



Transcript: Examining Data for Disparities

Presenter: Nicole Augustine
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KRIS GABRIELSON: OK, here we go. Welcome, everyone. Thank you for joining us today. I will give folks a moment to pop in, and then this Alyssa's going to start us off with our intro slide.

ALYSSA CHWALA: All right, welcome. Welcome. Thank you for joining us today for the training on examining data for disparities. This training is brought to you by the Great Lakes PTTC, and we're funded by SAMHSA under the following cooperative agreements. The opinions expressed in this webinar are the views of the speaker and do not reflect the official position of SAMHSA. PTTC Network believes that language matters. We use affirming language that inspires hope.

Housekeeping items. If you're having any technical issues, please individually message Jen Winslow or Alyssa Chwala in the chat section, and they will be happy to assist you. We will be putting the workbook in the chat for you. It was also sent out this morning. We will be using automated transcriptions for today's webinar. The recording of this training will be available within 7 to 10 days. And you will be sent a link after the presentation to a short survey. Please follow us on social media.

And we are happy to have Nicole Augustine back as our trainer. Nicole Augustine is the founder and CEO of RIZE Consultants LLC, a strategic consulting firm founded in January 2015. Nicole is an entrepreneur, public health professional, and social justice advocate. Her journey in public health began at Cornell University when after graduating, she worked for three years as a basics counselor for Cornell's campus harm reduction initiative.

From there, Nicole transitioned into the George Washington University School of Public Health before experiencing a rapid career progression from providing prevention education to providing training and technical assistance to communities and professionals. And now I will turn it over to you.

NICOLE AUGUSTINE: Thank you so much. It is an absolute pleasure and honor to be here with you all today. I always want to thank you all for taking the time. We live in a world where you can be anywhere.



And now that we have Zoom meetings, you can be in multiple places at one time. So I really appreciate you tuning into this webinar today as we talk about examining data for disparities. For those of you who know me or have met me before, I often say that I am a data nerd. I love data. So I'm really excited to talk with you all today about a topic that I think is foundational to our work in prevention.

As we get started, we do have a poll. I want to do the poll first thing just to get a sense of the room and folks' comfortability with reading, interpreting, analyzing, and sharing data. OK, great. Wonderful. We got good participation. Folks are voting here. Wonderful. OK, I'm going to go ahead and end the poll here. That way we can see the results.

All right, so we got a good mix in the room. Most people either have some definite experience, some with somewhat experience, and we got a few people saying not really. So this is great to see. I like to see what our level of expertise is. If you also have been to one of my trainings, you know I am a huge fan of working together. There's definitely information and content I will share. You all will have an opportunity to talk with me through Mentimeter, which I'll show that with you later. And then, of course, I always love to open up the mic for conversation.

The other thing I'll mention, you all do have access to the chat. Feel free to chat with each other and share ideas while we're talking. There's also the Q&A section. So feel free to use that too if you want to ask a specific question that we can do for later in the presentation.

All right. So let us get started. Everybody should have the workbook. I believe the link has been placed into the chat. And in your workbook, if you have been following us now, this is the fourth session of a series. We have opened up every single webinar with a conversation and a note about land acknowledgment. What you'll notice in your workbook this time is that there is a specific land acknowledgment that is there and listed in there. So I hope that you will pay attention to that.

If you have been here with me before, what I'm going to ask in the chat, because I've mentioned this now multiple times, that if you have taken the time to look up the land in which you currently reside, feel free to give honor to that and place that land, the naming of that land, the tribe that originally was a part of that land in the chat so we can honor that too.

I like to start here mainly because I'm a person who's learning, just like you all are. And at the end of last year, this was a topic that came up that I hadn't



really heard much about but I did a little bit of research myself. And so I think it's important that we understand where the concept and the context of land acknowledgment comes from. And I do it by sharing a quote that I found that I think does a really excellent job of articulating why this is something we should really be thinking about.

"It's important to understand the long standing history that has brought you to reside on the land and to seek to understand your place within that history." So for me when I think about the conversations about diversity, equity, inclusion, and disparities, a lot of it is rooted in history. And so I began to think about how land acknowledgment is important and what it means. And that's why I like the first part of this quote.

But the second part actually brings us beyond just reflecting on the past. And this recognition that land acknowledgment does not exist in a past tense or historical context. Colonialism is a current, ongoing process and we need to build our mindfulness of our present participation. So I share this quote now just because I think it's a great way of helping people understand why if you are hearing people talk about land acknowledgment, if you, yourself, or your agency is really thinking about land acknowledgment and what that means, I like to give a little history of where it comes from.

The other thing I like to do, which some of you who have been here with me a few times should be familiar with, I also like to take just a moment to breathe. Create our intention for why we're here. The thing that I have noticed that has changed dramatically because of Zoom is that we go back to back to back. And I bet quite a few of you came right from a previous meeting into this one. It is something that's been happening a lot. And because of that, sometimes we're not always physically and totally present in the current space that we're in.

You're in front of a computer. You can multitask. You can have other windows open. You can have your phone. And for me, this topic and conversation about disparities is extremely important. So my hope is that if you have elected to be here today that you will take a moment to breathe, to be fully present in this hour and a half that we have together so that hopefully we can come out of this space with some new ideas and new strategies on how we can take this content and take this information and do something different in our everyday work.

So if you've got the workbook, this activity is right inside of the workbook. But if you don't have it, no worries. Just grab a piece of paper. And what I'll have you do is you're going to split your paper into four quadrants. You just make a line horizontally and a line vertically. And what I'm going to have you do is at



that cross where the two lines cross, you're going to start to make a spiral. A very tight spiral. And the reason we're doing this is just to help clear our mind. I'm going to set a timer for just a minute while you do this activity. And make sure that you're breathing while you do it too.

And this is just to give us an opportunity to really settle ourselves. It's probably been a busy day. I'm sure it's been a busy, busy week. And I want to clear some mental space so that we can actually receive and hear the conversation that we have together today. So I'm going to set my timer for just a minute. And if you all can start to draw your spiral right there, if you're in your workbook, the cross is already there. But if not, just grab a piece of paper.

Now, I always say this. Make sure you're breathing as you do this activity. Don't hold your breath. Just about 10 seconds left.

OK. So in your top left corner, the question is, when you think about data, what comes to mind? And just write your thoughts. When you think about data, what comes to mind?

All right. In the top right corner, you'll answer the question, what is your biggest challenge in using data to inform your work? What is your biggest challenge in using data to inform your work?

Now in your bottom left quadrant, the third question is, how do you think data can be used to improve health equity? How do you think data can be used to improve health equity?

All right. And then our final question in the bottom right quadrant. What are you hoping to get out of this training experience today? What are you hoping to get out of our time together today?

All right. OK, so hopefully everyone had an opportunity to fill that out either on your paper or your workbook. You're not sharing this. This is just for you to hopefully center yourself around our training and then also to think about what we plan to get out of our time together.

