11:38:53 From Jonathan Castro : This is an interactive presentation, so please ask questions in the chat. To view subtitles or a full transcript, select the Show Captions button from the black ribbon at the bottom of your webinar window and select an option.11:39:29 From Tina Lopez : I was not able to attend the first session and hope to listen to it at a ltare time11:40:54 From Alexis Bates she/her WA DOH : you can view the recording, presentation slides, and practice sheets on the WA Portal at this link: https://waportal.org/storytelling-data-webinar-materials11:40:57 From Hazel Kwak : I appreciated trying something different from what we usually do for the populations we serve. I think trying different things is great!11:41:12 From Sunaina Menawat : Thanks Hazel!11:42:05 From Tomas Madrigal : supporting evidence11:42:18 From Marianne Richter : The data! Is the area high/medium/low and what is that number/what it's based on.11:42:32 From Kate Mills : More compelling visuals11:42:34 From Mariah Harper : Accessible data11:42:41 From Heather Berg : Credibility11:42:45 From Hazel Kwak : I agree supportive evidence, and thinking about the populations we serve from their eyes.11:46:18 From Marianne Richter : Thinking about risk - most relevant would be risk level this week vs last week11:46:18 From Tina Lopez : risk levels11:46:19 From Margo Walker : state, county, risk level of both this week and last week11:46:40 From Marianne Richter : less relevant might be hospital capacity but that does tie into risk too11:46:55 From Sunaina Menawat : Absolutely Margo, Tina - nice!11:47:15 From Sunaina Menawat : Exactly Marianne - some data may not be as relevant ;) we don’t have to use all the data we have all the time11:48:13 From Tina Lopez : county, risk level11:48:19 From Marianne Richter : The location, and risk levels11:48:38 From Daniel Farber : risk levels should come from counts and population data11:49:54 From Russell Shekha : Where does health equity and disparity fit into this hook? I see opportunity to disaggregate risk by populations of interest, but do not see it in the data dictionary.11:50:59 From Evah Odoi : Admin data such as hospital admissions data is not collected for public health purposes. How do we embed the views of the communities we serve in our data story?11:51:41 From Sunaina Menawat : Russell - great question! Definitely check out module 1 for how we reflected on health equity when understanding our audience, too.11:53:03 From Anar Shah : vars needed for rising points - change in admissions11:53:15 From Kate Mills : So you are saying that hospital admissions data is collected?11:54:12 From Sunaina Menawat : Great job Anar!11:54:27 From Daniel Farber : I'm not sure this is "within scope" but I don't think relative change in admissions is a sufficient metric to gauge risk11:55:47 From Tina Lopez : i don't think the capacity is useful either11:56:15 From Sunaina Menawat : Exactly - weed out the elements you don’t specificaly need. Great!11:56:38 From Marianne Richter : Thanks - I was thinking about the AHA moment really being the change between risk level from last week to this week. This makes sense11:57:01 From Sunaina Menawat : Perfect, glad to hear that Marianne!11:57:05 From Marianne Richter : Because you need to somehow demonstrate the trend too to quantify risk - is it going up or down11:57:28 From Tina Lopez : Unless all counties are high risk, then we find out that the hospitals are also at capacity, then we have a big problem11:57:43 From Hazel Kwak : I agree, Tina.11:58:03 From Marianne Richter : Yeah, I agree Tina - at some point that could or should be factored into risk12:02:59 From Tina Lopez : what is an example of "a bit of whimsy"?12:03:01 From Kate Cross : Is it really human tendency to read top left first or American/English12:03:21 From Zoey Hogan : English12:03:42 From Sunaina Menawat : Tina, an example might be a human-centered icon12:03:58 From Zoey Hogan : People who speak languages that read right to left (Japanese for example) also follow information in that direction12:04:43 From Hazel Kwak : Is anyone else hearing Mark's voice going in and out?12:05:02 From Kedo Baye : Mark's audio is fine for me12:05:05 From Tina Lopez : the second visual is much better because the lines are too close together to truly know which counties are at high risk12:05:06 From Kate Lewandowski : yes- he's dropped out a little bit a few times12:05:09 From Stacey Anderson : it's in and out for me as well12:05:40 From Tina Lopez : i can hear Mark fine. no cutting out12:06:04 From Marianne Richter : The To There version is much easier to read. It does not overload the reader. The information is "chunked" into usable pieces vs all the info12:06:14 From Daniel Farber : reorder the counties by per capita admissions12:06:21 From Kedo Baye : less cognitive load to understand it12:06:21 From Kelly Snow : Cleaner, concise presentation12:06:25 From Daniel Farber : \*Daniel12:06:46 From Zoey Hogan : You don't need to interpret very much, although you'd presumably want to know what your county is at12:06:48 From Kate Mills : I keep thinking, "what does this mean to me?"12:06:48 From Hazel Kwak : Need to be in different order12:07:46 From Zoey Hogan : I also am not sure what the % is communicating--1% more counties? 