

MMRIA Qualitative Analysis Webinar

FEATURING SARAH BLAKE, PHD, MA AND MARGARET MASTER, MPH, MBA
JUNE 23, 2020





EMORY

ROLLINS
SCHOOL OF
PUBLIC
HEALTH

WELCOME

Sarah Blake, PhD, MA and Margaret Master, MPH, MBA

June 23, 2020

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1. Describe the value and role of qualitative data
2. Identify the differences between qualitative and quantitative data
3. Describe sources of qualitative data generally and in MMRIA

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4. Describe the qualitative data analysis process
5. Prepare memos of qualitative data
6. Define codes and how they apply to MMRIA data
7. Describe the development and value of a qualitative codebook in the analysis process
8. Identify the process of developing themes from your coded qualitative data.

Learning Objectives

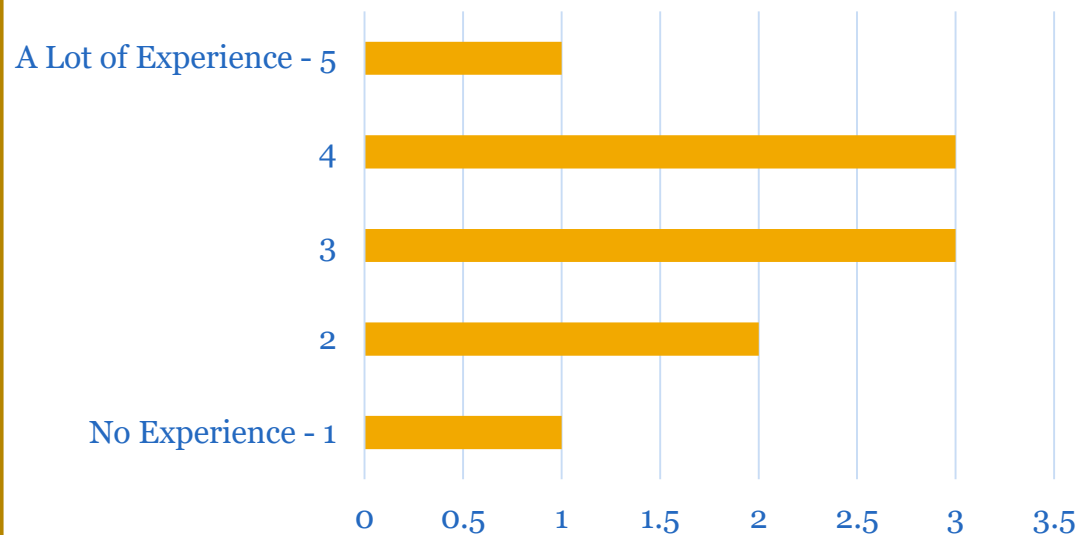




Your Qualitative Perspective

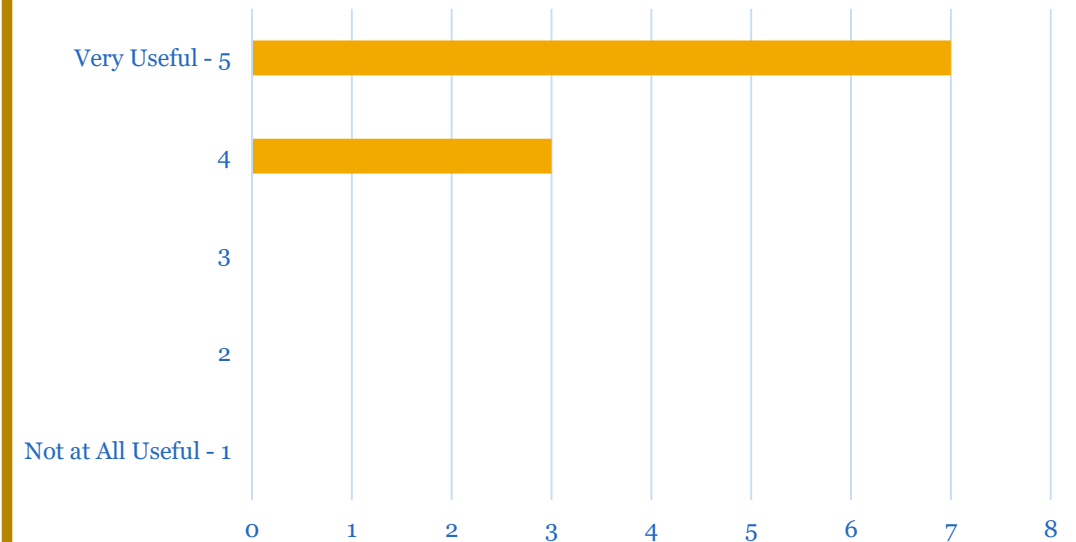
- Participants have a range of experience with qualitative analysis (Avg - 3.1)

Please Rate Your Experience With Qualitative Analysis (N=10)



- Participants believe Qualitative Analysis will be useful to their work (Avg - 4.7)

Please Rate the Usefulness of Qualitative Analysis for your Work (N=10)





Your Qualitative Perspective

Subjective

Context

Theme

Open

Words

Richness

Gonna take awhile

Detailed

Texture

Description



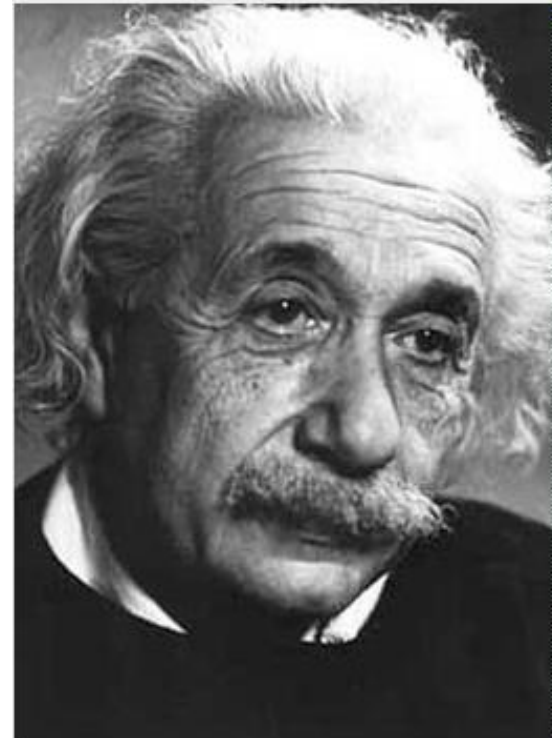
AGENDA

- INTRODUCTION TO QUALITATIVE DATA
- THE QUALITATIVE ANALYTIC PROCESS
 - Step 1: Develop an Analysis Question
 - Step 2: Develop an Analysis Plan
 - Step 3: Prepare and organize textual data
 - Step 4: Develop codes and a codebook
 - Step 5: Identify themes
- CONCLUSION

INTRODUCTION TO QUALITATIVE DATA

Introduction to Qualitative Data

- Qualitative data provides an opportunity to understand the **what**, **how** and **why** of phenomena
- Qualitative data goes **beyond what can be counted**



Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted.

- Albert Einstein

Sources of Qualitative Data in MMRIA

Case Narrative

Date created: 2020-06-08T18:33:32.733Z
Created by: user1

Select to print a form

Case Narrative

Use the pre-fill text below, and copy and paste from Reviewer's Notes below to create a comprehensive case narrative. Whatever you type here is what will be printed in the Print Version.

