Hello, and welcome to Making Data for the Public's Health: Telling the Story Behind the Numbers, the final installment of the Web Forum Series on Data and Public Health brought to you by the California HealthCare Foundation and Dialogue4Health.

My name is Joanna Hathaway. I will be running today's Web forum along with my colleagues. Closed captioning will be available throughout today's forum. Karen with Home Team Captions will be providing realtime captioning. The closed captioning text will be available in the Media Viewer panel. The Media Viewer panel can be accessed by clicking on an icon that looks like a small circle with a film strip running through it. On the PCs, it's in the top right-hand corner of your screen. On the Mac, it's located in the bottom right-hand corner of your screen. In the Media Viewer you'll see the show/hide header text. Please click on this in order to see more of the live captioning. During the Web forum another window may cause the Media Viewer panel to collapse. Don't worry, you can always reopen the window by clicking on the icon that looks like the small circle with the film strip running through it.

If you experience technical difficulties during this Webex session, please dial 1-866-229-3259. Take a moment to write that number down in case you need it later. The audio portion of the Web forum can be heard through the computer speakers or a headset plugged into the computer. If you have technical difficulties in the audio send a question in the Q&A panel and Star and I will help you.

At the end of today's presentation, an evaluation form will open in a new window. Take a moment to complete the evaluation as we need the feedback to improve our Web forum. The recording and presentation slides will be posted on the website at Dialogue4Health.org. We are encouraging you to ask questions throughout today's presentation. To do so, simply click the question mark icon, type the question and hit
send. Send your question to all panelists. We will be addressing questions at the end of the presentation, but please feel free to keep them coming throughout. We will be using the polling feature to get your feedback during the event. The first poll is on the screen now. Please select your answer from the available choices and click the submit button. Are you attending this Web forum:
A, individually?
B, in a group of two to five people?
C, in a group of six to ten people?
And D, in a group of more than ten people. Please click submit.
Once you're done with the polling question, it is possible that the Media Viewer window will have shrunk. Please click that icon to bring back the closed captioning if you need it.
It is my pleasure to introduce my moderator today, Jessica Tomlinson from the Public Health Institute. She is Deputy Counsel here at PHI and also Project Director for the award winning HealthData+ initiative we will be discussing later in the forum. Despite all the different hats Jessica has worn at PHI, this is the first time she has been a moderator for us at Dialogue4Health. I am thrilled to welcome her to the microphone. We have a lot to learn from her expertise on the subject and I'm pleased to turn it over to her. Jessica, go ahead.

>> Jessica Tomlinson: Great. Thank you, Joanna. And thanks, everybody, for joining today. We are here to talk about pairing data with storytelling. Data driven decision making is a cornerstone of public health, but data loan is rarely enough. In order for your data to have impact, decision makers need to understand what the data mean and the implication for real people.

Today's webinar centers on two distinct complementary methods for bringing data to life: Data visualization and storytelling. Our goal during the next 90 minutes is to share why and how to pair data and storytelling to create powerful messages in your own work.

Our speakers today, including myself, are part of a national award winning partnership called HealthData+, conceived of and launched by the California HealthCare Foundation, HealthData+ now works nationally to help organizations combine data, strategy and storytelling to improve public health. You will hear more about HealthData+ as we move along.

It is my pleasure to introduce Andy Krackov. Andy's career centers on the value of data to inform decisions affecting the public good. At the California HealthCare Foundation, Andy focuses on the public using data. He is passionate about putting health data into the hands of journalists, consumers and others who can turn numbers into actionable information. Working with California's Health and Human Services agency, Andy has helped the State of California build its open data presence that has catalyzed innovation both inside and outside of government. Andy, please take it away.

>> Andy Krackov: Great. We had a moment difficulty of unmuting ourselves, but I am here. Thank you so much, Jessica. I really appreciate it. I am going to basically spend a few minutes to help set the stage for discussing today a project that was conceived and launched by my foundation, the California HealthCare Foundation. But really, I
want to turn it over to our grantee partners for them to sort of set the stage and describe in more detail what we have been doing.

Let me start, though, with a quote that I think really encapsulates the problem that we have been trying to solve here. You see it here on the screen: “The hardest thing for a data person to do is to speak English. The second hardest thing for a data person to do is to write English.” We heard this from an epidemiologist here at the health department in California where all of our work is focused.

I would say this is consistent with what I think I observed. Broadly speaking, I think I would say that data don't quite have the impact that we think they do at this stage. You know, when you think about turning numbers into actionable information, whether it is to raise awareness of an issue, destigmatize an issue perhaps, inform policymaking, change behaviors, I would argue that we probably have too little to show collectively for an enormous amount of activity and effort in terms of using data to achieve some kind of social impact.

And here are a few quotes that I think really also help describe this. This one from the director of a health department in California. And this next one here from a county supervisor responsible for the policymaking in the end, in this particular county. So I think there are probably lots of root causes for why we have this difficulty, but I harken back to the first quote I offered. That speaks to the fact that the challenges that we face in communicating data. In essence, what I think is going on, I think also what happens is we speak in terms of either personal stories or data, or we speak in terms of words and maybe compelling photos. Or numbers. But we don't successfully sort of link together the heart and the head into one message. That is absolutely one thing we have been trying to do through this project. And this is based partly on what I observed in working on health data issues for the past ten or 15 years. It is also based on what I've heard. To start this project off, very early on we first wanted to interview epidemiologists, health department directors, county supervisors and their staff, etcetera, to really uncover the problems that they were having in leveraging and better using health data.

We talked to a mix of counties in California that I think actually quite honestly represent the nation. Here in California we have data-rich counties with tremendous analytic capacity, tremendous capacities to access data. We also have many counties that are quite data poor, don't have those same capabilities.