So I have three main objectives for us. One, to really hopefully that we'll be able to understand the power of data for good or how data can be used to amplify bias. I want to define data literacy and understand how we can be critical consumers of data. This is so very important. As someone who likes data, I see a lot of data that is problematic.



And then we're going to spend some time thinking about how do we conduct an equity focused needs assessment so that we can take these strategies and apply them to our everyday work. This is grant writing season, you all. New grants, new funding is coming down. And so we really want to be thinking about as we do our needs assessment, how do we keep equity at the forefront of our work?

So we've got one more poll here. I want to see our next poll to get a sense of how many of you here actually have attended some of the other sessions. Just so I'm curious, because I like to build on the past.

I want to know how much I can reference from the past versus how many folks this is your first time in here today. OK, good. We got a lot of votes coming in. Wonderful. Good. You guys are really engaged and participating. I appreciate this. All right. So OK, wow, OK, we've got a few people who've been to all four. Thank you to my champions.

[LAUGHS]

We've got a lot of folks saying I've been to most of them. Some are admitting life is a blur. I'm not even sure. And then we've got quite a few new folks in the room. So this is fabulous. Wonderful. OK, all right. Great. Good to know. Good to know. So quite a few of you are new in the room. Yet quite a few of you did mention that you have some level of expertise and understanding data. So this should be a great conversation.

So let us start with our first objective, which is understanding the power of data. And I want to share this quote. "Data are just summaries of thousands of stories. Tell a few of those stories to help make the data meaningful." And when you think about how so much of our policies, so much of our money gets directed towards areas that the data can show there's need, that's when you realize the true power of data.

I want to set this conversation up by first having a little bit of a visualization exercise with you all. And I want to share with you a graphic that I came across a few years ago now. I loved it so much I got it redesigned, because I thought it was just a really beautiful graphic for understanding, one, how we can use data, what types of data is great to use, and this whole picture of how data intersects with the various social determinants of health. And so I'm actually going to break this graphic down, because it's a lot to see and I want to give it to you all in pieces.



This first part just acknowledges that our environments cultivate our communities and our communities nurture our health. What I'd love for each of you to do is just take a moment to think about, to visualize your current environment, whether that's your work environment, your home environment, your neighborhood, your community.

Think about all the resources you have access to. Your home, for instance, where you live. The schools that might be in your neighborhood. The grocery stores. Do you have grass? Do you have sidewalks? Do you feel safe? And really think about and visualize the ways in which the current environment that you live helps to cultivate your health.

And what I want you all to do is to walk through with me a visualization of what happens when a community has high inequalities and low community assets. And what ends up happening in this instance is, and I love the analogy of trees. I like to garden myself and I love nature. And so this idea that the soil in which the tree is growing is unhealthy. It is overrun with adverse childhood experiences. It is overrun with violence or a lack of job opportunities. All of these things that are rooted in the social terms of health.

And as a result, that tree grows in this soil. And in the trunk, you end up having fragmented systems, restricted power. And this ends up being a tree that is overrun by health disparities, by high rates of obesity or substance misuse or infant mortality or depression. And what I like to think about is what is it in the environment that's creating the disparities that we see in the tree tops, in the leaves? Because there are also communities, we know, who because of the soil that the tree is growing in, that despite having health issues like infant mortality or HIV or heart disease, the tree continues to flourish and thrive and be in a place of resilience.

And so what I like to think about is what are we doing? What data are we collecting? And do we have a really good sense of what's happening in our community so that we can actually understand the disparity issues? And so I really love this graphic, because to me it gives a full story. And I begin to think about where am I collecting data? Is all my data in just the leaves?

Am I only collecting data on how much people used in the last 30 days, how much binge drinking a person experienced, whether or not they've used an opiate? Or am I digging a little bit deeper and getting some of the data measures that are looking at the trunk or even the root system in the soil? Because to me, if we're really going to garner the power of data, we've got to



start collecting it in a way that's way more holistic than probably most of us have.

So this is going to be your first opportunity for a Menti. I'm going to ask everybody to grab your phone if you don't already have it in your hand. And all you do is pull out your camera and you can put your camera right over the QR code and it'll drop you right into the Mentimeter. Or if you're at your computer, feel free to go to menti.com and just type in that number there. You'll only need to do this one time. We will continue this throughout the whole presentation. So just wants to get you all set up here. And what will happen is as questions come up, you all will have an opportunity to vote from your phone for the data and we'll all get to see it on the screen.

So I've just shared with you this graphic of two different types of environments. And I'm curious, what level of data are you currently collecting? So if you're looking at your phone, all you have to do is slide the slider for, yes, we're collecting data or not really. Oh, this is really cool. People are starting to vote. Wonderful. Yes, I love this. Isn't technology fun? This is menti.com. It's a great way to embed interactions into a presentation.

So this is great. We've got quite a bit of a mix here. I'm happy to see quite a few folks saying, you know what, we're actually collecting data across all levels, which is amazing.

KRIS GABRIELSON: And Nicole, can I interrupt for just a moment? There's a question of what was the trunk level? It was hard to read the graphic.

NICOLE AUGUSTINE: Oh yes, no problem. And I'll make sure you guys get it too. It's also in the workbook. So the trunk level is thinking about some of the systems that are in place, engagement and policy, engagement in community advocacy, community belongingness, participation, that sort of thing. So great, thank you for getting me that, because I can't really see the chat. I appreciate that.

Great. So this is wonderful. We've got a lot of good votes here. And the purpose of this, you all, is just to get you thinking about where are you typically collecting your data. Is it just on what I consider the symptomatic part of this work, which is people who are using. But there's a lot of structural stuff around the social determinants of health that we should be gathering data too. So wonderful. OK, great. Thank you all for that. And like I said, the Menti you only have to do one time. It will update as we go along.



There are a few main things that we can do with data that can be so powerful. First, we can quantify and qualify disparities. So what do I mean by that? Well, to quantify literally just means to count. This is something we do pretty regularly. We'll count how many folks. We'll do surveys, that sort of thing. When you are looking at data, this typically is called the n number, like an n number. And so this is your actual counts.

However, I'm learning that that's not enough. Because consider this, you all. If disparities are a preventable difference in health outcomes, that means there's something happening in the environment, in the social context that's creating the disparity. So it's not enough to just count them. We have to also qualify them.

And what I mean by that is that just means that we are actually using our qualitative data measures. We're actually describing the why, what's happening, and where. So you may be familiar with [INAUDIBLE]. [INAUDIBLE] has there but why here when you're doing a needs assessment to really get to some of the root of what's happening. This is where you begin to do things like hosting focus groups.

I'm hosting key informant interviews so you can really peel back not just knowing what the disparity is but what is it connected to. That's the main thing here is recognizing that disparities are connected to something else because they're preventable.

