

# Understanding and addressing the opioid crisis by integrating a public health perspective using data visualizations

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## Uba Backonja, PhD MS RN

Assistant Professor  
School of Nursing & Healthcare Leadership | UW Tacoma

Adjunct Assistant Professor  
Biomedical Informatics & Medical Education | UW School of Medicine  
Psychosocial & Community Health | University of Washington School of Nursing

**Welcome!**

# In this part we will:

Look at public health and social determinants of health in the context of addressing pain management and the opioid use

Go over data visualization basics:

- What is data visualization and how it support understanding & decision-making
- Data visualization design & cautions

Provide examples of public health visualizations of opioid data and social determinants of health

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**By the end of  
this part of the  
preconference  
you will  
understand:**

Why it's important for clinical sites working on pain management to understand what is going on in their communities by looking at public health data to complement clinical data

Basics of Data visualization – how it can support understanding and decision-making

Current examples of public health visualizations of opioid data and social determinants of health

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# My Background

BS Anthropology



Red Cross



BS, MS, PhD Nursing



Prof @ University of Washington Tacoma



Solomon Islands



EMT (almost firefighter) in LA

Informatics Postdoc



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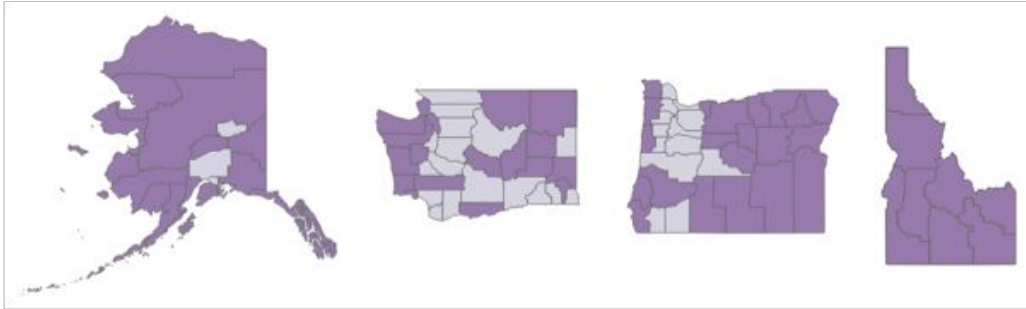


Patti Flatley Brennan @National Library of Medicine



George Demiris @Penn Nursing

# SHARE-NW Solutions in Health Analytics for Rural Equity across the Northwest



## Goals

1. Provide data for decision-making → **Linked datasets**
2. Improve access to data → **Dashboards**
3. Increase capacity for data use and data-driven decision-making → **Training**

**To address health disparities in rural communities**



**Betty Bekemeier**  
**@U of Washington Nursing**



**Why look at  
public health?**

# Pain management & opioid abuse are multifaceted phenomena

**Clinic**

**Diagnoses**

**Treatment  
plans**

**Episodic  
treatments**

**Patient history  
&  
demographics**

# Pain management & opioid abuse are multifaceted phenomena

## Clinic

**Diagnoses**

**Treatment plans**

**Episodic treatments**

**Patient history & demographics**

## Everyday life

### Risk factors for pain

- Smoking
- Being obese
- Poor health
- Occupation
- Stress
- Poor mental health
- Low education
- Low socioeconomic status

### Risk factors for opioid abuse

- Taking high daily doses of prescription pain relievers
- Poor mental health (e.g., depression, anxiety)
- Other substance abuse
- Rurality
- Low socioeconomic status

# Clinical data only captures a fraction of the pain management & opioid use picture

Clinic

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**Clinical data only captures a fraction of the pain management & opioid use picture**

Clinic



# Clinical data only captures a fraction of the pain management & opioid use picture

Figure 1

## Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

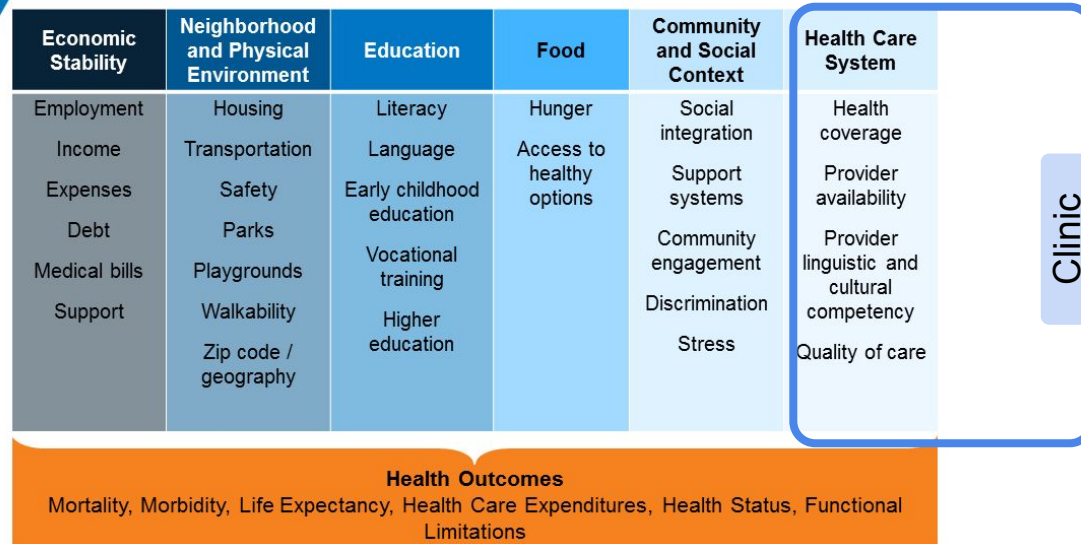
**Health Outcomes**  
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Clinic

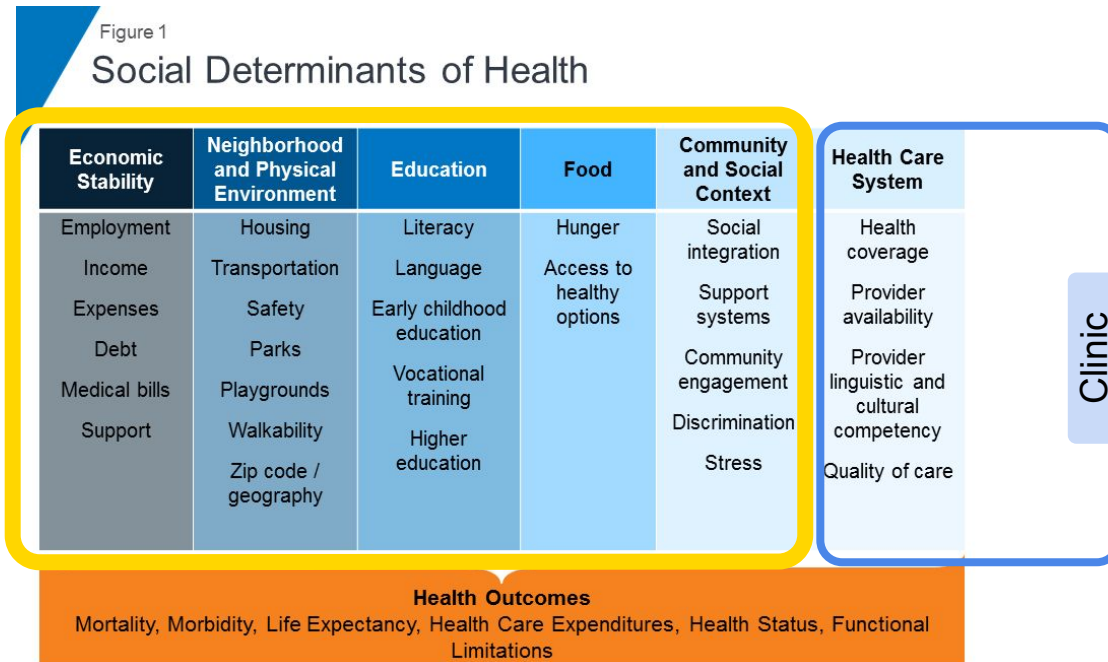
# Clinical data only captures a fraction of the pain management & opioid use picture

Figure 1

## Social Determinants of Health



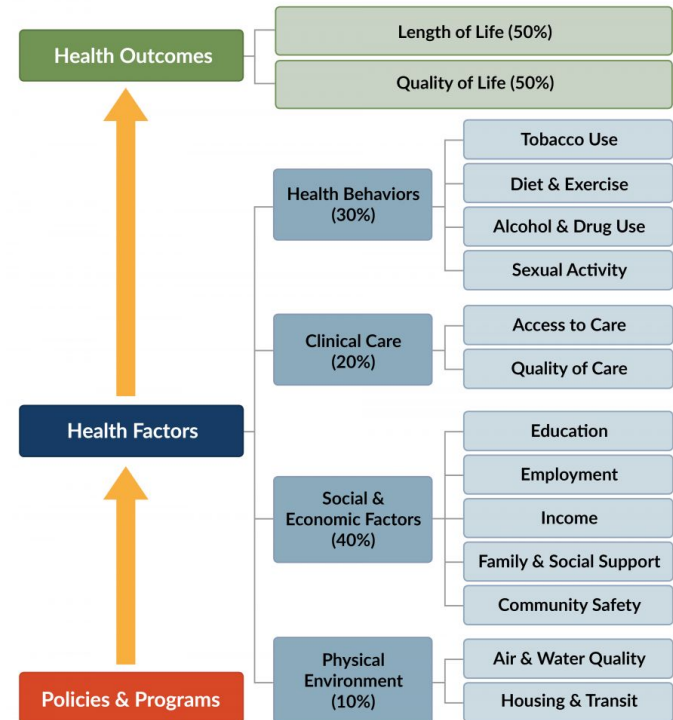
# Clinical data only captures a fraction of the pain management & opioid use picture



# There are many other frameworks of looking at the health ecosystem (especially when looking at inequities)



<http://www.shoimplementationkits.org/demandmnh/wp-content/uploads/2014/02/Theory-at-a-Glance-A-Guide-For-Health-Promotion-Practice.pdf>  
<https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>



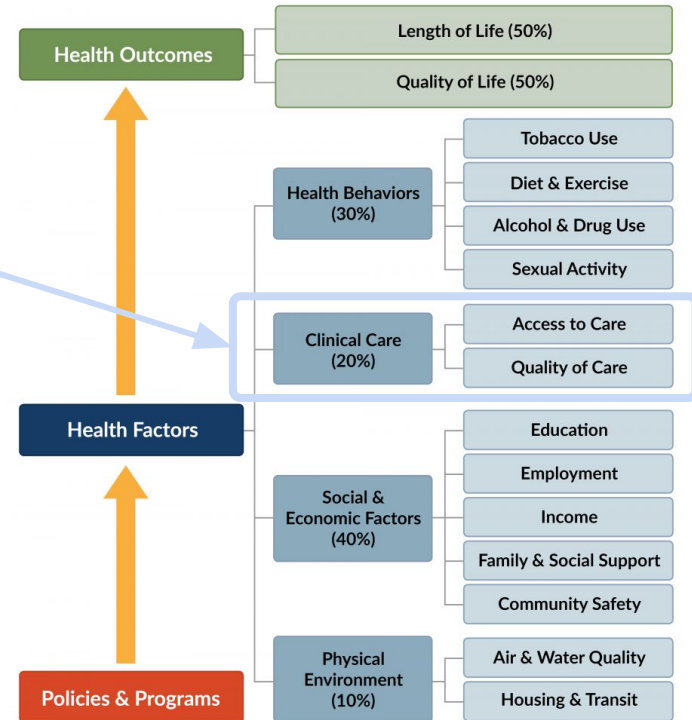
County Health Rankings model © 2014 UWPHI

<http://www.countyhealthrankings.org/sites/default/files/styles/resour>  
[ce\\_images/publicresources/CHRRmodel.png?tok=x1Z0E0SO](ce_images/publicresources/CHRRmodel.png?tok=x1Z0E0SO)

# There are many other frameworks of looking at the health ecosystem (especially when looking at inequities)



Clinical factors only part of what impacts a person's health



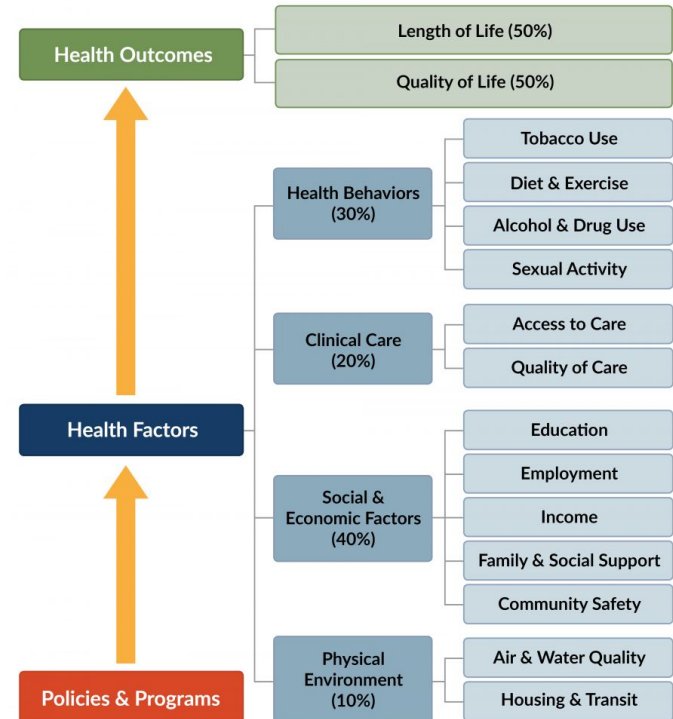
<http://www.shocimplementationkits.org/demand/mnch/wp-content/uploads/2014/02/Theory-at-a-Glance-A-Guide-For-Health-Promotion-Practice.pdf>  
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County Health Rankings model © 2014 UWPHI  
<http://www.countyhealthrankings.org/sites/default/files/styles/resour>  
[ce\\_images/publicresources/CHRRmodel.png?tok=x1Z0E0SO](ce_images/publicresources/CHRRmodel.png?tok=x1Z0E0SO)

# Where does Public Health come in?

Public health “promotes and protects the health of people and the communities where they live, learn, work and play” <https://www.acha.org/what-is-public-health>

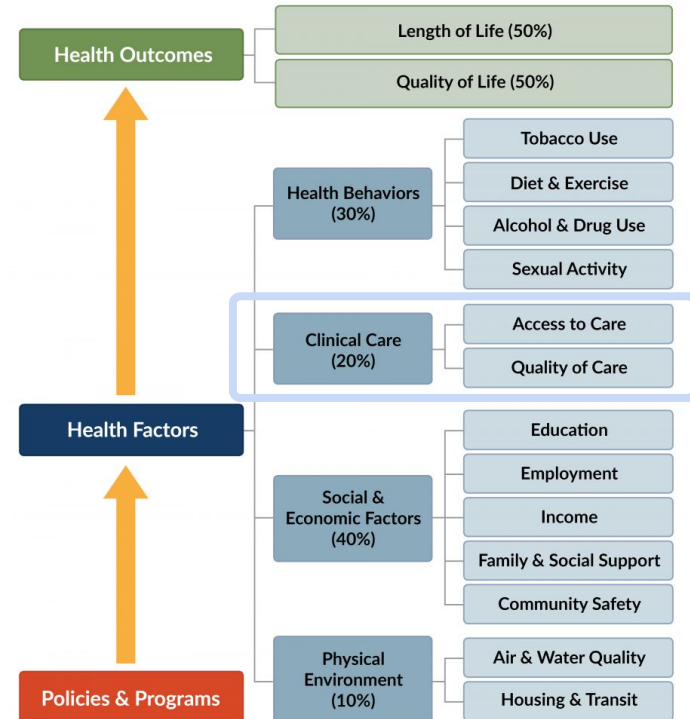
Support policy change, community education, safety (e.g., car seat installation, restaurant inspections), health services, and other functions that impact the all health factors including those associated with clinical care (especially access)



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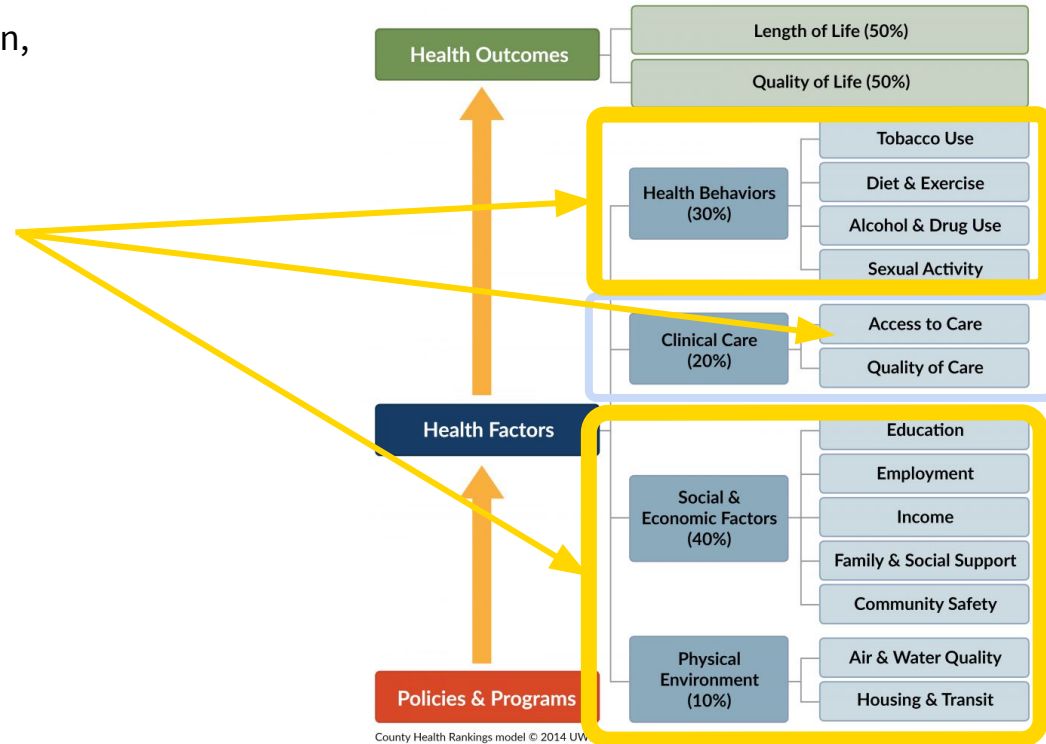