But all the counties that we spoke to, all of them noted the challenges that they face in effectively communicating and presenting data in order to achieve impact. Beyond exposing the problem, that's the first step with the county, we asked these same individuals to help us prototype what a solution could look like. In essence, they sketched out what they thought this should be.

And what we found is that in essence what they wanted was yes, a full featured data visualization platform. That was absolutely part of it. They definitely wanted to integrate data findings with sort of contextual information. It could have been photos or text or videos, things along those lines. In essence what they wanted to do, we heard that they wanted to modernize the PDF data reports. They wanted to create data stories, not just one-off data visualizations. Those stories could take multiple formats. It could be long form journalism, a longer sort of piece. The equivalent of the current PDF data report that we are all so familiar with. It could be something packaged for a presentation or
one-on-one meeting. Sometimes with data all you need to do is convince one person in a room. It could be a fact sheet or policy brief. Whatever it was, we heard that people wanted something that is dynamic, compelling and engaging.

We began in project to work with partners, in essence, who could bring this to life, make this happen. The first partner we found, with he were fortunate to find them, was LiveStories. We feel fortunate that we found a technology platform that basically fit the bill for what we heard counties needed. We also knew that the technology in and of itself would not, although necessary, wouldn't be sufficient, wouldn't describe or meet all of the various needs that were out there. We also knew that counties, especially the data poor counties I spoke of, they wanted access to the underlying data that some counties have a hard time accessing.

For that we have been working with civic knowledge, a San Diego based firm, to help supply us with the data.

We also knew that counties were going to need help and expertise with communicating the health data that they wanted to present. That's where public health institute has been playing such a lead role. They are doing things like workshops on data visualizations, workshops on message framing and design and layout and roll up your sleeve work with all the of counties participating in this project.

They wanted to learn from each other. If one county was doing something on eCigarettes, for example, we heard about that, they would be interested to know if another county was going to be attacking that same issue.

And Public Health Institute is supplying information for these counties to learn from each other. We are ear all sort of going through this together.

We have a diverse range of counties participating in this. My hats are really off to them, really. I do tip my hat to them. It's their guidance and ideas from the early stages of helping us formulate what was needed to the current stage of providing us constant feedback about how we can tweak this project and improve it for them. They are the ones pushing this forward. It has been very deeply participatory, this product, the way that it's going. In many ways what it led us to do -- I'm going to show you one quick example, is all of us can now come together and we are coming together to tell stories differently and in ways that I hope can have impact. The story that you see right now is on maternity care in California. And as I scroll down, you sort of get a sense of what the different elements of these stories are. These are live, functioning graphs. We built the story in a way that you can click on a county as you see here and you can see the data for that particular county. And so on and so forth and it even has a video that is also part of this.

So we are going to, at the end of this we will tell you about some of the lessons we learned from this. We are hoping that the lessons that we've learned, what we can share with you, these are ideas that we hope you can integrate into your own work. So I am really appreciative of all of you participating. Jessica, I'll turn it back to you. Thank you so much.

>> Jessica Tomlinson: Great, Andy. Thank you so much. I think you've done an excellent job of setting the stage. We are now going to first do a poll question, which is:

To what extent does your organization share its data?
A, not at all.
B, occasionally we release data via reports.
C, we have a website devoted to data that matters to our work.
D, we have an open data strategy to publish and encourage use of as much data as possible. And E, other.
So please attendees, go ahead and submit your answer to the poll and I am now going to switch over and with Andy having introduced and set the stage about data and storytelling, we are going to have -- I'm happy to introduce Laura Saponara to talk about the why. Laura is at the Public Health Institute and she helps movers and shakers with storytelling. She brings strategic communications for nonprofits and philanthropies engaged in policy advocacy. As you will see, Laura is thrilled by strong framing and messaging. The descriptive language, superb opinion writing and creativity in social media.
Laura, take it away.
>> Laura Saponara: Hello, everyone. I'm going to talk to you, ask you take to think creatively with us for a couple of minutes about why and how stories can help other people to make meaning from your data. We are going to take a look at a couple of examples and talk about what our brains do with stories and how empathy fits into the picture.
Working with health organizations to build and disseminate effective inventories is at the core of what I do at our project, HealthData+.
So what is a story? Now, part of the title of our webinar is Telling the Story Behind the Numbers. Today we are asking you to think about a story as a grouping of elements. Andy went over this quickly. So it could be photos. It could be language. It could be photos, video, audio, info graphics, data that allow you to contextualize your data. When we say storytelling, people think of long form narratives that have a beginning, end and maybe an arc. Those stories are important. We but our working definition of story today is much broader.
Let's take a look at an example of storytelling comprised solely of portraits and the down to earth thoughts of ordinary human beings.
You may be familiar with the series "Humans of New York" it's a best selling book and blog with 16 million followers on Facebook. The goal of the guy who founded Humans of New York was to get his viewers to engage in an emotional experience. His hope was that the stories would resonate with viewers and readers more than merely reading statistics.
Now, New York obviously is a vast place. You may think of huge urban places as characterized by anonymity and apathy, places where we lose a sense of one another. Humans of New York is a really compelling antidote for this. So what you see on Facebook is a portrait of one individual and you can read their kind of first-person history, their thoughts, their aspirations. And it is the portraits and words that really draw you in and transport you into their lives. It is through that process that as viewers we come to care about them.
So it is an incredibly compelling example. Let's use this as our first example of effective storytelling.
Okay. Here is a very different example that falls into our working definition of story. If you live in California, you may have seen an ad like this created by a foundation called the California Endowment. What we see obviously is -- I hope this is relatively large on
your screen -- is the juxtaposition of life expectancy by zip code. We see the images of these boys’ faces.
I think that when we see this one, the eyes really draw you in. And I think most of you, the shocking juxtaposition of those life expectancy and the zip code, most viewers think to themselves: Wait, that can't be true, that's not right, not fair. We need to change this.
There is narrative. There are useful statistics about health inequity in that text that you see in the bottom right. But it's really the photographs and the numbers that make you want to read that paragraph.
I want to make a separate point here with this one, too, which is that there are many ways in which stories can reach across political divides in ways that arguments can't. And I have a sense that framing health equity in this way may allow us to do exactly that.
Let’s look at another example of data and story together. We're going to take a little virtual trip here to the, courtesy of the Montana Department of Public Health. Just bear with me while my screen makes this transition. Okay, great.
This is an example that was built in story map. It is a new product from Esri, which is the maker of GIS software. What we see in this crowded almost claustrophobic retail environment here, full of tobacco products, right at eye level or slightly below the eye level, the eye level of a child, it feels like we are actually in the very crowded environment. When you click on these green numbers, you get a description of a given marketing strategy that tobacco companies are using to appeal to kids.
Interesting, in this story map which is obviously really quite well done and you may have seen it before, we can also take a look at the density of retailers in different subregions within the state, the density of tobacco retailers. If you look up here you can even search by jurisdiction. And then we can look at the proximity of retailers to schools.
So I would argue that this approach to drawing people into data so that they can make meaning from it in a very visual way also humanizes data. Differently than the prior examples, but in a way that is perhaps equally compelling. Okay. Let me get back to my slide.
Okay. So what do our brains do with stories? Now, when you're reading or hearing facts or figures, two regions of your brain become active. The regions that govern language processing and language comprehension. But when you are reading, hearing, or viewing a story something very different is going on. There's a neuro synaptic party happening. That's because neural structures that process information in our brains, sounds, movement, colors and shapes also become active. Why? Okay, I'm going to summarize something about this fact for you really quickly. I worry that I'm not doing justice to the researchers. However, we have a number of included -- well, on the Web page for the presentation we have a list of references you can easily take a look at the research yourself.
So if you read the word "lavender" or "cinnamon" or "soap," your olfactory cortex responds. Think about it. You are not actually experiencing those smells. You are reading about the smells, but your brain is responding as if you were in fact enjoying a lavender bubble bath. So it is ditto when it comes to the other cortexes, auditory, visual and motor cortexes.
If you read a sentence like this, "Pablo kicked the ball," your brain shows activity in your motor cortex. Okay, so why is this important? Because using descriptive elements can help our readers to make meaning and to retain meaning. We remember stories longer and better than we remember facts and figures. And stories, this is again substantiated by research, actually increase our ability to retain facts and figures.

