.

Web Resources

[Insert links to up to six relevant web resources here]

- Evaluation in health promotion. Principles and Practice. WHO (2001) https://www.euro.who.int/__data/assets/pdf_file/0007/108934/E73455.pdf
- NHS Evaluation Toolkit https://nhsevaluationtoolkit.net/
- Evaluation Guides and Toolkits. CDC https://www.cdc.gov/dhdsp/evaluation_resources/guides/index.htm

- Evaluating health promotion programs: introductory workbook. Public Health Ontario. https://www.publichealthontario.ca/-/media/documents/E/2016/evaluating-hp-programs-workbook.pdf

References

[Insert bibliography of references cited in text here]

References should conform to American Psychological Association (APA) style, 7th edition, and should contain the digital object identifier (DOI) where available. SAGE will not accept cases that are incorrectly referenced. Please ensure accuracy before submission. For help on reference styling see https://apastyle.apa.org/style-grammar-guidelines.

- Archibald. M.M., Ambagtsheer, R.C., Casey, M.G. and Lawless, M. (2019) Using Zoom Videoconferencing for Qualitative Data Collection: Perceptions and Experiences of Researchers and Participants International Journal of Qualitative Methods 18, pp.1-8.
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- Nguyen, A.L., Christensen., C., Taylor, J. and Brown, B. (2020) Leaning on community-based participatory research to respond during COVID-19 AIDS and Behavior https://doi.org/10.1007/s10461-020-02922-1.
- Ritchie, J. & Spencer, L. (1994). Qualitative data analysis for applied social research, in Bryman, A., & Burgess, R. G. (Eds). Analyzing qualitative data. London, England and New York, Routledge.
- Seifert, A. (2020) The digital exclusion of older adults during the COVID-19 pandemic Journal of Gerontological Social Work, 63, 6-7, pp. 674-676.
- Sugiura, L., Wiles, R. and Pope, Catherine. (2017) Ethical challenges in online research: Public/private perceptions Research Ethics 13, 3-4, pp. 184-199.
- Warwick-Booth, L et al. (2014) Using the theory of change to support an evaluation of a health promotion initiative Sage Methodology Case Study Online available at http://srmo.sagepub.com/cases.
- Warwick-Booth, L. and Coan, S. (2020) Using Creative Qualitative Methods in Evaluating Gendered Health Promotion Interventions SAGE Research Methods Cases Medicine & Health.