

Could Your Long Report become a City Billboard? Use Data Viz Techniques to Create High-Impact Materials



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Reports

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In July 2018, I spent a couple days teaching data visualization workshops in Wisconsin. I remember one attendee in particular: Sara DeLong.

Sara was serious about taking her skills to the next level. Over the past six months, Sara [started her own data visualization blog](#), and Sara and her team transformed their lengthy technical reports into visual summaries that local health departments and community-based organizations crave.

I talk about the 30:3:1 approach to reporting in [Soar Beyond the Dusty Shelf Report](#). The gist is that you write a technical report *plus* shorter summaries, like a three-pager or a one-pager.

Sara and her team of public health researchers took the 30:3:1 approach to the next level—they even developed a media campaign to get HIV data out of dusty spreadsheets and into the community. You'll love the photos of the bus and the bus stop in her article.

I hope you enjoy learning these practical tips about effective data communication from Sara DeLong. —Ann

Do you have a long report that took a lot of time and effort, but you're not really sure how anyone is going to use it? Annual progress reports, data publications, strategic planning documents... many of us spend a lot of time writing these documents, and they're necessary to capture a lot of detailed information.

Here is an example of how I turned a long report into accessible, graphic summaries, and eventually into a media campaign.

The 130-Page Report

[The Wisconsin Integrated HIV Prevention & Care Plan 2017-2021](#) is 130 pages long. I took this 130-page plan and paired it down to a 10-page

Wisconsin Integrated HIV Prevention and Care Plan 2017-2021

Envisioning an End of the HIV Epidemic



Wisconsin Department of Health Services
Division of Public Health
Bureau of Chronic Disease Control
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Wisconsin Integrated HIV Prevention and Care Plan 2017-2021

Envisioning an End of the HIV Epidemic: 10 Key Elements

Together, we envision an end to the HIV epidemic and commit to taking bold action to make this happen. Evidence-based, science-based, and innovative strategies can reduce new HIV infections and cases of AIDS risk, we strongly encourage stakeholders and affected community members across Wisconsin to commit to engaging actively in putting this Integrated HIV Plan into action.

We will make this happen by identifying efforts and focusing resources in the following areas:

- 1. Target HIV resources to the right people, in the right places, and with the right action.**

Including new HIV infections and ensuring the best health outcomes for persons living with HIV (PLWH) requires the following actions:

 - Addressing disparities and disparities in new HIV infections and HIV outcomes.
 - Timely diagnosis of HIV.
 - Prompt engagement, reengagement and retention of PLWH in medical care.
 - Targeting HIV prevention resources to people and areas with the greatest burden of disease by prioritizing science-based strategies that are scaled up and tailored to effectively reach and engage those at highest risk of acquiring HIV, particularly men who have sex with men (MSM), and especially MSM of color.
 - Inclusive and deliberate community engagement, with an emphasis on community members in decision-making and development of public policy.
 - Continuing development of a workforce that is committed to and competent in science-based best practices and highly skilled in program management, leadership, and the delivery of state-of-the-art health and support services.
 - Ensuring leadership development and capacity building efforts in communities most affected by HIV.
- 2. Scale up access to pre-exposure prophylaxis (PrEP).**

PrEP is a relatively new but critically important and powerful prevention tool for people who do not have HIV infection but who are at very high risk and who want to prevent HIV infection by taking an all-oral daily medication that can reduce the risk of HIV infection by over 90%. There is a need to scale up access to PrEP by engaging and expanding the number of service providers offering PrEP and focusing efforts on communities with the highest rate of new infections. There is also a need for offering financial assistance to access PrEP and to provide guidance and support to people to be successful with their medication routine and needed medical follow-up.

