

Harnessing Qualitative Data to Advance Health Equity



Thursday, July 27, 2023
10:00 AM PT/1:00 PM ET



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Meet the PreventConnect Team



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she/her/hers



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EQUITY IN ACTION

National Sexual Assault Conference Prevention Track Preview



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The Sexual Trauma & Abuse
CARE CENTER



Ashleigh-Klein Jimenez

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Host
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Prevention Specialist, LiveWell Douglas
County Sexual Violence Prevention
Workgroup chair
Sexual Trauma and Abuse Care Center

HOUSING JUSTICE AS PREVENTION

National Sexual Assault Conference



Health Equity in Practice

Foundations for Sexual Violence Prevention

A 5-Part Web Conference Series



PREVENTION TOWN HALL:

Identifying
Solutions to
School-Based
Prevention
Programming
Resistance

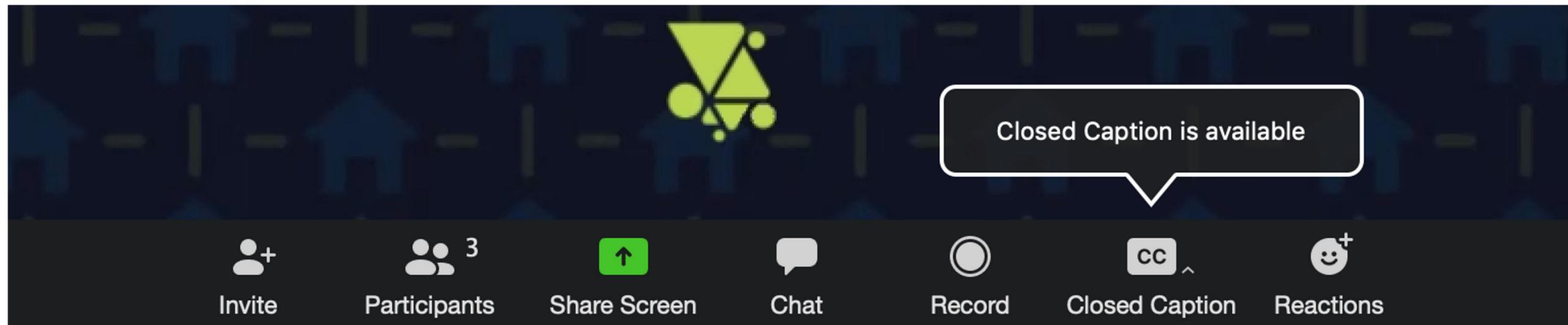
August 16, 2023 | 11 AM PT/2 PM ET



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How to use Zoom

- Text chat
- PowerPoint Slides
- Polling Questions
- Phone
- Closed Captioning
- Web Conference Guidelines



Have you attended a
PreventConnect Web
Conference before?

Polling Question

The diagram illustrates a mobile poll interface. It consists of a white rounded rectangle centered on a light blue background. At the top of the rectangle is a white header bar. Below the header bar is a white area containing three rounded rectangular options. The top option is highlighted in light blue and contains a checkmark icon. The middle and bottom options are white and contain empty radio button icons. Each option has two horizontal lines representing text.

PreventConnect

- Domestic violence/intimate partner violence
- Sexual violence
- Violence across the lifespan, including child sexual abuse
- Prevent before violence starts
- Connect to other forms of violence and oppression
- Connect to other prevention practitioners

Harnessing Qualitative Data to Advance Health Equity

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PreventConnect is a national project of ValorUS sponsored by the U.S. Centers for Disease Control and Prevention. The views and information provided in this web conference do not necessarily represent the official views of the U.S. government, CDC or VALOR.

Data Series – Session 1

Introduction to Data Sharing and Integration to Advance Sexual and Intimate Partner Violence Prevention

Thursday, July 6, 2023
11:00 AM PT/2:00 PM ET



Recording Now Available!

Objectives

- Understand the importance of storytelling in public health research
- Discuss ethical considerations for collecting, understanding, and communicating about qualitative data
- Employ effective strategies for gathering and analyzing qualitative datasets
- Align research and surrounding engagement efforts with targeted, moveable policy problems

Meet Today's Guests



Jacqueline Blocker
(she/her)
Metriarch



Caitlin Beasley
(she/her)
Metriarch

What skills or
knowledge are you
hoping to build
today?

