

# X and Why?



ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM

ANTHC  
Diabetes  
Program

All things Alaska SDPI Data

## SDPI Dashboard new features

The answer to your favorite question, “Who has prediabetes?” is now available in the SDPI dashboard!

Two new tabs, color-coded in blue, are available now for follow-up and case management of prediabetes patients.

The patient handout for prediabetes is similar to the one for diabetes in layout and includes tobacco screening, A1c screening, nutrition and physical activity education visits in the rolling 12 months prior to the selected report month. This list can be downloaded into excel as well just like the diabetes call list.

### ATHS Audit 2022 Trends

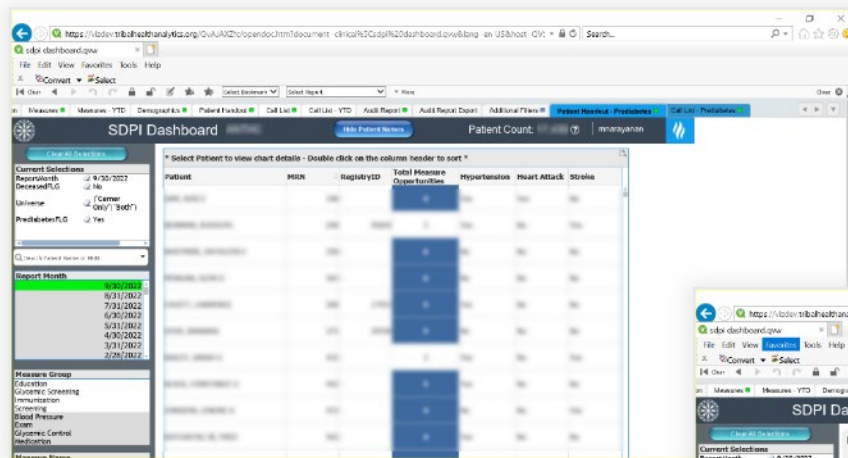
**63%** A1c < 8

**64%** BP < 140/<90

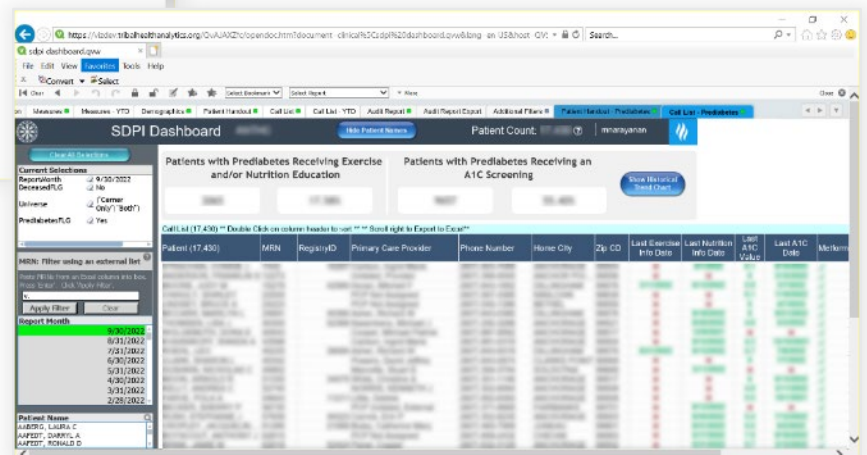
**93%** tobacco screening!

“You can have data without information, but you cannot have information without data.”

– Daniel Keys Moran, an American computer programmer and science fiction writer



The call list is also similar to the diabetes call list but includes A1c, education visits, metformin and GLP 1 use. This list can be downloaded into excel as well just like the diabetes call list.



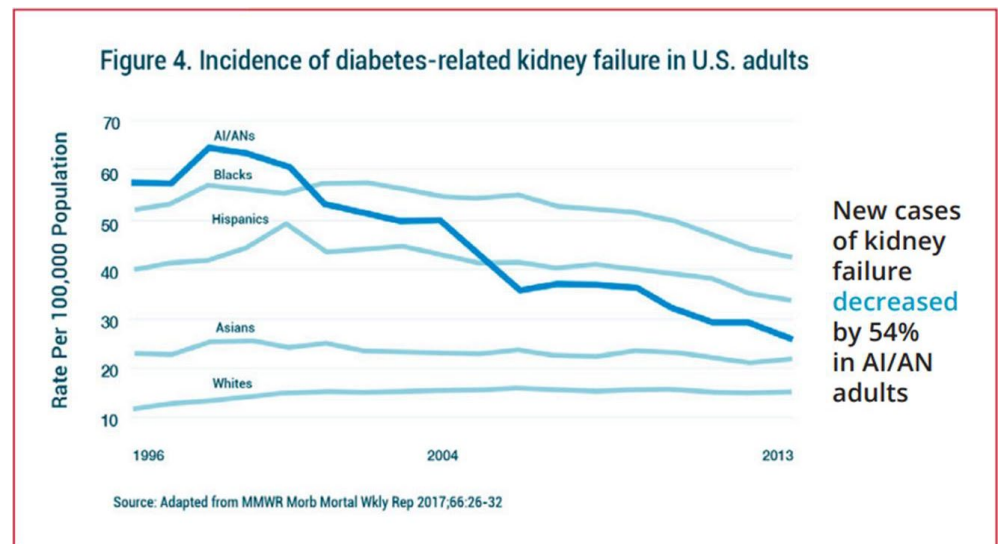
# Make Your Data Slides Clear and Memorable!

