

Guide for Undertaking a 3-Part Data Review

Introduction

Advancing population health and equity while dismantling racism and other systems of oppression requires deeply understanding the experiences and realities of those in a specific population of focus (whether that is based on geography or based on some health or population feature, such as seniors experiencing food insecurity). Having this shared understanding is core to co-defining aims; building meaningful and equitable collaboration and partnerships; and designing effective, equitable, and sustainable care and service delivery systems.

The 3-Part Data Review draws on asset-based inquiry (rather than deficit-based thinking), to surface not only “needs” and/or “opportunities” but, importantly, to understand the ways in which systems have discarded or undervalued the assets of individuals and communities, and then to work together to ensure that all can contribute to advancing population health and well-being and dismantling inequities. This approach explores data and information (both quantitative and qualitative) from multiple perspectives— especially of those in and who work with the population of focus.

Notes about this Guide:

- This tool was birthed out of IHI’s population health work in North America focused on health systems’ work with patients with complex health and social needs. Over time, people in multiple sectors/contexts (health care, multi-sector coalitions, public health, housing, education) have found value in this approach.
- Language that is preferred and that resonates varies by context, community, organization, and sector. What we are providing is an overall “how-to” template. To make the Guide most meaningful, we invite users to take the terms, prompts, and questions in this document that resonate and use them to advance their work, as well as to leave or adapt what does not resonate. For example, you may consider adapting certain terms, such as patient/client/community member/individual based on what is relevant in your system or context.
- This document is intended for use *with* accompanying slides, framing, teaching, and reflection (not a document to be used by itself). Each question, section, and concept is deeper and more complex than what is included on this document.
- The power of this review comes in pulling together the three parts. Often, different team members lead each part separately due to their strengths and access to key data and people. If this is the case, we recommend the team meet both to plan who will conduct which aspects of the review as well as to discuss and together what the team learned, to see the system from different perspectives, to lift up common themes, and to consider unique viewpoints. It is from that point of shared learning that the team can identify opportunities for next steps and improvements towards a shared aim.

If you have any questions, feedback, or learning to share after using this tool, please email us at info@ihi.org.

3-Part Data Review Process

The three parts of the Three-Part Data Review include:

1. **Reviewing available data to identify overall patterns** that affect the population of focus
2. **Speaking with individuals providing care, supporting, or interacting with those in the population of focus** (e.g., care teams and professionals) to understand their experiences within the system and perspectives related to greatest needs and assets
3. **Speaking with individuals in the population of focus**, such as patients or clients, to understand their experience and perspective; to understand what is important to them, the real-world challenges that the current system places on them, and what might help

The following templates offer ideas for how to record your learning as you undertake planning and data collection (both qualitative and quantitative), as well as for how to intentionally synthesize your learning and plan for action. Please feel free to adapt these templates so they work in your context.

Data Review	What This Guide Offers
Part 1: Quantitative Data Review and Reflection	<ul style="list-style-type: none"> • Overview and questions to guide reflection and learning
Part 2: Care/Service Provider* Interview and Reflection	<ul style="list-style-type: none"> • Questions to use with care teams and professionals providing care or supporting the population of focus • Guidance for reflecting on your learning
Part 3: Individual Patient/Client** Interview and Reflection	<ul style="list-style-type: none"> • Overall guidance for interviews and informal conversations with patients, clients, and/or community residents in the population of focus • Interview questions and reflection templates • Guidance for reflecting on your learning

* Throughout the remainder of the document, we have used the term “care teams.”

** Throughout the remainder of the document, we have used the term “individual” instead of patient or client.

As noted above, teams should use the terms most appropriate in their context.

Part 1: Quantitative Data Review & Reflection

Review available data to identify overall patterns that affect your population of focus. Use the worksheet to make notes. We recommend making this a quick and pragmatic exercise, taking no more than two weeks – what’s available and what can we learn?