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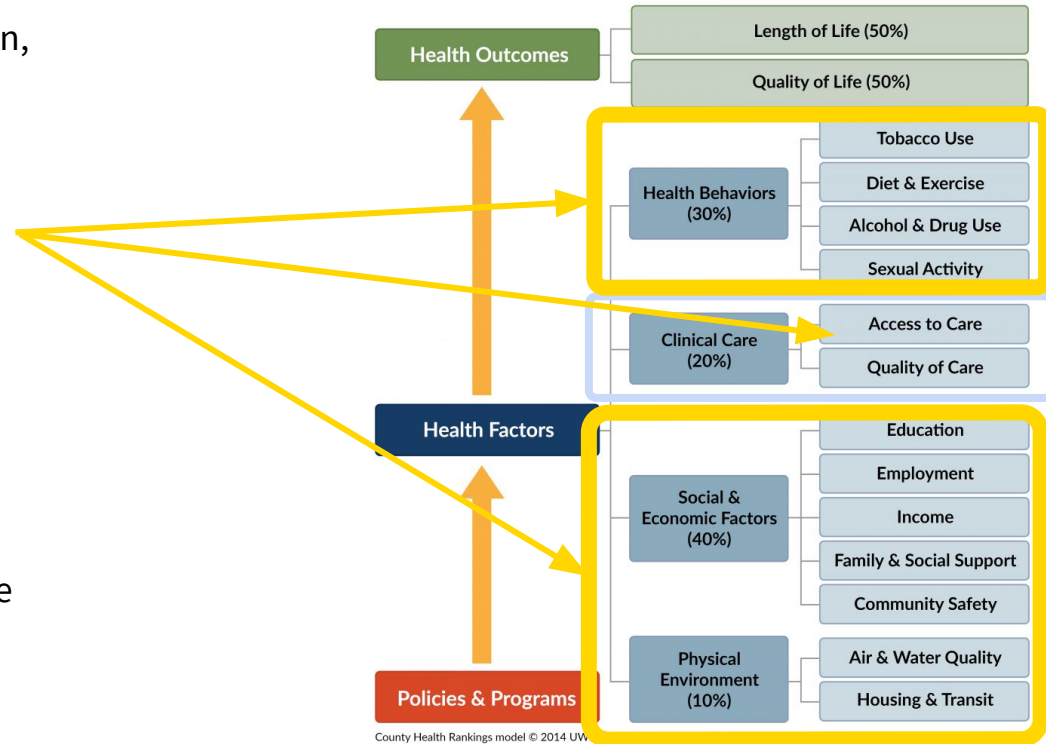


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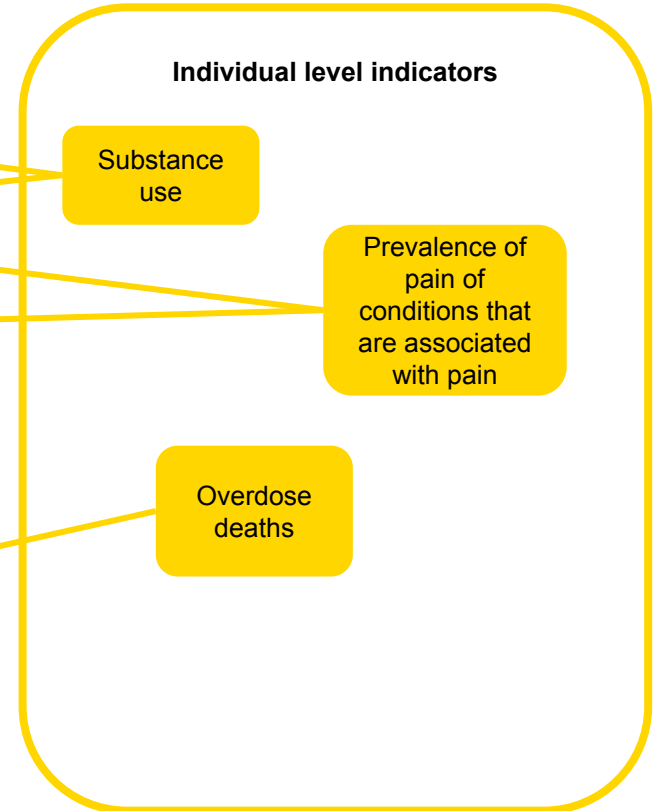
Clinical care can capture some of these data and facilitate access to these factors (e.g., health behaviors) -- public health helps do this within the larger context of a person’s everyday life



# How does Public Health use data?

Public health data helps quantify these factors

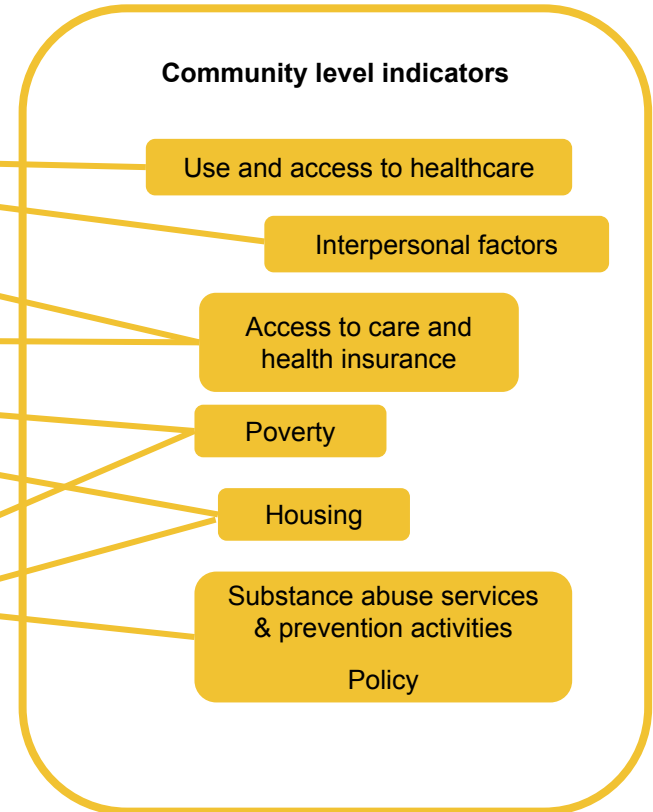
- National data:
  - Behavioral Risk Factor Surveillance System (BRFSS)
  - Youth Risk Behavior Surveillance System (YRBSS)
  - National Health and Nutrition Examination Survey (NHANES)
  - National Center for Health Statistics
  - US Department of Agriculture
  - Housing and Urban Development (HUD)
  - And others (e.g., <https://www.cdc.gov/DataStatistics/>)
- State and local health departments
  - National Association of County and City Health Officials (NACHHO)
  - State departments of health



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One way to overcome data quality issues and limitations of looking at clinical data alone and public health data alone is trying to find ways to bridge the two

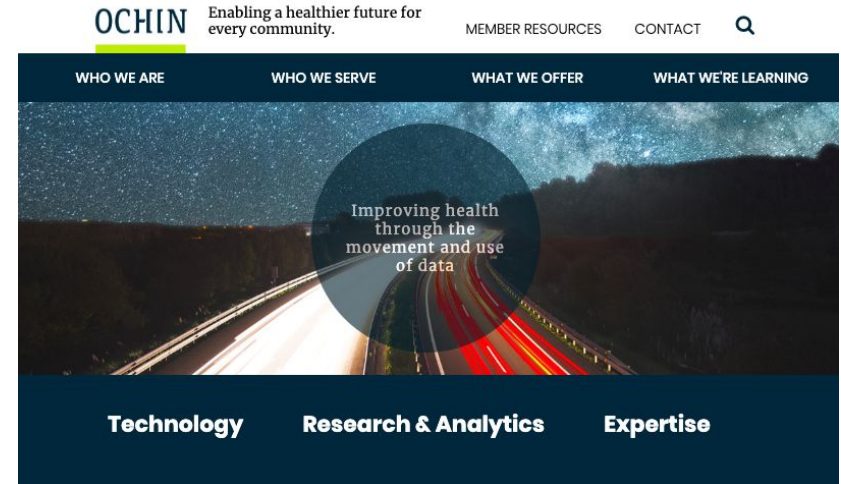
- Support data exchange between clinical sites and public health
- Support social determinant of health data to be collected in clinical sites

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- Support data exchange between clinical sites and public health
- Support social determinant of health data to be collected in clinical sites



**UCHIN** (Oregon Community Health Information Network) Development of electronic health record (EHR) tools for collecting, reviewing, and acting on patient-reported social determinants of health (SDH) data in community health centers (CHCs).

<https://ochin.org/>

**What are ways in which Public Health leverages data to understand and address issues like pain management & opioids?**

**What is data  
visualization?**



# What is data visualization

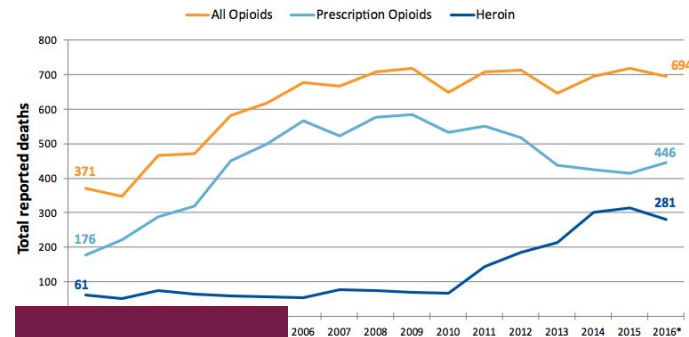
No established definition

# What is data visualization

No established definition

In general, data visualization is using visual encodings to represent data or information

## Opioid Overdose Deaths in Washington

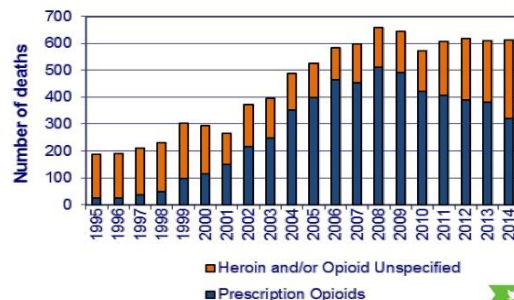


Line graph

SOURCE: WASHINGTON STATE DEPARTMENT OF HEALTH  
 \* "ALL OPIOIDS" AND "HEROIN" AS IT INCLUDES ADDITIONAL CATEGORIES NOT DEPICTED  
 THESE MAY INVOLVE MULTIPLE TYPES OF OPIOIDS.

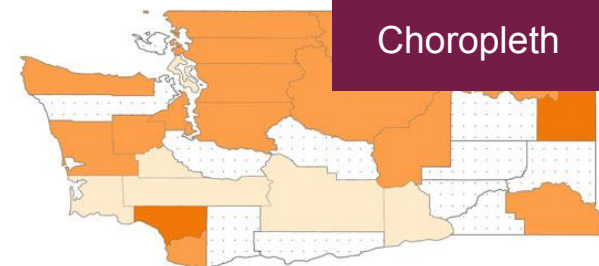
Bar chart

Unintentional Opioid Overdose Deaths Washington 1995-2014

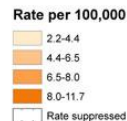


Source: Washington State Department of Health, Death Certificates

Deaths: Opiate involved  
 (heroin and/or prescription-type opiates)  
 Average annual rate 2000-2002



Choropleth



Deaths in which opiates were involved, most deaths involved multiple drugs such as benzodiazepines, alcohol, illegal drugs and/or other prescription medications. Note that 10 counties were aggregated into 4 regions due to small numbers. Rates are suppressed for counties/regions with <5 deaths. Data source: WA State Department of Health Mapping: Alcohol & Drug Abuse Institute, University of Washington.

Infographic

## 3 OPIOID PAINKILLERS

Treatment for opioids have skyrocketed to

197%

Opioid related fatalities increased by

31%



2002 to 2013: 6,668

Washington residents have died because of opioids overdoses.





# What is data visualization

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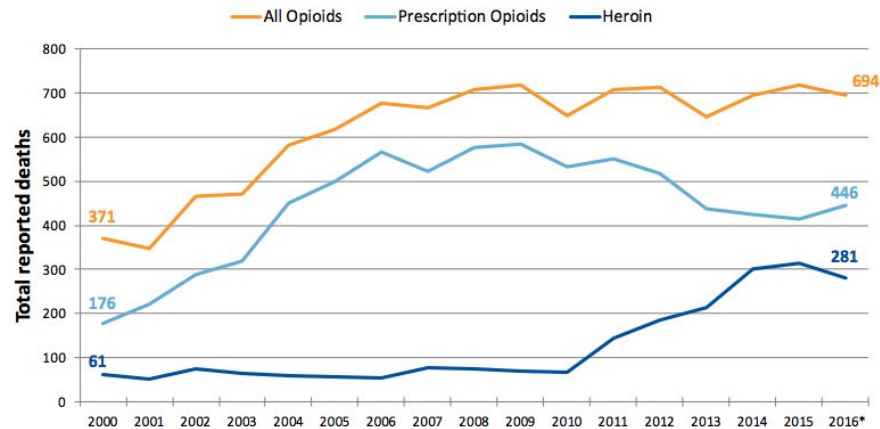
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Combination of cognitive & perceptual science, biology of vision, design & art, computer science

Aids in our “understanding of data by leveraging the human visual system's highly tuned ability to see patterns, spot trends, and identify outliers”

<http://queue.acm.org/detail.cfm?id=1805128>

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SOURCE: WASHINGTON STATE DEPARTMENT OF HEALTH

... WITH "PRESCRIPTION OPIOIDS" AND "HEROIN" AS IT INCLUDES ADDITIONAL CATEGORIES NOT DEPICTED  
... CAUSE OVERDOSE DEATHS MAY INVOLVE MULTIPLE TYPES OF OPIOIDS.

What patterns do you see?

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Addresses cognitive limitations in memory, calculating, seeing trends within raw data

Monster Spreadsheet - finished ☆

File Edit View Insert Format Data Tools Help All changes saved in Drive

fx

	A	B	C	D
1		Blue Castle	Red Castle	
2	Vampires	5	3	
3	Ghosts	6	2	
4	Zombies	3	11	
5	Humans	8	0	
6	Werewolves	6	2	
7				
8	Total Count	28	18	
9	Total \$/night	2800	1800	
10				

For which categories are there more in the blue castle than the red?

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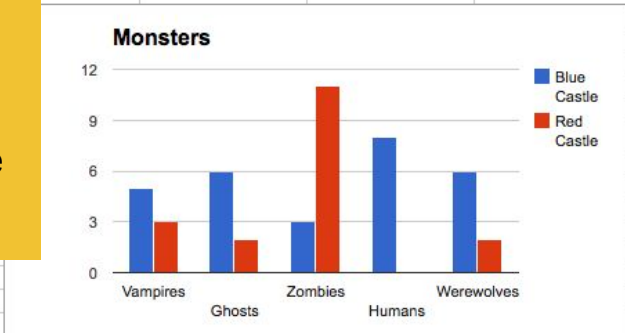
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Can support decision making



**How do we create  
visualizations for  
dashboards to support  
decision-making?**



**Identify purpose of how  
user uses data**

Analyze

Understand

Persuade

# Analyze

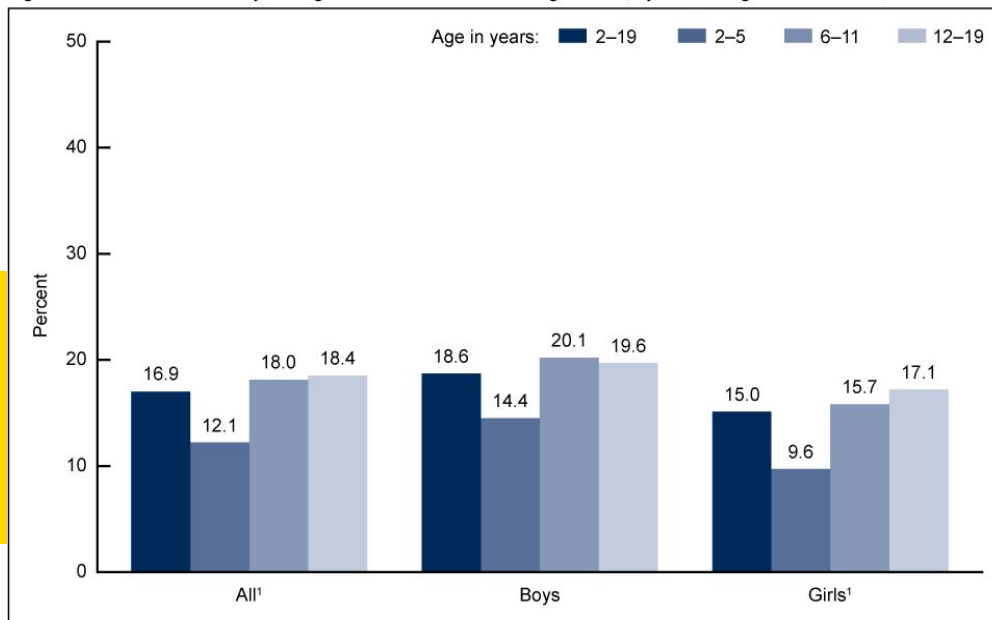
Basic understanding of  
raw numbers and find  
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# Analyze

Basic understanding of raw numbers and find patterns in data

“Among all children the percent of those who are obese is between about 12 and 18%. There are greater percentages of boys than girls who are obese at all ranges.”

Figure 2. Prevalence of obesity among children and adolescents aged 2–19, by sex and age: United States, 2009–2010



<sup>1</sup>Significant increasing linear trend by age ( $p < 0.005$ ).

# Understand

Analysis with context

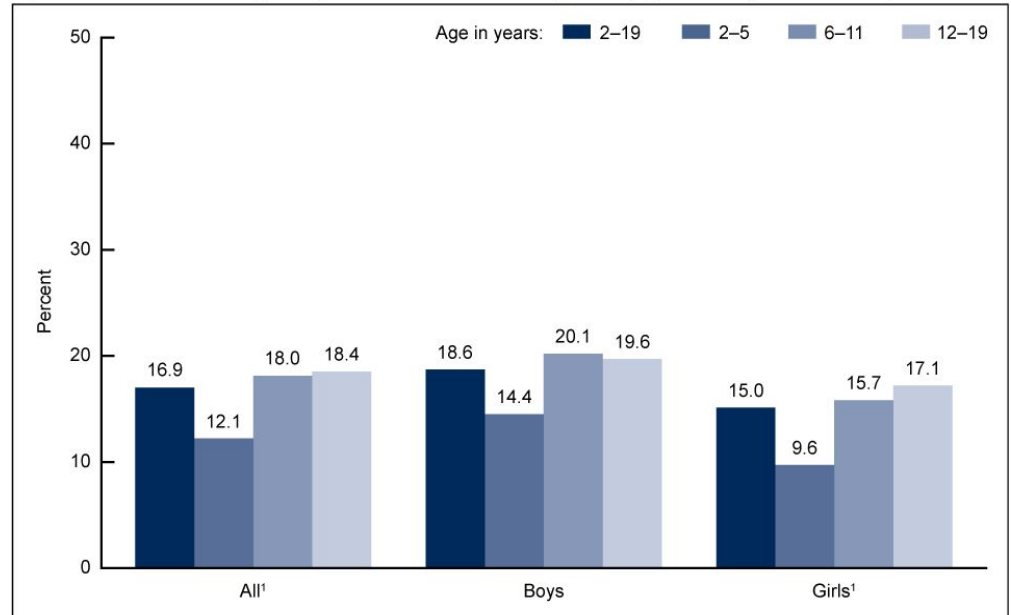
Use reference ranges,  
benchmarks, indicators,  
etc to bring more  
meaning to the  
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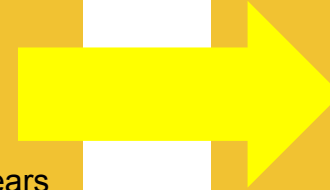
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# Understand



## Objective NWS-10.3

Reduce the proportion of adolescents aged 12 to 19 years who are considered obese



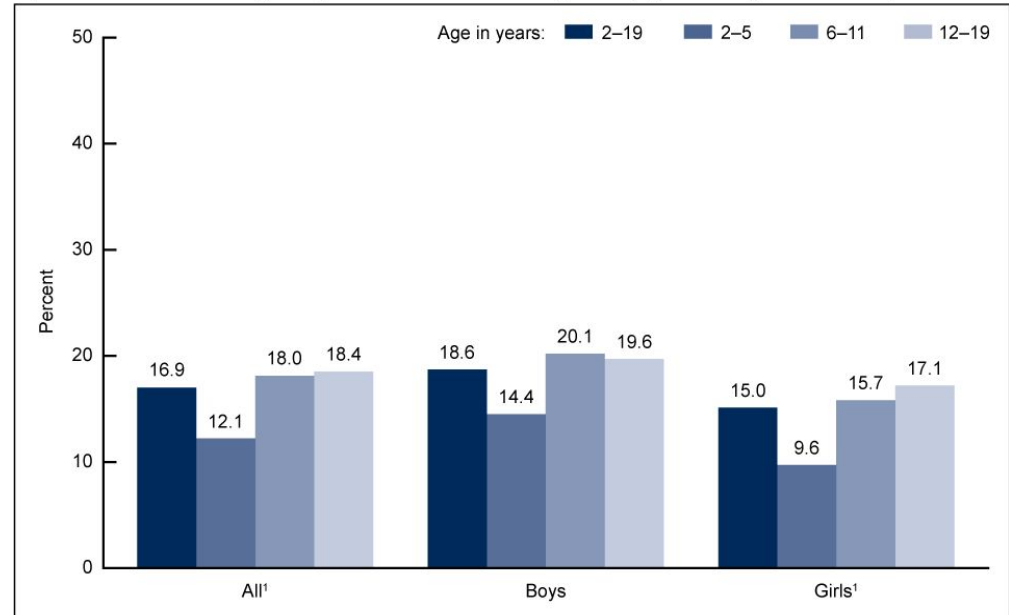
Target: 14.5%

<https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status/objectives>

Analysis with context

Use reference ranges, benchmarks, indicators, etc to bring more meaning to the visualization

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SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, 2009–2010.