She was a gravida ___ para __, who died with cause of death __, __ days /months, before, during or after delivery. Medical history was significant for __ (Pre-pregnancy risk factors or pre-existing medical conditions). Pre-pregnancy BMI was ____. Life course issues significant _____ (psychosocial factors).

Entry into prenatal care was at _____ weeks with # visits at a ___ (describe location) with a ___ (provider type). Prenatal history was significant for ___ (include identified obstetric risk factors). Referrals during prenatal period were to _____ at _____ weeks gestation.

Health events prior to delivery included _____. She presented to clinic/hospital/other _____ at _____ weeks gestation. Delivery was by a (provider title) __, method was _____, with _____ anesthesia. Obstetric complications included _____. Fetus/infant was _____ weeks gestation and weighed _____ pounds/ounces. Apgar scores were _____ and complications were _____. Postpartum period (before discharge) significant for developing _____. Mother and infant were/were not discharged (if applicable) to _____. At _____ weeks postpartum she presented to (describe location) _____. Postpartum period (after discharge) significant for _____.

(Summarize terminal event). Autopsy was done by a _____ or was not done. Significant findings included _____.

(Describe if any bereavement services were offered.)

She was a (age, place of birth, race/ethnicity, marriage status, level education, occupation).

Social and Environmental Profile

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Reviewer's Notes About the Social and Environmental Profile

Contributing Factors and Recommendations for Action - 3 item(s)

✕ item 1 of 3

Level Contributing Factor Class

Patient/Family

Communication

Description Communication: lack of understanding of diagnosis Access to care: Delay: Late entry into prenatal

Recommendation

Obstetric provider should refer patients with a reported cardiac condition to cardiologist during prenatal care or between pregnancies.

Prevention Level

Primary

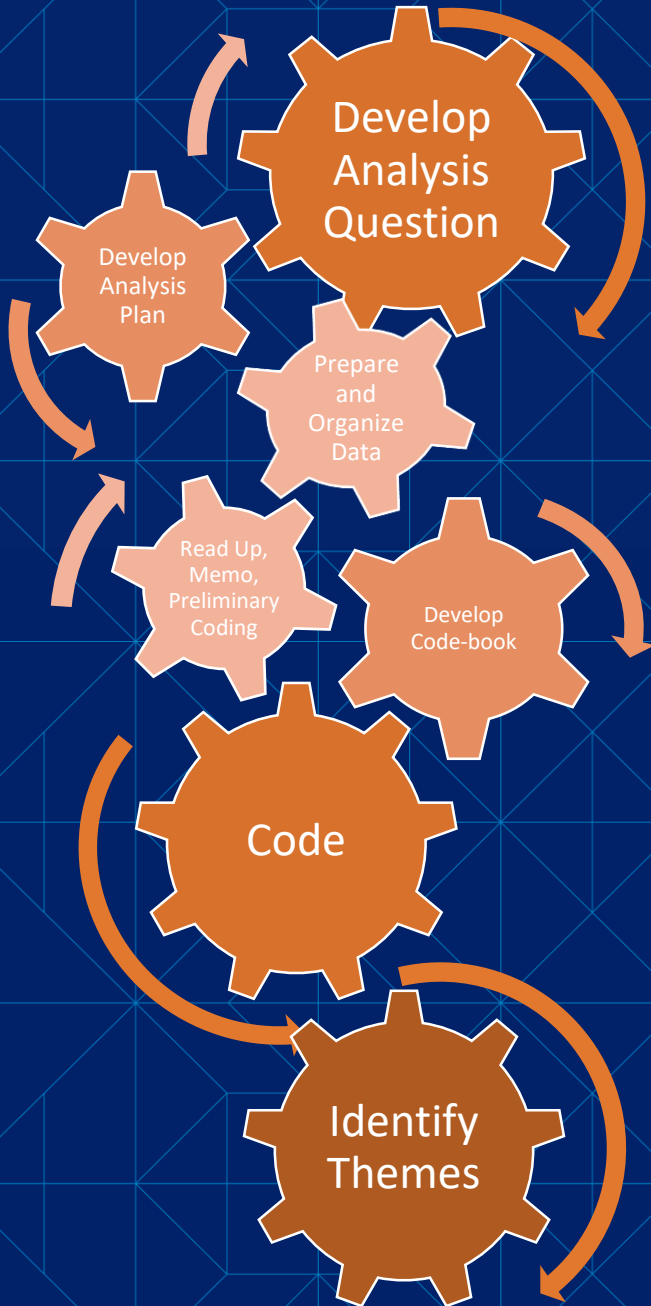
Expected Impact

Medium

+Add Item

THE QUALITATIVE ANALYSIS PROCESS

Qualitative Analysis Process



- The qualitative analysis process:
 - Is iterative
 - Examines, organizes, and interprets data
 - Uses organized data to find patterns
 - Relies on close interaction with the data



Qualitative Analysis Process

Step 1: Develop an Analysis Question

- Identify an area of interest
- Consider relevant background information
- Construct an actionable analysis question

Step 2: Develop an analysis plan

- Identify the data for analysis
- Document and outline the process approach

Step 3: Prepare and organize textual data

- Transcribe
- Clean and de-identify data
- Organize data
- Maintain process notes