The other thing that this work can do is data allows us to look at opportunities. So one of the things I keep saying is we've got to move past just getting the information about how much people are using to some of the social determinants of health that are happening. When we start broadening our data in that way, we are actually identifying new strategies, new opportunities in which prevention can interact and intersect with other service organizing opportunities in our community.

And this becomes really important, because when you really start understanding what health equity is, you realize that us in prevention, we can't do this work alone. We really do need strategic partnerships.

Because again, if you remember what the five domains are, you're looking at economics, you're looking at education, access to health, the built environment, social connections. These are broad spaces. And when we start collecting data that moves beyond just what people are or how much people are using, it creates new opportunities.



And what's connected to these new opportunities is policy action and advocacy. This is the main thing that is the most amazing benefit, I would say, to when you really start leveraging the power of data. Because remember, right now if you think about what happens, you look at your own community, your own neighborhood, where you have a grocery store was decided strategically. Where stoplights are or a speed bump in a neighborhood or not. Where the school is, where the liquor store is, where the tobacco outlet is.

All of these decisions are made based upon data or at least they should be. And if they're not, a part of what we can do is collecting the right data gives us power for our advocacy to say, you know what? This neighborhood has a really high density of alcohol outlets in comparison to this neighborhood. And as a result, here's what we're seeing. And imagine what you can do with that type of information. And so data is such a powerful tool that I think it's underutilized in our work.

So I want to share with you all a video here I think that does a really good job of summarizing how we can use data. And so this is just an example from a City Health Dashboard that was created. And I thought they did an excellent job of describing how data can be used and some of the ways that folks who are the data nerds and folks who know how to find data easily are helping everyday people and communities get access to information that can actually change and empower their communities. All right.

[VIDEO PLAYBACK]

- Meet Donna. Donna works with a community coalition that aims to increase health equity in Pawnee, Indiana. One of the coalition's goals is to increase access to healthy foods for Pawnee residents. Donna goes to the City Health Dashboard to explore pawnee's data.

First, she identifies which neighborhoods are most likely to lack access to healthy foods. Next, she examines the data by race and ethnicity to see how different groups are affected. Ready for action, she finds programs that she can tailor to Pawnee. Thanks to the City Health Dashboard, Donna and the coalition are now empowered with tools to move from data to action. Move from data to action in your city with cityhealthdashboard.com.

[END PLAYBACK]



NICOLE AUGUSTINE: OK, now I'd be curious. I wonder how many you actually heard of the City Health Dashboard. And I'm trying to think, is there a way to-- I guess I could have made this a Menti and I did not. I guess people could say in the chat too. But I would be curious how many of you all have actually even heard of the City Health Dashboard. It does exist. I will place in the chat actually-- OK, nope. Nope. I love it. Thank you guys for being in the chat. Thank you. I love this. This is fabulous.

OK, so I will admit something, you all. In preparing for this, I did some research to prepare for this. That's how I came across it. I had not heard of it either. And all I kept thinking is, it would have been awesome to have this access to this type of dashboard earlier in my career. I'm glad I have access to it now.

I do want to say, you all, so I poked around on it, because I always like to poke around on resources before I share them with folks, I thought it did an amazing job. It is set up based upon the social determinants of health. The one thing that it's not set up for you all is the substance data. I say that just because I went in and I wanted to look up substance data and I was a little disappointed to find that it wasn't robust in that particular way.

However, that is our area of expertise. And so here's what I imagine is the ability to combine the access that you all already have data to and this at the same time. That way we're moving beyond just the leaves of the tree into the trunk, into the roots. And we can begin to really get a picture of what other resources, what's happening. So I hope you all find this resource helpful. I found it really cool and helpful personally.

And I would wonder if there are opportunities to collaborate with a group like this for folks who are needing more help and assistance gathering data. So that's a resource I wanted to share with you all.

And I am trying to remember, Chris, if that ended up in the workbook. And I cannot remember if it did right now. And if not, we'll make sure that-- I think everyone's copied in the chat. I would say bookmark it personally, because I did find it very helpful when I was looking through it in preparation for this presentation here. But just even that example of what Donna was able to do with the data. She was able to plot some things and as a result use it for advocacy to say, you know what? We need more resources in this particular area of the community.

And as we begin to connect-- sorry, I just realized my computer got unplugged here. One second you all. I don't want the computer to-- there we go. As we



begin to gather data to give a comprehensive picture of what's happening in our community, I think it gives us power to use data for good and to amplify the good things.

So let's talk about the other side, which is wherever there is power, because we're talking about the power of data, there can also be a responsibility or a burden. And so it's important to kind of think about that too when we're doing data, because the purpose and intention of this particular presentation is that not just that we know about the cool data tools that are out there but that we truly understand them and are critical consumers of data.

And so something I like to think about is the actual survey tools we use and how there can be inequity just built into that. And here's what I mean. If you consider what is needed for someone to take a survey, the first thing is literacy. And this has been a topic of discussion for me for a while, mainly because I've been always interested in communications and interested in the academic divide between folks who are in service versus folks who are being served. And so it's important that when we construct tools and survey tools that we've actually thought about the literacy level of the community we're serving. Because that will also create disparities and inequity in how the data is collected.

With that, this is an important thing to think about, are survey tools. I always say if you haven't studied how to create surveys, how to build surveys, I typically recommend that you get help on that. Because there is a science to how surveys are created and developed. And you can embed inequity into the survey tool by how you develop it. And so this is an important thing to think about. There are whole college courses on developing survey tools.

If this is something that's of interest to you, I recommend getting connected and learning. We do live in a world now where the ability to learn comes so much easier. And so there's a lot of ways to learn this. And we want to make sure that as we're using the power of data for good that we don't amplify bias in the way that we deliver our work.

The other thing to think about with data is representation. And this is the one that I think intrigues me the most in that a lot of times people don't really look at how many people were surveyed. Because consider this. If you are taking a piece of data and you're making a bold statement about a social change that you want to happen or you're making a statement about a disparity that exists in the community yet you only surveyed 50 people, that might not be a true representation. You might not really have gathered enough information for the statements that you're making to actually have merit.



And this to me becomes the real burden of responsibility when using data responsibly is this recognition that how many people did I actually survey? Was it enough? Was it the right people? Do I didn't know anything about the demographics of the folks that I surveyed? And these are the types of questions you should be asking yourself when you're looking at data. How many people were surveyed? Was that enough? Do I didn't know anything about the demographics of the folks who were surveyed?

And you'd be surprised how often this happens where people in a crunch will use whatever data they have but it doesn't give a true representation of what's happening. And for those of you who are familiar with our prevention code of ethics, true, credible, reliable data is actually a part of our umbrella of ethics to make sure that we are presenting the right and true information all the time.