Okay. Let's talk a little bit about emotions. A researcher by the name of Paul Zak found that when we are drawn into well written narrative with emotional content, a real, compelling, well-written narrative, releases oxytocin, that enhances our ability to experience other people's emotions. As the social worker, educator TEDx superstar Brené Brown tells us, empathy fuels connection. That sense of feeling what another person feels, feeling a connection to take person is extremely important to public health. Think about it. What is it like to be a mother who learns that her young children are at high risk of chronic disease? What is it like to try to eat healthy in a neighborhood where there are no grocery stores? For that mother what is it like to be the superintendent of a public school system that has succeeded in increasing physical exercise and lowering caloric intake in its student body? It must feel incredible.

The point here is that we care more and we want to do more when we know and feel more, right? The same for decision makers and policymakers of all stripe. Stories about the health challenges faced by our community members can evoke empathy in ways that are authentic and important. They can also spur action.

Okay. So what are the components of an effective story? I am going to take you to one of the stories here that has been created in our project. In HealthData+. This story was created by a woman in Lake County named Jamala de Leon. She managed the program for tribal health. Her story is to increase diabetes prevention education and in particular culturally competent diabetes prevention education in the county. She needs to partner with a lot of different agencies and private hospitals to do that.

So what she does is, she crafted this narrative that makes a link between diabetes and obesity. Here I'm scanning down but you'll have this link if you want to return later. Here she is showing this big jump in prediabetes diagnoses. And right down here we get to some data about her program in particular. Which shows that this is a program that requires participants to lose 5 to 7 percent of their body weight, focuses on healthy eating and physical activity. She has data, admittedly with small sample size, that shows the success of the program. People remaining healthier, remaining healthy, sustaining the gains over a three-year period. So one of the things I wanted to mention about this story is that embedded inside it are two videos. Short videos, about five minutes each, that were made for an additional storytelling project.

This one, the story of Yvonne, follows a narrative arc. It is a woman telling her own story, a participant in the program. It is that plot of when a person has significant challenges and then they find, they summon the resources within themselves to overcome those challenges and there's a transformation that happens. This is indeed the plot line of Yvonne's story. She realizes her son at a young age was prediabetic. She was determined to change that. She really took charge of the situation and was able to change a great many behaviors that had, that allowed her son to become more physically active and to eat healthier.
I would say this story is really effective at drawing people in, making those emotional and empathic connections that we talked about earlier and that the research shows can be effective.

I'll show you another story. I know!

Okay. Now, an important point about stories that have a narrative arc. This kind of overcoming challenges and succeeding. Often we think of that in a very personal, very individual way, like Yvonne. And by the way, she ends her video on a note that is extremely proud. She is proud of her -- she is proud of her identity as a promo woman. She's proud of her family support and her community and proud of her son. Very powerful note to end on. Stories of individual transformation often take this form. They are very personal.

But we can also tell stories of collected impact with the same narrative structure. This is one such story created by the County of Sonoma. They did some original ethnographic research and talked with about 300 male farm workers about their access to healthcare and their living conditions. And the goal of this story was really just to raise awareness in the community about the health status and the overall wellbeing, as well as the severe challenges faced by farm workers in the county. Obviously a wine growing region of the country.

So there were extreme challenges related to healthcare and housing. Over the time they needed to win community support for enhancing the physical environment and access to services.