Understanding What Data is Available	
Based on existing data, what do we know about the needs and assets of this population of focus?	
What data do we have access to that might help us learn more about the population of focus?	
What data is stratified by demographics such as race, ethnicity, language, sexual orientation, gender identity, zip code, immigration status, and insurance status, to name a few?	
What data from other organizations or communities, that we may not have access to now, would be useful to look at? Who could help us get access? How is the data currently used, and by whom?	<p>What data:</p> <p>Who can help with Access:</p> <p>How currently used (and by whom):</p>

Reflection	
Summarize what you learned from this data. What themes emerged in terms of assets and potential needs?	<p>Themes re: existing assets</p> <p>Themes re: potential needs</p>
What, if anything, surprised you? What new questions do you have?	
How might you reframe how you present your existing data to explicitly state that the system(s) involved lead to the difference in outcomes, laying the onus on improvement and systems, rather than the people being harmed by those systems?	<i>For example, instead of “X% of high school students of color do not graduate within 4 years” shift to “the system is set up to graduate X% of high school students of color.”</i>

Part 2: Care Provider Interview and Reflection

Below is a guide and worksheet with questions to have conversations with care teams or professionals that work with, support, or interact with the population of focus to understand their perspective on the group's greatest needs and assets. We recommend that those conducting conversations (re)familiarize themselves with best practices for conducting qualitative interviews, starting with the below guidance and tips. These guidance and tips also apply to Part 3.

A. Overall Guidance

STEP 1: FIND SOMEONE YOU CAN SPEAK TO

People need to be willing to speak to you about their personal experience of a challenge. They may have been the subject of the challenge or event, or they may have been the lead caregiver or support for someone going through it. You will need to interview them for approximately 20 - 45 minutes in a place where they feel safe to have the conversation.

STEP 2: CLARIFY HOW INFORMATION WILL BE USED

Firstly, be clear about how the information gathered will be used and be sure you know relevant privacy protection laws/policies relevant to your work (e.g., HIPAA, FERPA, Mandated Reporting, codes of Ethics/conduct); for example:

- The purpose of this interview is to guide our work to improve how we support (insert population of focus) and improve the systems that you interact with. (Share more about your project and goals)
- We record your initials on the interview form to help with our own record-keeping. We will also record some basic demographic information to help understand any patterns. These records will not be shared with anyone else.
- In general, we will be looking at themes, but we may want to include a specific experience/piece of feedback in materials we create – this will be anonymous. Let us know if you would prefer something remain confidential.

STEP 3: HAVE A CONVERSATION & LISTEN CAREFULLY

Have a free-flowing conversation and emphasize deep listening. It is important that you approach this with an open mind, leaving your preconceptions and prior knowledge at the door, and instead being curious like someone learning about something for the first time. It is also essential that you treat your collaborator with the utmost respect - they have been kind enough to share their time and experience with you even though it may not be pleasant for them.

STEP 4: REFLECT ON WHAT YOU HEARD

Following the conversation, take 15 minutes to write down 10 or so things that stood out to you, especially things that were unexpected, that you would not have guessed or thought of ahead of time. Use the guidance at the end of this document to reflect on and distill your learning.

Adapted from tools developed by IDEO, CareOregon, the Institute for Healthcare Improvement, and East London Foundation Trust. Edits made in partnership with the Kansas City Health Equity Action Community.