The other thing to think about here with data is to think about what narrative are you amplifying by the story you're telling? With narratives, we're able to share data. We're able to create a story. And depending on the story you create, it can be misleading. And so it's really important to understand that if the data you're presenting, is it solid data? Should I be sharing this data? By how I share it, am I amplifying bias?

And these are critical questions we should be asking us, because it's important to understand why a particular thing is happening. And if you think about it, you all, as prevention consultants, we are looked at as the subject matter expert for the coalitions that we are part of and for the communities that we advise. So it's really important that we help to construct data narratives that are true and that don't amplify bias. This is our place of opportunity to correct some things.

And you would be surprised, we'll look at some examples, but you'd be surprised how it happens. A lot of the times when I've seen it happening, it is typically benign. Very few people are intentionally manipulating data. Some of it is just because you don't really know what you're looking at and you think you're seeing a trend that might not actually be there. And so this is some of the things we want to think about and consider is that burden that comes with the power of data.

All right, so let's move into objective number two where we can begin to think about what exactly is data literacy. So I found a really great graphic. This graphic is also in your workbook. And I thought it does a really good job of visually describing what all data literacy includes. There's actually three main components of data literacy. It's the reading, the theory, the analysis of data.



It's the collection of it. How was it collected? How was it managed? And then it's also the reporting and the presenting.

So what is interesting that you'll notice is as I talk about data literacy, some of the things that talk about data literacy actually you'll hear echoed from the conversations about the power of data. Because really to me, you've got to understand data in order to leverage its power. And when people don't understand data very well, that's when we begin to amplify bias instead of leveraging the power of data. So we're going to talk about these three main components of data and look at data literacy and look at how we do this together.

So the first piece I want to look at is the reading data component. This is probably one of the toughest places for people to start, especially if you've done no background and data and the folks who are presenting it haven't necessarily done a good job of explaining what it is. The biggest challenge with reading data is that uncertainty is inevitable. If you really think about it, everything we collect, we are always still speculating. We're getting our very best guess. There sometimes are anomalies. There are sometimes things that are way out there. And then sometimes, you have really nice, neat data.

But the truth is, uncertainty is always inevitable. And I believe when you're being responsible with how you present your data, this is something you always say. Right you are not making statements of necessarily cause and effect. You are describing patterns that you're seeing. And hopefully as you dig deeper into your data, you're even beginning to describe what are the social contexts that's happening in a community that this is what we're seeing. That becomes really, really important that you're using your data to understand that you're not really sure about everything, and that's OK.

I want to share one more video here that really begins to think about this concept of uncertainty and the fact that when you're reading data, you never want to stop with the first ask of why this is happening. You truly want to ask why, I say, at least five times, because it really helps you get to the root. Remember, if most of the time we're seeing the symptoms, which is the leaves in the tree, if we don't start asking why, we don't get all the way down to the roots. That's really what this is about with the reading data.

So when you get your first piece of data back and then say, oh wow, youth are saying that it's really easy to get alcohol in the home. OK, you want to ask why. Why is that the case? And when you get that answer, well, why is that the case? And when you get that answer, you want to ask again, is there another reason why this is happening? Because that's what really gets you to the root of understanding.



So I want to share one more video here that I think it's actually a video I really love. And it's actually about the Washington Memorial. And some of you may have seen this. I did put the link to this video, this one is in your workbook. So if you downloaded the workbook, you do have this one. But I think this is a great job of the recognition that when you first read data, there truly is uncertainty there. And it's on us to continue to ask why until we get to the bottom of things.

[VIDEO PLAYBACK]

[MUSIC PLAYING]

[END PLAYBACK]

NICOLE AUGUSTINE: Oh man. OK. So I'd be curious how many people have seen that video before. That one I truly love. I think it does an amazing job of understanding why we have to ask more questions. And I love the analogy in how many airports have we moved. And so just thinking about even the data we collect, you all, are we asking enough why's to truly understand the root cause of a particular issue and disparity happening in the community?

So again, if you have the workbook, that video is in there. I encourage you all to share it with your communities, share with your team, and really begin looking at your data differently, because data can tell a story. Just imagine with that example, if they had stopped before the final why, what story would they have had?

The first one would have been that, oh, the soap was causing the monument to crumble, and so we need to move the airport. And just think and consider the stories we tell by not asking the right questions. So reading data is a really important first skill in data literacy.

The second skill that's important with data literacy is how we actually work with data. And this is the part that gets a little bit more complicated, mainly because it requires just a little bit of knowledge about types of data. So I'm just going to give the basic information here for you all so hopefully everyone understands. There are two main categories of data. There's what we call primary and then there's what we call secondary.



Here's the best way to remember the two. Primary data is data you collect originally. Secondary data is the data you use from someone else. So for instance, if you have a community county health assessment, that would be secondary data that you use. However, if you do your own survey in your community where you're looking at the whys behind something, that would be you collecting primary data. So that's the first thing is where did the data come from.

When you're looking at your primary data, hopefully you've used someone to help you build it, you have a really good sense of how many people you surveyed. Versus your secondary data, that requires you doing some reading. That requires you doing some looking at, wow, this is someone else's data. Do I trust them, first off. Have I really taken a critical look at what the data is saying? So first thing is the two types of data.

The second thing with working with data is, another type of data is the way to think about it, is qualitative versus quantitative. And I've mentioned this before when I was talking about disparities. I said you can quantify and qualify the disparities by the data you have. So our qualitative data, this is our descriptive data. This is data that we get by doing focus groups, for instance, by doing interviews. This is the data that gives us the color behind why something's happening. And then there's our quantitative data. These are your numbers. How many people? Quantity is the way to think about it.

And then the last thing to think about with data is what are your data sources? This is something that you'll use in both primary and secondary. When you're doing primary data, which means you're collecting the data yourself, you want to think about where are your sources of that data? Who are you going to interview? Does it matter where they live? Is it a particular zip code? Is it a particular age group? If you're only wanting information from high school seniors, how do you guarantee that the data pool that you choose from is going to be high school seniors?

Now, if you're working with secondary data, it's always good to know where did they get their data, because that means you're dependent upon someone else's information they're passing to you. It is second hand. So a part of this work when we're working with data is we're really being critical now. We're opening our eyes. We're looking at what's available to us and we're making some decisions about working with the data we have. Because truly as we work with that data, it helps us create narratives.

And that's what blends right into the third component of this work, which is communicating with data. I repeat here that uncertainty is always inevitable. So a part of being ethically responsible with data is to recognize that, that



when you are communicating the data to stakeholders, back to the community, because that's something we forget. We gather data from community and then we never tell them the results. It's important to just remember that uncertainty is inevitable. And you don't want to be pushing data as if I am absolutely certain that this is what it is.

And with that, I just like to always say is that we should be responsible in our sharing. I have an example in the workbook that I'm actually going to pull up here on the screen. That way everyone can see it in case everyone is not working with the workbook. So I'm going to attempt to bring this over to my second screen here. Because what I want to just highlight to you all is in the workbook, we have an example here. Let me move this over so people can see it. Sorry. OK. So let me shift this. Zoom makes me-- y'all are probably seeing some gray boxes.

