Dueling Ethical Constructs: another barrier to synergistic public/private partnerships in public health

PI: Kevin Borrup, JD, MPA

Introduction

Partnerships between the private sector and the public sector offer the promise of being able to harness the strengths inherent in each sector in serving public health objectives. Yet, these promised partnerships often fail to materialize, or fail to achieve the desired complementary effect from partnering. The specific aim of this research is to gain an understanding of leaders' thinking regarding existing relationships and systems, barriers and opportunities related to public/private partnerships in public health in Connecticut.

Methods

Key informant interviews were conducted with ten (10) individual decision makers from government and the non-profit sector in Connecticut. Participants were selected from a rank ordered list generated through an environmental scan. Each semi-structured interview consisted of ten questions related to public/private partnerships in public health. Interview responses were recorded, transcribed, and then coded using a priori themes drawn from a conceptual model and initial study hypotheses. Qualitative analysis began with 6 major theme codes. As the analysis progressed the theme coding framework evolved to encompass 23 emerging themes as sub-codes. A total of 210 individual codes were assigned to the transcribed text. After preliminary analysis, secondary coding was conducted by reviewing all coded responses for the emergent major theme of ethics resulting in 56 additional overlapping theme code assignments. Coding and analysis was conducted using "ATLAS.ti 7" qualitative data analysis software.
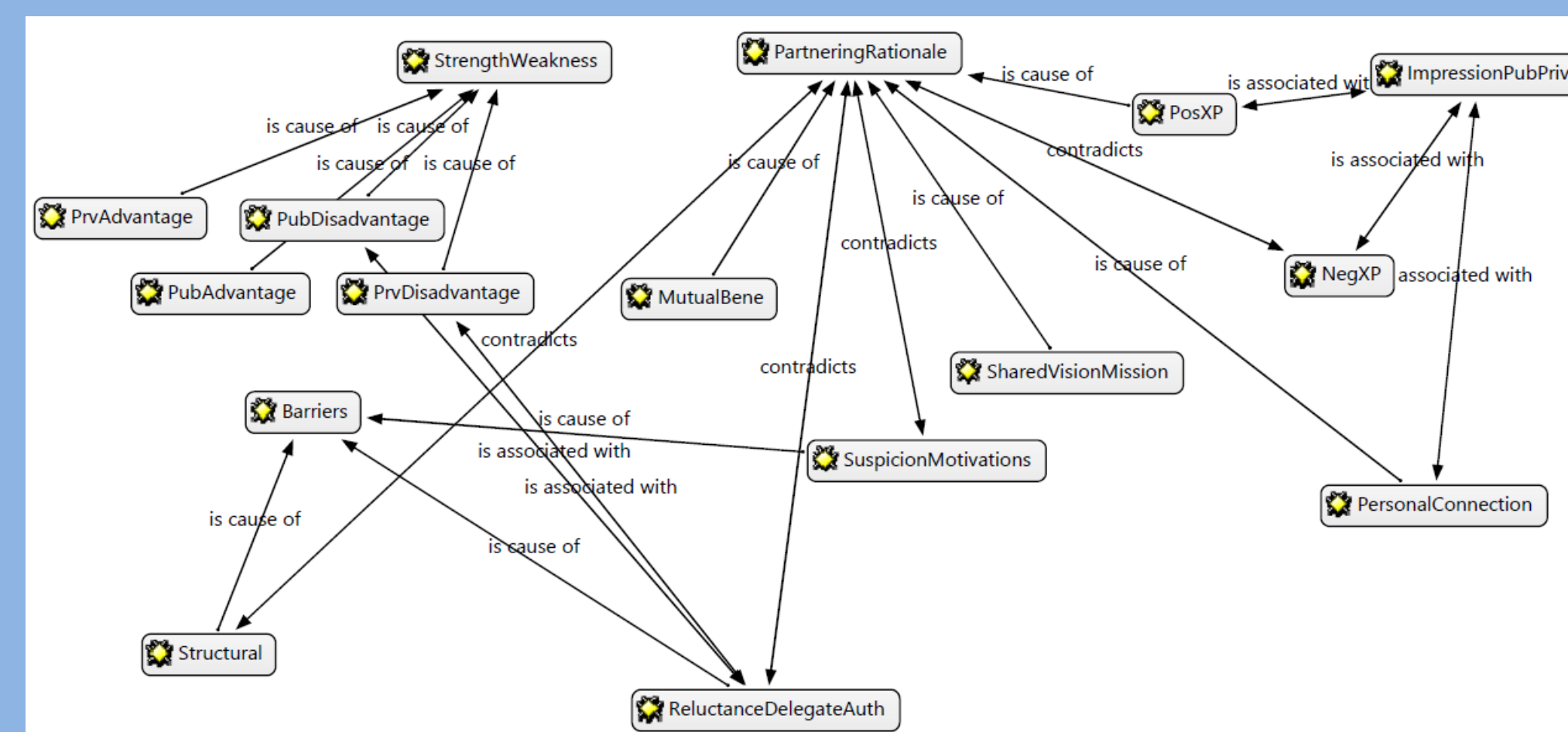
Results

An ethical dimension was present in the responses of both public and private actors when giving their opinion about various aspects of public/private partnerships. "Ethics" herein is used with its common definition of principles that guide decision making and/or behavior. The theme of ethics co-occurred 56 times among the 210 coded passages within the interview transcripts. Importantly, these ethical dimensions expressed by key informants were consistent within group and had important distinctions between groups. There were 32 ethical codes within the "private" grouping of informants and 31 within the "public" grouping of informants, with 7 ethical codes counted among both groups due to the dual affiliation of a single informant.

Selected major theme codes	Ethics	Ethics+ Private	Ethics+ Public
Barriers to partnerships	14	7	7
Justifying rationale	10	7	3
Structural issues	8	4	4
General impressions	8	3	5

Public sector key informants saw their role as one of understanding the big picture with a concern on process. These same key informants tended to see the private sector as unable to get the big picture, in part due to a perceived focus on its own private agenda that is not beholden to the public.

Private sector informants expressed concern that process gets in the way of government using outside expertise that they need. Within coding for partnership rationale the private sector recognized an important role of the public sector in assuring public confidence.

Conclusions

Theme coding revealed that between public and private actors there exists a gap in understanding of the disparate sectors' operational ethical frameworks. The lack of common principles or ethics in establishing cross-sector partnerships may be a key barrier to achieving the promised synergies in achieving local and national public health objectives.

Decision makers need to be aware of the incongruence in ethics between public and private actors in the public health setting and be prepared to address these issues during the partnering process.

Sources

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Acknowledgments