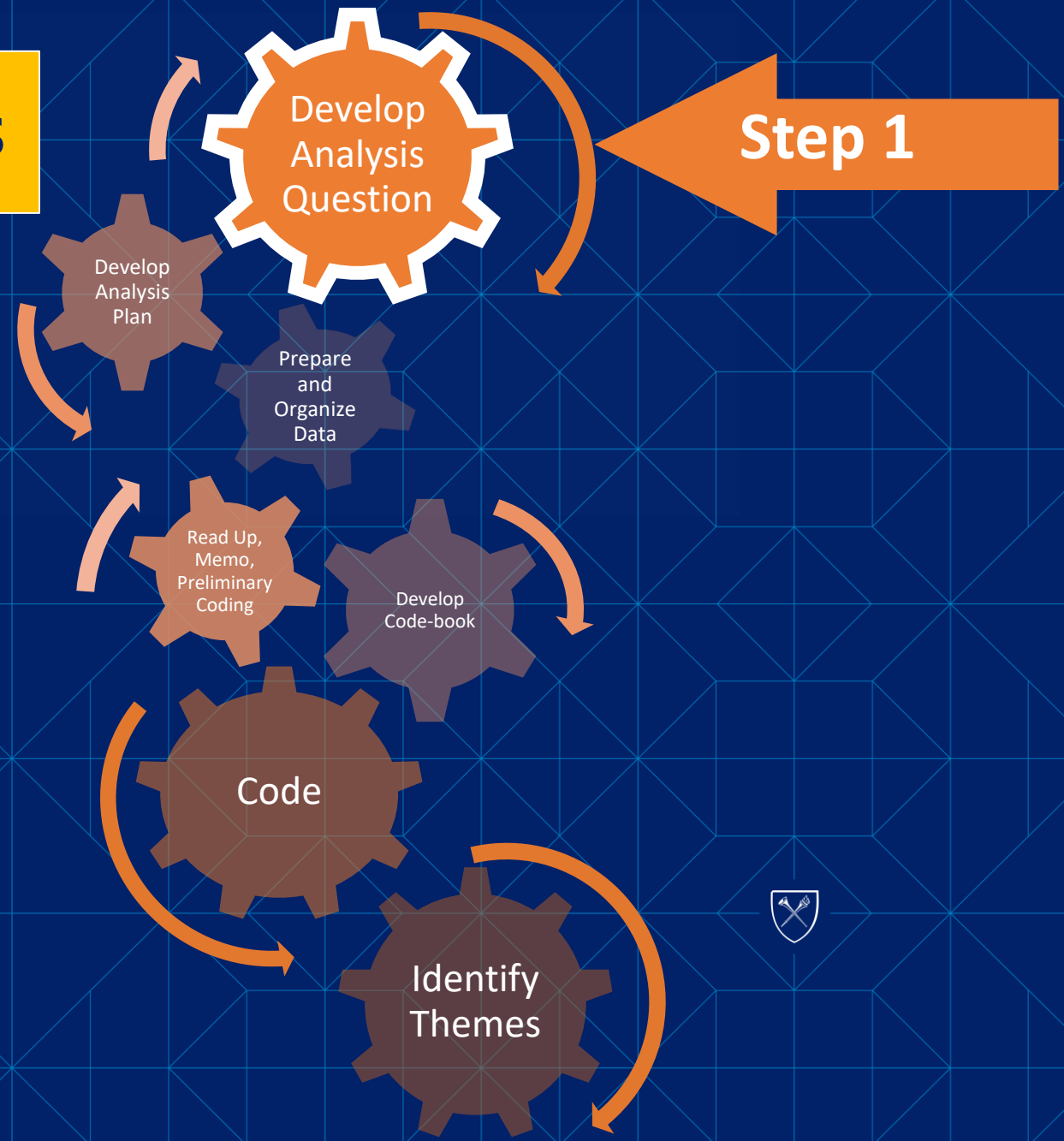
Step 4: Develop codes and a codebook

- Read up from the data
- Memo the data
- Identify preliminary codes
- Develop and maintain codebook
- Code the data

Step 5: Identify Themes

- Review codes and develop into themes
- Analyze patterns in the data

Qualitative Analysis Process



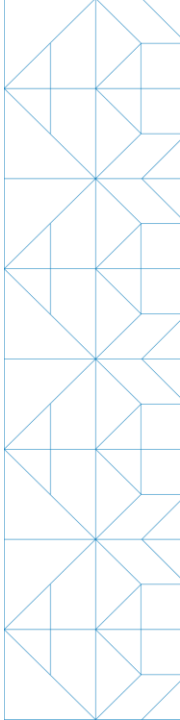
Develop an Analysis Question

- Criteria for strong analysis questions are:
 - Focused on a gap in understanding
 - Feasible to answer with the available data
 - Specific enough to answer thoroughly
 - Complex enough to provide insight
 - Use neutral non-directional language
 - Define the sample and setting



Develop an Analysis Question

How badly does substance use affect people?



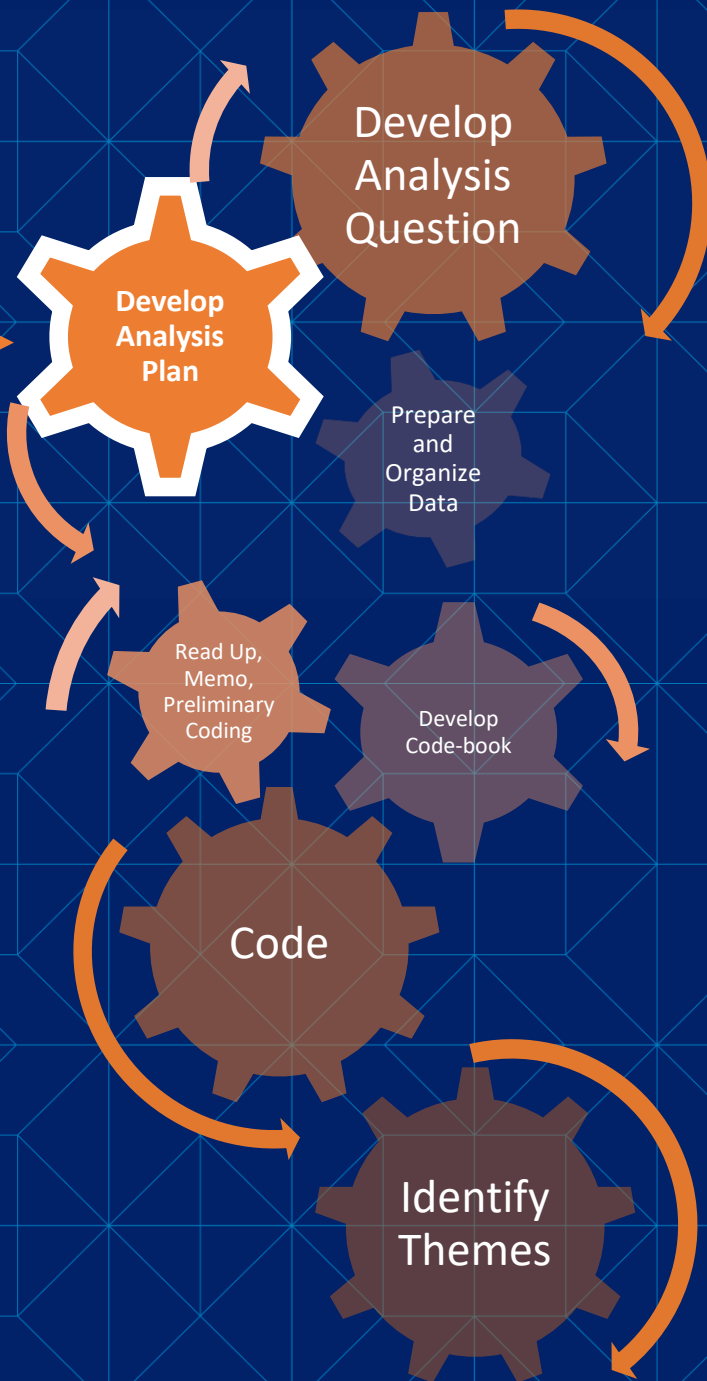


Develop an Analysis Question

What are the barriers to care for women with pregnancy associated deaths?