# Understand

Analysis with context

Use reference ranges, benchmarks, indicators, etc to bring more meaning to the visualization

“The prevalence of boys who are obese is further away from the target value than girls, therefore...”



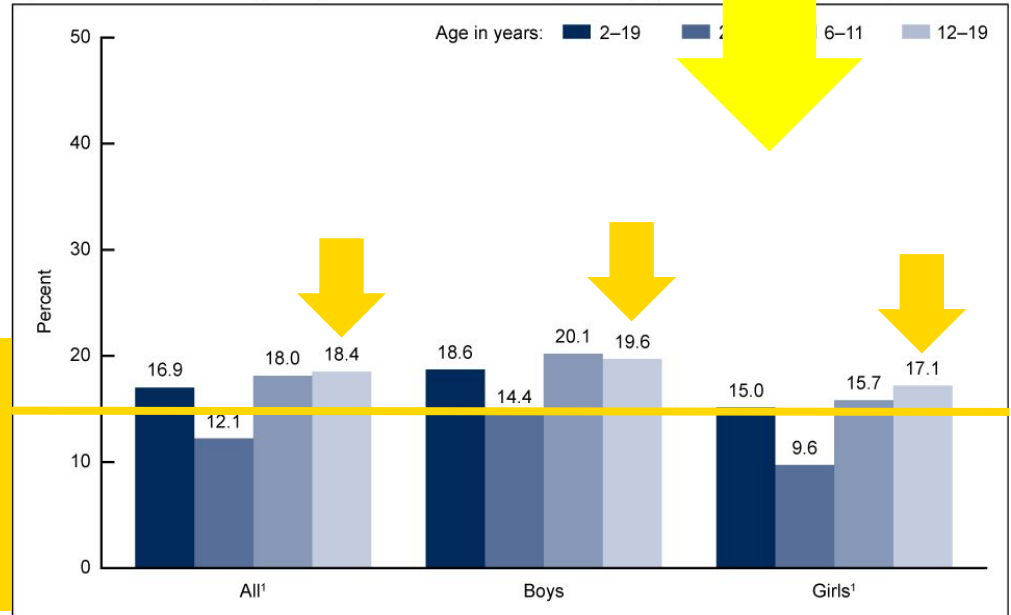
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# Persuade

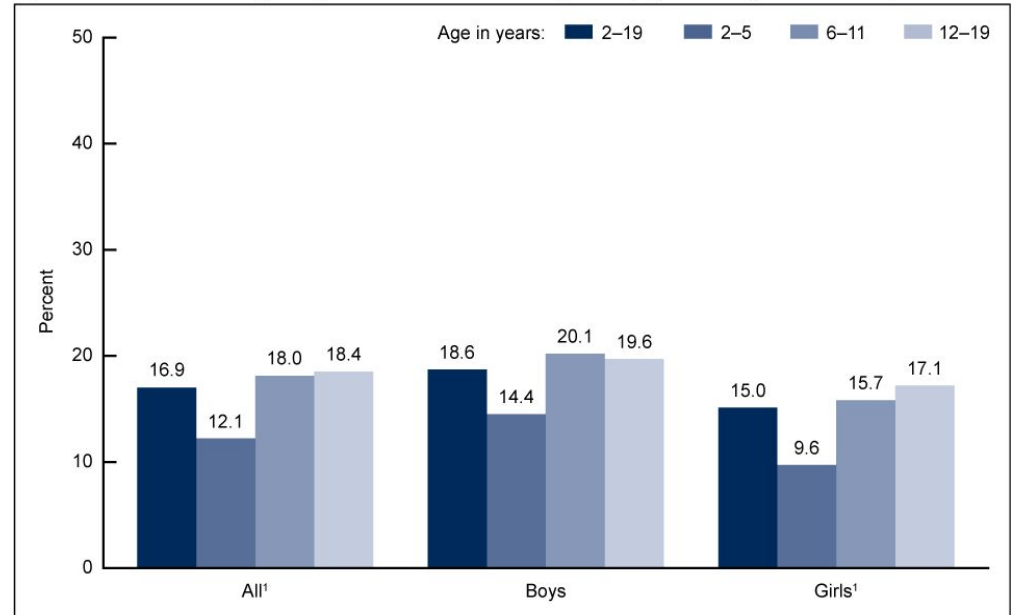
Visual representation  
that is engaging and  
provides elements  
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# Persuade

Visual representation that is engaging and provides elements needed to make a decision and compels someone to take action

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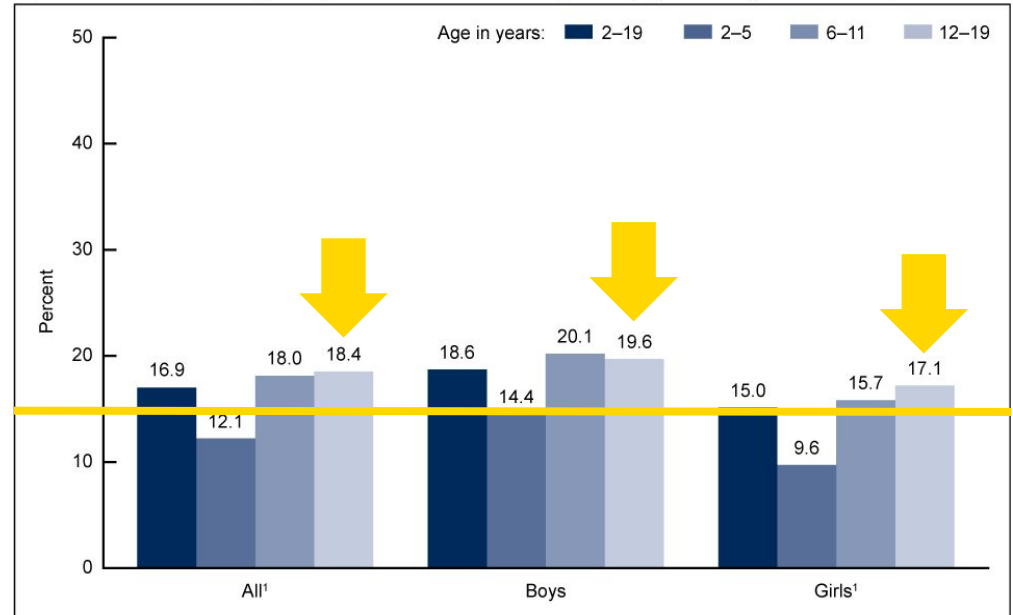


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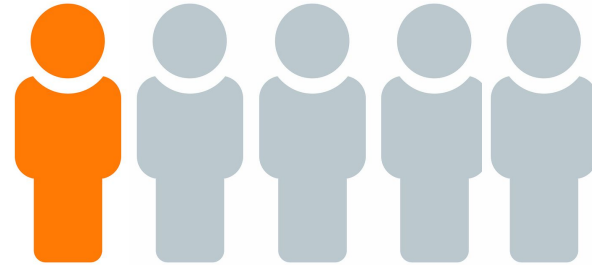


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# Persuade

Visual representation that is engaging and provides elements needed to make a decision and compels someone to take action

**We need interventions to reduce obesity among teenage boys**



**About 20% of boys 12-19 years old are obese**

**This percentage is above the CDC target of 14.5%**

# Analyze

Basic understanding of raw numbers and find patterns in data

Good target audience:  
In-house analysts

# Understand

Analysis with context  
Use reference ranges, benchmarks, indicators, etc to bring more meaning to the visualization

Good target audience:  
Practitioners who are decision-makers

# Persuade

Visual representation that is engaging and provides elements needed to make a decision and compels someone to take action

Good target audience:  
Community members & Policy-makers

**What are examples of  
PH visualizations and  
dashboards?**

# More and more examples are coming out especially regarding opioids

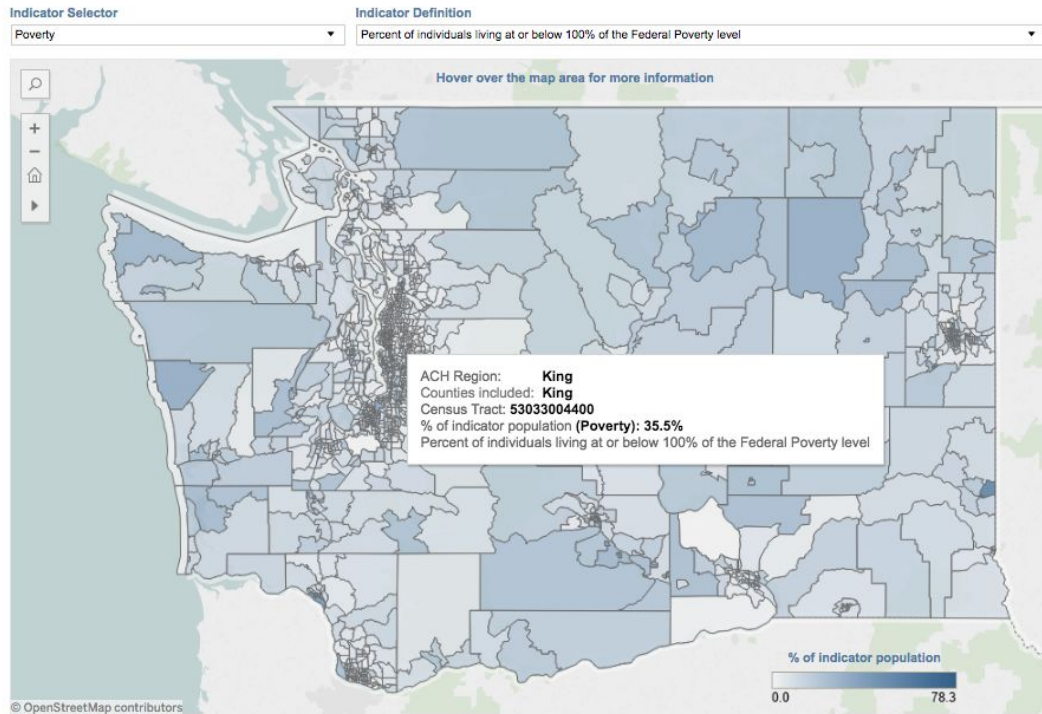
Purpose of most: to analyze

Little information available beyond just the data  
(often presented in maps)

# Census Tracts Social Determinants of Health Dashboards

◀ Social Determinants of Health Map by Census Tracts | Social Determinants of Health Data Table by Census Tracts ▶

## Social Determinants of Health - Census Tracts (2012 - 2016)

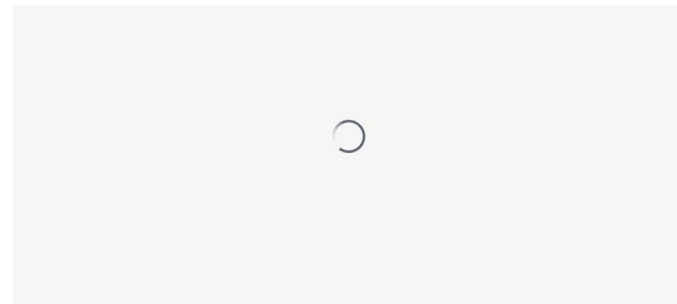


Indicator notes:  
These indicators are from the American Community Survey 2012-2016 <https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=:>



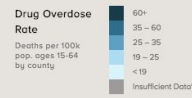
◆ Data and Statistical Reports > Health Data Visualization > Opioid County Overdose Dashboard

### Opioid Overdose Dashboards - County

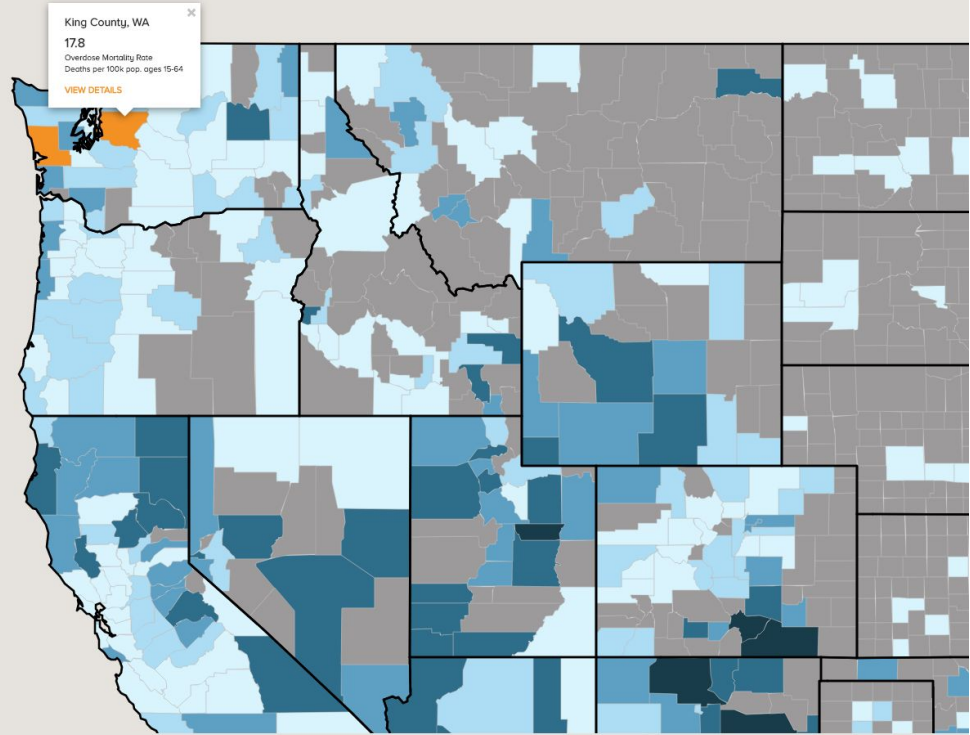


# Drug Overdose Deaths in the United States

- SOCIO DEMOGRAPHIC
    - Race / Ethnicity
    - Age
    - Educational Attainment
    - Disability Status
  - ECONOMIC
    - Median Household Income
    - Poverty Rate
    - Unemployment Rate
    - Accident-prone Employment
- [LIST OF COUNTIES](#)



Overdose Type: All Drugs, Opioids  
Timeframe: 2007 - '11, 2012 - '16  
State / County: All  
Urban / Rural: - +  
Zoom: - +  
Map Overlays: [dropdown]



SHARE

- INTRODUCTION
- HOW TO USE THE TOOL
- METHODOLOGY & DATA
- MORE INFORMATION

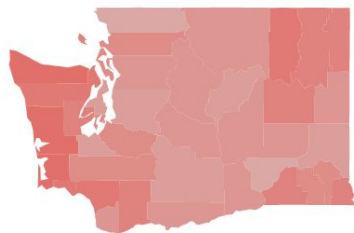


<https://opioidmisusetool.norc.org/>

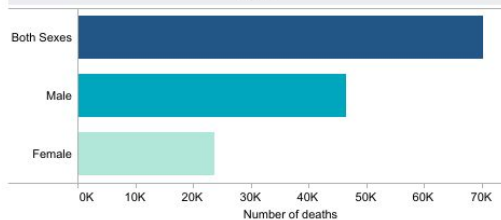


Select Year  
2017

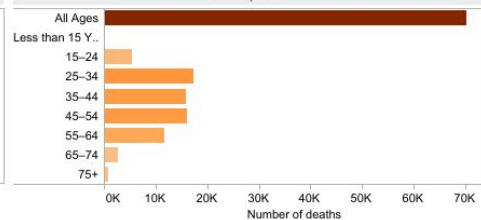
### Estimated Crude Death Rates§ for Drug Poisoning by County, United States: 2017



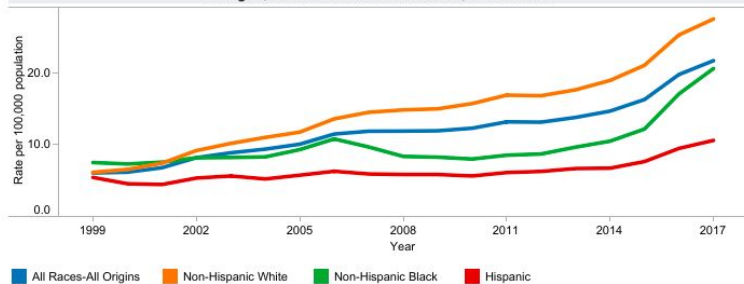
### Drug Poisoning Deaths† by Sex, All Races-All Origins, All Ages: United States, 2017



### Drug Poisoning Deaths† by Age, All Races-All Origins, Both Sexes: United States, 2017



### Age-adjusted Death Rate‡ for Drug Poisoning by Race and Hispanic Origin, All Ages, Both Sexes: United States, 1999–2017



Select Year  
2017

Select Race and Hispanic Origin  
 All Races-All ...  
 Non-Hispanic ...  
 Non-Hispanic ...  
 Hispanic

Select Age Group  
 All Ages  
 Less than 15 ...  
 15-24  
 25-34  
 35-44  
 45-54  
 55-64  
 65-74  
 75+

CDC dashboard

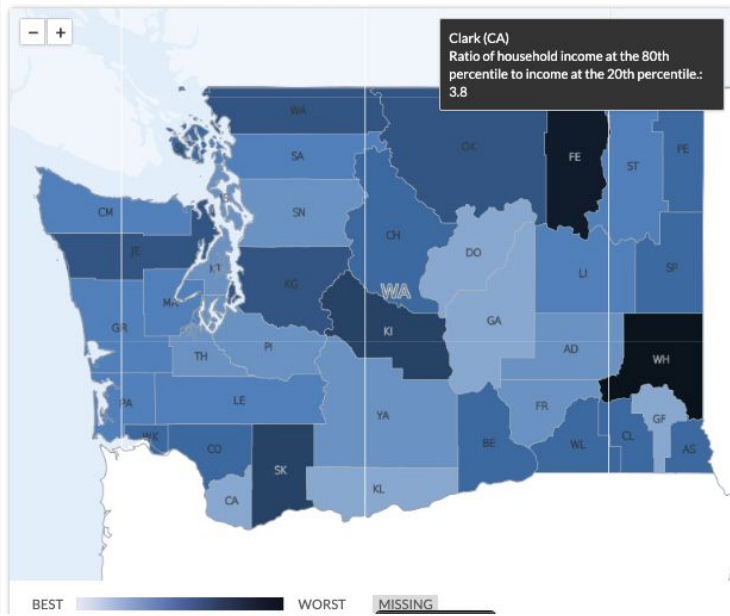
<https://www.cdc.gov/nchs/data-visualization/index.htm>

## Income inequality

Ratio of household income at the 80th percentile to income at the 20th percentile.