OK, I'll just scroll down to the picture here, because I think this is really powerful about communicating with data. This was the example I put in the workbook for you all, because this is something that I see happen all the time. People have gotten their data together, they've worked with it, they read it, but then you get to the communicating part and they present it in a way that is misleading. And so I love this example. It's in your workbook, like I said. Really take some time to digest it. And make sure when you decide to communicate your data by creating bar graphs that you do it in a way that actually is not misleading.

And here's what you'll notice. On the left here, they decided to start right here from 50 and go to 62. And as a result of doing that, it made the differences between the groups look larger than what they would be if they had actually started from 0 and went in increments of 20. You see this difference here? This is important, you all. And I hope that as you're looking at this that you recognize that this is also part of reading data too, data literacy. Because in order for you to see this difference, you've got to be able to look at your data properly.

And then when you're communicating your own data, make sure you're not setting it up in a way that makes the difference look way larger than it actually is. So this, as I said, this is in your workbook. Feel free to look at that and really marinate on that particular example, because how we communicate data, you all, just think about it. When you're misleading with that, you're amplifying bias. That's that burden to make sure that we don't do those types of things.

OK. All right. So now we are shifting into the last piece here. I want to talk to you all about my recommendations for how to create an equity focused needs



assessment. Because if we're really looking at how we examine data for disparities, we've got to have equity in mind, because equity is the answer to the disparities that we see in the communities we serve.

So just a few background things to remind us of. Why do we do assessment in the first place? Well, one is to create consensus. Because truly if you think about it, when you interview a bunch of people about what is the main substance use problem in our community, you're going to get a few different answers. And so when you do your needs assessment, when you collect the multiple whys, it helps you come to a consensus about what the data is saying. Because remember, in prevention, we do data informed work.

This allows you as a group to say, you know what? Here's what we found to be our main issue in our community. And we've developed a consensus that this is the community problem we're going to address.

It helps us begin to identify, those underlying factors, the risk and protective factors, but even deeper, what are the social determinants of health that are at play? What's creating the disparity in the community that we serve? Because like I've said many times, disparities are preventable. So it becomes really important to if your focused on equity, you're going to be wanting to know that why and understand the underlying factors.

And then really the best part about this when you do your equity informed data from the beginning, you are creating a baseline. All of our work, most of us have to do reports. Most of us have to do some sort of outcomes. When you start off in this depth of how you're collecting your data, it allows you as you get into year 3, 5, 10, to look back and have a really great perspective of what your work has done.

Remember, disparities are preventable, which means that when we are doing this work and we're focused on equity, we're leveraging the power of data to create change in our communities, which means we should begin to see over time a shift in the disparities in our community. And this is a reality that's become really important to me, because I feel like I've been seeing disparities from when I first started studying it in college and they haven't been going away too much. And a part of me is beginning to wonder, have we gotten to the place where we think disparities are just the way things are, that it's just a part of existence?

And I like to challenge that, which is why I love data. Because for me, I feel as if we're bringing equity into focus from the very beginning and we're collecting the data properly and then re-collecting it on an annual basis or biannually.



We then can begin to see are we making changes in the community? And if not, what do we need to do differently? That's what this work is about is, what do we need to do differently? How do we use our data to do something different?

So I have three key questions that I think folks should be asking themselves when they are focused on equity as their work. And we'll talk about these three questions and then what I would like to do, because I've been talking for a while, I'd like to have a conversation with you as the audience to really get a sense of what else can we talk about. We can look at some of the questions in the chat and even the Q&A.

OK, so here's the first question I think is important to be thinking about. Are specific communities experiencing different consequences? And what would be really interesting to think about is for those of you who are collecting data on your community, especially those of you who were saying in that spectrum that we're collecting data on all levels, are you able to answer this question? If we pull out a map of your community that you serve, are you able to say where things are happening, if there are different consequences that one particular community is experiencing versus another? And I really wonder how many of us can actually answer questions in that level of specificity.

The same with the second question. Are there communities that are experiencing different consumption patterns? Because consequences and consumptions can be very, very different. The thing to think about with consequences is a lot of us think about health consequences, which are a thing for sure. Remember when we're talking about disparities, we're talking about connectedness to inequalities and social inequalities. So you can also have consequences that are legal that might be different for different populations, which will highlight some of the equity issues. And so that connects to the consumption patterns.

And so what can be really interesting is when you begin to look at your data this way, you can actually begin to uncover if there's any social inequalities that are happening in your community. Because you may have one particular population where their consumption is not very high. But if they are a marginalized community, they may have greater consequences for that same consumption patterns. These are things to know, because they become opportunities for advocacy in the work that you're doing.

The other thing I'd like to mention with this specifically is sometimes you'll actually find that there will be community and cultural differences in consumption patterns and norms. Again, these are things to know.



And if you don't have a good sense of why a consumption pattern is the way it is, you might not be able to create an intervention strategy that addresses it properly. And I see this mostly when there are cultural norms around particular consumption patterns where you really need to have knowledge of the cultural norm in order to develop a prevention strategy that can address and change that.

Our third question is looking at this concept of magnitude and impact. So when you're doing your needs assessment, it's really important to begin to think about how big is the issue? So magnitude as in how many people are affected by this particular problem. Versus impact is really looking at another way to think about it is the mortality. Some of you who are in public health, they'll use words like morbidity and mortality. Morbidity is like, oh, how sick does it get a person versus mortality is, is there a likelihood of death, for instance.

So when we look at the equity, when we look at our data, sometimes we have to make decisions where you know what? A lot of people aren't affected by this, but the impact is very traumatic on our community. And as a result, we're choosing to address this particular problem, because the impact is so large. And then there's sometimes you make the decision in the other way, that the magnitude is more important than the impact. So maybe a lot of people are affected, but it's not really negatively impacting people's way of life, if you will.

These are some of the nuances that you'll have to determine based upon how you're looking at your data. And hopefully you have a team of people that are helping you with this information and that you're not doing this by yourself or alone. These questions can be a little bit complicated to understand or even to answer and requires us to ask more whys.

So what I want to do is I'm going to pull up this Mentimeter while we talk. That way we can give an opportunity for more than one way for people to engage here. So this question will be up here. Feel free to type maybe some questions right here into the Menti if you want. I think some folks are using chat also. Some folks are using chat also and Q&A.

KRISTINA SPANNBAUER: Would you like me to read some of the questions in the Q&A, Nicole?

NICOLE AUGUSTINE: Yes, please. That'd be great.



KRISTINA SPANNBAUER: So this one was from a little while ago. So not exactly what we're talking about right now. But wondering if you know offhand of survey tools that build equity into their surveys [INAUDIBLE] resources?