They chose to be very strong and clear about their messaging in this story. Right here you are looking at a key message which basically contradicts the common assumption that farm workers are migrant. That they are here and they are gone. That is not the case. Nine out of ten farm workers are and will be full-time residents of Sonoma County. Raising awareness of this fact which of course is derived from data has been a central, has been very key for them in terms of shifting attitudes and beliefs about the farm worker community and allowing, inviting people into a conversation about investing in farm workers as part of the community.

So just a couple of things that I think work well in this story in relation to drawing people in, drawing the viewer in, sustaining your attention and evoking empathy are obviously the photographs that we see first person quotes here.

From some family members who are talking about the challenges and how, in some cases, how they are overcoming them.

Okay. So that is basically what I wanted to say about this. You can see the data paired with these other powerful elements of storytelling.

So there we go. Okay. So with that, I am going to go ahead and turn it back to Jessica.

>> Jessica Tomlinson: Great. Thank you, Laura. That was really a fantastic overview of the power of storytelling. And I am really compelled particularly by the brain, the sort of neurological response of your brain to storytelling. So thank you so much for sharing that.

What we are going to do now is go to our next poll question: What are the biggest challenges your organization faces in telling stories with data?

A, finding and sorting the best data sources?

B, visualizing data in a meaningful way?

C, writing compelling text to put the data in context?
D, making people care about the data we have?  
Or E, all of the above?  
It will be great to hear from participants particularly as you think about the power of storytelling and how and why you may face obstacles in your own work in using it.  
So now that we have been talking about the why, we are going to turn to the how.  For that I would like to introduce Adnan Mahmud.  He is the founder and CEO of LiveStories, a Seattle based startup that seeks to empower the sector with power tools.  The public sector has the most data in the world but they use it the least, Adnan is fond of staying.  Prior to LiveStories he worked at Microsoft managing some of the company’s biggest data pipelines and he also founded a nonprofit called Jolkona that supports entrepreneurs around the world.  
Adnan, I'm turning it over to you.  

>> Adnan Mahmud: Thank you, Jessica.  Hello, everyone.  As Jessica said, we believe that the public sector provides the most critical services in our society:  Education, healthcare, transportation, public safety.  But they are really stuck with the oldest tools.  We started LiveStories to change that.  So at LiveStories we build modern tool sets to help the public sector make sense of its data and tell stories with that data.  
In addition to building this technology platform, we are really excited to be able to partner with the Public Health Institute and the California HealthCare Foundation to bring HealthData+ to health organizations around the country.  It is very unique service, integrated technology and communication solution to support health organizations to tell the stories they want to tell with their data.  
So today what I want to do right now is show you some examples of how HealthData+ is being used by health organizations around the country.  And share those stories with you.  Then we will be open for discussion after that.  
Let me start off with the San Diego County Health Department.  Here is a report that they created around suicide.  It is about a 60-page PDF file.  It looks like many health related reports that you might see coming out of different public health departments around the country.  It has tons of data and great information as well.  The challenge is, it is a static snapshot.  While the department has spent a lot of time putting this together, it doesn't probably get consumed as much as they would have liked.  Keeping this up to date is really difficult.  
Now, I want to switch over and show you an example of the same report that the department has created, but this time using the LiveStories platform.  It starts off with capturing photo and goes in and explains some of the information.  It uses photos, the text and then you also have charts to explain some of the data.  
So the interesting thing here is as a user it is much more interactive than a PDF file.  
You can use this drop down and select a specific region, the county you care about for the north central region and the charts get sorted for that specific region.  
Let me switch over to another example, prescription drug use and misuse is a big initiative in nine counties here in California as well.  This is the initiative’s website.  Here they actually share some of their reports with the stakeholders.  So I go down and I want to click on -- let’s see here.  I click here to see more data on this page.  And let me look at the first one, which is the report card.  Here we go.
And what you'll see is a very detailed Web page with lots of information and charts. So you have interactive charts like Andy has shown earlier that shows the trend in the county around prescription drug use.

Let me show you how this kind of chart, this kind of page can get created within the LiveStories platform. This is a last year's web-based platform. It has a lot of functionality. I'll focus on a couple here today. First this is what we call the data set view where you get to see all the data sets in your account that you have uploaded. The specific one I am going to use is called tiers data. This is the one from Marin County. If I look at what is in the data, it is a very straightforward table with a bunch of rows and columns around gender, age, drug class and number of prescriptions in that combination. So let me go back to the tool itself.

Here we go. So let's look at, now that we created a story with this data. I'm going to go to the story section of the tool. I'm going to say I want to create a new story.

What we get is a straight, very simple Web page that you can now edit. It starts with a photo and has some templated text that we can edit. I will delete the templated text section.

And then I will have just a photo at the top. Let's change this image. Let's put in an image more related to prescriptions. So I have downloaded some images here. Let's go to pictures and let's use this one.

So it puts in my image. Now the way it builds out the page is to add sections. You can have as many sections as you want. These are templates. This is for videos, charts, and the lines are for text. Let's add this info card, for example.

So I have a photo, put in a chart here. So a new chart. And it will tell me back to the chart creation section of the chart. This is the part I showed you earlier. This is data. Here we go.

Let's look at gender. Let's look at the number of prescriptions by gender, something as simple as that.

So I will select sex. And female. And I will look at prescriptions.

So this shows the total number of prescriptions for male and female. And now we can change the colors. I can change the chart types. You can do a pie chart. You can see the females are almost 60 percent. Males are 40 percent of the total prescriptions.

This is something interesting. Let's say a pie chart, we'll go to what we call the icon charts. There we go. So you can see the women icon gets filled up 60 percent. Let's get rid of the grid lines so it's a little bit cleaner. Let's hide the background white color. We put the title in the story itself and then let's add this chart to the story.