The 2018 County Health Rankings used data from 2012-2016 for this measure.

Map | Data | Description | Data Source | Policies



### Washington Summary Information

Top U.S. Performers:	3.7 (10th percentile)
Range in Washington (Min-Max):	3.6-6.9
Overall in Washington:	4.5

Years of Data Used: 2012-2016

## Washington

2018 Select another state

Overview Rankings Measures Downloads Compare Counties Select a county Print Help

Select a Measure:

ADDITIONAL MEASURES  
**DRUG OVERDOSE DEATHS**

An Alcohol and Drug Use measure

### Drug overdose deaths

Number of drug poisoning deaths per 100,000 population.

The 2018 County Health Rankings used data from 2014-2016 for this measure.

Data | Description | Data Source

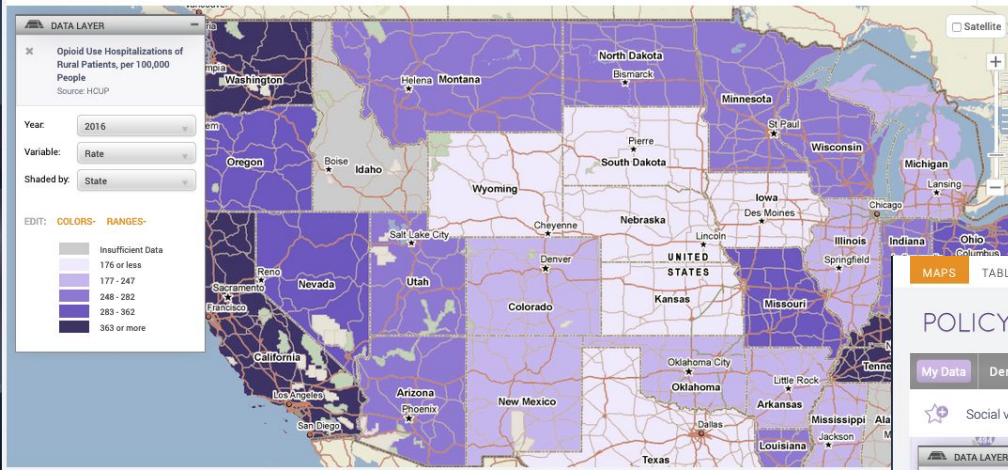
### Washington Summary Information

Range in Washington (Min-Max):	8-26
Overall in Washington:	15

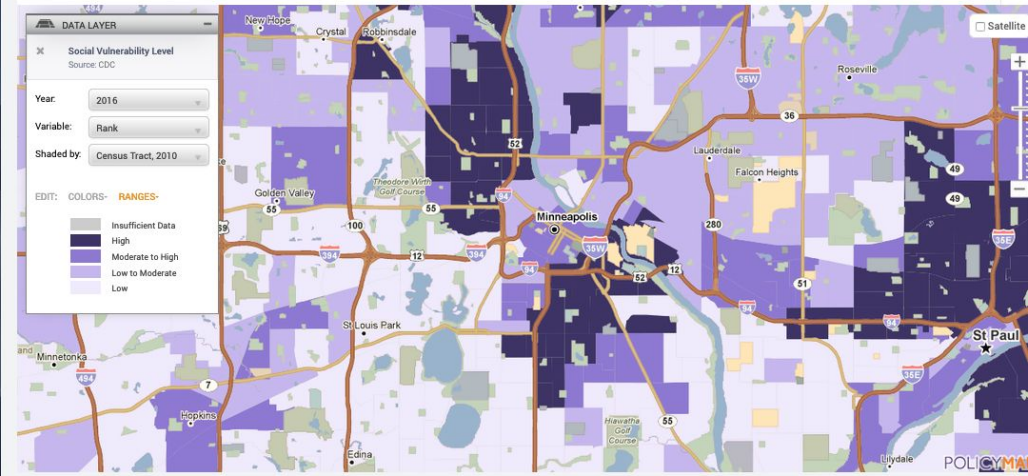
Years of Data Used: 2014-2016

Place	# Drug Overdose Deaths	Drug Overdose Mortality Rate
Adams		
Asotin	16	24
Benton	89	16
Chelan	22	10
Clallam	43	19
Clark	185	13
Columbia		

Rate of hospitalizations of rural patients for opioid use, per 100,000 people in 2016.



Social vulnerability level as of 2016.



## Data Visualizations

### RESULTS

GBD Results Tool

[Data Visualizations](#)

Country Profiles

Policy Reports

Research Articles

Infographics

US County Profiles

Topics

Data & Tools

Topics

- Any -

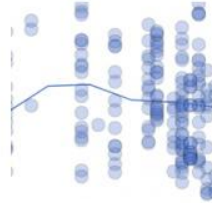
Date published

-Year -

▶ Advanced

Apply

Reset



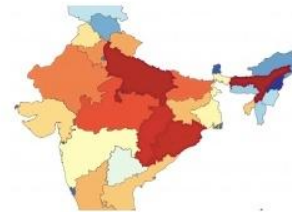
DECEMBER 11, 2017

### Child Growth Failure

Data Visualization

[Learn more](#)

This interactive data visualization tool shows levels and trends in growth failure at birth and in children under 5, both past and projected from 1990 to 2030. Explore results for countries, regions, and the globe alongside the data.



NOVEMBER 13, 2017

### GBD India Compare

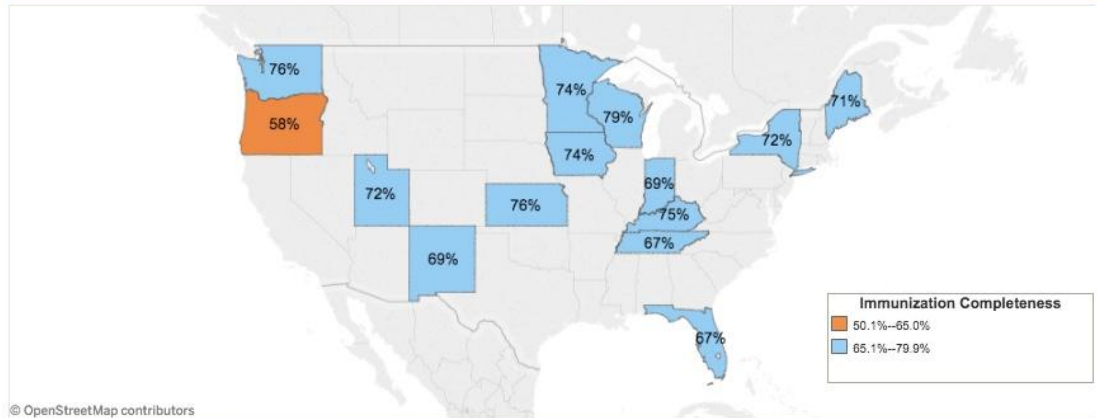
Data Visualization

[Learn more](#)

Analyze data about India's health levels and trends from 1990 to 2016 in this interactive tool. Use treemaps, maps, arrow diagrams, and other charts to compare causes and risks and explore patterns and trends by

## Average Immunization Completeness for Children 19-35 Months Old by State, 2016

Note: Data shown for states where county-level immunization rates are available

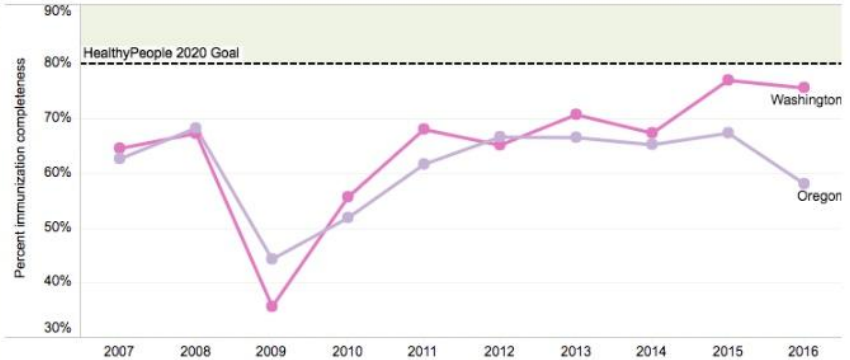


© OpenStreetMap contributors

Select States for Time Trends

(Multiple values)

- Oregon
- Washington



Source: National Immunization Survey (<https://www.cdc.gov/vaccines/vaxview/index.html>)

PHAST: Public Health Activities & Service Tracking (based @UWash)

<https://phastdata.org>



Format: Summary ▾ Sort by: Best Match ▾ Per page: 20 ▾

[Send to ▾](#)

## Search results

Items: 1 to 20 of 81

&lt;&lt; First &lt; Prev Page 1 of 5 Next &gt; Last &gt;&gt;

- [Visual analytics dashboard to explore the relationship of unscheduled treatment interruptions and variations in airway management for children undergoing external beam radiation therapy.](#)  
1. Chua P, Hill-Kayser C, Ahumada LM, Jalal A, Simpao AF, Lingappan AM, Jawad A, Rehman MA, Gálvez JA.  
Pract Radiat Oncol. 2017 Sep - Oct;7(5):e339-e344. doi: 10.1016/j.prro.2017.01.008. Epub 2017 Jan 20. No abstract available.  
PMID: 28428018  
[Similar articles](#)
  
- [The impact of home care nurses' numeracy and graph literacy on comprehension of visual display information: implications for dashboard design.](#)  
2. Dowding D, Merrill JA, Onorato N, Barrón Y, Rosati RJ, Russell D.  
J Am Med Inform Assoc. 2018 Feb 1;25(2):175-182. doi: 10.1093/jamia/ocx042.  
PMID: 28460091  
[Similar articles](#)
  
- [Dashboard visualizations: Supporting real-time throughput decision-making.](#)  
3. Franklin A, Gantela S, Shifarrow S, Johnson TR, Robinson DJ, King BR, Mehta AM, Maddow CL, Hoot NR, Nguyen V, Rubio A, Zhang J, Okafor NG.  
J Biomed Inform. 2017 Jul;71:211-221. doi: 10.1016/j.jbi.2017.05.024. Epub 2017 Jun 1.  
PMID: 28579532 **Free Article**  
[Similar articles](#)
  
- [A visual dashboard for moving health technologies from "lab to village".](#)  
4. Masum H, Singer PA.  
J Med Internet Res. 2007 Oct 22;9(4):e32.  
PMID: 17951216 **Free PMC Article**  
[Similar articles](#)

Examples in the medical literature  
[https://www.ncbi.nlm.nih.gov/pubmed?term=\(\(public%20health\)%20AND%20visual\\*\)%20AND%20dashboard](https://www.ncbi.nlm.nih.gov/pubmed?term=((public%20health)%20AND%20visual*)%20AND%20dashboard)

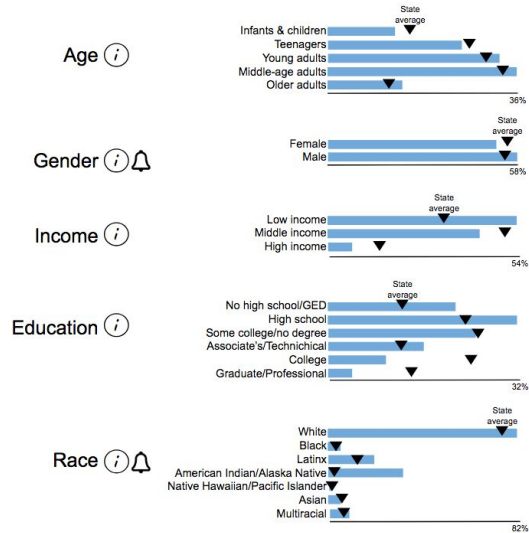
# SHARE-NW

Currently in year 2 of 5

Developed paper prototypes of visualizations to include in dashboard  
Meeting with potential end users for them to give feedback on the visualizations

Pulling from current dashboard examples, visualization literature, and user needs assessments

Also developing trainings to support use of the dashboard and understanding about health disparities



**What are some  
nuts and bolts of  
data viz I need to  
make my  
dashboard?**



# Data viz nuts and bolts

Data types

Color

Avoiding bias and misleading visualizations

# Data viz nuts and bolts

Data types

Color

Avoiding bias and misleading visualizations

# Data types

How variables are classified in programming languages

Also important when we develop visualizations

---

# How you can visualize data is dependent on data type

## Quantitative

- Numeric
- **Interval:** location of zero is arbitrary
  - E.g., Dates, latitude
- **Ratio:** zero fixed
  - E.g., Counts, amounts (\$), physical measurements (length)



## RELEVÉ ou SIGNALEMENT ANTHROPOMÉTRIQUE



1. Taille. — 2. Envergure. — 3. Buste. — 4. Longueur de la tête. — 5. Largeur de la tête. — 6. Oreille droite. — 7. Pied gauche. — 8. Mètre gauche. — 9. Cuisse gauche.

# How you can visualize data is dependent on data type

## Quantitative

- Numeric
- **Interval:** location of zero is arbitrary
  - E.g., Dates, latitude
- **Ratio:** zero fixed
  - E.g., Counts, amounts (\$), physical measurements (length)

## Nominal

- Categorical without order
- Includes binary categories (e.g., no/yes)
- Examples: Ethnicity, diagnosis



# How you can visualize data is dependent on data type

## Quantitative

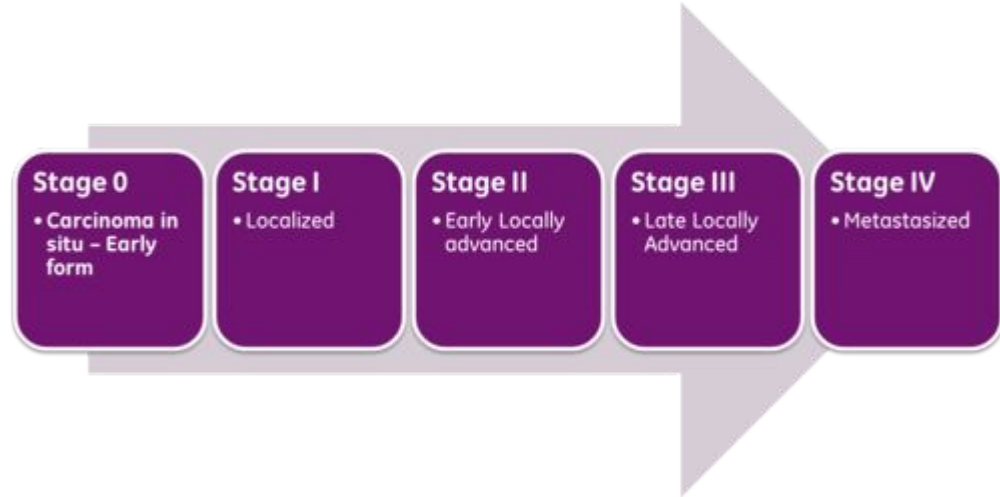
- Numeric
- **Interval:** location of zero is arbitrary
  - E.g., Dates, latitude
- **Ratio:** zero fixed
  - E.g., Counts, amounts (\$), physical measurements (length)

## Nominal

- Categorical without order
- Includes binary categories (e.g., no/yes)
- Examples: Ethnicity, diagnosis

## Ordinal

- Categorical with order
- Examples: Educational attainment



# Why do data types matter?

Data types help us figure out which types of visualizations are appropriate

# Recommendations based on research

- Based on previous research there are several recommendations based on the type of data you're using and number of variables you're using
- We will focus looking at 1-2 variables but these recommendations can be extended to looking at 3 or more variables



# Recommendations based on research

1. 1 or more nominal or ordinal variables:

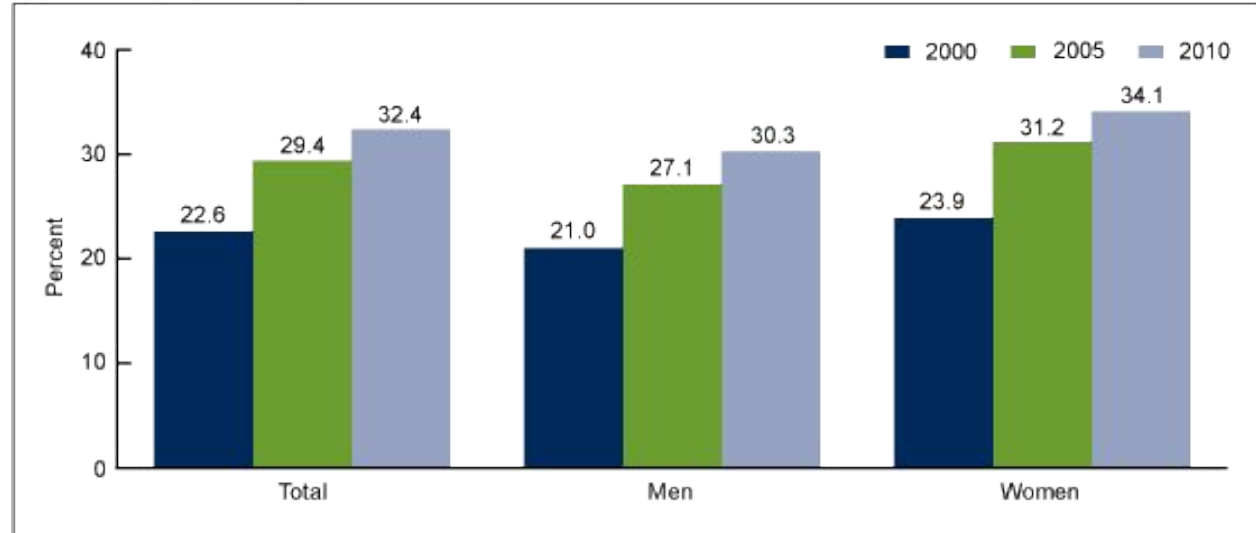
**X-axis: variables**

**Y-axis: n or %'s**

This table tells you the makeup of your sample

Use this to see if there are over/underrepresented groups and how your sample compares to a similar population

Figure 1. Percentage of adults aged 18 and over whose physician or other health professional recommended exercise or physical activity, by sex and year: United States, 2000, 2005, and 2010

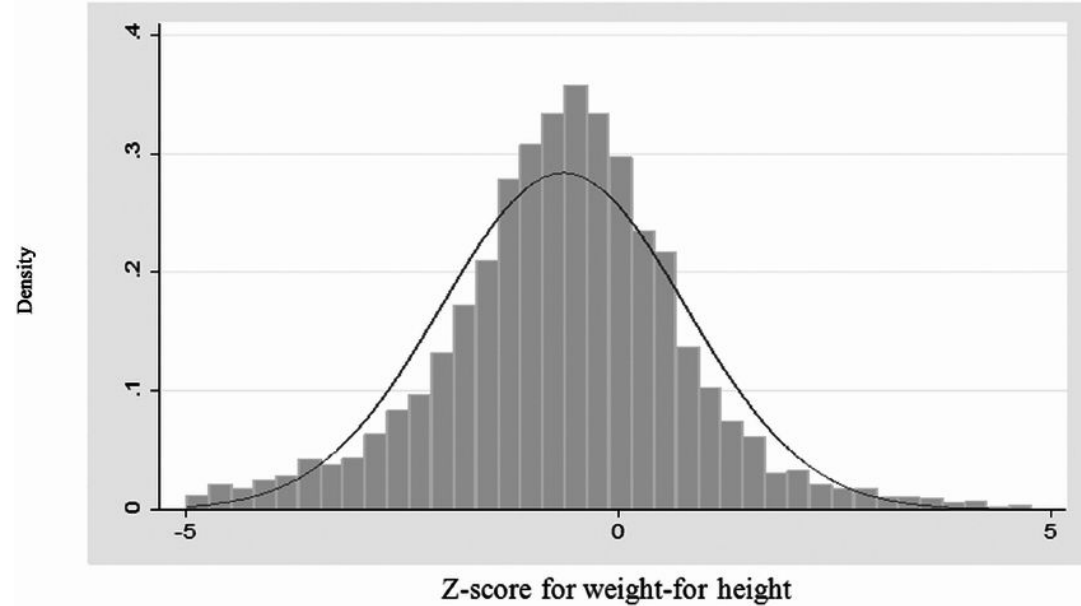


# Recommendations based on research

1. 1 or more nominal or ordinal variables:  
**bar chart**
2. 1 quantitative ratio variable:  
**histogram**