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- 3. Integrate testing, prevention, and treatment services for sexually transmitted infections (STI), viral hepatitis, and HIV.**

Common risk behaviors are associated with STI, hepatitis C (HCV), and HIV infection. Unintended STI and HIV infection increase the risk of acquisition and transmission of both infections. STI treatment is critical to preventing the transmission of HIV. STIs are left untreated, the HIV epidemic will persist. Similarly, bloodborne transmission of HIV and hepatitis B and C infections, especially among people who inject drugs (PWID), increase the risk for co-infection. Because STI, HIV, and viral hepatitis screening and treatment are traditionally supported with different funding streams, these services may not be fully integrated at the service delivery level. State and local health departments, community-based agencies, and other health care providers need to ensure that STI, STI, and viral hepatitis testing and other services are integrated, accessible, and tailored to each client's specific risks and their prevention and treatment needs. At the same time, routine HIV testing needs to be expanded within community clinics and emergency departments.
- 4. Promote the health of gay and bisexual men.**

Gay and bisexual men have many of the same health concerns as men who are not gay or bisexual. All men should maintain a healthy diet and body weight, exercise regularly, limit alcohol consumption, and avoid exposure to cigarette smoke. Many other recommendations for promoting health behaviors such as wearing a seatbelt, smoking less, and getting screened for diseases regularly apply to all men. However, gay and bisexual men are more likely to experience certain adverse health outcomes and may face the contributing factor of discrimination. Studies demonstrate that gay and bisexual men have higher rates of recreational drug use, HIV infection, and cancer, and depression and anxiety than other men. There is a need for community-based comprehensive health services that are culturally and linguistically appropriate for gay and bisexual men, that provide positive social health, that focus on screening and providing the appropriate health issues faced by gay and bisexual men, and that promote general physical and mental well-being.
- 5. Promote harm reduction and other health services for PWID.**

The intention of drug use and the acquisition and transmission of HIV infection is a serious and complex public health issue. Persons who inject drugs can live in a less stressful life not only for HIV but for hepatitis C virus and other infections, as well as being at risk of death due to accidental overdose. Community drug user health and harm reduction services are needed for persons who inject drugs. The primary focus of drug user health and harm reduction services is to increase an individual's engagement with health services and reduce secondary negative health impacts (transmission of HIV and other communicable diseases) in the community. Services include harm reduction and education on safe care and proper cleaning of injection sites, access to sterile syringes and other injection equipment for active users, wide availability of resources to receive syringe services, referral and linkage to HIV, viral hepatitis, other STI, and tuberculosis prevention care and treatment services, referral and linkage to hepatitis A

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- 6. Develop comprehensive HIV/STI/HCV partner services.**

Wisconsin has a successful HIV Partner Services Program that assists persons with HIV infection in notifying their sexual and/or needle-sharing partners of the partner's possible exposure to HIV. However, the Program can be strengthened by reorganizing its structure to provide comprehensive and expanded partner services to the areas of HIV, sexually transmitted infections, and hepatitis C infection, and through a statewide network of full-time dedicated staff providing:

 - Client assessment and referral for prevention services.
 - Partner notification.
 - Assistance to partner notification.
 - Comprehensive testing for sex infections.
 - Referral for PrEP.
 - Rapid linkage to needed medical care and support services.
 - Reengagement services for individuals who are not in care.
- 7. Enhance HIV prevention and client health outcomes by supporting comprehensive, patient-centered care that addresses the patient's basic needs, such as housing.**

Getting and staying healthy requires more than health care. Prompt and continuing engagement in health care is critically important for PLWH but the lack of basic needs such as food, shelter, and having emotional support completely shifts the priorities for health and self-care. Stable housing is one of the greatest unmet needs of PLWH. Homelessness and unstable housing are conditions that are associated with a broad range of poor physical and mental health outcomes, including increased HIV risk and very ill health. PLWH risk being ill from housing because of increased medical costs, limited income, and reduced or lack of employment due to poor physical and mental health. The lack of secure and stable shelter, food, income, hygiene, and physical and behavioral health care greatly compromise the ability of PLWH to be healthy. Efforts must be directed to ensure access to resources that assist PLWH in meeting their basic human needs and independence.
- 8. Ensure access to high-quality health care by educating communities about their health insurance options and assisting underserved populations in enrolling in health care coverage.**

Although there are new options for health insurance under the Affordable Care Act, many individuals remain uninsured or underinsured. Access to high-quality health care is important for everyone but is especially important for persons needing medical treatment. Ensuring that people have access to medical care will help address the service gap for PLWH who are not engaged in care and not on antiretroviral medications. This will increase the health and longevity of PLWH and will significantly

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reduce the risk of HIV transmission. It will also improve opportunity for preventive services, including testing and PrEP for HIV-negative people at risk. Continuing outreach efforts are needed to keep people aware and better informed about health care coverage options. Underserved populations need special assistance in understanding and enrolling in health care coverage programs.