Step 2



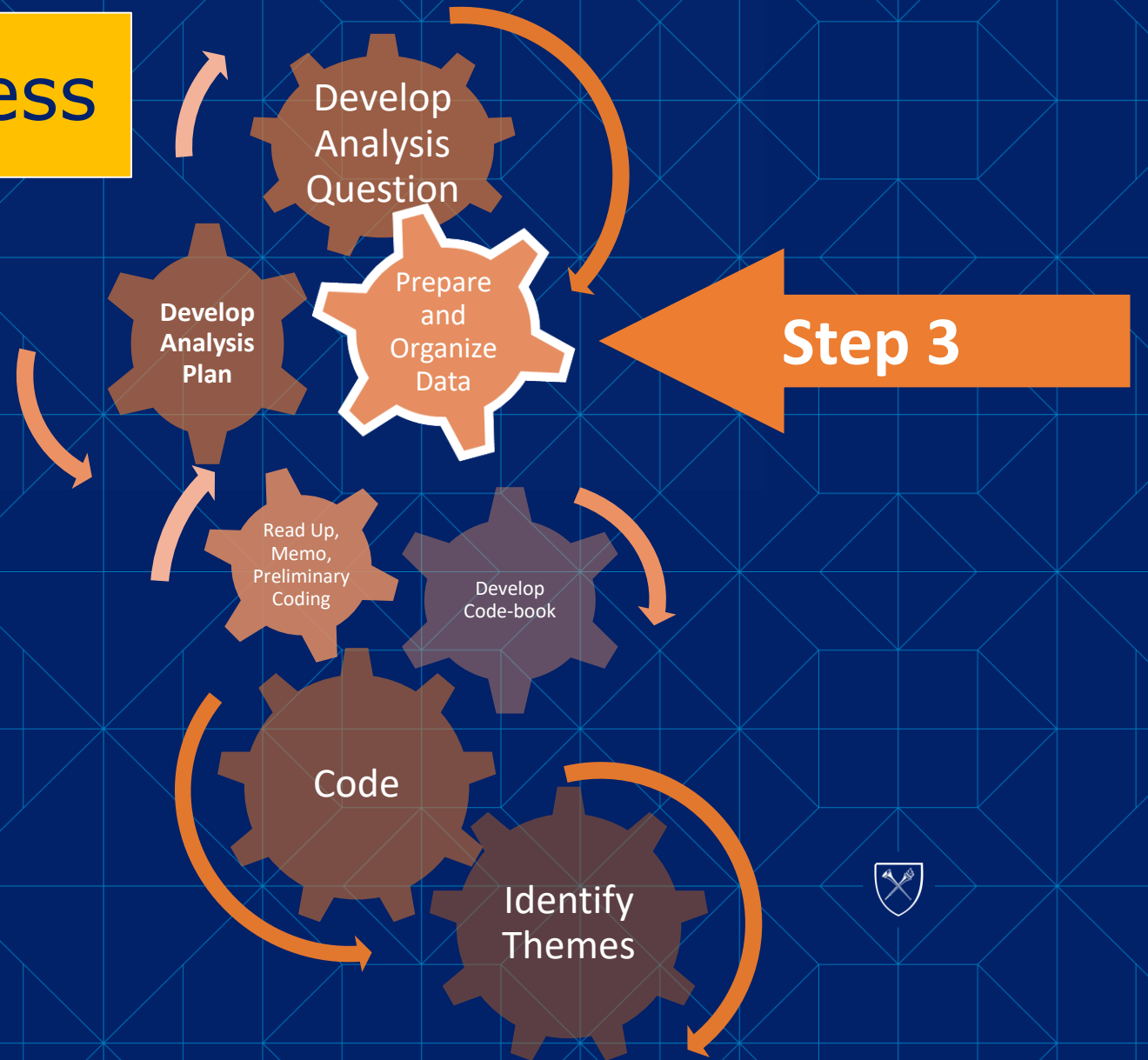
Qualitative Analysis Process



Step 2: Develop an analysis plan

- Link the analysis question to the data available
- What data will you use?
 - Type, Dates, Variables
- What tools will you use?
 - *Qualitative software packages (MaxQDA, Nvivo, Atlas.ti)*
 - *Excel*
 - *Word*
- Who will be involved?
 - Team coding
- What is your approach?
 - Thematic analysis
 - Create process notes

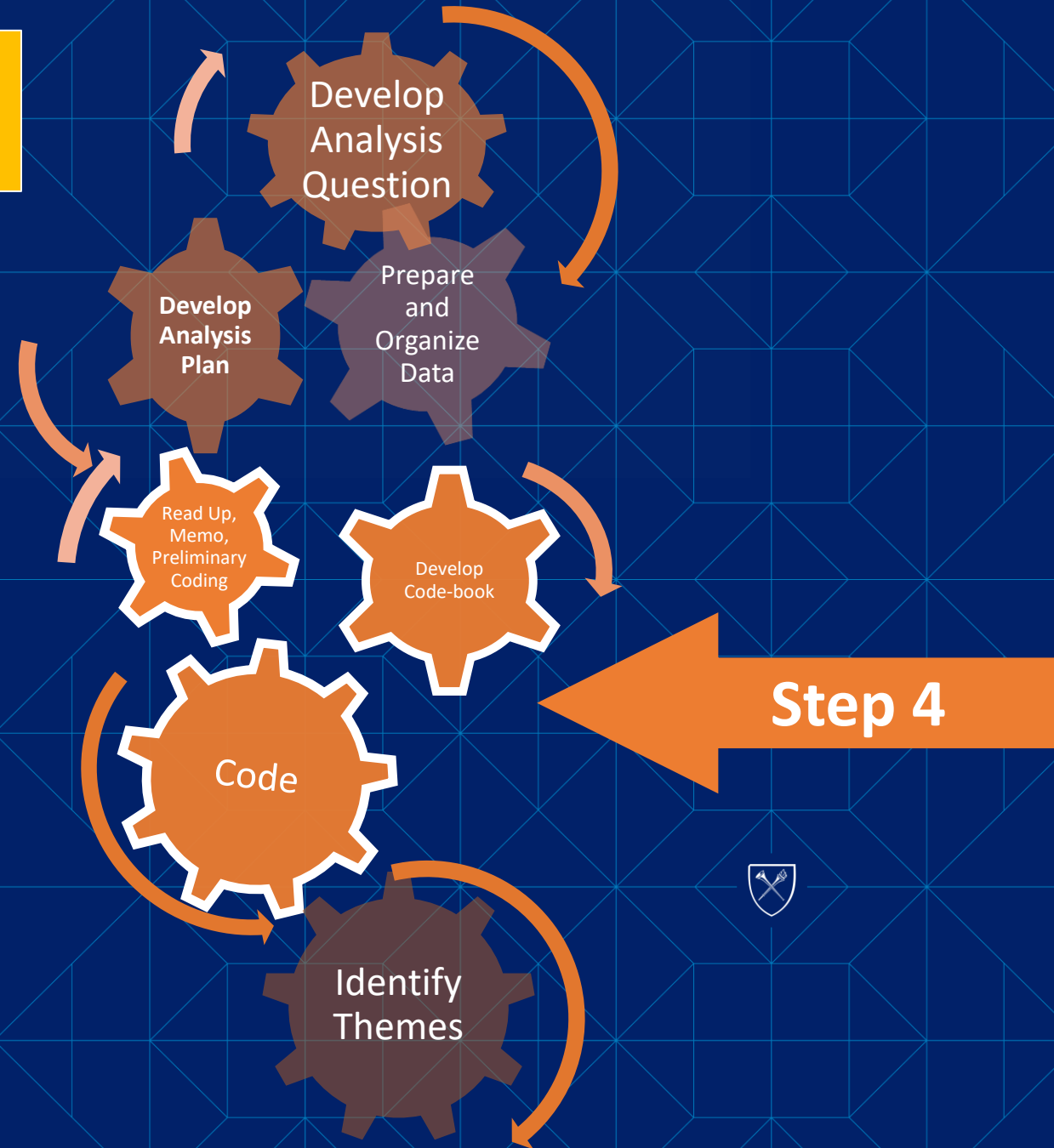
Qualitative Analysis Process



Step 3: Prepare and Organize Textual Data

- Transcribe
 - Not necessary in MMRIA
- Clean and de-identify data
 - Remove identifiable information
 - Clean by correcting errors and removing blanks
- Organize data
 - Prepare for your tool
- Maintain process notes
 - Throughout the process make notes

Qualitative Analysis Process



Step 4: Develop Codes and a Codebook

- Read up from the Data
- Memo the data
- Develop codes
- Develop and maintain a codebook
- Code the data



Read Up From the Data

“Reading Up” is a process to:

- Become familiar with the data
- Understand the data more in depth
- Ask questions about the data



Memo the Data

- Memos are analytic notes that capture:
 - Early thoughts about codes and categories
 - Hunches, insights, and observations
 - Notes about your process
 - Areas for further reflection or inquiry
 - Links or resources to elucidate ideas

What are the barriers to care for women with pregnancy associated deaths?