Text Chat Question



Chat

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To: **Everyone** ▼

Type message here...

DATA, EMPATHY, & CHANGE

*Harnessing qualitative data to
advance health equity*

WE ARE METRIARCH



Metriarch[®]
OKLAHOMA WOMEN'S PUBLIC HEALTH THINK TANK

MISSION

We aim to normalize and broaden
conversations about women's
health in Oklahoma.

[METRIARCHOK.ORG](https://metriarchok.org)

WHAT WE DO

Policy and legislative analysis

- Legislative monitoring
- Policy analysis
- Relationship facilitation with lawmakers and lobbyists

Data, research, and engagement

- News monitoring and circulation
- Public health research
- Data collaboration and dissemination

FIERCE FACTS
A WEEKLY WOMEN'S HEALTH BULLETIN

DECEMBER 19, 2022
the one with OTC birth control

Mix Tape A COMPILATION OF THIS WEEK'S TOP STORIES

It's been a big year for oral contraceptive access, and momentum is likely to continue in 2023. Two pharmaceutical companies are working with the FDA to make their products available without a prescription (also known as 'over the counter,' or OTC).

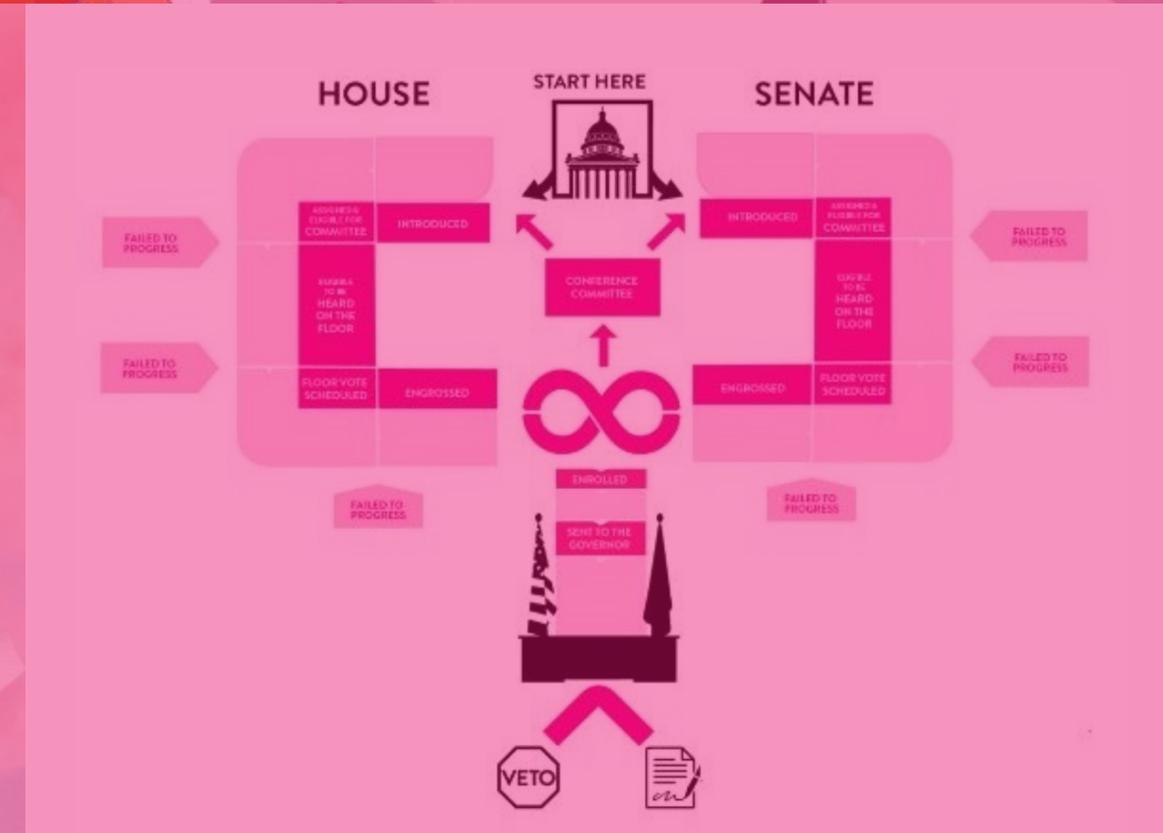
According to reporting from Mother Jones, more than 100 countries already allow OTC access to oral birth control. Experts interviewed for the article stress that it's safe, effective, and critical that OTC options are cost-effective.