NICOLE AUGUSTINE: You know, I can't mention one right off of my head. But I can offer some other resources. There are a lot of great resources that are specific to diversity, equity, inclusion, how to ask questions around the social determinants of health. And so I can make sure that those resources are also given to Chris to give out to everyone.

And then I say if you're in the position of developing, of wanting to do primary data where you're wanting to collect the data yourself, I recommend partnering with someone. Because a lot of times, there are really great resources and tools that already exist. And when you work with a data person, they can help you construct a survey that really gets to the questions you have.

Because here's what I've learned is even though they're great tools, sometimes I've found that all the questions on a survey I haven't found necessary for the questions I'm attempting to answer. I've even worked with people to kind of put together a new survey based upon other questions that are already validated. And so I usually recommend people to work with someone who is in data to really help with that, if that's helpful.

KRISTINA SPANNBAUER: Great. Another question is would consumption include exposures as well?

NICOLE AUGUSTINE: Yes. Yes, yes, yes. So that's a very interesting question, exposures. And I feel as though I know what you mean by exposures, but I do want to offer the person who asked that question, if you wanted to use your voice and clarify, we can do that also. That way I make sure I answer your question to the best of my ability. Perfect, thank you. I'd love to hear your voice.

KRISTINA SPANNBAUER: All right, go ahead.

AUDIENCE: Thank you. This is a great presentation. Thank you so much. So when you were talking about consumption, it to me sounded like voluntary-- well, I'm trying not to use the word as exposure. But consumption is something people do themselves. And there's also people situated differently because of what they're exposed to outside of their control. And so I just



wanted to lift both of those things up and think about how you might talk about that. And I'm going to mute because I have a siren behind me. Sorry.

NICOLE AUGUSTINE: No worries. You know what? I really, really appreciate this question, because you're absolutely right. Yes, it does. And now that you've mentioned this to me, I think I want to tease that out more so than it is, because you're right. There is this consumption gives this illusion that all of it is voluntary, yet there are exposures that happen, whether it's socially, voluntary or involuntary.

So I do agree. And it's interesting, because to me this is an example of digging into the why. Looking for are there any inequality issues or social issues or cultural issues that are happening in a particular community that is having a young person or a person in general be exposed to substance use. So I love that question. Thank you for bringing that up. That was really great actually.

KRISTINA SPANNBAUER: Nicole, somebody in the chat asked, can the magnitude create future impacts?

NICOLE AUGUSTINE: Yes it can, actually. Yes, it absolutely can. And that's because we live in an ever evolving world. And there are things that become because they do affect a large number of people that change over time. So yeah, I would say just in general, yeah, sure, something can have a magnitude that eventually becomes a larger impact over time. And usually that kind of stuff happens if there are intersections with other situations. And granted, right now we're talking hypothetically. But yes, that can be something that does happen for sure. Awesome.

OK, so we got a couple of folks on Menti. And then I do want to say if there are some people who want to talk, because we're about to move into more of the discussion part of our time together, feel free to use the hand raise feature. And I would love if folks wanted to kind of talk and have a conversation. In the meantime, I'll start looking at some of the questions that came into Menti.

So the first is, some populations are reticent to provide data. Ooh, yes. Are there examples of successful approaches to build trust and collectively develop data resources? I love this question. Yes. So that is the other context behind all of this. And to me, the context is twofold. I think we have as a society this natural aversion to invasion of privacy, which is sometimes what data collection feels like. You want to know what I'm doing and how much I'm doing. Why? So there's that. So I think baseline in general as people, there is



a need for us to build trust with communities around collecting data. So that's one part.

And then there is another component too. Because when you really start talking about the conversations of equity disparities, a lot of times they are happening in communities that have been historically marginalized, taken advantage of, or have had very negative experiences with data collection and researchers and that sort of thing. And so there is this need to really think about how we develop trust.

There's a lot of work in the community based, community participatory research space. There's a lot of work in that where folks are looking at social cultural context and how do you build trust in communities that have been historically mistrusting.

[COUGHS]

Excuse me. And so when I think about-- sorry, let me take a drink of water. Sorry. So when I think about what are some of the best approaches to gaining trust in the community, for me it begins all the way before we even got to this point.

So think about it. Before we get to the point of wanting to collect data, we are wanting to do prevention. We're doing this work because we care about the communities we serve and we know that substance use disorders are preventable. So to me from the very beginning, the community should be involved and a part of this work.

And so I think sometimes where we miss the boat is we wait until we're needing data. We wait until we have a grant. We wait until it's required of us to bring the community involved. And then we scramble to find the relationship, to ask for data, to ask for help. And I'm really beginning to think about one of the best approaches is to be a part and embedded in the community holistically, not just when we need something.

So for me, some of the successful approaches I've seen really come where organizations have really thought about their structure. Do they have a community board? Do they embed the community into what they do? That way the community is always involved even outside of the data collection times. That would be the best way I would say. Because as you have community involvement and engagement and ownership in this, the



community wants to help. Because they are bringing to you the data issues and the data concerns and they're right there and a part of this work.

So hopefully that helped a little bit in thinking about how to navigate that, because I think that's the hardest part. The thing I hear-- I'll say one more thing on this, because this is just such an important topic, you all. It comes up so much. The thing I hear so much from folks is this frustration from the community of feeling like they have researchers come in, get them all excited, collect this data, make these reports, even execute the program. And then when the funding ends, the whole thing disappears.

And I've heard community members say, we've had researchers come in here and want to do stuff. We're not doing that anymore. Because as soon as their project is over or as soon as they write their dissertation or as soon as this, they're gone. And guess what? We're still here dealing with the social issues. So I always say to be successful, we have to really embed ourselves into the community, you all. We have to change our approach of how we're thinking about this and that we're partners with the community in sustaining and doing this work of social change.

KRISTINA SPANNBAUER: I'll make a plug for if people haven't watched part three of this health equity series, Erica did just what you were talking about. So if you need any help with that, go back to that. And I put it in the chat, the link to it.

NICOLE AUGUSTINE: Thank you, Chris, for that. Because we did see at least 65% of people, this is your first one. So please do go back, because this whole series has really been talking about that and it's a great thing. I actually see a hand raise, so I'd love to have the person with their hand raised. I saw a notification. Is it still raised?

AUDIENCE: Yes. Hi. This is [INAUDIBLE]. Can you hear me?

NICOLE AUGUSTINE: Yes, I can.

AUDIENCE: Hi. Well, thank you for addressing this topic, because for me one of the primary concerns is that we still have silos and those people in those silos really don't want other people engaging them. When you speak about-- so I had made the comment and I actually didn't contextualize it. But I made the comment that even our local governments don't want to share data with us. They tell us that they don't have it. So if you're applying for funding. The other is just not cooperation. So I think a lot of it has to do with the money,



people not wanting to share the money, but the money's not theirs anyway. I keep saying that.

