

006 BP **HEALTH RESEARCHER, HOSPITAL ADMINISTRATOR,
COMMUNITY ADVOCATE, GOVERNMENT OFFICIAL,
UNINSURED PATIENT AND MORE: REFLECTIONS ON
MULTI-SECTORAL COLLABORATION IN QUALITATIVE
RESEARCH**

D Romero,* K Flandrick. *City University of New York Graduate School of Public Health and Health Policy, Department of Community Health and Social Sciences USA*

10.1136/bmjopen-2017-016492.16

New York City (NYC) has experienced various changes in hospital providers over the last several years. In addition, the federal Patient Protection and Affordable Care Act of 2010 (“Obamacare”) has led to changes in the numbers of people without health insurance. This presentation will discuss related aspects of two qualitative research projects on provision of safety-net hospital services – one of a borough in NYC with several private hospitals at risk of closure due to financial difficulties and the other of the NYC public hospital system reduced fee-for-service *Options Program* for those ineligible for health insurance (predominantly undocumented immigrants). These two projects involved collaboration across sectors (municipal government; health department; community-based non-profit service providers; public hospital system; professional trade organizations; advocacy organizations; academia). Methods of data collection included focus groups, key-informant interviews, and web-based community survey, with varying levels of collaboration in the analytic process. The discussion focuses on how engagement with multiple partners in the research process both provides (1) valuable access and insights, and how a Collective Impact Framework may function as a useful implementation tool, as well as (2) challenges to rigorous study design, validity of findings, and appropriate dissemination.