Behavior change can be inspired, whole movements can start, new ideas are created, all with the help of presentations. Your slides are part of that presentation. Persuasive data is often part of that presentation. But often times data presentations are B-O-R-I-N-G! There are many steps to pulling off a compelling presentation, and your slides are just ONE part. However, they are still an important part! Let's look at some tricks to make your data message resonate on screen.

Because your slides will be up for only a few seconds, your audience will need to process them quickly. People won't have time to chew on a lot of complex information, and they're not likely to run up to the wall for a closer look at the numbers.

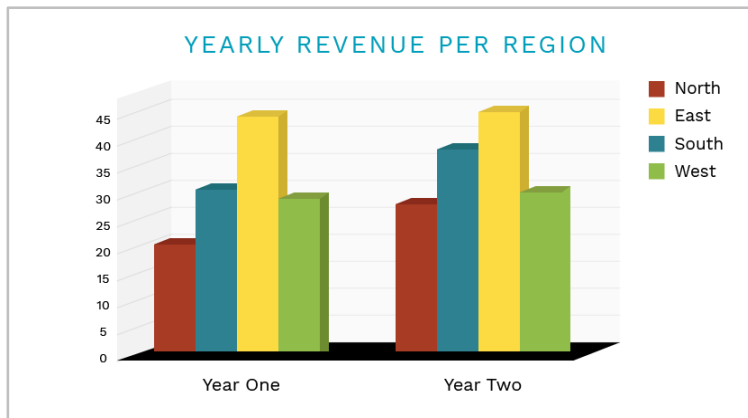
A presenter's job is to help an audience "see" ideas. You want your data to be remembered. When you're putting your charts together, ask yourself: What's the main point or points I want people to remember? What's the most striking comparison I'm making (without choosing misleading graphs!)? What is the best chart to tell the story of the data in a clear way? Those are the sorts of questions to answer when you want to display data in presentations.

Scales, grid lines, tick marks, and such should provide context, but without competing with the data. Use a light neutral color, such as gray, for these elements. Plot your data in a slightly stronger neutral color. Then use a bright color to emphasize the point you're making, as in this example:

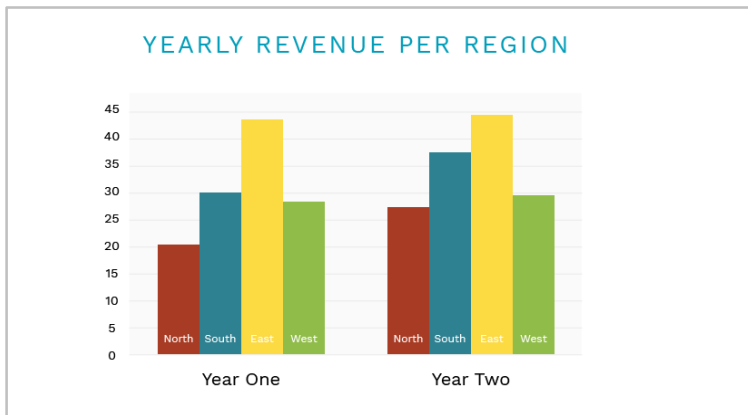


Source: 2020 SDPI Report to congress

Some of the information in this article adapted from Harvard Business Review, Duarte



Using a lot of crazy colors, extra labels, and fancy effects won't engage your audience. It just makes the data difficult to understand, especially if it's only up for a minute. Look at the colors, 3-D effects and labeling of this chart.



Now, look what happens with just flattening the chart and changing the placement of the labels directly on the chart, instead of in a legend off to the side.

Source: HBR blog, Duarte

# Is your data memorable?



Even if you've got very accurate data, the challenge is getting people to pay attention to it, and then remember it. A meaningful visual metaphor can sometimes help with this. To the right is an example of a visual metaphor.

This same information can be shown with a chart, but sometimes a picture can provide a more emotional response, that will resonate with people.

There are so many easy steps that can be taken to make your presentation and your data memorable and inspire action!



Source: Behance Alaska Community Snapshot

Want to learn more? Read [Slide:ology](#) and the [HBR Guide to Persuasive Presentations](#), both by Nancy Duarte.

# Inspiring Action with Data Storytelling

“Storytelling makes the brain light up in a way no other form of communication does.”

- Nancy Duarte

Have you every shared program data you were excited about or you felt was fairly shocking, only to get a big “meh” from your audience? The problem with sharing data, is it needs a lot of help from the speaker to make an impact. Sharing data is similar to sharing any compelling information, if you want to effectively communicate what it means, it needs a story. Every story has characters, a setting, a beginning when the problem is described, a messy middle with conflict, and then, ultimately a resolution. A data story is no different.