A 2022 survey from Kaiser Health Foundation indicates American women of reproductive age are on board, too. More than three-quarters (77%) favor making birth control pills available over the counter if research showed they are safe and effective.

data lookbook
Vol. 2

Our Stories Reflect the Sky

A narrative report and homage to women's health in Oklahoma



OUR APPROACH WHOLE WOMEN'S HEALTH

BODILY HEALTH

The direct health of the body

Ex: breastfeeding, maternal health, birth control, etc.

SOCIAL DETERMINANTS OF HEALTH

External factors that affect health

Ex: economic ability, education, healthcare access, etc.

QUANTITATIVE

Answers what, who, and how much/often questions

Provides insight into relationships between variables

Best for uncovering generalizable insights and defining breadth

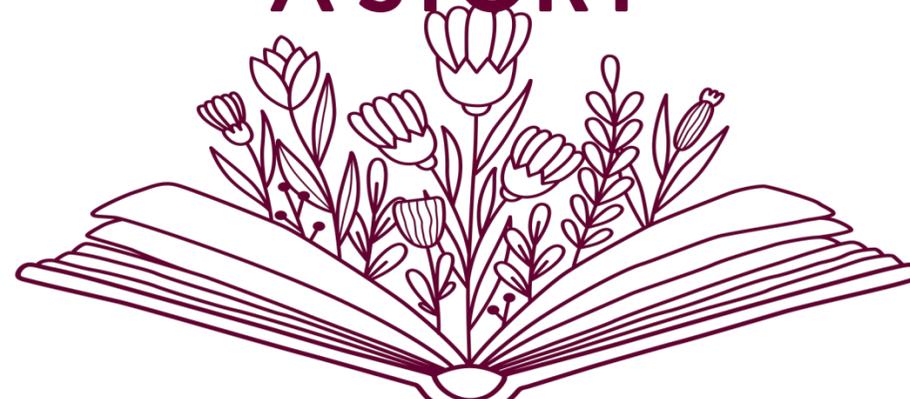
QUALITATIVE

Answers how and why questions

Adds nuance to what, who, and how much/often questions

Creates opportunities for meaning-making and actionable empathy

**TOGETHER THEY TELL
A STORY**



Are you using
quantitative data,
qualitative data, or
both?

Polling Question

The image shows a mobile poll interface. It consists of a white rounded rectangle on a light blue background. At the top is a white header bar. Below it is a list of three rounded rectangular options. The first option is highlighted in a darker blue and contains a white checkmark icon. The second and third options are white with a light blue border and contain a light blue radio button icon. Each option has two horizontal lines representing text.

If you're not using
qualitative data as
much, why not?

Text Chat Question



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To: **Everyone** ▼

Type message here...

DATA STORYTELLING

“

*People hear
statistics,
but they feel
stories.*

Stories make data more compelling.

Studies have shown people remember stories better than stats. They tend to be more open-minded when engaging with a narrative. And they are often more likely to take action as a result.

Public health data is uniquely well-suited to storytelling.