So I'm back at the story. The chart is in there. And then I will hide this section title. I'll just put my title in here. Call it something like unequal distribution, maybe. 60 percent of the prescriptions are filled for females.

Let's make the chart a little bit bigger. And just for fun, let's just change the background color of the section.

Something like light blue. There we go.

And this is a very simple page. Now, if I publish it, it tells me, PDF or Web page. I want to put it on the Web. Let's view the story. It becomes the Web page exactly the way you designed it. And now I can share this with anyone in the world and they will see this exact story. If the data gets updated, the chart gets updated automatically. You don't have to rerun the report.
All the examples you have seen today from LiveStories have used this story builder to create those pages.

So stories are one way to share your data. Let me share with you another example. This one involves making data easily accessible to your stakeholders so they can create their own stories.

So for this demo, I want to show you one of our newest products, called the data home which allows you to create interactive data portals using your data. Health data home specifically is a Web page that show cases this data home technology using publicly available health data. We will officially launch health data home in January, but you are going to get a sneak peek into it today.

So with health data home users are able to create charts using natural language search, something you might be all familiar with in search services like Google. Let's search for something like, in the prescription world, let's look for drugs. It suggests queries to you. If I press enter, the system is actually going through our data set that we have collected. More than a thousand data sets, close to a thousand data sets right now from different data sources and generating these charts on the fly. If I scroll down, it is going to keep giving me more and more options. As you can see as the charts come up, they are coming from different locations. They are coming from the state level department, CDC, pie charts, map charts, bar charts getting created on the fly.

So for the users it is easy to find the data you're looking for in search. If you have a chart you care about, say I really like this average drug use mortality rates by state, I can share this on my Facebook, Twitter, or get a link directly and share that. So instead of sharing with people rows of raw data, you can now give them access to this elegant user experience so that it is easy for them to share the access and discovery the insights behind the raw data.

These are two example of how HealthData+ helps organizations around the country to leverage their data and engage with their communities. As I mentioned before, HealthData+ is not just a technology tool set that you've seen. It is also the expertise of public health institute to help you craft your story and engage your community in a way that's effective. We would love to support your work and help you leverage your DA check out HealthData+.org if you want to get more information or for more examples of how people are using these services. As I mentioned earlier, health data home.com is going to be live non-January. If you are interested in more information, leave your email address and we'll get in touch with you.

Thank you for your time. Jessica, back to you.

>> Jessica Tomlinson: Adnan, thank you so much for an excellent demo in terms of how to do data visualization and the live LiveStories platform. We have gotten a number of questions during Adnan's presentation about the technology and as Adnan said, you can go to the HealthData+.org website and put in your information to get more information. At the end of this presentation there will be an evaluation which we would like you to fill out. There you can put your contact information and we will follow up with you to tell you more about HealthData+.

We are now going to do our last poll of the webinar. And that is: What are the biggest challenges your organization faces in telling stories with data?

A, finding and sorting the best data sources?

B, visualizing data in a meaningful way?
C, writing compelling text to put the data in context?
D, making people care about the data we have?
Or E, other. And you can also submit your answer in the question and answer.
So now that we showed you the how in terms of the technology, we are actually going
to go back to Laura Saponara to talk more about the how in terms of the strategic
communications around the storytelling. To round out this picture. As Adnan said, it is
really a combination of the technology and the communication strategy.
So Laura, back to you.
>> Laura Saponara: Okay. Before I go again, I just want to say that, you know, through
our project thus far LiveStories has been collaborating with us to really develop and
evolve the platform in response to needs that have been expressed by the participants
in our project, by the counties. And their ideas about what they want to see in the
platform, how they want to see it and use it, the functionality. That has been a real
pleasure for all of us, a learning experience, growing experience. So it has been -- we
are thrilled by that spirit of cooperation and collaboration. I want to say that publicly.
How to build an effective story. We are eager to get into the question and answer
period. I am going to spend a few minutes and hand it back to Jessica. I want to make
a couple of points about what it means to take a strategic approach to building a story.
Now, all of us are rather busy people. And one way to think about, you know, it's easy
to get excited about the types of stories that you can see yourself creating that may
need content, that may be available to you in your community. That's fantastic. That's
a big part of what we would like you to take away from this webinar.
At the same time, it is really important to decide on when you are going to devote the
time and the energy to building a story, it's important to think well ahead of time about
the goal. What is the goal of the story?
And we've gone through the goals of the different stories that, that today that I've run
through, if you recall the story about diabetes prevention was created to raise
awareness in the community but also to build momentum for expanding diabetes
education.
The reason that's important to note at the outset is that the audience for the story
derives from the goal. The audience derives from the goal. That's how we arrive at
what this model, called the GAME plan. And I want to give a quick shout-out to a really
interesting communication consulting firm called the light box collaborative that has
helped to develop and popular ice this model.
So what we need to get started with building a story is a very clear goal and very clear
audience. And then messages that are tailored -- when I say messages, I mean what is
the core meaning that you are going to express? And to what end?
Those messages need to appeal to that particular audience. Goal, audience, message.
Engagement. That word applies to how are you going to engage them in your story?
You have put a lot of work into your story, but if you don't think hard and well about how
to get it to the people that need to see it, then you have done yourself a disservice.
So let's just quickly take a very concrete goal. Let's consider this a hypothetical goal.
Let's say you are working with a coalition of folks who want to encourage your board of
supervisors to pass a tobacco retail licensing, TRL, to reduce access to tobacco. The
question here is who is your audience? I would like to make the case that your entire
audience is the board of supervisors in four people on the board of supervisors already
support the TRL, your audience might be one person. Figure out how are you going to reach that core audience that has the power to give you what you need? To help you reach your goal?