B. Interview Tips

Some principles to keep in mind when conducting interviews to spur insight and innovation:

<p>BUILD RAPPORT Don't jump straight into emotional questions. Ask how they'd like to be addressed (first or last name, pronouns). Have them talk you through the facts first and then come back to ask them how it feels/felt.</p>	<p>LET THEM SPEAK This is not a rushed Q&A. Let your collaborator finish their sentences even when they pause—this is about their experience. Do not correct them – this is about their understanding, opinions, and experiences, so there is no right or wrong answer.</p> <p><i>NOTE: If you think there is a safety risk, suggest they speak to a clinician or professional service provider at the end of the interview. Know the guidelines/requirements in your local context.</i></p>
<p>FOCUS ON "HOW" NOT "WHAT" Invite the individual to speak about the nature of the experience, rather than just the steps involved. The "what" will emerge from the "how" anyway.</p>	<p>LOOK & LISTEN BETWEEN THE LINES If in person or by video, look for their facial expressions and ask more about what you see. Listen to their tone of voice and what that is suggesting to you about their feelings regarding this topic. Confirm your guesses with questions. Listen also for interesting comments that stop short - invite them to complete those side-stories that may seem irrelevant.</p>
<p>USE OPEN-ENDED QUESTIONS Most of the conversation should be based on open questions that don't prompt a yes or no answer. Consider opening questions like: "Tell me about..." or "Describe what happened when...". Follow up with "Why?" or "How did that go?" When necessary, confirm your understanding with "Am I understanding correctly that...?"</p>	<p>LET THEM WANDER (A LITTLE) Sometimes the most interesting learning comes from the unexpected places. If they start speaking about a particular incident, or adjacent experience, that may not seem to answer the question directly, let it play out a little - you might gain a new perspective. On the other hand, don't let the conversation digress to baseball or what you did last weekend!</p>
<p>HELP THEM DEFINE THE ALTERNATIVE Invite the individual to describe an improved alternative experience helps expose what they liked and didn't like about the actual experience. Ask "How could it be better?" or "If you had complete control to redesign the system(s) involved, what would you do?"</p>	<p>HAVE THEM SHOW YOU Sometimes it is useful to have them sketch things out (tangible or abstract diagrams) on a piece of paper, show a photo, point on a map, or bring you to a place.</p>

C. Questions

Note. The questions provided are examples. We recommend including some questions from each of the 3 sections below, with language adapted to your context.

Section 1. Learn about how each care provider works with the population of focus:

- What is your role/your work in relationship with the population of focus?
- Who else has a direct, professional relationship with individuals in the population of focus to provide care/support?
- What eligibility criteria do you have in place for deciding which individuals receive care/services, including and when, at what level, etc.? What are the strengths in the criteria? Do you see any opportunities or experience challenges?
- What is meaningful to you about supporting this population of focus?

Section 2. Get a deeper understanding of assets:

- What strengths and assets can you identify in this group that the system currently does or can better leverage, support, and strengthen?
- How good do you feel the system is at recognizing these strengths and assets?

Section 3. Get the care provider's perspectives on the system:

- What keeps you up at night about the care and experience of this population of focus? Where do you feel stuck?
- What systems are preventing people in this group from thriving? Are there differences such that some people are more affected than others in disparate or inequitable ways?
- How are our systems causing harm to this group?
- What stories or examples can you share that bring these perspectives to life?
 - Describe a time when you cared for an individual in the population of focus who got the support they needed.
 - Describe a time when they didn't that was reflective of a failure of the system, where someone did not get the support they needed.
- Who do the current systems appear to be designed for (e.g., people with access to a car? People who speak a particular language or have a particular type of insurance)?
- What do you think is missing from the broader system in the way we support people from this group?
- Do you feel the system supports people at the right time/in the right way? If not, what changes should we make?

Section 4. Blue-sky thinking:

- If you could create/design a new system, what would it look like?
- What would the key elements be?