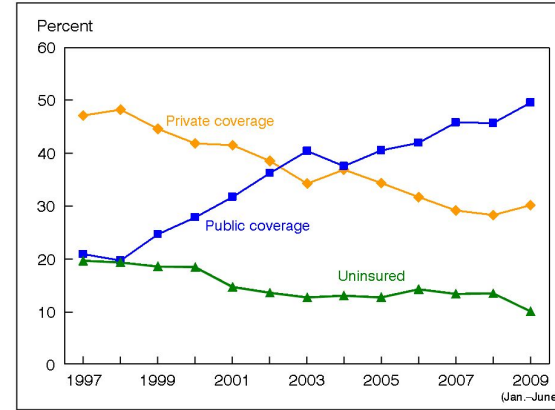
This histogram tells you the distribution of the values for a variable

Use this to see if the distribution is normal which informs your statistical analyses



# Recommendations based on research

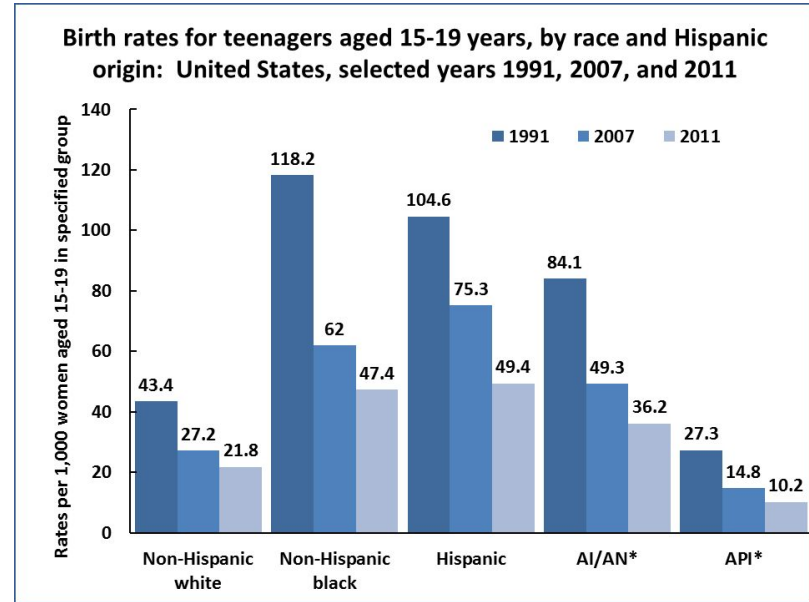
1. 1 or more nominal or ordinal variables:  
**bar chart**
2. 1 quantitative ratio variable:  
**histogram**
3. 1 quantitative ratio variable and years: **line graph**



# Recommendations based on research

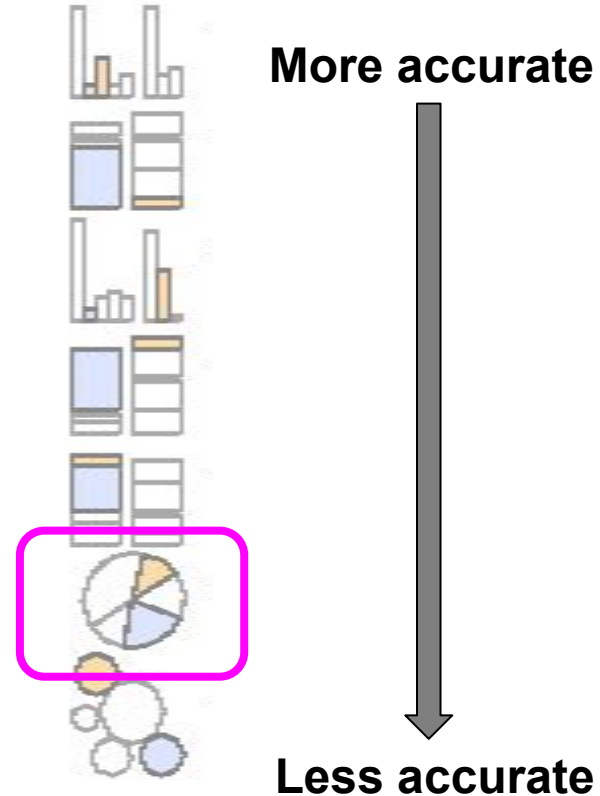
1. 1 or more nominal or ordinal variables:  
**bar chart**
2. 1 quantitative ratio variable:  
**histogram**
3. 1 quantitative ratio variable and years: **line graph**
4. 1 quantitative ratio variable and 1 nominal or ordinal variable:  
**bar chart**

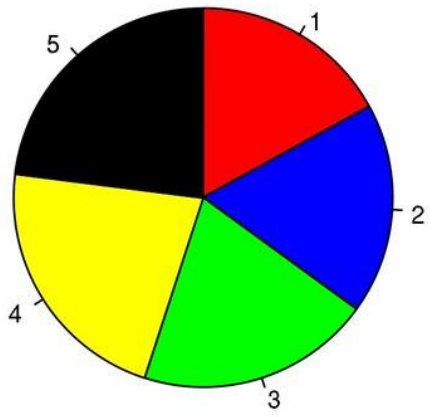
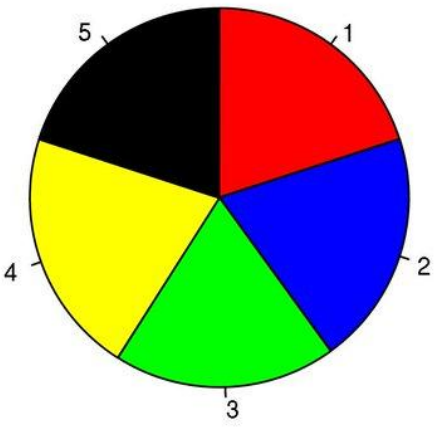
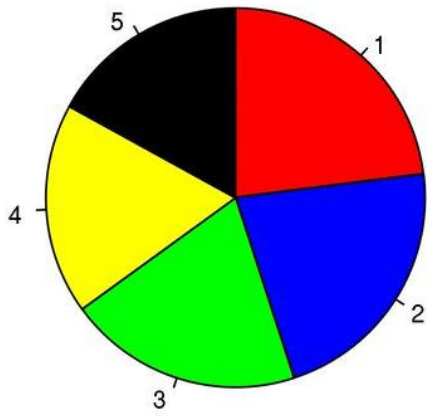
This bar tells you if there are differences between groups

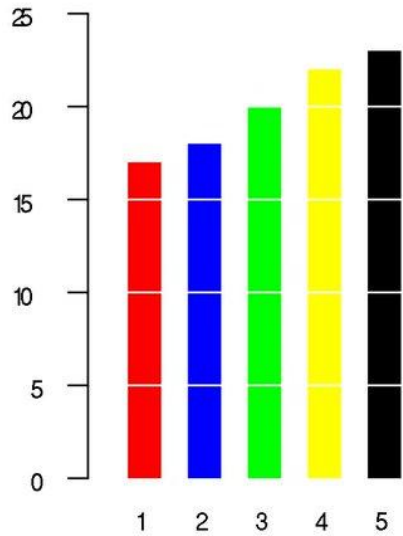
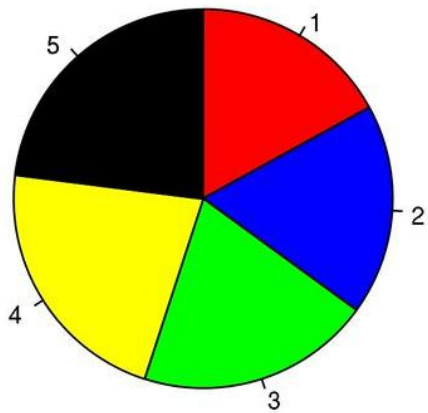
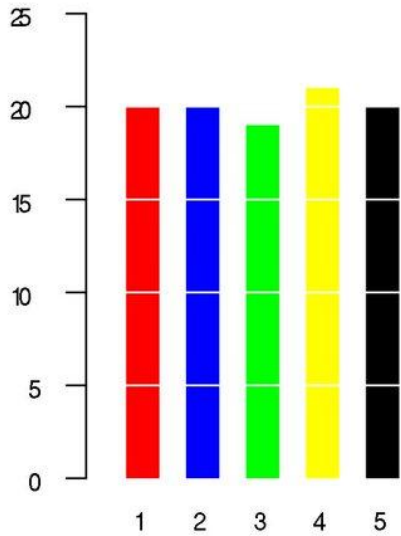
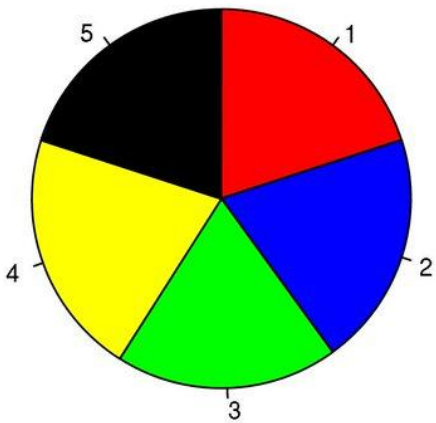
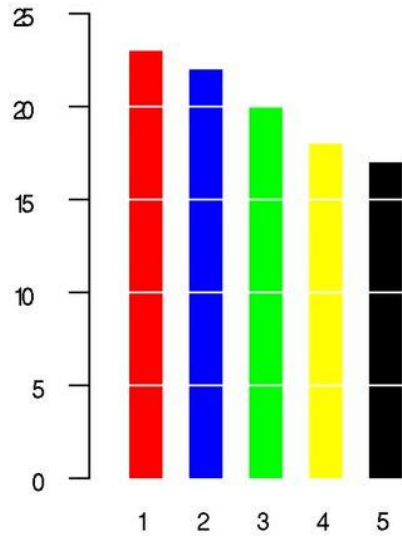
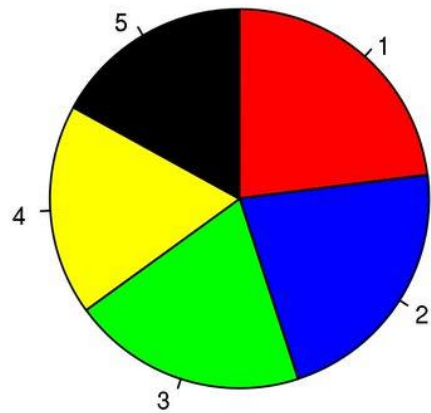


# Recommendations based on research

- Visualization experts tend to **discourage use of pie charts** unless you have few (2-4) slices and they are easy to tell apart
- People may use pie charts because
  - They're Widely used
  - Often one of the top recommended visualization options in programs
- **Instead: use a bar chart**
  - Quicker more accurate understanding of the same data



**A****B****C**

**A****B****C**

# Data viz nuts and bolts

Data types

Color

Avoiding bias and misleading visualizations



# Color

We could spend the whole day talking about the biology, psychology, and cultural conceptualizations of color

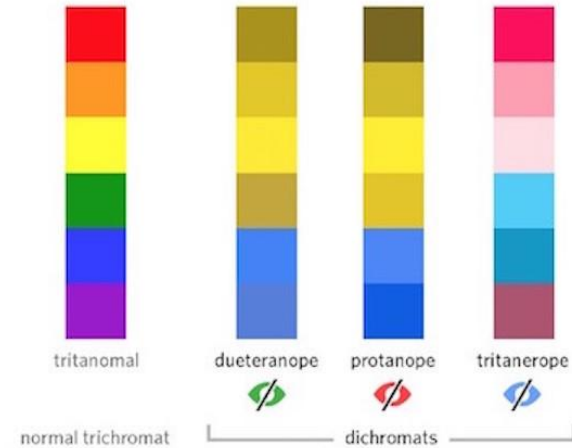
We will focus on two things that are often things to consider in PH data viz

1. Color vision inclusiveness
2. Gradients

---

# Color vision inclusiveness

Color blindness can affect a person's ability to see certain colors (usually green and red)

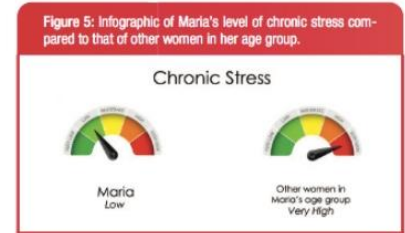
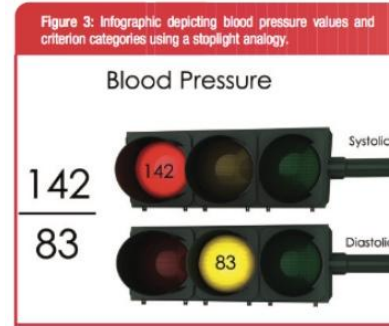
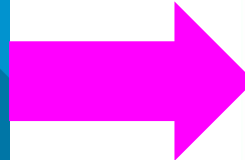


[http://blog.usabilla.com/wp-content/uploads/2015/11/colorblind\\_01\\_03-1.jpg](http://blog.usabilla.com/wp-content/uploads/2015/11/colorblind_01_03-1.jpg)

# Color vision inclusiveness

Color blindness can affect a person's ability to see certain colors (usually green and red)

This can be an issue given that many visualizations use red and green to indicate bad (red) or good (green) related to western cultural norms



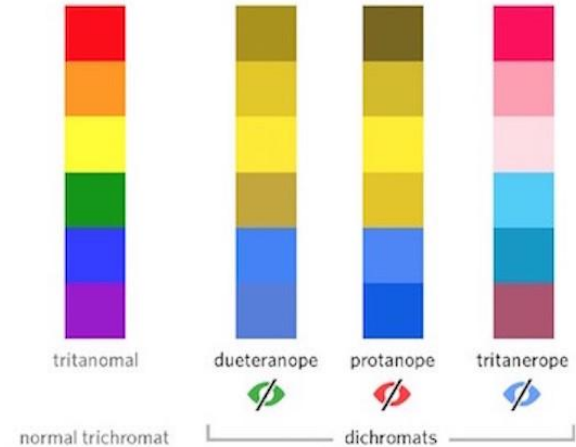
# Color vision inclusiveness

Color blindness can affect a person's ability to see certain colors (usually green and red)

This can be an issue given that many visualizations use red and green to indicate bad (red) or good (green) related to western cultural norms

## Solutions:

- Use safe colors like orange and blue
- Engage potential users of your viz to see if color selection is an issue based on ability to see colors and cultural cues about what the colors mean



[http://blog.usabilla.com/wp-content/uploads/2015/11/colorblind\\_01\\_03-1.jpg](http://blog.usabilla.com/wp-content/uploads/2015/11/colorblind_01_03-1.jpg)

There are many resources on color in viz if you want to learn more

E.g., Chapter 4 of

<https://www.amazon.com/Information-Visualization-Third-Interactive-Technologies/dp/0123814642>

# Gradients

Often the default for  
quantitative variables  
to use a color gradient  
to indicate a  
quantitative value

# Gradients

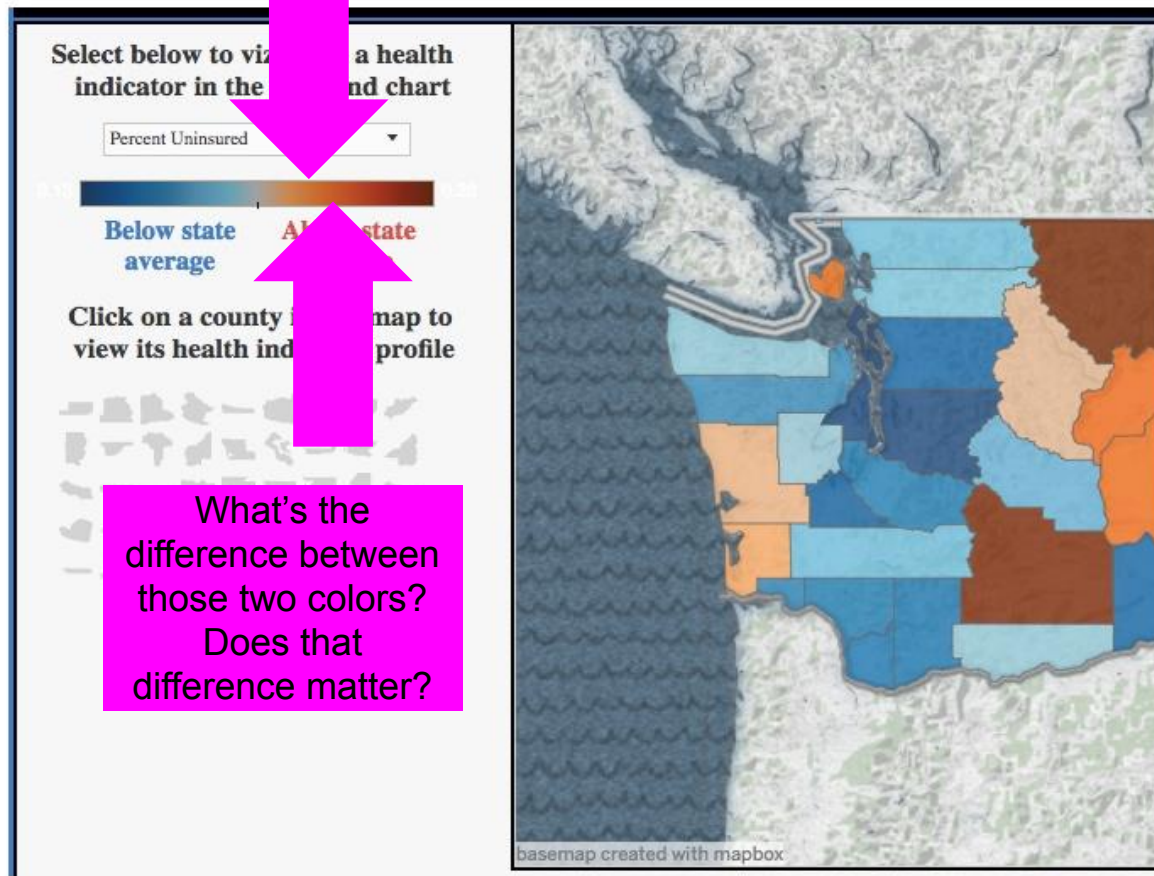
Often the default for quantitative variables to use a color gradient to indicate a quantitative value

**Problem:** Hard to tell differences in colors

# Gradients

Often the default for quantitative variables to use a color gradient to indicate a quantitative value