Okay. Another quick example. Let's say that you are working for a county which has recently expanded -- working in a county that has recently expanded healthcare coverage for undocumented adults. As many counties in California have done. So this is a hypothetical kind of situation that we will lay out, wherein there is a -- wherein funding has recently resumed for providing extended coverage to a proportion of undocumented adults in a given county. So that is good news, if you believe that health coverage is a good thing for public health.

But it is temporary money. It's money that is in a general fund that needs to be reallocated again and again. What folks in this county need to do is to make sure that the county supervisors understand the importance of this effort to their communities and they need voters to get on board in supporting and continuing to support this particular expenditure. There are a couple of hospitals that have contributed $500,000 each to the effort, and they really need to do that on an annual basis in order for this particular effort to continue.

So I spelled all that out in order to say we really have three well defined audiences that we need to engage in order to achieve this goal. So the stories that we create, the story components that we develop, the short videos we make, the photographs we use, the language, the messaging that we use, we need to do our best to appeal to these audiences in particular. In a nutshell that is a strategic approach to the GAME plan, is a strategic approach to story development. It comes more out of a community building social transformation or social change model, but we found it very important and very effective for busy, motivated people across all sectors.

Okay. I'm going to leave it at that and hand it back to you, Jessica.

>> Jessica Tomlinson: Great. Thank you so much, Laura. Now that we've taken the tour de force through the why, how, we are at our Q&A. And we put up the slide again so that you can see how to submit questions. Please, send them in. We already have been getting a number of great questions coming in. I'm going to go ahead and ask the first question. I'll ask this as a question for Andy, but if Adnan or Laura, you want to jump in, please feel free to.

Andy, could you talk about some of the challenges that you've seen organizations face in telling stories with their data? And then related to that, what are some of the strategies for overcoming those challenges?

>> Andy Krackov: Sure, I would be happy to. So I think we've found -- first of all, this really has been geared as a learning experience. Sort of in the mold of design thinking, agile development. We want to learn what works. So we have been very eager to hear from the counties that participate about what is working and as importantly what is not working.

One of the things I think that comes to mind is the capacity. Most of our partners are county health departments. Not all, but most of them. I think about the capacity that counties have, or have not, to produce stories. As one public dealt director put it to me: Gosh, a story has a beginning, end and a denouement. And it is hard to have a story
that is compelling and has great data as well. We have been thinking: What can we do on that level to sort of help out?

And originally we thought, well, my gosh, maybe in addition to the communication part that the PHI is providing, what if we provided writers to all the counties? There are probably honestly a number of journalists who are right now unemployed who could do a good job helping out. The trouble with that approach is that it is not scalable.

So one of the things that we are going to be doing in essence the second phase of this project that we want to try out is this concept of building templates, almost sort of mostly baked versions of stories that have data, that have a lot of the contextual information as well, even some photos that a county could then take and modify. If you remember, I have provided a quote at the very beginning to say that the hardest thing for a data person to do is speak English and the second hardest thing for them to do is write English. The way that quote finished off was to say but we are really good at mimicking. She was making the point if you give us a template, we can modify that and do a good job with it. We want to do some templates. I don't know if it's easy to turn the controls back to me but I would love to show an example of what we are talking about for this. What we really have in mind is to build sort of templates of stories that people can draw upon and use. Let me give you an example to show you what I'm thinking. This is a story that actually, LiveStories and PHI combined to build. It won the top award for the national obesity data challenge. It was actually a challenge in combination with England, the Institute of Health there, or the national health service there, and as well as HHS, the federal government here. This won the top award.

The basic concept is to build a template in this case about obesity and data and to have multiple counties, communities that can draw upon and use this. It already provides the data first at a state level. As you can see, I'm scrolling down. At a local level I picked up the place I grew up, Rochester, Monroe County, New York. You can get a template that you can use and modify. This gets me to the second lesson I wanted to share that we also learned. That second lesson is, obviously a lot of our partners are the health departments in California. We have learned that they very much want to partner with organizations on the ground, grassroots organizations that can add the color, the emotion, the story part to a story.

The health departments are saying they are really good at doing the data, but in some ways they are reluctant and they admit as much. They are reluctant to weave in the story elements, the evocative photo, the story of a person affected by a particular policy or who can be affected by a policy. But we learned from our county partners that they are more than willing and actually want to partner with organizations on the ground, them supplying a template that has the data and letting the grassroots organizations, say a local clinic, provide the color and the emotion that can really help this story gain some impact.

So those are two instances that come to mind for me. Others might have some as well.

>> Laura Saponara: I want to throw out quickly a couple of things that I've learned and I have been thinking about. One is that we often think about stories as in I need to create every piece of content myself. But in fact, I think there’s a lot of content out there that is in the public health arena that is good fodder for collaboration. You know, there might even be, depending on the issue area you work in, there may be a video clip that really speaks to what you want to express. And there is no reason we can't beg, borrow and
I'll give you a quick example. We have been working on various stories related to raising awareness of the importance of getting your flu shot. So then recently I learned that the California Department of Public Health had its own series of really well produced video narratives about the importance of vaccinations of all sorts called shot by shot. So it would be very easy to incorporate a clip or the entire video link to a shot by shot video in a story that one is developing related to influenza.

The other thing I'll share, another pragmatic thing, that we have had some experiences where we are pairing interns with epidemiologists and it has been a nice pairing of talents in terms of having the ability to curate and oversee the presentation and analysis of data. With interns who may be very -- how do I say this? Very digitally savvy and the platform for use are very user friendly but at the same time -- is it okay if I use the word Millennials? They can be people who are really, have a certain ease with technology and can just hit the ground running when it comes to story creation. So that's sometimes been a nice method. Anything to add on that, Adnan?

>> Adnan Mahmud: I will add, I think, that -- one of the things, I agree with everything that Andy and Laura mentioned, and those are things we also learned through the HealthData+ project, the collaboration.