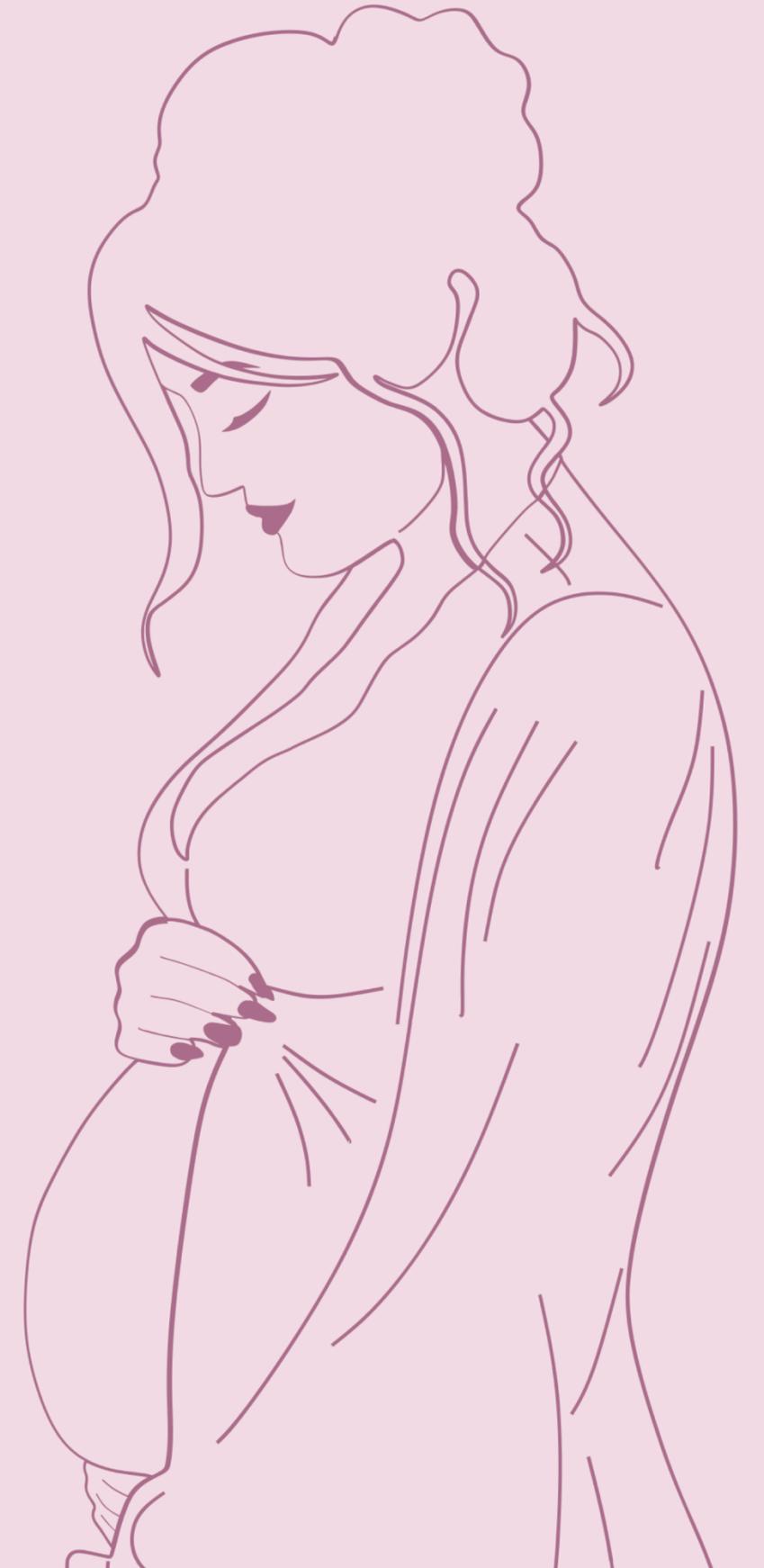
The numbers we see are far more than just figures. They represent our people, our communities, our history, our health, and our journeys.

INTRODUCTION - CASE STUDY

Pregnancy and substance use in Oklahoma

The data, research, and medical and public health communities are in agreement – when pregnant people struggling with substance use disorder receive timely, non-judgemental care, outcomes are better for mothers, babies, and families.

Unfortunately, policies and procedures surrounding this issue are inconsistent, confusing, and at times carried out in discriminatory and harmful ways. Oklahoma is one of many states contending with the challenge of aligning evidence-based practices with care and social service provision.



FRAME YOUR RESEARCH

Landscape analysis

- Review available data and policy landscape
- Situate known info in context
- Compare to other contexts (ex. other geographies or demographics)

Stakeholder mapping

- Who are the subject matter experts?
- Who are you/your organization connected with?
- What policymakers are engaged or might be open to engaging?

Knowledge gaps

- Work with stakeholders to identify research questions, who knows the answers best, and who needs to know more
- What new data might bridge gaps?

Change potential

- Is there movement? (ex. influx of funding, uptick in news coverage)
- Is change occurring in tangential areas?
- Are there engaged people with influence?

What is a gap in knowledge about one of the prevention strategies that you are implementing where this framing could help to educate people?