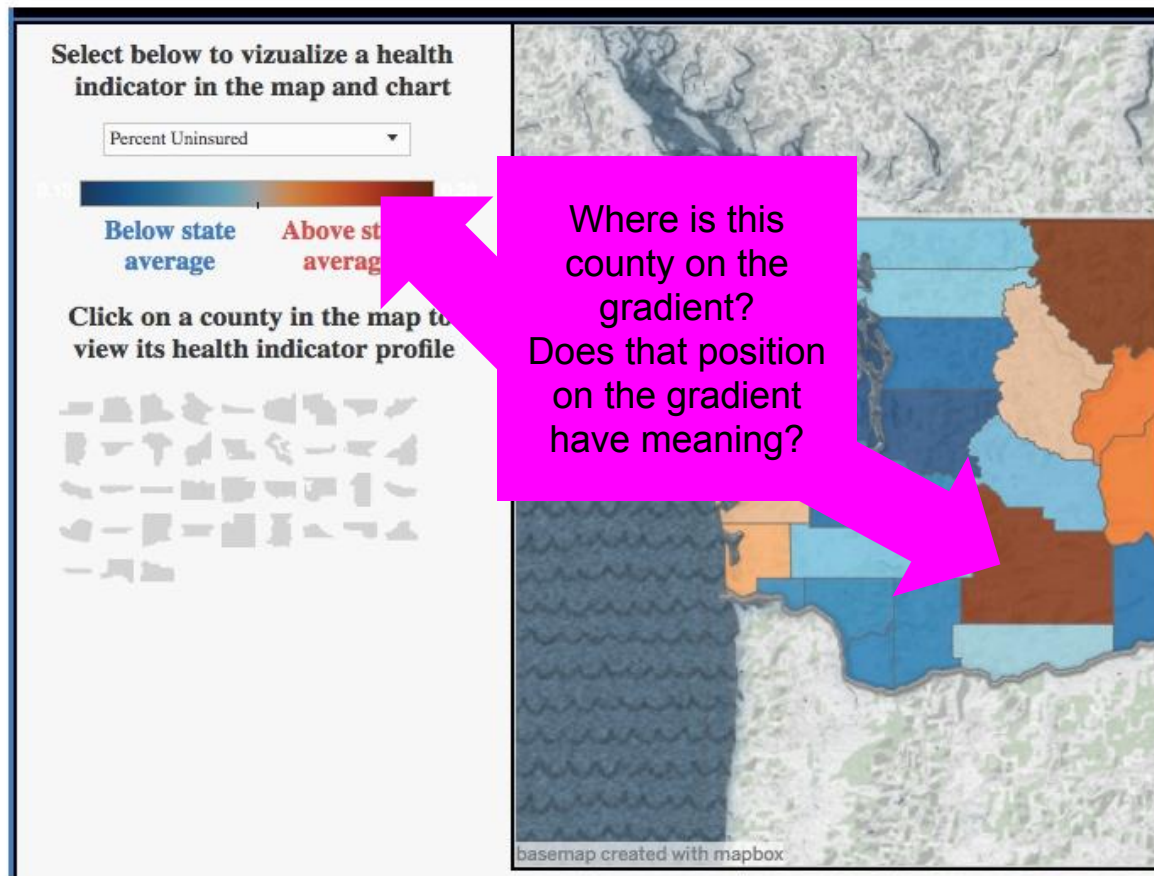
**Problem:** Hard to tell differences in colors



# Gradients

Often the default for quantitative variables to use a color gradient to indicate a quantitative value

**Problem:** Hard to tell differences in colors



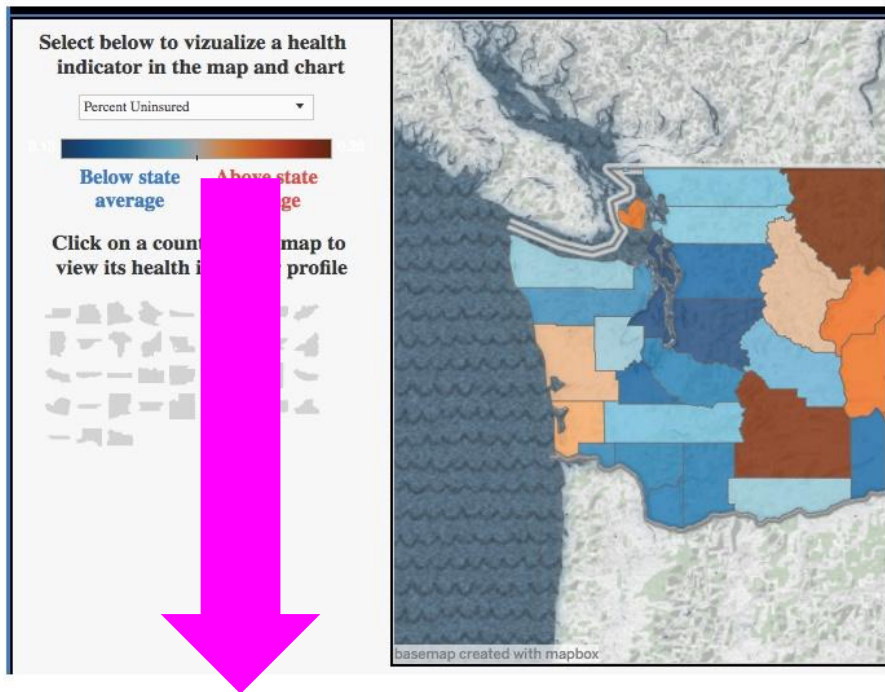


# Gradients

Often the default for quantitative variables to use a color gradient to indicate a quantitative value

**Problem:** Hard to tell differences in colors

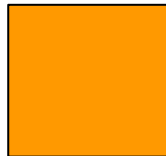
**Solution:** Use one color with steps that differ in saturation and that have meaning



Below state average



At state average



Above state average

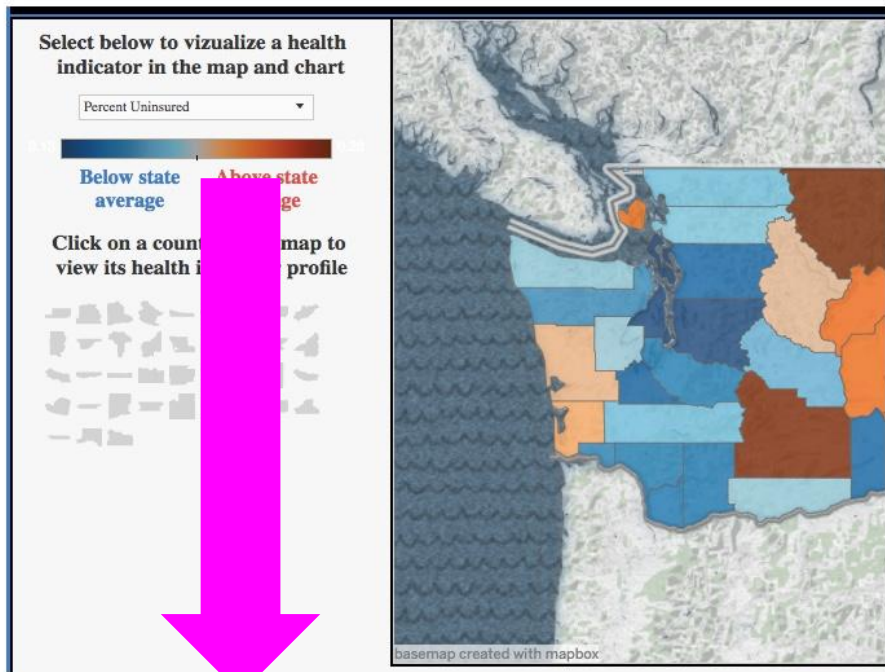
Rationale:  
State average  
(compare to  
what's "normal")

# Gradients

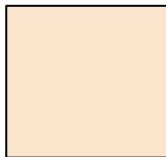
Often the default for quantitative variables to use a color gradient to indicate a quantitative value

**Problem:** Hard to tell differences in colors

**Solution:** Use one color with steps that differ in saturation and that have meaning



1st tertile



2nd tertile



3rd tertile

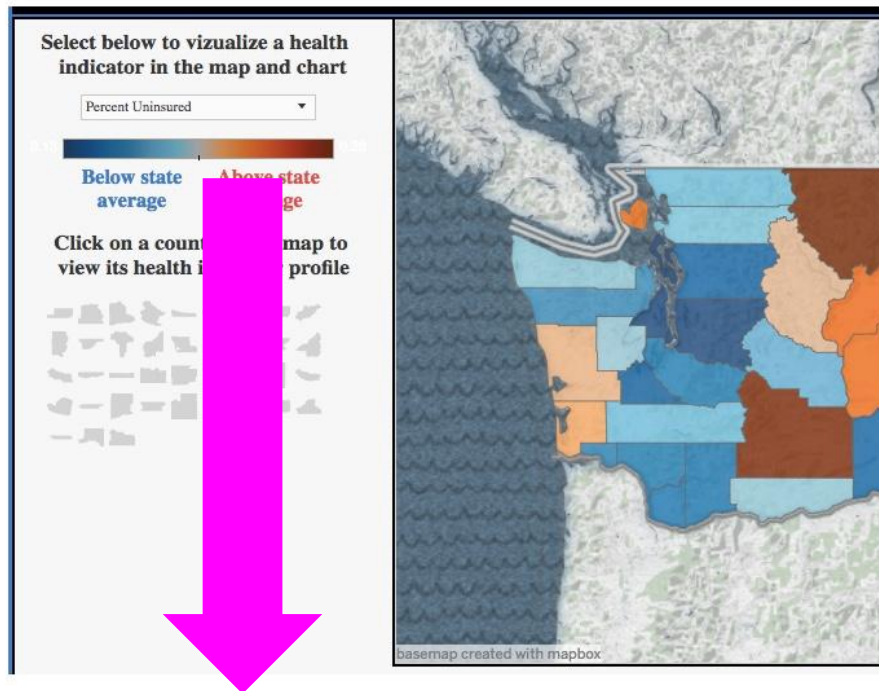
Rationale:  
Equal proportions across steps (statistical basis)

# Gradients

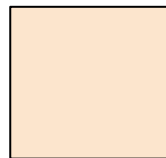
Often the default for quantitative variables to use a color gradient to indicate a quantitative value

**Problem:** Hard to tell differences in colors

**Solution:** Use one color with steps that differ in saturation and that have meaning



0% uninsured  
(Healthy People 2020 Goal)



>0% and <17%  
uninsured (between  
Healthy People 2020  
Goal and baseline)



>17% uninsured  
(exceeding Health  
People 2020  
baseline)

**Rationale:**  
Based on if  
meeting a  
target or  
baseline

# Gradients

Often the default for quantitative variables to use a color gradient to indicate a quantitative value

**Problem:** Hard to tell differences in colors

**Solution:** Use one color with steps that differ in saturation and that have meaning

## Gradient takeaways

Use steps instead of gradient

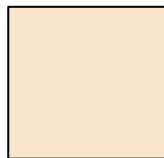
3-4 steps best (people can't tell differences between steps if more than 4)

Use 1 color for single variable and change saturation (light to dark)

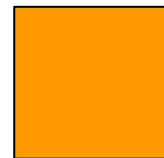
Have rationale for steps



0% uninsured  
(Healthy People  
2020 Goal)



>0% and <17%  
uninsured (between  
Healthy People 2020  
Goal and baseline)



>17% uninsured  
(exceeding Health  
People 2020  
baseline)

# Data viz nuts and bolts

Data types

Color

Avoiding bias and misleading visualizations

# Misleading viz

Visualizations can consciously or  
subconsciously be misleading

---



**WITH GREAT  
POWER  
COMES GREAT  
RESPONSIBILITY**

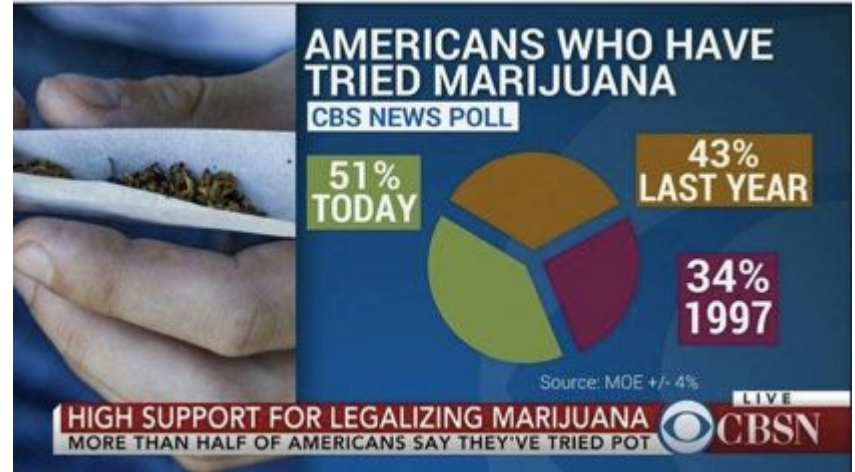
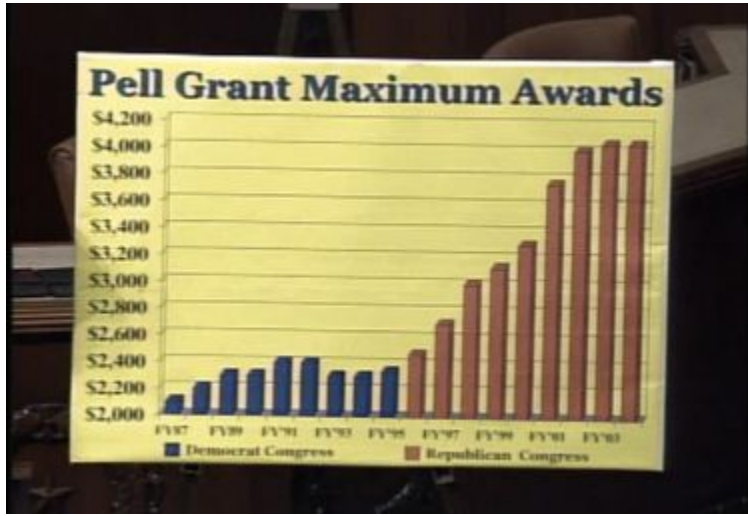




**Data visualization**  
WITH GREAT  
POWER  
COMES GREAT  
RESPONSIBILITY



# They're everywhere



**Source:** Congress

**Audience:** Congress people & general public

**Issue:** Pell grant awards (D vs R congress)

**Source:** ?

**Persuasion:** Probably (brought to the floor to be discussed re: legislation)

**Problem:** Y-axis not start at 0

**Source:** News

**Audience:** general public

**Issue:** Support for legalizing marijuana (but graph about use—is that ok?)

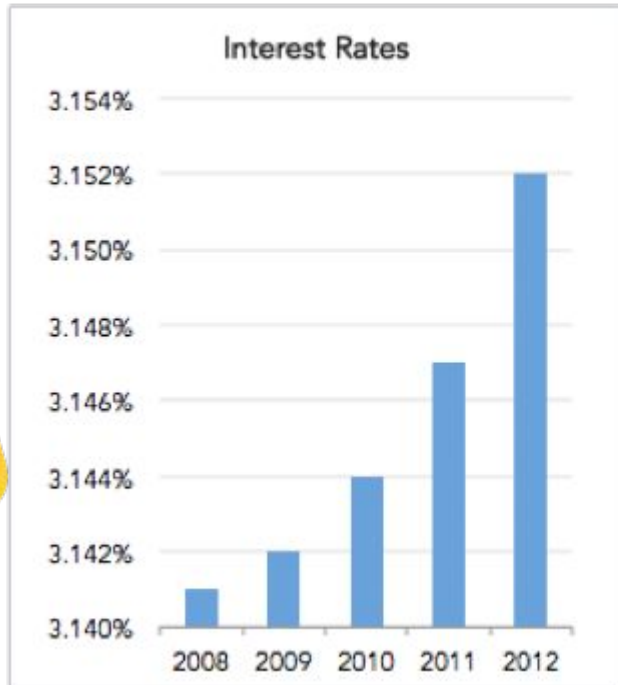
**Source:** MOE (?)

**Persuasion:** Maybe?

**Problem:** Does not add up to 100%

# Visualizations, like sats, can be used to mislead

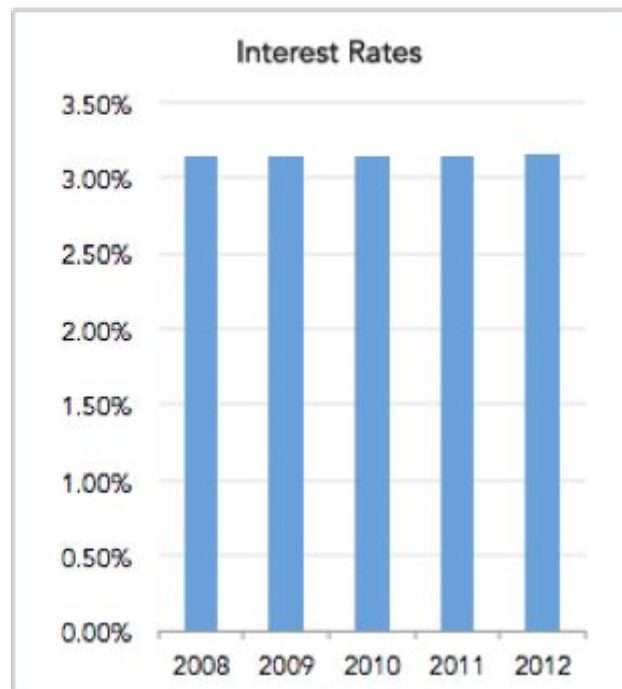
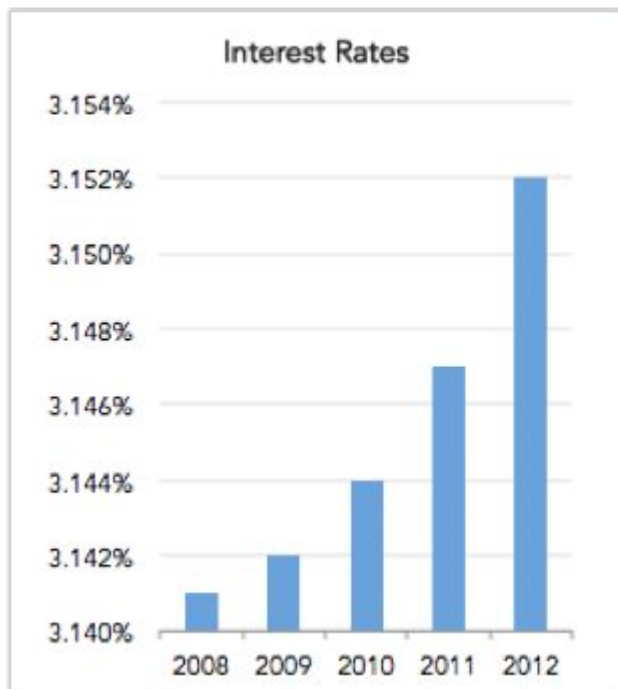
Same Data, Different Y-Axis



What do you see in this chart?

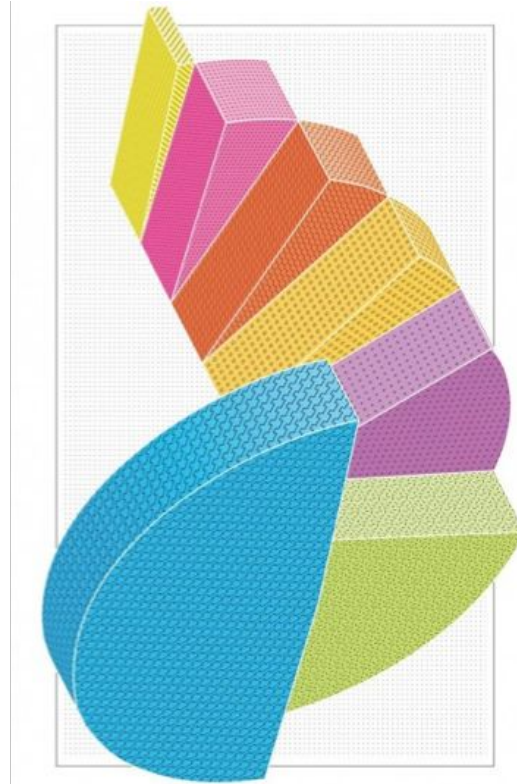
# Visualizations, like sats, can be used to mislead

**Same Data, Different Y-Axis**



**...or to look pretty**

Which slices  
are the exact  
same size?