Practice Case Narrative

This is a 26 year old white female, G4P2 with a history of drug dependence (opioid and meth, among others) who had attended a methadone clinic for 2 years up to her pregnancy. She had an EDC of May with only one prenatal visit in December. She presented by ambulance (32 weeks plus 5 days) c/o pelvic pain preventing her from being able to walk. Drug testing at admission was positive for opioids and meth. She had a NSVD of a 5lb 12oz boy. The next day mom was discharged, while baby remained admitted in the nursery. Mom stated that she had been accepted into a residential treatment program upon discharge from the hospital. Baby was to be given to DSS when ready for discharge. None of her other children were in her custody.

Practice Case Narrative

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Memos:

- *4 pregnancies by age 26/young mother*
- *2 years at methadone clinic; significant effort to manage SU*

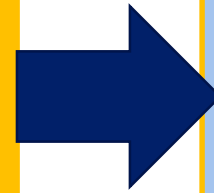
Practice Case Narrative

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She had to collect her belongings from a hotel room that she was losing that day. She stated she lived alone, had been homeless and living in a hotel, but that she had to vacate the hotel room (the day after delivery). She said she had been accepted in a residential treatment program following discharge from the hospital. She reportedly had a sister at the hospital as a support person.

Five months later her boyfriend returned to their home to find her unresponsive in the bathroom. Scene investigation revealed drug paraphernalia nearby the body. She was pronounced dead at the scene.

Diagnosed with chronic depressive personality disorder. Stated FOB committed suicide. Postpartum depression was documented as "True" in her record, but no other information about that. Reportedly had one PNC visit as she was homeless and reportedly moving back and forth between two cities and friends/relatives. She did smoke, denied alcohol, and denied drug use other than methadone (despite her drug screen on admission).



- *2 years at methadone clinic indicates significant effort to manage SU*
- *4 pregnancies by age 26*
- *Only one PNC visit. How and when did she learn of this pregnancy? Any screening at methadone clinic for pregnancy?*
- *Living situation may have affected ability to access sufficient PNC*
- *Unclear how postpartum care managed. Was there any referral to family planning or mental health treatment?*
- *Post-partum depression noted, any referral or prescription?*



Develop Codes

- **CODES:**
 - Tags or labels for assigning units of meaning to data
 - Allow to simplify, organize and find themes in the data
- **Strategies for Creating Codes**
 - Coding for process: Deductive and Inductive
 - Coding for purpose: Descriptive, Topic, Analytical



Strategies for Coding: Coding for Process - Deductive and Inductive Codes

Deductive Codes	Inductive Codes
<ul style="list-style-type: none">• Use topics from analysis question• Draw from literature• Leverage professional experience• Guided by data collection instrument	<ul style="list-style-type: none">• Emerge organically from the data• Derive from actively reading• Pull words, phrases from participants• Explore underlying concepts

Strategies for Coding: Coding for Process – Deductive and Inductive Codes

Analysis Question: What are the barriers to care for women with pregnancy associated deaths?

Deductive Code	Inductive Code
<ul style="list-style-type: none">• Barriers to care• Prenatal Care• SU treatment	<ul style="list-style-type: none">• Untreated MH• Post-partum care coordination• Living situation

|| Strategies for Creating Codes: Coding for Purpose

- Codes can label for descriptive, topic or analytic information

Analysis Question What are the barriers to care for women with pregnancy associated deaths?

Descriptive	Topic	Analytic
<ul style="list-style-type: none">• Race• Age	<ul style="list-style-type: none">• Barriers to Care	<ul style="list-style-type: none">• Untreated MH

Potential Codes

Analysis Question: What are the barriers to care for women with pregnancy associated deaths?

Descriptive	Topic	Analytic
<ul style="list-style-type: none"> • Age • Race • Geographic location(rural/urban) • Insurance status • # of pregnancies • Delivery type • Cause of death • Manner of death • Perinatal death timeline • Preconception – timing • Prenatal – timing • Post-partum-timing 	<ul style="list-style-type: none"> • Prenatal care • Postpartum care • SU screening • SU referral • SU treatment • MH History • Perinatal MH • MH treatment • Family planning • Living situation • Barriers to Care 	<ul style="list-style-type: none"> • Untreated MH • Lack of post-partum care coordination • Social support network • Loss of social support • Inconsistent Care