1% more admissions averaged over all 32 high-risk counties?12:08:49 From Kate Cross : does the white text get missed in the initial reading?12:09:07 From Zoey Hogan : Change over previous week seems more useful for bigger geographic chunks OR much smaller (so either state level--bigger--or county level--smaller)12:10:19 From Zoey Hogan : I would make that high-risk color darker12:10:24 From Zoey Hogan : so there's higher contrast12:10:27 From Dan Hoffman to Hosts and panelists : does changing 'per 100k' to 'per capita' detract from information clarity here?12:10:28 From Zoey Hogan : personally!12:10:52 From Sunaina Menawat : Great thoughts!!12:11:43 From Evah Odoi : Hospital admissions only capture the risk of severe disease.12:12:16 From Tina Lopez : i would want to see more of the entire state12:12:27 From Marianne Richter : Again, easier to "see" and also lets the public know if they are in the geographic region of concern or not, etc12:12:30 From Hazel Kwak : agreed, need more of the state to compare12:12:32 From Kate Mills : Do we care about vaccination rates?12:12:45 From Daniel Farber : visuals can be easier to understand than text-based info especially when there's a lot of spatial info12:12:46 From Kedo Baye : highlights what we care about the most12:13:07 From Kate Lewandowski : These are all again my questions about how one storyline would ever be sufficient for data needs- usually we're dealing with several necessary metrics including equity12:13:15 From Tina Lopez : it's also not clear which is Camp County. Is it the dark purple or the one with the label12:13:21 From Marianne Richter : Personally, I'd love to have both with the bar chart being an optional pop out and when you hover over the county in the bar chart, the county outline is highlighted.12:13:41 From Tina Lopez : ooooo, i like that idea Marianne :)12:13:43 From Oumar Diallo : Bargraph doesn't show the location /proximity of most high risk12:14:25 From Kate Lewandowski : I find PowerBI to be much more finicky for mapping as well as limited ability to apply data labels (all or none) and tooltips12:14:29 From Ander Pierce : Touching up the popup so it has larger text, perhaps last week's data to describe week on week change in risk. Embedding a simple vertical column chart with a few data points (perhaps this week and last two weeks before that) might be fun.12:15:57 From Sunaina Menawat : Continue to keep in mind that the audience is specifically interested in their risk now and what that means for them.12:16:25 From Margo Walker : calls out where the risk changes12:16:29 From Hazel Kwak : it would be nice to add something from another county or the state or the US12:16:30 From Ander Pierce : The to there version is better because I am not left to discern if the rising line matters12:16:43 From Zoey Hogan : The interpretation call-outs on the side once again save someone from having to figure out what the data actually means12:16:46 From Sunaina Menawat : Gold star Ander!12:16:49 From Daniel Farber : color-coded, annotated directly on the figure, highlighted info in the text boxes12:16:49 From Marianne Richter : I really like the general trend arrow and the overlay of the levels of risk on the bar graph. Otherwise the bar graph with a white background is just kind of floating in the white space.12:17:47 From Sunaina Menawat : Exactly Zoey - we’re plain-talking the chart for them!12:20:20 From Zoey Hogan : Oh that's great, it emphasizes the locality of it and saves you from having to find the information on masks, or who is at high risk of more serious illness, as well as grouping topics12:20:38 From Paige Fury : it is more interactive12:20:55 From Dahlia Walters : Hyperlinks make it easier for the individual to get to the correct information rather than just searching themselves12:21:32 From Zoey Hogan : Although I always see links and think "ah yes, a new place for someone to maintain..." :) haha12:21:48 From Marianne Richter : It specifies what actions should be taken - risk level is high and trending up leads to behavior change based on the specific actions (hopefully)12:23:04 From Sunaina Menawat : Exactly - Marianne - a focused list has a greater chance of behavior change or adoption12:25:40 From Tina Lopez : at what point do we consider the population of that county?12:26:17 From Tina Lopez : is 41 COVID admissions per 100,000 really important when there is only 12,000 people in the county?12:33:26 From Marianne Richter : So interesting! Why were the state lines taken out though? I feel like it looks weird with just the counties highlighted12:33:43 From Jules Kolln : I agree, I would have preferred the state lines remain12:34:38 From Jonathan Castro : The WA Portal features activities to help you practice what you learned today. A recording of this session will be posted on the WA Portal site tomorrow. Use the link below to go directly to the site.Storytelling with Data webinar materials | Healthier Washington Collaboration Portal (waportal.org)] Questions? Contact us at DataModFeedback@doh.wa.gov.12:34:46 From Zoey Hogan : Easier to pick out your state's shape sometimes than know where it is on a bigger map12:34:46 From Marianne Richter : The counties aren't easy to identify geographically but state outlines are12:34:47 From Kate Cross : political expedience12:35:06 From Zoey Hogan : especially at borders12:35:10 From Jonathan Castro : https://waportal.org/storytelling-data-webinar-materials12:35:41 From Kelly Snow : Thank you!