Text Chat Question



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POLICY LANDSCAPE

State	Substance Abuse in Pregnancy as Child Abuse Policy	Pregnancy Substance Abuse Testing/Reporting Policy	Infant Substance Exposure Testing	Drug Treatment for Substance Abuse during Pregnancy Policy	Cases of Miscarriage/Still Birth Criminalization
Alabama	Drug use in pregnancy is considered a form of child abuse, and medical providers are “mandatory reporters.” Prosecutors can charge PPWUD with chemical endangerment of a child.	Circumstances for testing and reporting are uncertain. No mandatory testing policy.	No mandatory testing.	No state funded targeted programs for PPWUD, but pregnant people are to be given priority access to recovery programs	Fetal homicide law has been used to criminalise miscarriage. Etowah county requires pregnant women arrested on drug charges to go through rehab and post \$10,000 in cash bail. This county alone has had 150 cases since 2010.
Arkansas	Criminal neglect includes “causing a child to be born with an illegal substance present in the child’s bodily fluids or bodily substances as a result of the pregnant mother’s knowingly using an illegal substance before the birth of the child” and detection of illegal substance at birth. “Killing of an “unborn child” can be considered capital murder and the definition of unborn child begins with conception.	Circumstances for testing are uncertain. Reporting mandatory.	No mandatory testing.	State funded targeted programs for PPWUD (Funding from Department of Human Services). Pregnant people are given priority as of 2021.	House Bill 1174 (introduced Jan 2023 session) allows prosecution when someone causes the death of an unborn child. This could include anything from abortion to lifting heavy objects while pregnant.
Oklahoma	Child abuse falls into deprived or drug endangered children. “Drug-endangered child’ means a child who is at risk of suffering harm as a result of the use, possession, distribution, manufacture, or cultivation of controlled substances” State vs Green (2020) established that the definition of children in these cases included fetuses.	Screening, Brief Intervention, and Referral to Treatment (SBIRT) from OSDH	No mandatory testing. Circumstances for testing unknown. Diagnosed with Neonatal Abstinence Syndrome or Fetal Alcohol Spectrum Disorder should be reported. If newborn tests positive for a controlled dangerous substance reporting is mandatory (even if prescribed).	No state funded targeted programs for PPWUD. Other programs are available!	Yes, there are many recent cases of miscarriage criminalisation. This has included charges of manslaughter.

CASE STUDY - FRAMING

Available quantitative data told us...

- Number of infants exposed to drugs in the womb is going up
- Admissions to treatment centers are going down
- Many treatment centers don't accept pregnant people
- Substance-related incarceration rates are going up

Policy landscape analysis told us...

- Unclear if/when mothers and infants are drug tested
- Substance use during pregnancy often criminalized under child abuse/neglect laws



Only a third of the state's substance abuse treatment facilities serve pregnant or postpartum women.

Stakeholders told us...

- Influx of funding in last few years fed quantitative data-collection
- Some key stakeholders still did not understand "the emotional side"

Addiction treatment centers, female admissions



COLLECTING QUALITATIVE DATA

- Who do you want to talk to?
 - Review stakeholders
 - Identify research population alongside stakeholders/subject matter experts
 - Who is impacted by the phenomenon you want to understand?
 - What are the barriers to access? Who is best equipped to reach this population?
- Ask questions that dig deep and foster understanding of lived experience, emotional landscape, and barriers/gateways to care
 - Get subject matter expert feedback as you develop interview guides
 - Aim for open-ended, semi-structured, conversational interviews
 - Ask probing follow-up questions

ETHICS IN QUALITATIVE DATA

- Ethical considerations are woven throughout the process
 - Involve stakeholders in considering ethical ramifications of interviewing and exposing your research community
 - How is your research community vulnerable? (ex. criminalization, retraumatization)
- Qualitative data can never be 100% confidential; how do you keep participants safe?
 - Anonymization and confidentiality
 - Preserving vs. protecting voice
 - Fabrication as ethical practice (i.e aggregating data, creation of personas, pseudonyms)

CASE STUDY - COLLECTING DATA



- Target population split into two groups:
 - Those with lived experience of pregnancy and substance use
 - Those working directly with them in a professional capacity
- Identified participants through stakeholders, their networks, and targeted communications
- Interview guides crafted based on gaps in knowledge and best practices in trauma-informed communication
- Informed consent documents shared with each participant via email before interviewing and again at the beginning of each recorded call
- Participants compensated for their time and energy

ANALYZING QUALITATIVE DATA

- Compile transcripts of interviews
- Take notes and annotate each interview
 - Highlight important passages and interesting observations
 - What stands out? Why does it stand out? What does it tell you about what you're researching?
- Identify and analyze major themes
 - Look for similarities and differences across participants or groups to identify patterns and divergences
 - Do patterns emerge when you compare observations across the data set?
 - Analyze the relationships between themes
- Compare qualitative data with other sources to inform and strengthen analysis

Streamline with software

Transcription

While no software will get it 100% right, many use AI to enhance accuracy.