“Data doesn’t speak for itself, it needs a storyteller.”

- Nancy Duarte


It is not enough to “analyze” the data. Analyzing data is only the first step in sharing data. The second step in sharing data involves a softer skill, the telling of the data story in a clear and compelling story.

When a person hears a story, multiple areas of their brain are stimulated. Our brain takes it pieces of data all day long. The key to making your data memorable is to incorporate it into a story where there is an emotional response that will be remembered long after your meeting or event.

**There are three main parts to data storytelling:**

- 1) Analysis of accurate data:** This is the building blocks of your story..
- 2) Narrative:** A verbal or written storyline. What did you learn from the data analysis? What actions do you recommend based on the data? What problem exists or does the data describe?.
- 3) Visualizations:** These are things like charts, graphs, videos, pictures; anything that can be used to communicate a story clearly and memorably.

Using effective data storytelling can turn insights into action. Without effective skills in communicating your story, data goes unnoticed, unremembered, and inspires no one to do anything differently.



ANTHC Diabetes will be hosting a Duarte training in Visual and Data Storytelling on Feb. 13 and 14 in Anchorage. Participants will learn each of the components of storytelling, as well as an optional second day that teach how to captivate audiences by improving presentation skills. Additional information coming soon.  
Email [tahicks@anthc.org](mailto:tahicks@anthc.org) with questions.

# 2023 Audit updates

For those of you getting excited and ready to work on the 2023 audit, some changes are coming our way. The questions for depression screening have been switched and renamed; a new diabetes medication “tirzepatide” has been added (a once a week injection GLP-1/GIP combo!), and there are additions to the Pneumovax inclusions. Details are shown below.

## Audit question:

Depression
Screened for depression (during Audit period):
<input type="checkbox"/> 1 Yes
<input type="checkbox"/> 2 No
Depression an active diagnosis (during Audit period):
<input type="checkbox"/> 1 Yes
<input type="checkbox"/> 2 No

2022

Mental Health
Depression an active problem/diagnosis:
<input type="checkbox"/> 1 Yes
<input type="checkbox"/> 2 No
→ Screened for depression (during Audit period):
<input type="checkbox"/> 1 Yes
<input type="checkbox"/> 2 No

2023

Note changes to the 2023 audit:

1) **Renamed:** Depression ► Mental Health

2) **Order:** Switched

3) **Changes:** ...active diagnosis (during Audit period) ► ...active problem/diagnosis

## New medication added:

Diabetes Therapy
Select <b>all</b> prescribed (as of the end of the Audit period):
<input type="checkbox"/> 1 None of the following
<input type="checkbox"/> 2 Insulin
<input type="checkbox"/> 3 Metformin [Glucophage, others]
<input type="checkbox"/> 4 Sulfonylurea [glipizide, glyburide, glimepiride]
<input type="checkbox"/> 5 DPP-4 inhibitor [ <u>alogliptin (Nesina)</u> , <u>linagliptin (Tradjenta)</u> , <u>saxagliptin (Onglyza)</u> , <u>sitagliptin (Januvia)</u> ]
<input type="checkbox"/> 6 GLP-1 receptor agonist [ <u>dulaglutide (Trulicity)</u> , <u>exenatide (Byetta, Bydureon)</u> , <u>liraglutide (Victoza, Saxenda)</u> , <u>lixisenatide (Adlyxin)</u> , <u>semaglutide (Ozempic, Rybelsus, Wegovy)</u> ]
<input type="checkbox"/> 7 SGLT-2 inhibitor [ <u>canagliflozin (Invokana)</u> , <u>dapagliflozin (Farxiga)</u> , <u>empagliflozin (Jardiance)</u> , <u>ertugliflozin (Steglatro)</u> ]
<input type="checkbox"/> 8 Pioglitazone [Actos] or rosiglitazone [Avandia]
<input type="checkbox"/> 9 <b>Tirzepatide [Mounjaro]</b>
<input type="checkbox"/> 10 Acarbose [Precose] or miglitol [Glyset]
<input type="checkbox"/> 11 Repaglinide [Prandin] or nateglinide [Starlix]
<input type="checkbox"/> 12 Pramlintide [Symlin]
<input type="checkbox"/> 13 Bromocriptine [Cycloset]
<input type="checkbox"/> 14 Colesevelam [Welchol]

## Audit:

Pneumovax/PPSV23 (ever):
<input type="checkbox"/> 1 Yes
<input type="checkbox"/> 2 No

2022

Pneumococcal [PCV15, PCV20, or PPSV23] (ever):
<input type="checkbox"/> 1 Yes
<input type="checkbox"/> 2 No

2023

Note changes to the 2023 audit:

1) **Added:** PCV15 and PCV20:





**ANTHC Diabetes Program**  
 Healthy Communities Building  
 3900 Ambassador Drive  
 Anchorage, 99508

[mnarayanan@anthc.org](mailto:mnarayanan@anthc.org)

[anthc.org/what-we-do/wellness/  
 diabetes-patients-providers](https://anthc.org/what-we-do/wellness/diabetes-patients-providers)