The other thing I would add, one thing I might add is that we see that often times when it comes to the role of data there is a lot of conversations around making data available to the public. What we are seeing, there's a lot of value for actually health organizations to derive from just making use of their own data internally first, as much as just making it available to the public. Often times internally the data owners are not using the data as much as they could be to generate value.

So our product like the data home or even our data team product are geared towards increasing internal collaboration and data sharing and productivity internally, decision making with the help of data. I would add that in there as well. Thank you.

>> Jessica Tomlinson: Great. Thank you all. Those were really helpful responses. Just to kind of synthesize quickly, the con set of simplification through templates that allow people to get started and then modify for their own purposes as needed. Also really about collaborating both internally and externally, and not being afraid to use resources that are outside of your organization and maybe recycle and re-purpose, of course within the bounds of the law. But then really just assembling good teams internally in your organization and looking to pull in resources where you don't necessarily have them.

I do think that is a question we got. Someone sort of summed up, in a way it sounds like everyone is supposed to be doing everything. I think, no, the message here is not everybody needs to be the expert. You can really draw expertise from across the disciplines.

I want to turn now to a question for Adnan, which is that you showed LiveStories, the platform. It really does make it easy for non-data folks to visualize and share their data. What have been some of the most exciting ways you've seen it put in practice? Are there any use cases that surprised you?
Adnan Mahmud: Thank you for the question, Jessica. Well, interesting use cases and have there been any that surprised us? I think the surprising ones are constantly happening around the variety of stories that could be told by different data owners, right? We come across all the interesting stories, dashboards, the people who are publishing all the time and we see them. It is super exciting to see. When we if I remember, for example, saw the Marin County report card that I showed earlier today, we were super excited because that was the first time actually somebody used it to show ongoing progress on an initiative. In fact, the thing we learned through their use, they realized the biggest, one of the biggest benefits they see from the LiveStories platform was that updating data, updating the stories with new data is really, really easy. And if we have PDF files that you published, which is what they used to do before, updating the PDF files and redistributing it was a lot of time-consuming work. Now, they are just able to, within minutes, just upload new data and the charts get updated automatically so they don't have to worry about it. So we -- we knew it was a benefit but didn't realize it was going to be a big time saver when we started out. That was interesting to see.

Andy Krackov: One other thing that comes to mind, which was surprising to me, I remember there was one county that was describing to us that they were using in essence sort of the dashboard feature of the platform where you can sort of post your graph that you want to put into stories. Of course, that dashboard in and of itself can also be published. They were using the dashboard, though, in a public meeting among ten other people or so. Where they were sort of gathering around the data and discussing it, and talking about what measures really mattered. So it was actually a really sort of point of the conversation that sort of helped guide the conversation, being able to sort of gather around those particular measures, sort of presented very visually. It allowed people to engage in a conversation around it and not have to look at the Excel spreadsheet, for example. That kind of surprised me. That even before the final product was done, being able to talk about the data visualizations, the charts, graphs, the maps, that actually sort of helped further the conversation in that particular county.

Adnan Mahmud: Just to add to what Andy said, that specific example actually led to our discuss features inside the platform which again I didn't have the chance to show, when you use the discuss feature you can take any chart in LiveStories and have a whole discussion about it on your team without having to go back to email, copy and paste the chart and follow the discussion over email.

Jessica Tomlinson: Great. I thank you both. And I think that those are excellent points. Andy, one of the things that I really around contextualizing the data, what I feel like has been a big take away from the project is that it doesn't have to be long. It could really be contextualizing it around one or two data points on a graph. And it is really powerful that way. So we have been showing stories I know today that tend to be longer, but they actually, it doesn't have to be long to be very powerful.

Andy Krackov: I think that's right. I think that's probably something we along with the counties are learning. You know, typically I think what county health departments have done is published larger sort of PDF data reports that, like the one that Adnan showed, that might very well be 40 to 50 pages. That is not unusual. We are trying to
get to a place where perhaps with published can be thought of more as a brief, a slide show, a fact sheet that can make a point and maybe it's perhaps points that are made in multiple chapters.

For example, we are working as part of this project with the children's data network down in Los Angeles. And the children's data network is sort of working right now on an updated children's report for L.A. County. The way they decided to do that is to create separate data stories, think of them as separate chapters on the issues important to children in L.A. County. One might be the demographic changes taking place regarding children in L.A. County. Another one may be obesity, but they are trying to chop it up into different elements. It's hard to read from beginning to end in this digital age. If you can provide it in bite-sized pieces, that's a lot more valuable.

>> Laura Saponara: Can I add to that? You know, I do a lot of writing and for those of you that also do it, it can be hard to let go of words. It can be very hard to let go of a lot of words.

At the same time I think when we think about the length of a given story in any format really, we do need to think hard about our audiences. So how do we want the audience to engage? What do we already know about how long we might be able to sustain their attention? So there are a lot of different purposes these stories can serve. And some of those goals can be well served by short stories.

>> Jessica Tomlinson: Great. Thank you for adding that in, Laura. Actually I want to ask a question that gets further along in this process. And I'll ask you, Laura, but others feel free to chime in.

You've talked about the importance of first identifying your target audience before developing your story. What are some of the important considerations or innovative strategies that you use to make sure your story ultimately reaches your defined audience? Really getting more at the dissemination question.

>> Laura Saponara: Uh-huh, okay. You know, let me say a little bit about how do you know your story. How do you know your story is going to appeal to the audience that you intend, that you want it to? And then how to make sure it reaches that audience.

I think the appeal question is an interesting one. And rather than giving an innovative response I would like to give an old school response which is I think it's important to talk to members of your target audience to real human beings who you want to reach. Show them your messaging and you can do that online. You can do that, for example, in LiveStories there are ways to share with kind of like a private group, sort of a semi private publishing function that can allow you to share your story and then ask questions.