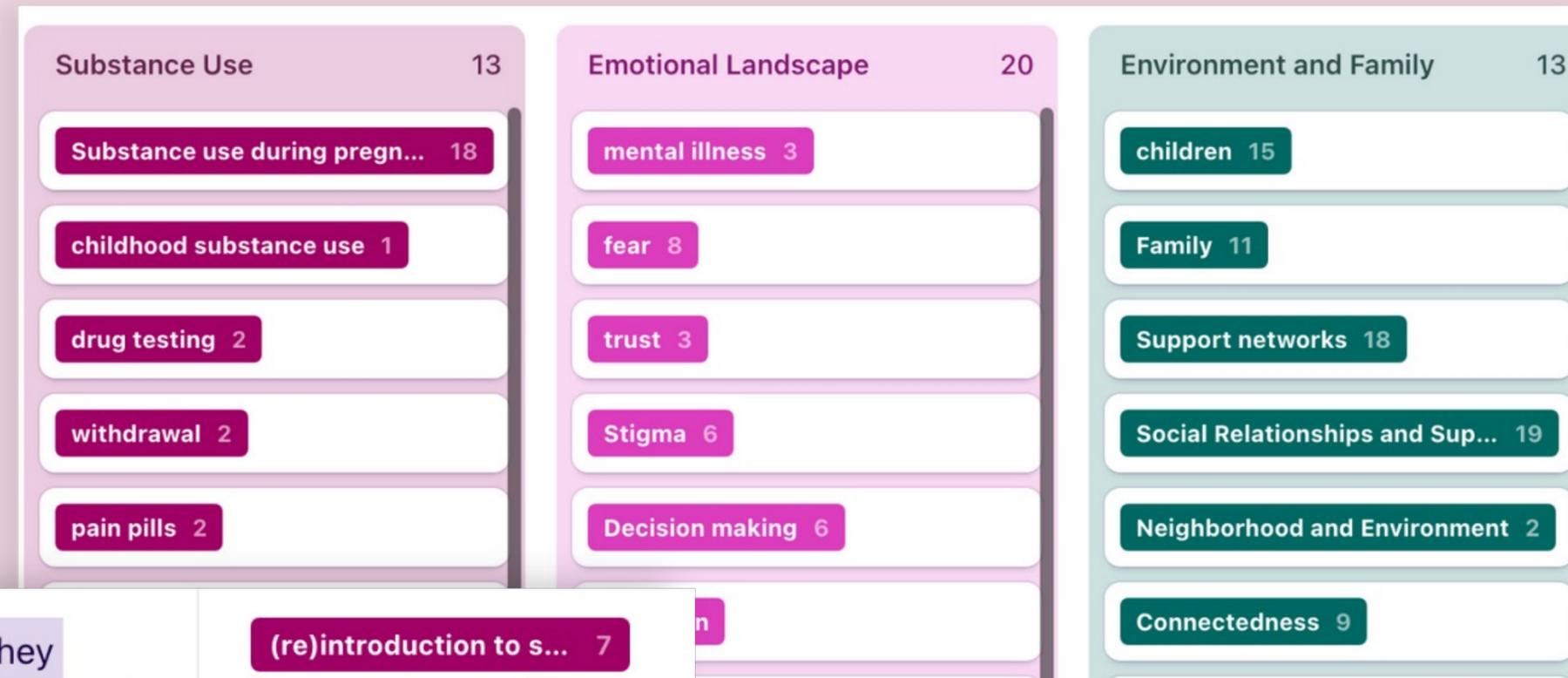
Analysis

The larger your dataset, the more valuable software designed to help identify themes, patterns, and relationships is.



