Harnessing Qualitative Data to Advance Health Equity

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

prevent connect
A ValorUS PROJECT
Meet the PreventConnect Team

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Director of Prevention  
she/her/hers

Janae Sargent  
Project Coordinator  
she/they
Listen to our podcast!

EQUITY IN ACTION
National Sexual Assault Conference Prevention Track Preview

Ashleigh-Klein Jimenez
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Host
PreventConnect

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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
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
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
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
DATA, EMPATHY, & CHANGE

Harnessing qualitative data to advance health equity
WE ARE METRIARCH

MISSION

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

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

Text Chat Question
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 (e.g., other geographies or demographics)

### 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?

### 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?

### Change Potential
- Is there movement? (e.g., 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?
## POLICY LANDSCAPE

<table>
<thead>
<tr>
<th>State</th>
<th>Substance Abuse in Pregnancy as Child Abuse Policy</th>
<th>Pregnancy Substance Abuse Testing/Reporting Policy</th>
<th>Infant Substance Exposure Testing</th>
<th>Drug Treatment for Substance Abuse during Pregnancy Policy</th>
<th>Cases of Miscarriage/Still Birth Criminalization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alabama</strong></td>
<td>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.</td>
<td>Circumstances for testing and reporting are uncertain. No mandatory testing policy.</td>
<td>No mandatory testing.</td>
<td>No state funded targeted programs for PPWUD, but pregnant people are to be given priority access to recovery programs</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Arkansas</strong></td>
<td>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.</td>
<td>Circumstances for testing are uncertain. Reporting mandatory.</td>
<td>No mandatory testing.</td>
<td>State funded targeted programs for PPWUD (Funding from Department of Human Services). Pregnant people are given priority as of 2021.</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Oklahoma</strong></td>
<td>Child abuse falls into deprived or drug endangered children. &quot;Drug-endangered child&quot; 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.</td>
<td>Screening, Brief Intervention, and Referral to Treatment (SBIRT) from OSDH</td>
<td>No mandatory testing.</td>
<td>No state funded targeted programs for PPWUD. Other programs are available!</td>
<td>Yes, there are many recent cases of miscarriage criminalisation. This has included charges of manslaughter.</td>
</tr>
</tbody>
</table>
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

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

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

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.

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>01</strong></td>
<td><strong>Who are they?</strong></td>
</tr>
<tr>
<td></td>
<td>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.</td>
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<tr>
<td><strong>02</strong></td>
<td><strong>How do they think/feel?</strong></td>
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<td></td>
<td>Elaborate on the emotional landscape described by participants. What do they fear? What motivates them? What leads their decision making?</td>
</tr>
<tr>
<td><strong>03</strong></td>
<td><strong>What do they need?</strong></td>
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<td></td>
<td>Consider safety needs, social needs, and/or resources. Understanding the needs of the community is crucial for providing appropriate support and fostering well-being.</td>
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<tr>
<td><strong>04</strong></td>
<td><strong>What barriers do they face to meeting those needs?</strong></td>
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<tr>
<td></td>
<td>Understanding their frustrations and obstacles is key to building empathy and crafting meaningful (policy) recommendations.</td>
</tr>
</tbody>
</table>
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.

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.

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’.

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.

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

From Me to Everyone:
Use this text chat box to respond to our questions, ask your own, and connect with others!

To: Everyone

Type message here...
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

ART AND STORYTELLING LED BY BLACK ORGANIZERS

Welcome, this web conference will begin soon
Additional Resources

+ more at www.preventconnect.org

Search “storytelling” and “messaging”