D. Reflection of Your Provider Interview Learning

<p>What have we learned about the most important assets to people that we may be able to strengthen /leverage in our work?</p> <p>What have we learned about the root causes of health, health inequity, and the ways our current system & “services” are contributing to inequity, struggling / suffering in the population of focus?</p>	<p>Most important assets: What assets do people draw on?</p>
	<p>Root causes: What elements of the system(s) involved are contributing to or causing inequities?</p>
<p>What ideas have been suggested from what we have learned, including ideas for how the system(s) should change to eliminate equity gaps?</p>	
<p>Any other learning / “ah ha” moments?</p>	

Part 3: Interview and Reflection with Individuals

A vital part of the 3-part data review is getting the perspectives of the people in your population of focus. Individuals in the population of focus are often the most overlooked source of deep insight into the challenges and barriers that are the core root causes of health, well-being, and equity. You will need to interview 10 to 15 people to understand their own perspectives on their assets and needs. We recommend that those conducting conversations (re)familiarize themselves with best practices for conducting qualitative interviews starting with the guidance and tips shared in Part 2 of this document.

The goal of these interviews is to understand:

- People's experiences and perspectives;
- What matters to them;
- The programs, processes, and systems both that help and that make it hard or impossible for them to manage their health and well-being
- Identifying their assets and the resiliency that the system has required; and
- Their ideas for how processes, programs, and systems need to change.

E. Individual Discussion/Interview Questions Template

Date:	Initials:	Interview No:
<p>INTRO Tell me about a typical day for you? What does a good day look like? How has this changed over the years?</p>	<p>LOOKING BACK ON AREAS OF YOUR LIFE... In what ways did you successfully navigate the current systems? What did you struggle with? Who helped / did not help? What was helpful or not? How did you feel? What would you change?</p>	
<p>AND NOW... What matters to you? What has helped you feel supported? What do you worry about? Where do you struggle now? Who helps / does not help? What do you wish for?</p>	<p>OVERALL Who are the most important people in this situation? What supports and services are most critical? What's missing? How might you help others in a similar situation? What did I not ask that I should have?</p>	

Gender:	Race/Ethnicity:
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Please adapt this table if other socio-demographic areas of focus would be important for your project and the understanding of inequities in your system.

F. Notes and Reflections from Individual Interviews

Interview Date:	Interview Number:
Question	Answer
<p>What strengths and assets are reflected in the answers?</p>	
<p>What needs are going unmet by the current systems?</p>	
<p>What did the system do that made it worse?</p>	
<p>What gaps have been identified?</p>	
<p>Any other themes emerging?</p>	

G. Reflections of Across All Interviews With Individuals

<p>What have we learned about the most important assets to people, that we may be able to strengthen/leverage in our work? What have we learned about the root causes of health and inequity?</p>	<p>What assets do people draw on?</p>
	<p>What elements of the system(s) involved are contributing to or causing inequities?</p>
<p>What ideas have been suggested from what we have learned?</p>	
<p>Any other learning / “aha” moments?</p>	

Pulling It All Together

The power of the 3-Part Data Review is in putting together the three parts. Once the three parts have been completed, it is critical to work with your team to pull the learnings together into a comprehensive picture and springboard into improvement.

Reflection	
What themes did you notice across all three parts?	
What unique perspectives did you notice between different parts?	
What have we learned about the most important assets to people that we may be able to strengthen /leverage in our work? What have we learned about the root causes of health, health inequity, and the ways our current system & “services” are contributing to inequity, struggling / suffering in the population of focus?	

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Additional Resources to Draw Upon:

- Asking Open & Honest Questions: [Purpose](#), [When to Use](#), [Guidelines/Examples](#)
- Deep Listening and Reflective Practices: [Part 1](#), [Part 2](#)
- [Codesign](#)
- Busetto L, Wick W, Gumbinger C. How to use and assess qualitative research methods. *Neurological Research and Practice*. 2020;2(1):14. doi:10.1186/s42466-020-00059-z
- Five Tips for Conducting Effective Qualitative Interviews. Duke Global Health Institute. Published March 12, 2018. Accessed December 2, 2021. <https://globalhealth.duke.edu/news/five-tips-conducting-effective-qualitative-interviews>
- Harvard University Sociology Department. Interview Strategies. Accessed December 2, 2021. https://sociology.fas.harvard.edu/files/sociology/files/interview_strategies.pdf