CASE STUDY - ANALYSIS

We used Dovetail to make notes and annotate our interview transcripts using a tagging system (codes) that evolved as new information emerged



I had to have a c-section with him. And so they have to give me you have to but they provided me with pain medication, which was my drug of choice at that time. And so I at that point, it just kind of went downhill. So I didn't stop after that you know prescription, I didn't have the tools that I have now. Because, you know, if I had them, I wouldn't have gone right back out. I've already got a safety plan in place, or would have had somebody monitoring what I was doing with those painkillers. So I didn't have any of that in place. So after about two months of having my oldest child, instead of pain pills, I went to heroin because that was a lot cheaper at the time. And so stayed on when and how well even after I was pregnant with my ups kiddo I didn't stop using with him. It was a lot harder while using heroin to stop and it was with the pain pills with my oldest kid and so I attempted to start with you know, the MAT clinics I went to one thing one at that time.

- (re)introduction to s... 7
- 'drug of choice' 4
- pain pills 2
- recovery tools 3
- Decision making 6
- safety planning 3
- 'drug of choice' 4
- heroin 4
- (re)introduction to s... 7
- MAT 4

Tags were color coded and separated into thematic groups

DATA AGGREGATION - PERSONAS

Use the insights gathered from the data analysis to create "personas" that embody the characteristics, needs, goals, and challenges of your research participants.

01 Who are they?

Assign a name and image to personas in order to make them easily identifiable. Use your data to develop a background story that represents their demographic and life circumstances.

02 How do they think/feel?

Elaborate on the emotional landscape described by participants. What do they fear? What motivates them? What leads their decision making?

03 What do they need?

Consider safety needs, social needs, and/or resources. Understanding the needs of the community is crucial for providing appropriate support and fostering well-being.

04 What barriers do they face to meeting those needs?

Understanding their frustrations and obstacles is key to building empathy and crafting meaningful (policy) recommendations.



PERSONA - "OLIVIA"

Who

Olivia is a young mom who has struggled with substance use issues since she was in high school. For years she found it difficult to name her behaviors as disordered. She did not seek substance use treatment until late in pregnancy.

Thoughts & feelings

Olivia had anxiety about seeking treatment because of her pregnancy. She also had fears about seeking prenatal care because of her substance use. She felt a lack of safety and trust that she wasn't able to gain until she entered a treatment center.

“

Breastfeeding was added accountability as an individual in recovery. It was reassurance of like, I'm giving her what she needs. Like how comfortable she is in my arms every time I would pick her up to nurse her and she would just be peaceful. You know, I would know like, Oh, I'm able to give her that. Which gave me reassurance in myself as a mom.

”

“

I was just afraid to go and admit that I was using. And I really wasn't excited about that pregnancy either. Because I was dealing with addiction. So it was just really hard... It was hard to be pregnant, knowing that you're not going to get to take your baby home.

”



Needs

Olivia needs prenatal care, substance recovery tools, a support system both inside and outside of the treatment space, and 'assurance that she can provide her child(ren) with what they need'.

Barriers

Stigmatization and fear keep Olivia from pursuing prenatal care. She also lacks a support system that will encourage her to seek substance use treatment early.

Questions?

Text Chat Question



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Thank you.



Contact

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Additional Resources

STORYTELLING FOR NORMS CHANGE & COMMUNITY ENGAGEMENT TO PREVENT SEXUAL AND INTIMATE PARTNER VIOLENCE



LGBTQIA+ INCLUSION RESOURCES FOR PREVENTION PRACTITIONERS

Data and
Storytelling

A banner for a web conference. On the left is a stylized globe with a purple and orange color scheme. The background is dark with a starry space pattern. Text on the right includes the Resonance Network logo, the theme 'REIMAGINING GENDER FOR A WORLD WITHOUT VIOLENCE', the title 'ART AND STORYTELLING LED BY BLACK ORGANIZERS', and a 'Welcome' message. At the bottom right, it says 'Hosted by prevent connect' with their logo.

RESONANCE NETWORK

REIMAGINING GENDER FOR A WORLD WITHOUT VIOLENCE

ART AND STORYTELLING
LED BY BLACK ORGANIZERS

Welcome, this web conference will begin soon

Hosted by **prevent connect**

Additional Resources



+ more at www.preventconnect.org

Search “storytelling” and “messaging”



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