# ...or to look pretty

## Anatomy of a Winning TED Talk

● 1%

### Sophisticated Visual Aids

We're not sure who puts the D in TED—most of the best presentations favor tepid PowerPoint slide shows (sorry, Brent Brown). Pictionary-quality drawings (really, Simon Sinek?), or no props at all.

● 5%

### Opening Joke

Remember the one about the shoe salesman who went to Africa in the 1900s? That's how Benjamin Zander opened his talk—which turned out to be about classical music.

● 5%

### Spontaneous Moment

Don't overprepare. Tease the guy in the front row ("You could light up a village with this guy's eyes"). Commend the stagehand who handles the human brain you brought.

● 5%

### Statement of Utter Certainty

People come for answers—give 'em what they want, as Shaen Achor did: "By training your brain ... we can reverse the formula for happiness and success."

● 12%

### Snappy Refrain

The TED equivalent of "I have a dream." Example: "People don't buy what you do; they buy why you do it." Repeat 7x.

● 23%

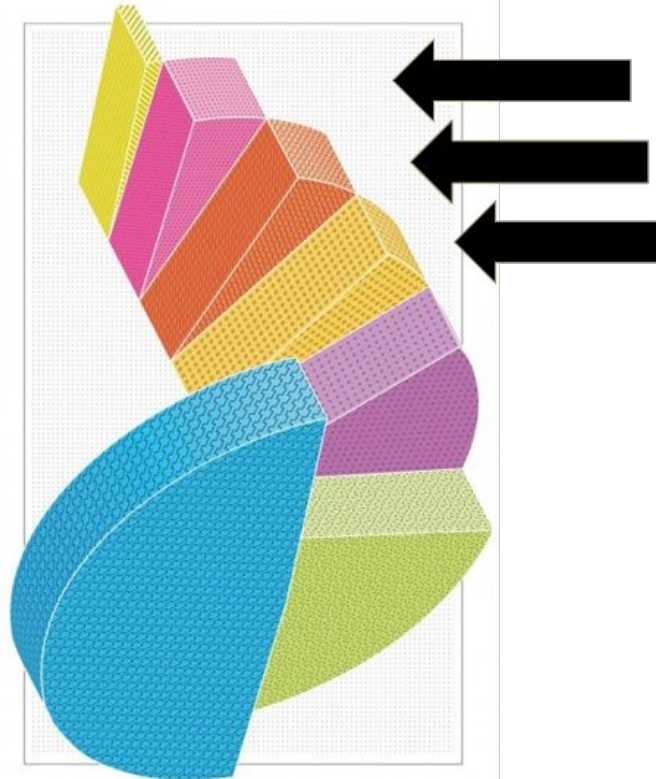
### Personal Failure

Be relatable. We want to know about that nervous breakdown. Or at least the time you didn't fit in at summer camp.

● 49%

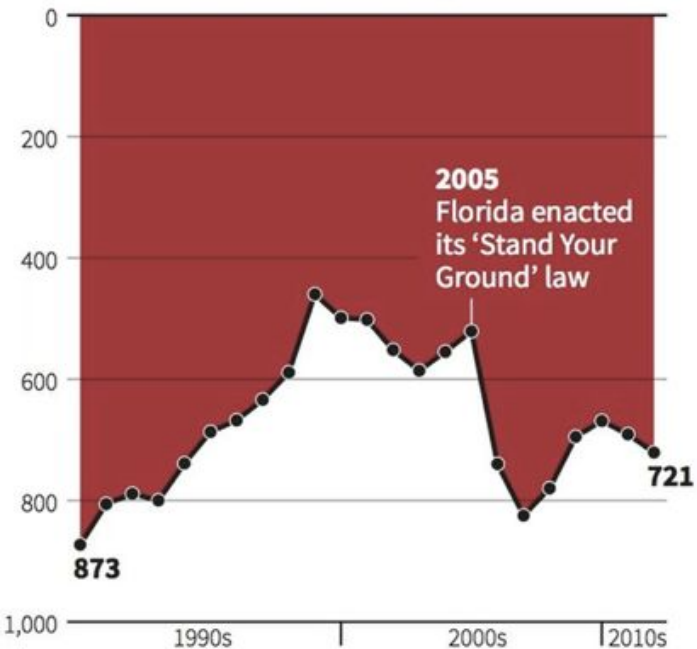
### Contrarian Thesis

Wait a sec—we should be playing more videogames? The more choices we have, the worse off we are? TED is where conventional wisdom goes to die.



# Gun deaths in Florida

Number of murders committed using firearms



Source: Florida Department of Law Enforcement

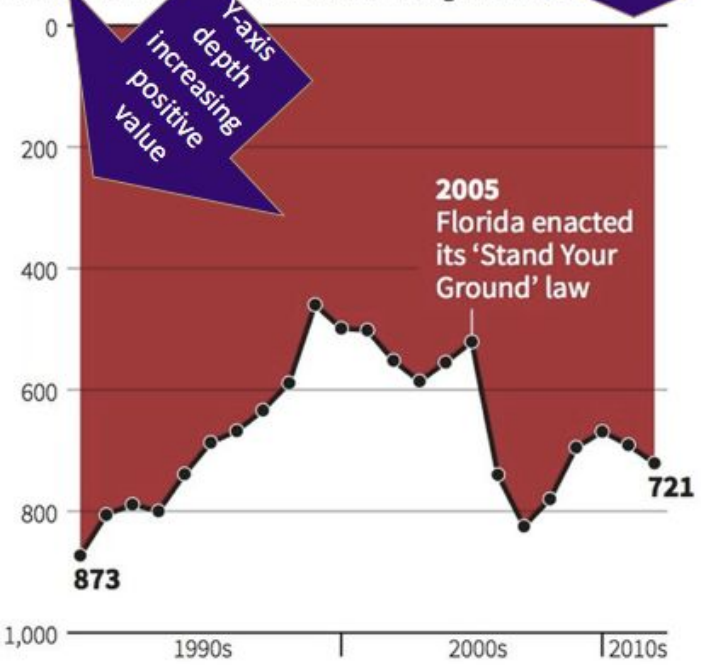
What do you think about this graph?

Do you think the creator had an agenda?

What design decisions were made the creator to make this graph?

# Gun deaths in Florida

Number of murders committed using firearms



X-axis at the top

Y-axis depth increasing positive value

2005 Florida enacted its 'Stand Your Ground' law

721

Source: Florida Department of Law Enforcement

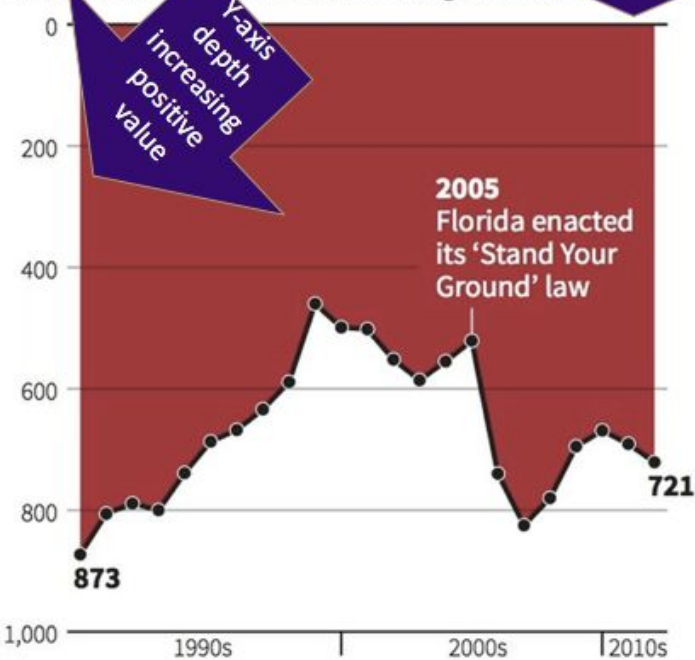
C. Chan 16/02/2014

REUTERS



# Gun deaths in Florida

Number of murders committed using firearms

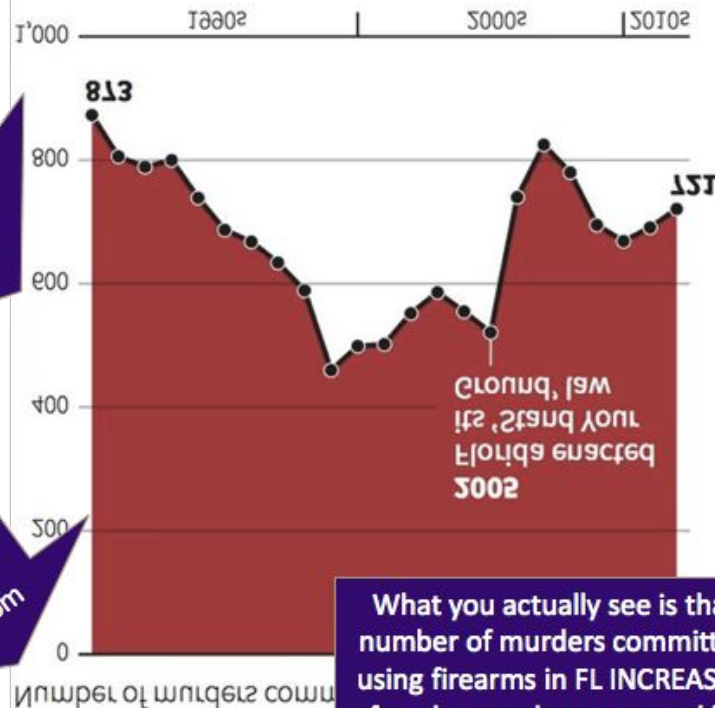


Source: Florida Department of Law Enforcement

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REUTERS

Source: Florida Department of Law Enforcement



Number of murders committed using firearms

# Gun deaths

What you actually see is that number of murders committed using firearms in FL INCREASED after the stand your ground law was enacted

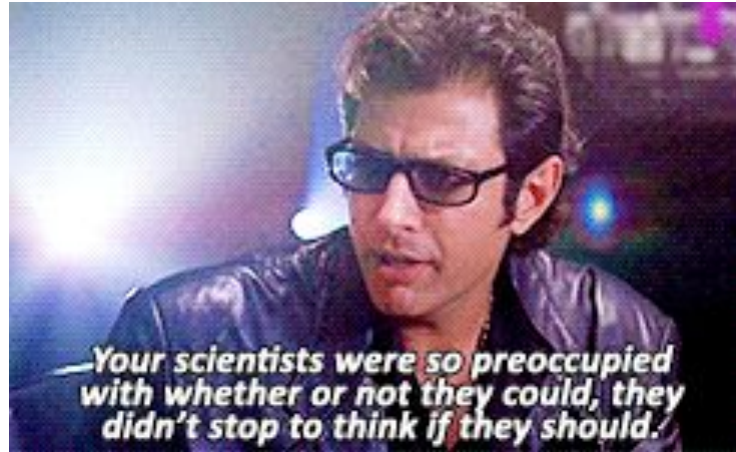


# With visualizing data comes great responsibility

Even if a program makes a viz for you, it doesn't mean that viz makes sense

The program can make a viz it will but it won't tell you **\*if\*** that viz should be made

Programs rely on **\*you\*** to make the decision about what should be made into a viz



# Example:

Not paying attention to data types

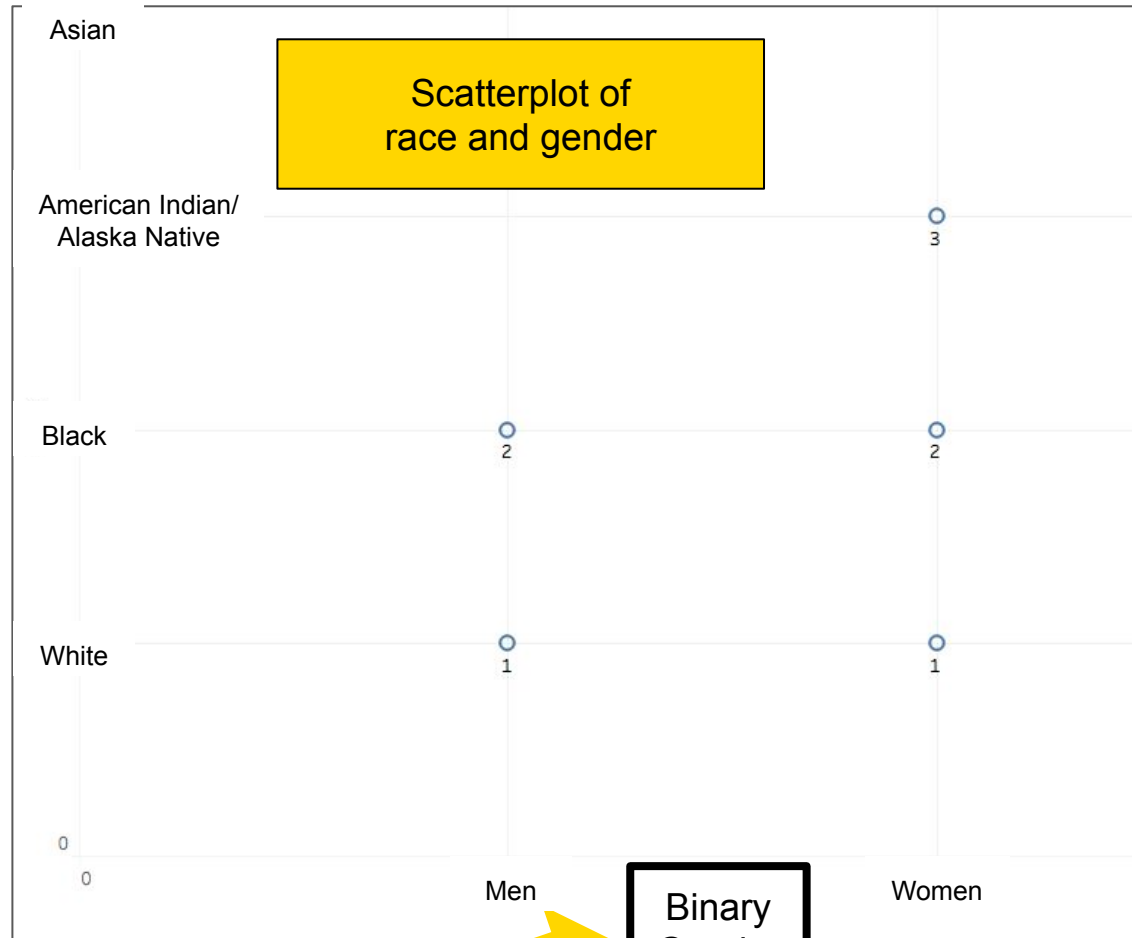
Categorical

Race

**NOT APPROPRIATE!**

Can only make scatter plots with 2 quantitative variables

Can lead to erroneous interpretations!



Categorical

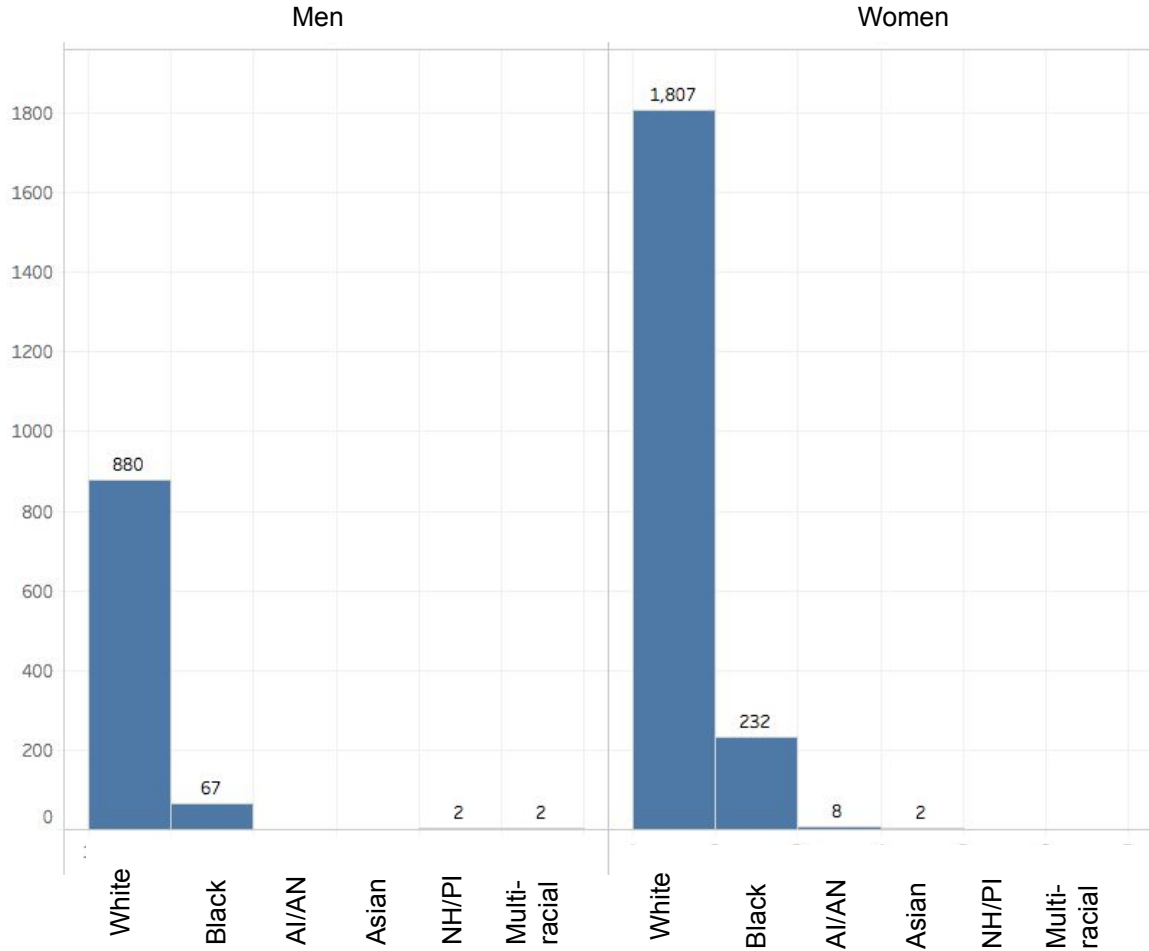
Binary Gender Identity

# Example:

Not paying attention to data types

This is appropriate!