I personally like to ask questions about what people think of a given story or the visuals or the headlines. What do they take away from it? You know, what is their impression? What are they left with? How do they feel about it? I like to do that in person. Of course, you can also use Survey Monkey or something to do that. But I do think it's important to test, to test out your assumptions about where people are at.

I hear that phrase, I've heard that phrase for so many years and hear it more and more with all the reporting now on the current Presidential debates and appeals. So where is your audience at? So task yourself with exploring that instead of making assumptions. That's my advice.
Then how do you make sure that it reaches? You know, how do you make sure? How
do you make sure it reaches the people you want to reach? You have to be really
deliberate. This is a part that A, is not rocket science; and B, is often overlooked.
Come up with a strategic communication or a distribution plan that spells out who you
are going to reach and what medium you are going to reach them through. It's very
easy to use. For example, in LiveStories, I'm forgetting whether Adnan demonstrated it
or not, but the social media function that is on the top right of the home screen, where
you can share your links easily, as you should if you are reaching an audience. If you
are reaching an audience of any size that is active on social media you may want to
come up with a distribution plan through social media through perhaps hashtags as
mention mentioned that are going to be effective for you.
Offline, there are any number of ways to reach folks. You can't rule them out. Maybe
snail mail is the way. Maybe hosting your own webinar is a way. It is important to sit
around and brainstorm with your colleagues about reaching the people that you need to
reach. And then having a plan and following up. Dissemination is a lot about follow
through. Even when you do something like publish an opinion, editorial in the
newspaper, it a lot of people work so hard on their op-eds and assume because it has
been published everybody has seen it and read it. That is not the case. There's a lot of
follow-up that you need to be invested in if you are going to put the work in up front to
embark upon a story and finish it.

>> Andy Krackov: The other thing that comes to mind too in addition to what Laura said
and we are learning this at the California HealthCare Foundation as well. We have
ambassadors out there that can help us spread the message. You no longer can rely
on the megaphone of one institution, our case our foundation, to successfully get the
word out no matter what dissemination plan you put in place.
So we are wanting more eagerly to partner with, whether it is our grantees or other
partners around the state who can help us play a really key role in getting messages
out. I think that same notion we want to apply that here in our work with this
HealthData+ program.
Whoever is creating the story, they have communication vehicles they can use. They
also have partners they can lean on who likely also can help get the message spread.
That's another angle into that as well.
>> Jessica Tomlinson: Great. Thank you! And I think what I would like to do is kind of
throw out one more question to the panel before we wrap our Q&A up.
I guess if each of you could just say what do you see as the biggest opportunities for
health organizations to communicate more effectively with their data? In your dream
world what would that communication look like?
I'll leave it up to you as to who is going to start.
>> Laura Saponara: I think we need to bring -- I think we are at the very beginning of
bringing data about health inequities and the steps towards equity to light. There are a
great many stories we need to tell that haven't been told. We can tell them in a powerful
way that can motivate, educate and motivate a whole variety of people, including
decision makers, to make our communities as a whole healthier and stronger and more
equitable.
>> Andy Krackov: What comes to mind for me, this is Andy. I remember before my
current job I worked at another foundation, a foundation for children's organization, and I
developed kids data.org. I went around the state and gave presentations on how the children were faring in those regions around the State. Where I lived I thought it would be wonderful if I could engage my own community, fellow parents about how kids in our own community were faring. That is the goal for me. If we can elevate sort of the community dialogue, the public discourse so that folks parents, community members and others really care about the issues. They do probably already, but now that they can have the data to back that up and form an opinion and we can have conversations about that, that are really based an infused with the data, I think that's a wonderful opportunity. More informed policymaking and decision making could flow from that. It's tough to achieve but that's one of the visions I have.

>> Adnan Mahmud: I would go back to what I started out by saying, I think. To me, the health organizations, the public health organizations, I feel like are sitting on a lot of great data. Done a lot of great work collecting that information. The companies are leveraging around data, making data driven decisions. There is a huge opportunity to help our health organizations be more data driven in their policymaking and decision making. We are not far away from making that a reality. I think when that happens, a lot of our biggest costs to the economy in terms of healthcare will see significant improvement if we are able to enable the core organizations in that sector, the public health organizations, equip them with better tools so that they can make better decisions, whether it is communicating data or making policies or sharing updates to stakeholders.

>> Jessica Tomlinson: It's great that we are closing with this update. Adnan would love to have the data that's available collected already, really used to drive decision making, which I think Andy very much touched on. That should be a broader community decision making and engagement to drive policy change.

And towards Laura's goal which is really around achieving equity and addressing inequity in the community.

Thank you. I know that you didn't know that question was coming, but your answers were all right in line and a great theme.

So I want to now say thank you to all of our participants for joining us and for all the great questions. We hope that the webinar provided you with practical strategies to combine data and storytelling in your work. We encourage you to think of ways to work with colleagues to influence decision making through storytelling and data. Hopefully we conveyed that storytelling doesn't have to be complex. A simple chart with text can be powerful and make a great first step.

There are Web resources that we touched on this in this presentation that will be available on the Web page for this webinar, where you will also find the recording of the webinar and the slides. I know that's always a question in my mind. Am I going to get the slides after the webinar? Yes, they will be available.

And so again I really want to thank our presenters for a fantastic job and a great discussion. Then the behind the scenes people as well. Who we couldn't do it without you. Of course, our sponsor, thank you very much to the California HealthCare Foundation for making this possible.

And for those of you who may not have attended our previous webinars in this series, we have been doing a whole data and public health series. You can find the previous
recordings available. And finally, thank you so much. As I said, the recording and slides will be available at Dialogue4Health.org.
(The webinar concluded at 3:57 p.m. EST.)