And I'll just say this and I'll wrap it up. That we're going through city focus groups where we're talking about how should we be using the rescue funds. And so we saw that same tension exist. We have people like the local government hired to bring them in to tell the community what's going to be done and how we're going to do it. [INAUDIBLE] Just as you alluded to. So what about teaching the community how to do [INAUDIBLE] research so that trust is built. So thank you.

NICOLE AUGUSTINE: Yeah, you're welcome. And I appreciate you lifting your voice and lifting that issue, because this is a major thing. I loved how you said the money isn't theirs anyways. And that's something we have to I think sometimes remind folks. And this is why I say we've got to start thinking about our advocacy, you all. Because I believe you're right in that I don't know what it is about money, but we have gatekeepers and gate hinges that keep some of them doors closed instead of opening it up for the community to take ownership and empower to address some of the social inequalities and issues that are happening. So thank you for mentioning that.

I think, yeah, prevention work is passion work. I love that. So we've asked about good examples of equitable community health assessments. I'll make sure, like I said, the Menti I can save. And so I'll make sure some of these additional resources are available to you of equity health assessments. I've seen them based upon the social determinants of health of collecting data across all those domains, which is a great thing to do.

So do you have recommendations on how to get team members engaged when they think you don't need to work as a team on needs assessments? OK. And they aren't involved or have much experience with data. Yes. So actually this is a great question. For me the only reason why someone might be thinking this way is because they don't truly understand the power of data.

And so I think some of the first base of teaching and learning comes from data literacy and helping people understand how data is everywhere. All of our smartphones are guided by data. Your Facebook feed, your Instagram feed, your advertisements are catered to you specifically because it's collecting data. So I think sometimes people think data is this far off thing. But truly we live our entire lives by consuming data and then that data helps us make decisions about what we like, what advertisements we get. This is truly no different.



So part of this work, I like to help people think about do you understand why we're doing the work we're doing? Our data gives us that answer. Our data make sure that there's a clear line logic between what we're doing and the outcomes we hope to experience. And then I would say send them to some trainings. Have some conversations about teamwork in general. I do see another hand up. I saw a notification.

KRISTINA SPANNBAUER: Yep, we have a hand up. And can we quickly, I have a question in the Q&A before I unmute the person with the hand up. The question says, I do tend to ask why a lot and look at things holistically, but that does tend to lead to a lot of data points and information which can feel overwhelming at times. I'm just wondering if you've experienced this and if you have advice.

NICOLE AUGUSTINE: Yes. OK, I actually love this question. I'm the same way. I love asking why, personally. And the truth is the more whys you ask, the more data points you get. So I completely understand that. And it's like, well, where do you stop? Usually they're there you get to a root is typically what I experienced.

And if you have a team of people who are willing to be with you in that process, I think it's the best to do this as a team. Mainly because I've found in this work is that more brains are better, especially more than one. One brain is a little bit of a solo. So as long as you at least bring in a second person to really begin to double check and triple check, am I taking a rabbit hole here? Have I taken a wrong turn? So that you don't become overwhelmed with this work. Because the data can feel overwhelming and we don't want to get to that place.

If you do begin to feel overwhelmed, that might be the time to stop. I'm a big advocate of self care. And the feeling of overwhelmed is to me it's a feeling of I don't know what's happening anymore. There's too much going on. So what I like to say, if you've gotten to that place with anything, it doesn't even matter what the topic is, that's the time to take a pause. To take a deep breath, to walk away, to leave it alone for a moment and come back to it when your mind is clear.

And then seek advice from-- I like to have what I call a mastermind group. A group of people that who I can bounce ideas off of, help me understand. Am I thinking about this the right way? Do you have a new perspective that I've never considered? So that the work doesn't become too overwhelming. I think what gets connected to this for me, because this work is also connected to health disparities and health equity, for me I experienced the overwhelm not so much in the data but with the data sharing with me. That's where I get my



what I feel like is emotional overwhelming, because it's like, is nobody else seeing this of what's happening in communities? And what can we do to really begin to make some changes so that we're not just feeling like this is just how it is? So thank you for sharing that.

KRISTINA SPANNBAUER: And I am going to unmute you, Jennifer. So you should be able to go ahead and talk now.

AUDIENCE: Hi. I had a question. So in regards to youth prevention, are there data sources you'd recommend that leverage the youth voice? In our community, it seems that most of the focus groups have spoken to families but not to the youth specifically. And I've raised those concerns. However, it doesn't help kind of bring into light what the root causes to some of the behavior issues might be that we're just trying to help find solutions for.

NICOLE AUGUSTINE: Now, who's running your focus groups?

AUDIENCE: Actually the municipality in the village in development of their strategic planning and also in some of the comprehensive park and recreation surveys had done focus groups through a consulting company.

NICOLE AUGUSTINE: I see.

AUDIENCE: And the consultant in their planning said that the answers on behalf of the parents provided that youth voice, so there was no need to go further, which I thought was an unfortunate miss.

NICOLE AUGUSTINE: Yeah, for sure, for sure. OK, that is an interesting thing to say. And so let me ask you one more question. You mentioned that you had actually-- it sounded as if you had voiced that there was a thought that they should be interviewing youth. So the only response was that they felt the parents' perspective was enough to capture the youth?

AUDIENCE: Correct. Because I was actually looking for some of the youth data. We plan a lot of activities and prevention activities for the community and thought that would be a great data source to tap into. However, in that further investigation, it doesn't exist. So just trying to see if there's any other general information or aside from advocating for that to be considered in the future.



NICOLE AUGUSTINE: Yes. Now, I have one other question for you. Would your agency take on the responsibility and leadership to do your own focus groups with youth in your community?

AUDIENCE: The current group that I'm with is all volunteer or kind of operated and led that I don't know if we would have the expertise or the bandwidth to do that. I think that we would need to find other partners, which is something that I think that we've always pursued. However, in some of the areas, so the youth substance use and prevention survey, the area districts have declined to participate. So some of our data sources that we've had in the past then. Unfortunately the frame of mind is if you survey, it might show that there is a problem.

NICOLE AUGUSTINE: Yes. This happens all the time. Oh my God, it's the most frustrating part. It's like, don't we want to know our problems so we can fix them?

AUDIENCE: Right. Or to see that things are going well and what we're doing is working. So I mean, even in that. So I guess now in a data desert trying to figure out, especially in pursuing grants or trying to make sure that we're doing the right things, just kind of at a loss and looking for any suggestions.

NICOLE AUGUSTINE: Yeah. Well, I'll share a couple of thoughts. One, I always think it's awesome to really begin to look at other strategic partnerships, whether that is thinking about, I don't know if there's a faith community in your community. But typically faith communities have youth groups. They have youth. YMCAs, Boys and Girls Clubs. Some of these other spaces, Boy Scouts, Girl Scouts, you might be surprised that you could potentially get a partnership with one of them to conduct focus groups with their youth or focus groups with those group of youth. So I'd recommend looking at who might be some other community partners where you might have access to.

