NNIP Baltimore 2017

IGNITE SHOWCASE, Part 2

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Presenters:

Olivia Arena, Urban Institute (Moderator)

Louise Carter, Seattle and King County Public Health

Bernardo Espinosa, The Data Center

Camille Seaberry, DataHaven

Bernita Smith, Atlanta Regional Commission

**Louise Carter, Seattle and King County Public Health**

* Historically we’ve had indicators health (168) and communities count (90). Current focus is on streamlining them as users can’t find data because it is in different categories.
* Did a card sort; 2-week process; reached out to lots of partners, steering committees and audiences to get feedback
	+ It was a hybrid card sort; using pre-established categories and allowing users to make up new categories
	+ Kept it short to incentive people to finish
	+ 145 people completed the card sort
	+ For results, we get a standardization grid (a diagonal grid that shows agreement). Interesting fining that a lot of people put indicators into a “family and community support” category, even though that is not one of our categories. That is not want our epidemiologists want to see.
	+ Now we are in process of developing proposed post-sort categories. We will also add an age-sort ability because a lot of people made age specific categories. Also, find that some indicators will have to live in multiple categories.
	+ Take-home messages
		- pretest, keep it short
		- huge power of original named categories
		- In the future, we’d like to do this with some mediated participants to get qualitative data on decisions

**Bernardo Espinosa, the Data Center**

* Will present on success with data visualizations. In particular, infographics.
* Problem: At the Data Center, we pride ourselves on creating comprehensive research reports to inform larger communities and stakeholder; but much of these reports are hard to read. While our written analysis is necessary to capture complexity, we recognize that the way people consume info has changed and we needed to simplify.
* Solution: Infographics
	+ aim to reach broader audience by using feedback from community
	+ used outside graphic design firm; used our time to create an outline for story, and update date, outside designer had liberty for design
	+ story in each infographic has a beginning, middle and end
	+ ex. connecting our region
		- background of cross metro commuting, moves to trends, ends with recommendations
		- spurred super region committee - presented infographic to push for greater collaboration
	+ Ex. Environmental philanthropy
		- summarize complex topics in an effective way
	+ Ex. entrepreneurial boom in NOLA
		- helped frame discussion and panels on entrepreneurship rates
		- allowed us to update data without rewriting complex reports
* Moving forward: connect infographics with articles and local media
* Infographics helpful to democratize and disseminate data

**Camille Seaberry, DataHaven**

* Report on data effort locally based on 500 cities project; collaboration between CDC and RWJF
* 600 cities include 28 public health measures for 500 largest cities in US
	+ 8 cities in Connecticut; data avail at census tract
	+ We Built some interactive data visualizations to make it accessible and useful to communities to rally around the findings of the data
* Ongoing story in Connecticut is one of inequities
	+ If you treat CT as one metro, it has larger segregation than metros of similar size
* Methodology
	+ Took tracks in CT and put them in higher and lower need clusters to highlight health disparities in the two urban CT
* Findings
	+ Self-reported poor mental health
	+ Worst disparities in healthy behaviors and preventative care
	+ Health measures ripple into other areas of health and well-being
* DataHaven is interested in how community wellbeing relates to individual wellbeing

**Bernita Smith, Atlanta Regional Commission**

* Neighborhood Nexus conducted gentrification vulnerability analysis at request of city council women who was about to push gentrification bill
* Phase 1. Vulnerability (1 week)
	+ used Portland, Oregon gentrification study
	+ used 2006-2010, 2011-2015 data
	+ created using ArcGIS online
* Phase 2
	+ Also, wanted to look at how it looked by neighborhoods, and look at improvement value on homes
	+ Improvement between 1-10K or 10-30K can be easily picked up by a bunch of developers
	+ There will be tons of money being poured into the neighborhood around the dome construction
	+ Would like to get to this part of the project funded and do this work

*Questions*

**Seema**: *what technology did you use for card sort?*

**Louise**: It’s called Optimal Sort. We got it through king county and benefited from experience of other people who had done it before. If you subscribe it is $160. Program gives you a lot of real valuable feedback, and you can filter. You can manipulate with the data.

**Seema**: Trying to figure out what we could bring to Baltimore from 500Cities data? Think about what your city might not have access to. For us mental health indicators were interesting and new.

**Unknown**: *How to define high need tracks?*

**Camille**: Cluster analysis based on pop density, household income, poverty. For zip codes we overlaid tracks.

**Allison***: Presenting asset based indicators; how to do that in infographic or visualization?*

**Camille**: Bigger disparities in preventive care than health outcomes. Try to avoid blowing up the same neighborhoods time after time as “sad” on our maps and visualizations.