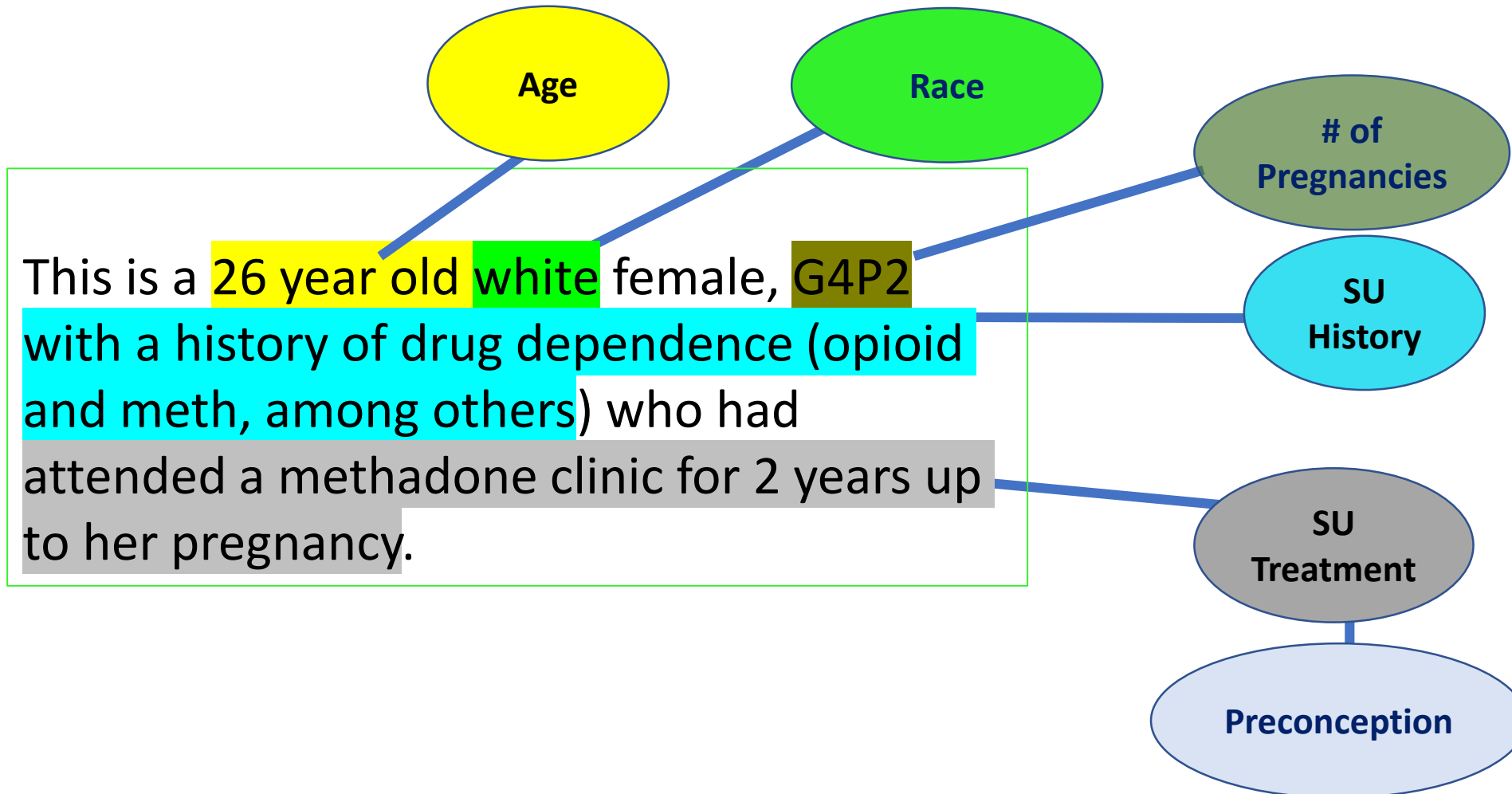
Develop and Maintain a Codebook

- A codebook is an analytical tool to describe and organize the project's codes and provides:
 - Definition of a code
 - Inclusion and exclusion criteria
 - Examples and comments
- Keeps codes organized
- Ensures reliability between team members
- Ensures continuity

Example Codebook

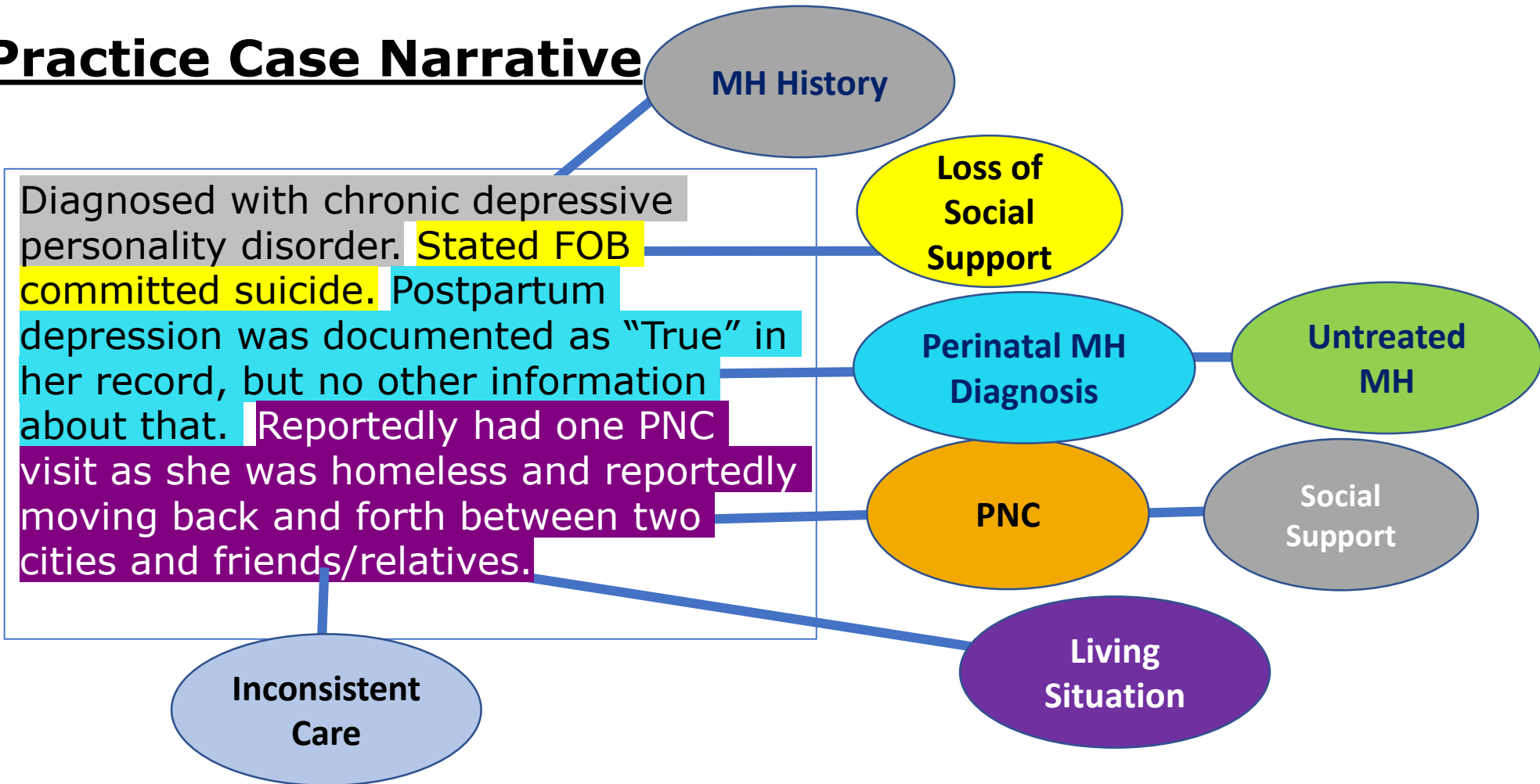
Code	Definition	Inclusion Criteria	Exclusion Criteria	Example	Comments
Age (Descriptive Code)	Describes the age of mother	Includes the numerical age of mother at death	Excludes any other demographic factor (e.g., race)	<i>26-year old</i>	Expect to stratify by age in analysis
SU Treatment (Topic Code)	Describes any substance use treatment experienced by the mother	Includes inpatient/outpatient, MAT, counseling of SU at any time (not limited to perinatal period)	Excludes descriptions of screening or referrals (See SU Screening and SU Referral codes)	<i>"who had attended a methadone clinic for 2 years up to her pregnancy"</i>	Double code with preconception/ prenatal and post partum to further define timeline
Loss of Social Support (Analytic Code)	Describes when a social support network is disrupted or loss	Includes death, divorce or other changes in social support	Does not include insufficient or poor quality support	<i>"FOB committed suicide"</i>	