Bar charts



# Maps/Choropleths

# Maps

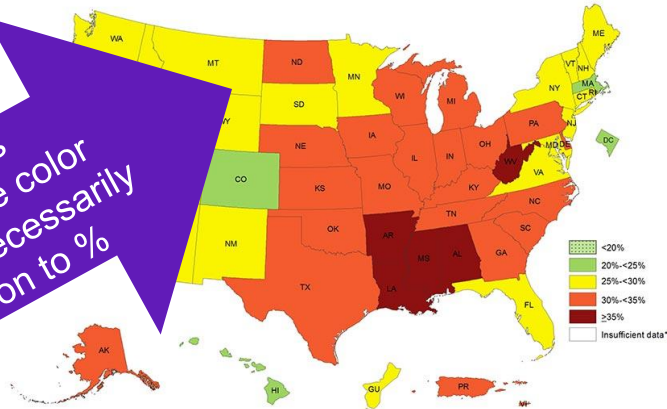
**Often used to show disease prevalence or incidence**

# Maps

Often used to show disease prevalence or incidence

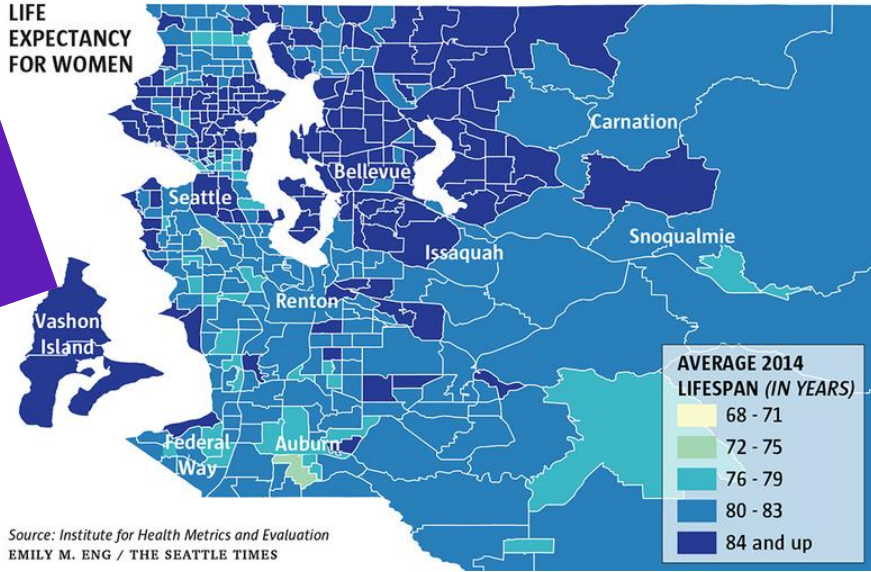
Shading indicates ranges where light→dark shading proportional to steps in ranges

Prevalence of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2016



[https://www.cdc.gov/obesity/images/data/brfss\\_2016\\_obesity-overall.jpg](https://www.cdc.gov/obesity/images/data/brfss_2016_obesity-overall.jpg)

LIFE EXPECTANCY FOR WOMEN



Source: Institute for Health Metrics and Evaluation  
EMILY M. ENG / THE SEATTLE TIMES

Color indicates ranges where order not necessarily in proportion to %

# Maps

**Often used to show disease prevalence or incidence**

**Color indicate ranges**

When used well:

- Data relates to geographic, built environment, and other space/context-related issues
  - E.g. relationship between asthma prevalence & pollution-causing factors like factories
- Allows investigators to see how geography impacts health

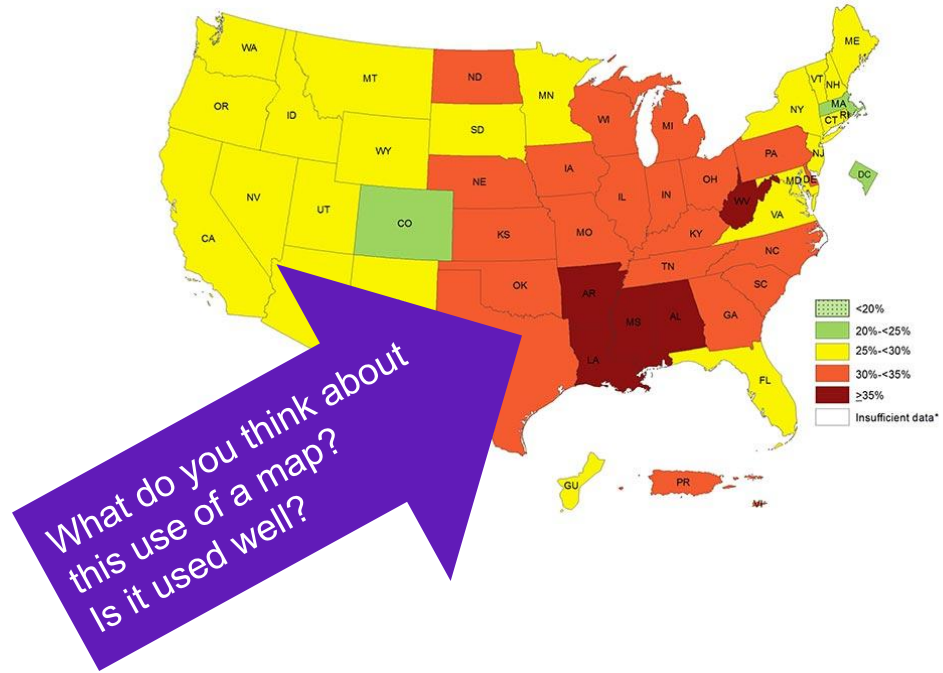
# Maps

**Often used to show disease prevalence or incidence**

**Color indicate ranges**

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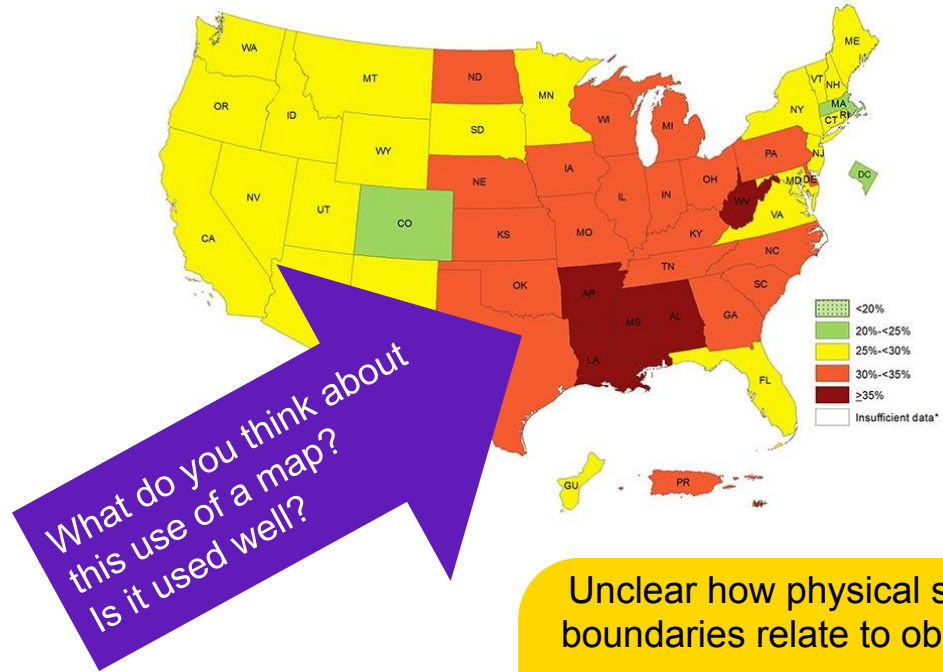
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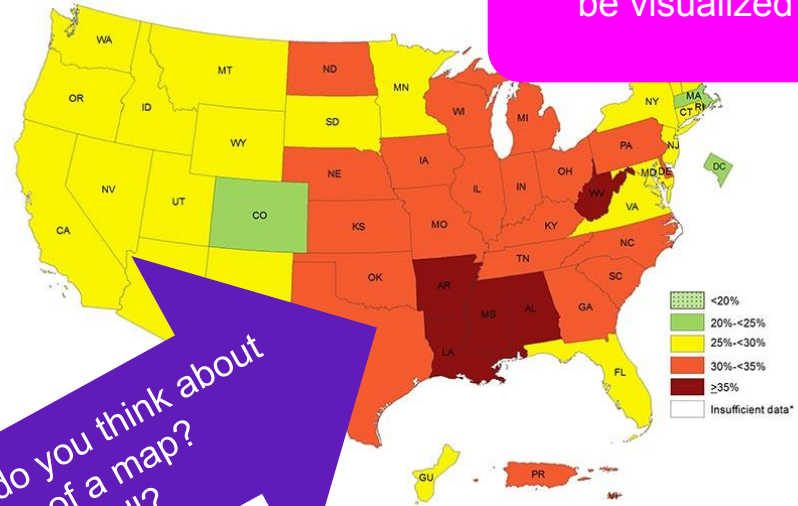
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What do you think about this use of a map?  
Is it used well?



How else could this be visualized?

Unclear how physical state boundaries relate to obesity

Map more of a visual indexing of 50 states worth of data rather than a way to see how geography relates to obesity

# Maps

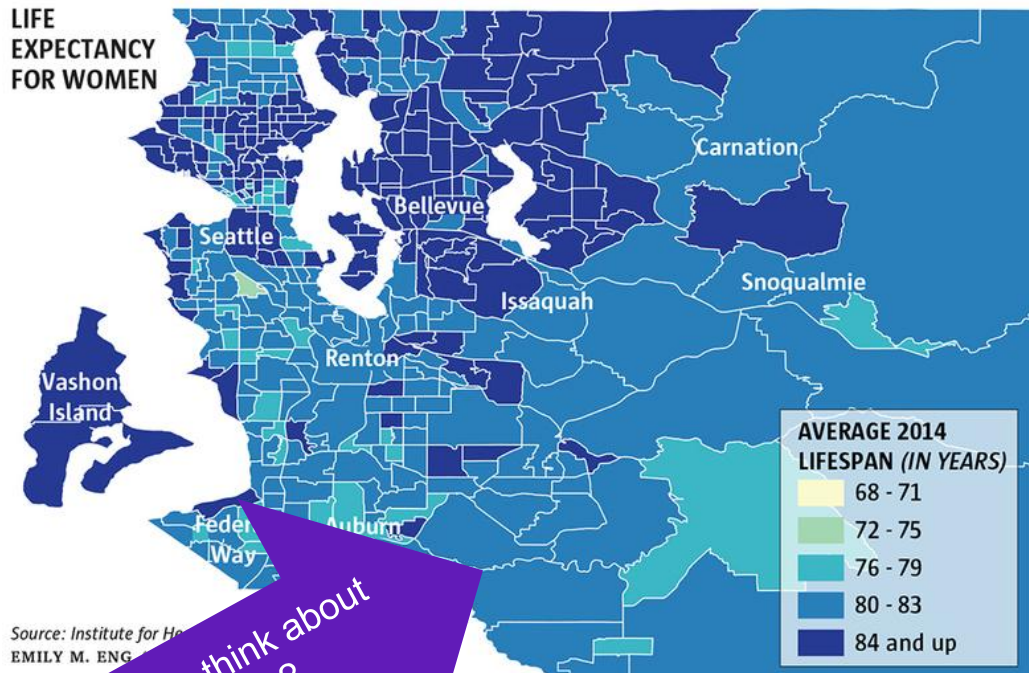
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LIFE  
EXPECTANCY  
FOR WOMEN



What do you think about  
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Is it used well?

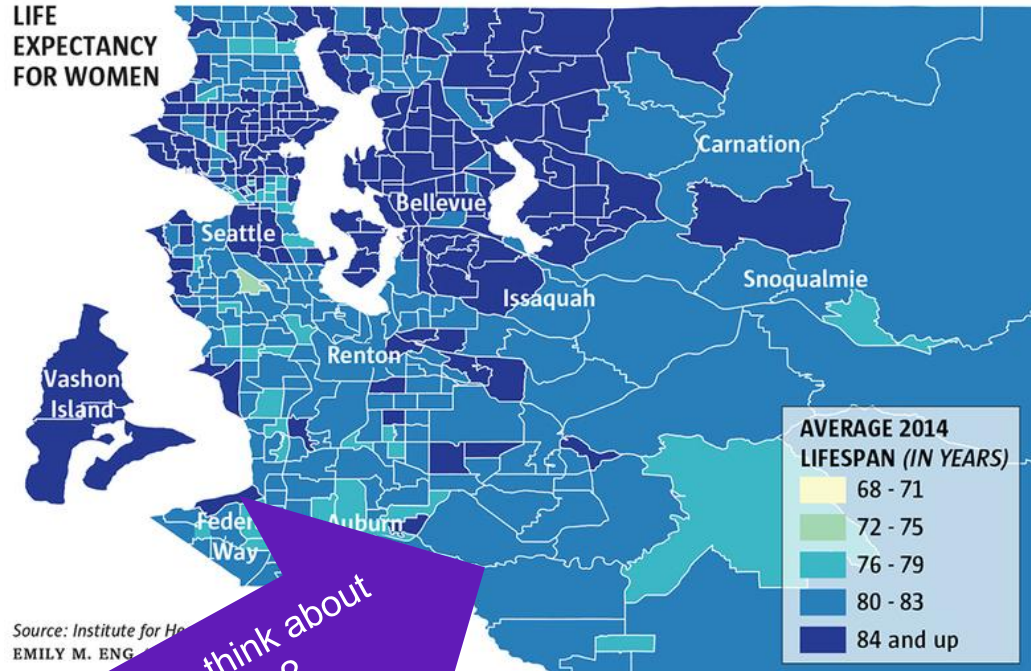
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Often used to show disease prevalence or incidence

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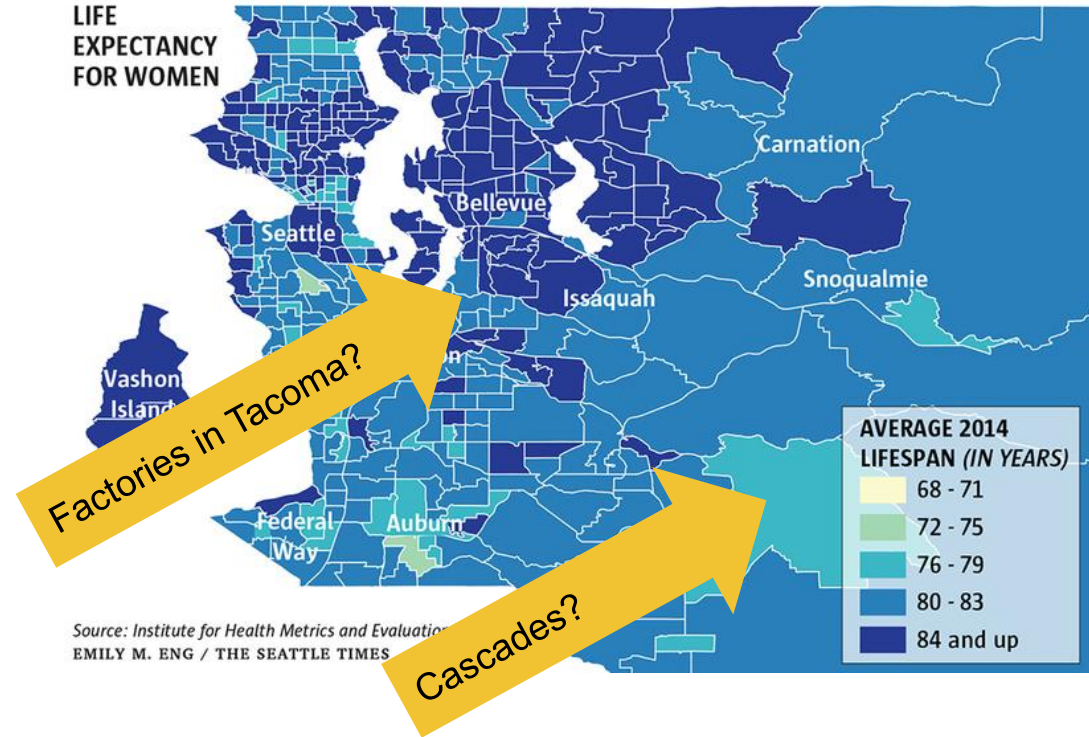
What do you think about this use of a map?  
Is it used well?

Could be more appropriate if looking at regional-level segregation and physical access to resources that relate to social determinants of health which can impact life expectancy

# Making maps

**Determine if a map is the best way to represent your data:**

- Do your data relate to geographic, built environment, and other space/context-related issues?
- What other geographic features would you need to add to give the context you need to make sense of the map?

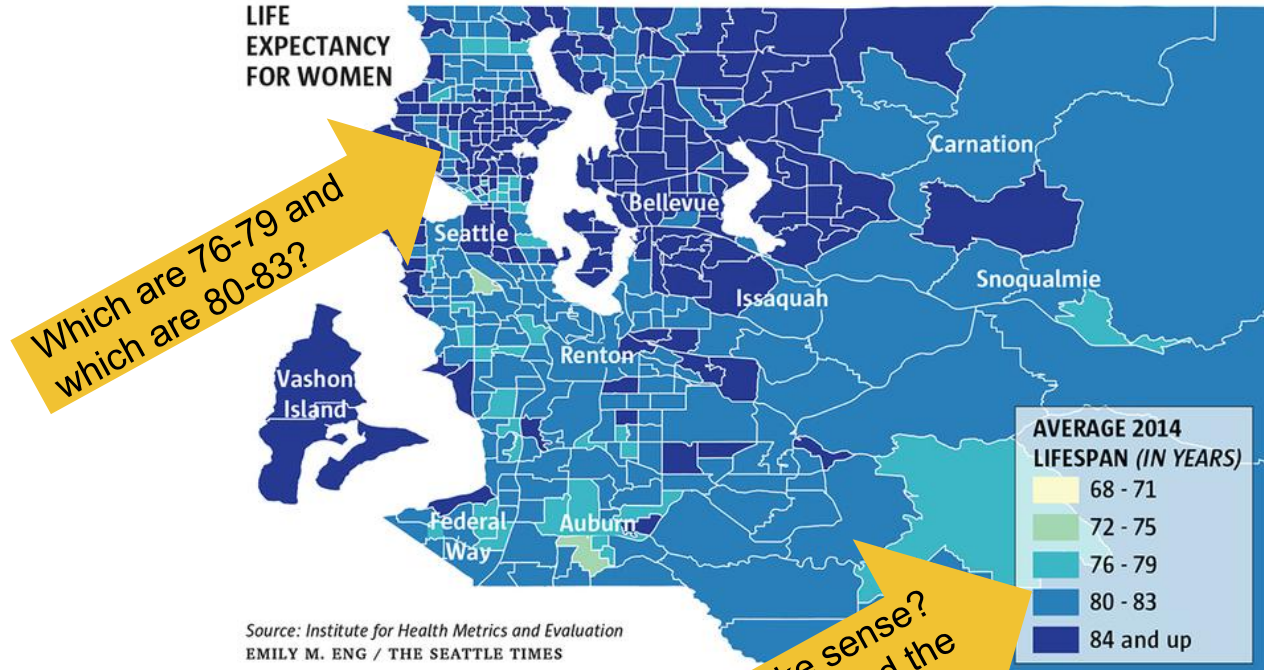




# Making maps

## Be careful when choosing your ranges & colors indicating ranges

- Use 1 color if possible
  - Blue often recommended
- Just change the saturation
  - e.g., light blue to dark blue
- Try to have as few bins (i.e., ranges) as possible
  - 2-4 ideal
  - Have the bins be purposeful
    - Equal distribution between groups
    - Groups based on accepted standards or norms



**Wrap-up**

# Wrap-up

- Understanding pain management and opioid abuse also requires looking outside the clinic to public health
- Data visualizations included in data dashboards can help support understanding and decision-making
  - There are more and more examples of PH dashboards with visualizations of data related to factors associated with pain and opioid addiction
- These visualizations should be carefully constructed using informed design decisions -- bad design can impact understanding of the data and lead to wrong/bad decisions



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Any final thoughts,  
questions, reactions?



**Thanks!**

**backonja@uw.edu**