And then the only other thing I would think about is because of the advances in technology with things like SurveyMonkey and surveys now. You might be surprised how inexpensive it is to-- it won't be the focus group, but to do a survey yourself via some of these online resources. You'd need to partner with someone to make sure you got the right questions, of course. But that could be a workaround where you all could collect data yourself from youth and bypass some of the system stuff going on there for the community.

So those are just some thoughts out loud though. I feel like my contact information is in the workbook. So maybe you could reach out to me. I'm



happy to brainstorm with you some more to think about some ways. It sounds like this is some of the issues you've got folks in the chat saying, oh my God, this is happening to me too. We're having to get really creative, y'all.

And this is why I love the category of primary data, of us taking the ownership of collecting the data ourselves and using and leveraging some of these technology tools to do a survey. Most youth are on their phone all the time and a lot of youth are being surveyed already via their cell phones and these click surveys that happen through social media too. So you might be surprised what you can get away with. I think I saw one more hand. I'm going to take one more question. We're getting near the end here. I'm going to take one more question from the other hand I had. And like I said, I'll leave my contact information, because I'd love to chat with folks more. Nettie? I believe Nettie [INAUDIBLE] on the screen.

KRISTINA SPANNBAUER: Yep. Here you go, Nettie.

AUDIENCE: Hi. So we do youth led prevention in Ohio. And Every Day Democracy has a model where they will train to use to do focus groups. And our youth do it and go through the training. It's just a one day, like six hours. And then they take that model and do the groups in schools or whatever other youth are. And then they write up a little one page summary. So if you just check Every Day Democracy on your internet, there'll probably be somebody in your community.

NICOLE AUGUSTINE: Can you drop that in the chat, please? The name of that? That way we can get the spelling of it.

AUDIENCE: It's Every Day Democracy.

NICOLE AUGUSTINE: You said Every Day Democracy?

KRISTINA SPANNBAUER: I'll find it and I'll put it in the chat for us here in a second.

NICOLE AUGUSTINE: Thank you. Appreciate it. Thank you for that. That is a great way to do it. You train the youth.

AUDIENCE: So then they can [INAUDIBLE] on the survey findings or the topic.



NICOLE AUGUSTINE: That's a good point. Wow. Love it. Thank you so much for that, Jennifer. Thank you for sharing that resource, Nettie. I really appreciate that. Because we're always having to find creative workarounds for this, because data is such a weird thing. And so many people are protective of it once they collect it.

OK, you all, we are getting near the end of our time together. I'm going to open up the mic for Kris to close us out here.

KRIS GABRIELSON: Great, yes. We have a few other opportunities for you to glean some fantastic information from Nicole. So I want to be sure to share those with you before you log off. One is I'm going to share my screen here. For those of you who have been on our other health equity webinars, you have learned about whisper courses. For those of you new to it, we have been following up these webinars with what we call whisper courses. And it's kind of like, hey, remember? That's the whisper part.

So Nicole has created four emails for you all that you can get over the next two weeks. They are reminders of key concepts from the training as well as concrete actions you can take. So it's a great way to keep the content of today's session fresh in your mind. We know through research that people forget 50% of what they've heard within an hour at the end of a session. So we're trying to find ways to help keep this content fresh in your mind. So this is a great way to do it. The link is in your workbook packet and it's also on the screen here.

Next way for you to learn more or hear more from Nicole is she actually put together a Spotify playlist of some podcasts. And Nicole, give us a little insight in terms of why you included these on your Spotify playlist for a podcast.

NICOLE AUGUSTINE: Sure. Of course. Of course. Well, the first two are two interviews, one I did with Dave Clawson, who was also a part of the PTTC. And we really just talked about what is diversity, equity, inclusion and how it relates to prevention. The second podcast is somewhat related, but it's really thinking about what is the role of us in equity? Why are we talking about Equity and that one was actually done with the Southeast ATTC, because a part of what we like to talk about is how does prevention fit in with the spectrum of resources.

And then my other two that I have are you getting to learn a little bit about me. I'm a huge person about mindset and goals. And so the first one is from Mind



Valley and it's the golden rules of goal setting. It's become something that is important to me in my life of what is goals, how do we set them professionally and personally. And the last is one of my favorite authors, Brene Brown. And she has a great book that I read called Daring Greatly. And this is a conversation with her and Oprah about the development of that book and the essence of it. So I hope you find the podcasts fun to listen to. These are just the last two or more so insight to who I am as a person, mindset work, and living boldly and audaciously.

KRIS GABRIELSON: I love it. I can't wait to listen to them. And just a reminder then that you can find those on our Facebook page. This is what it looks like. I encourage you to follow and like us if you are interested. That way what we post there will actually pop up on your feed so you can see. And we include upcoming events, other resources that are new, lots of opportunities for more information from the Great Lakes PTTC.

Few upcoming events that we have. On March 2nd, we have what does not work in prevention. We talked a lot about what does work and what research shows effective evidence based programs. But we neglected to share what research has shown does not work and that we shouldn't be doing. So this is going to be a no guilt webinar though. So don't worry about feeling like, oh no, I'm going to learn that something's not working that I'm doing. No guilt, no shame in this.

We have the five C's not D's of data. And this is all on, this builds off of this webinar, how to take that data and actually present it in a way that people can understand it and that is truly representative of what the data means. So highly encourage you to log on to that.

Foundations in prevention intensive training course. If you're looking for a more in-depth learning experience, this is a great opportunity. It's eight sessions. We'll give you some homework between each session. You'll get to know that cohort really well, actually get to know people instead of this is a little bit can be impersonal these webinars. This we actually get to know one another.

And last but not least, taking action on stigma. This is also a training series, but it's only two sessions, two hours each time. This would be great if you want to dive into how to address stigma in your community. There's the registration link as well as it's in the chat.

And last but not least, please, please, please fill out the form. This is how we know how this training session worked for you. It's only three questions really



quick. It's also how we report back to our funding agency. So if you can please do that after the session, you will actually automatically be sent there. That would be great if you could take time to do that.

Thank you. Huge thank you to Nicole for the wonderful training today. Also huge thanks to those folks who were on the back end of our training who worked the magic on the back end. We had Jen Winslow, Kristina Spannbaauer, and Alyssa Chwala. Thank you all for your help. And we look forward to seeing you all on a future event. Does anybody have one last thing to say? Nicole, Jen, Kristina, Alyssa?

KRISTINA SPANNBAUER: I think we're good. Just as Kris said, that you will be automatically redirected. It's just a very short three question survey and we would be very appreciative if you filled it out. Otherwise, thank you so much, and we look forward to seeing you on another training.

KRIS GABRIELSON: Thank you everyone. Bye bye.