Practice Coding

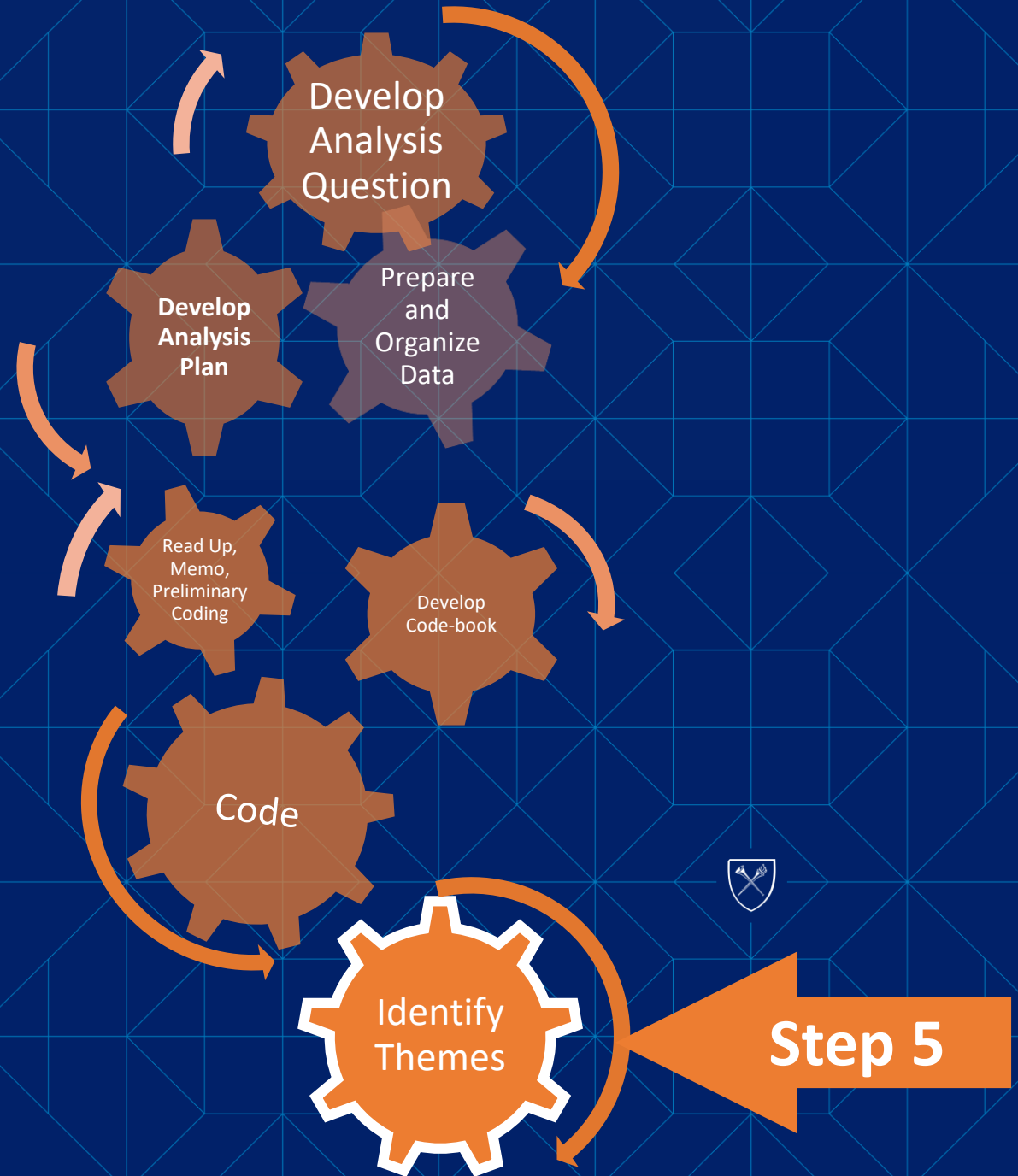


Practice Coding

Practice Case Narrative



Qualitative Analysis Process



Using Coded Data to Find Themes

Codes to Themes



Potential Analytical Tasks

- Review each code across data
- Review how codes work together
- Sort data on key variables
- Review code frequency
- Develop narratives
 - Create summaries within or across cases
- Identify exceptions



Developing Themes From Coded Data

Analysis Question What are the barriers to care for women with pregnancy associated deaths?

Code	Category	Example	Theme
SU Treatment	Topic	<i>who had attended a methadone clinic for 2 years up to her pregnancy</i>	Chronic Mental Health and Substance Use remain barriers to care despite participation in and access to substance use treatment
Post Partum SU	Topic	<i>Five months later her boyfriend returned to their home to find her unresponsive in the bathroom. Scene investigation revealed drug paraphernalia nearby the body. She was pronounced dead at the scene.</i>	
Untreated MH	Analytic	<i>Diagnosed with chronic depressive personality disorder. Postpartum depression was documented as “True” in her record, but no other information about that.</i>	

Developing Themes From Coded Data

Analysis Question What are the barriers to care for women with pregnancy associated deaths?

Code	Category	Example	Theme
Living Situation	Topic	<i>She stated she lived alone, had been homeless and living in a hotel, she was homeless and reportedly moving back and forth between two cities and friends/relatives.</i>	Housing instability is a barrier to consistent and complete pre-natal and post-partum care
Pre-Natal Care	Topic	<i>Reportedly had one PNC visit as she was homeless and reportedly moving back and forth between two cities and friends/relatives.</i>	
Post-Partum Care	Topic	<i>Postpartum depression was documented as “True” in her record, but no other information about that</i>	
Inconsistent Care	Analytic	<i>Reportedly had one PNC visit as she was homeless and reportedly moving back and forth between two cities and friends/relatives.</i>	

VISUALIZING QUALITATIVE DATA



Sharing Qualitative Findings

- Highlight powerful quotes

*“She had to **collect her belongings from a hotel room** that she was losing that day. She stated she **lived alone**, had been **homeless** and **living in a hotel**, but that she **had to vacate** the hotel room (the **day after delivery**).”*

Sharing Qualitative Findings

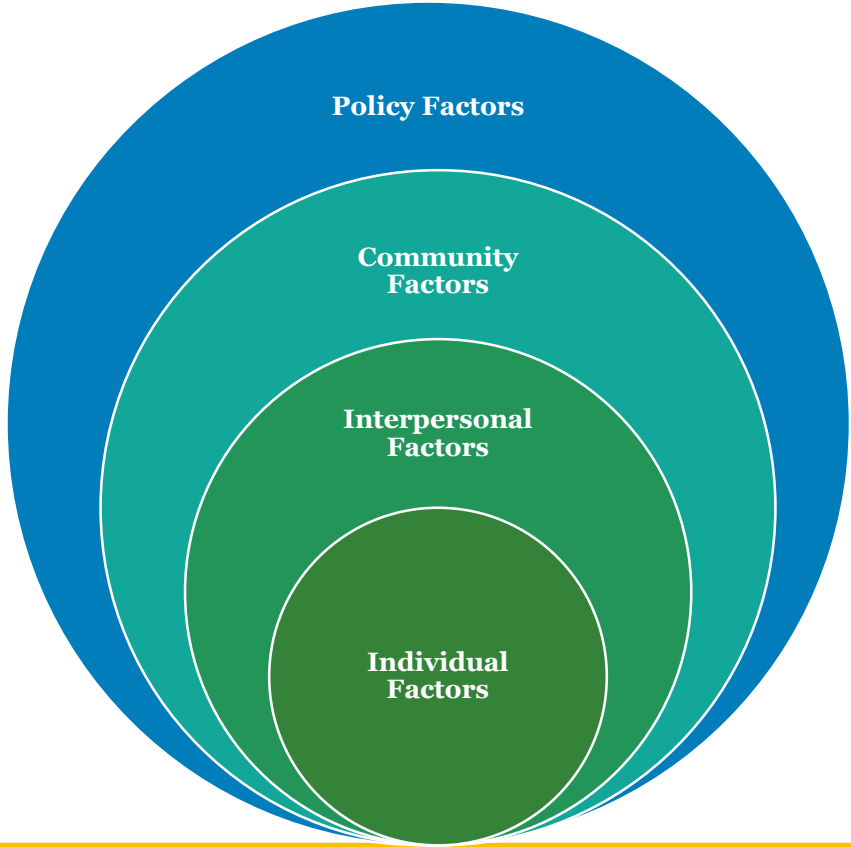
- Use models to summarize analyses

Individual

- Housing instability, chronic mental health and ongoing SU despite treatment were major individual level barriers

Interpersonal

- Social support was present but was not protective



Community

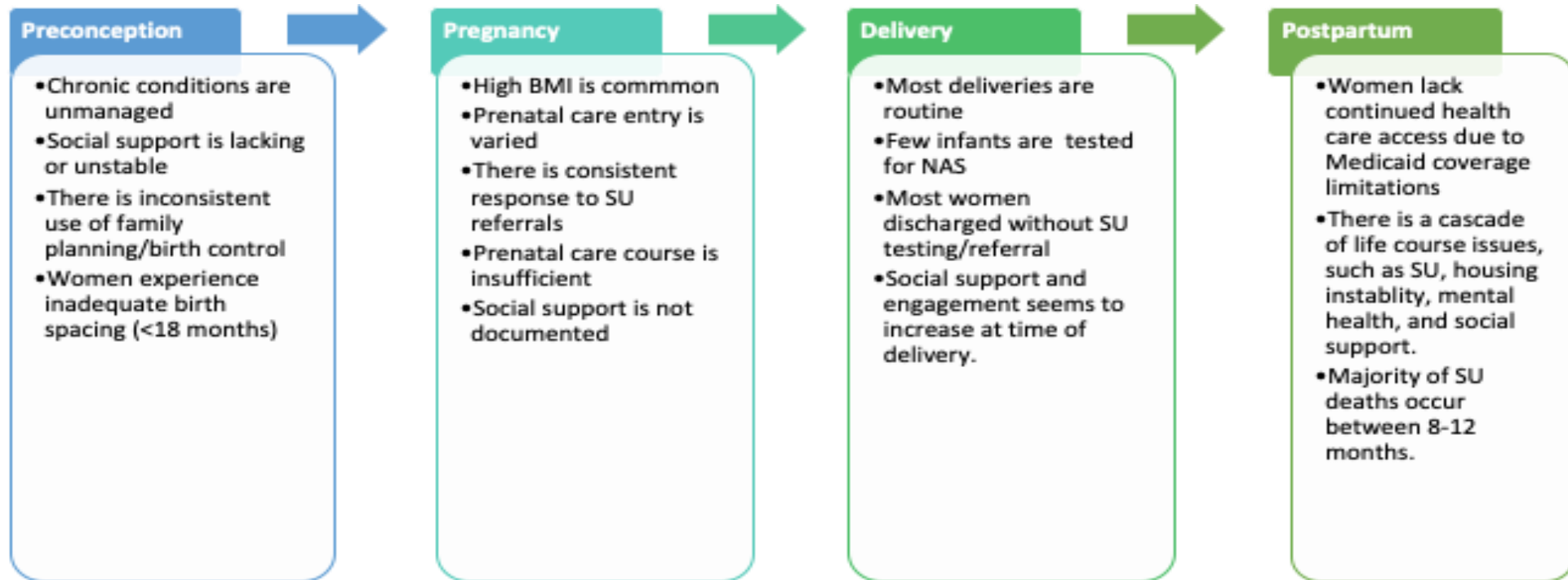
- Lack of coordination of care between mental health and substance treatment providers
- Housing instability is a barrier to sufficient PNC

Policy

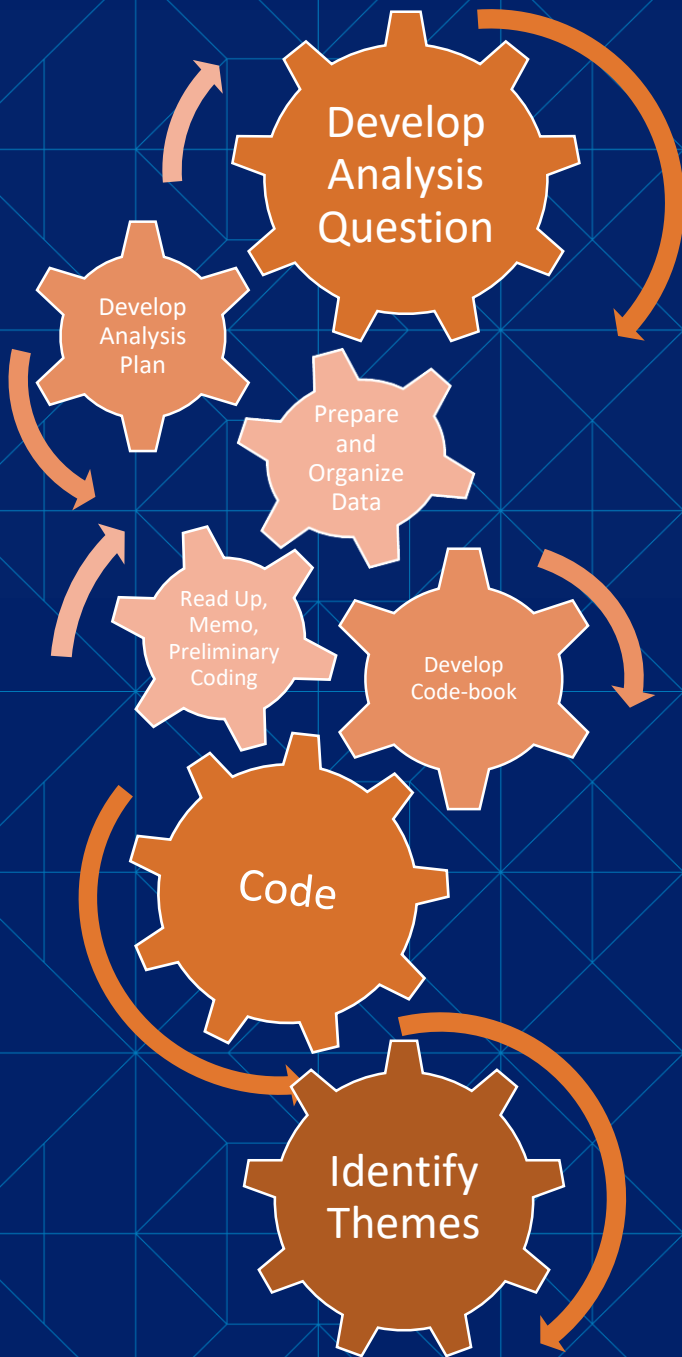
- Limited post-partum insurance coverage is a potential barrier to post-partum care coordination including access to mental health and substance use treatment

Sharing Your Findings

- Create tables or timelines to illustrate findings



Qualitative Analysis Process



- The qualitative analysis process:
 - Is iterative
 - Examines, organizes, and interprets data
 - Uses organized data to find patterns
 - Relies on close interaction with the data





Conclusion

- Qualitative analysis takes time and practice
- Qualitative analysis can improve understanding of the social and contextual determinants of maternal mortality
- More information will be shared with a new Qualitative Analysis Resource Guide in development

Contact Information

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