- 9. Increase use and integration of data to improve HIV health outcomes.**

The use of data is critical to monitoring population health and improving health outcomes. Multiple data systems and data resources from a broad variety of programs and entities are needed to conduct surveillance, program planning, quality improvement and evaluation, clinical management, and research. It is a challenge to combine and integrate data systems to ways that make the compatible, interoperable, and useful to enhance the quality of clinical care, public health, and care of decision-making. There is a need for managers and users of data systems to collaborate, maintain the quality of data, and optimize data systems to enhance data sharing and to continue to ensure the security and confidentiality of data. "Data to Impact" refers to the use of individual-level data to prioritize public health follow-up. "Data to Care" uses laboratory data to identify those who have been diagnosed with HIV but are not in medical care. Similarly, data on new STI and health status of sex and needle-sharing partners of HIV-negative persons help prioritize resources for follow-up for further HIV and STI testing and referral to PrEP.
- 10. Promote policies and practices that reduce discrimination.**

Stigma and discrimination affecting people living with HIV, LGBT communities, and communities of color serve as barriers to effective HIV prevention, care, and support services. Many people are afraid to seek HIV information and prevention services and are reluctant to disclose their HIV status to family members and partners for fear of being judged or stigmatized. This can cause PLWH to be reluctant in seeking or continuing engagement in services and in taking medications. State and local government, service providers, policy makers, and community leaders should actively support policies and practices that eliminate all forms of discrimination and stigmatization. Prevention, care, and support services need to be client-centered, culturally responsive, and linguistically appropriate for all populations and address the unique needs of marginalized and disenfranchised populations.

Wisconsin Integrated HIV Prevention and Care Plan 2017-2021

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10-Page Overview

The 10-page overview is primarily used by local health departments and community-based organizations to identify strategies and data that will support their grant writing.

Readers can pull out the key points of the report more quickly with enough detail to support their own strategic plans and align their proposed activities with statewide plans.

The image displays a grid of 10 pages from the Wisconsin Integrated HIV Prevention & Care Plan 2017-2021 Overview. The pages are organized into a 2x5 grid. The top-left page is the title page, 'Wisconsin Integrated HIV Prevention & Care Plan 2017-2021 Overview'. The top-middle page is 'HIV Does Not Impact All People in Wisconsin Equally'. The top-right page is 'Goals, Objectives, and Strategies'. The middle row contains four pages: 'Goal 1: Reduce new infections', 'Goal 2: Increasing Access to Care and Improving Health Outcomes for People Living with HIV', 'Goal 3: Reduce HIV-Related Disparities and Health Inequities', and 'Goal 4: Achieving a More Coordinated Response to the HIV Epidemic'. The bottom row contains four pages: 'Measuring Success', 'Links', and two pages with detailed strategy lists. Each page features a mix of text, icons, and structured lists of strategies and objectives.

Here is a page out of the 10-page overview:

Goals, Objectives, and Strategies

Goal 1: Reduce new infections

Objective 1.1: Increase the percentage of people living with HIV who know their serostatus to at least 90% by 2020.

Objective 1.2: Reduce the number of new diagnoses by at least 25%.

Strategy 1 HIV Testing

Activity 1A: Increase targeted HIV testing of high-risk populations in nonclinical settings.

Activity 1B: Provide comprehensive sexually transmitted infections (STI) and/or hepatitis C virus (HCV) testing to high-risk populations and people living with HIV (PLWH).



Activity 1C: Improve desirability of HIV testing to high-risk individuals by offering more client-centered options.

Activity 1D: Support availability of HIV testing as a routine service to the overall population of Wisconsin.

Strategy 2 HIV Partner Services

Activity 2A: Increase client acceptance of HIV partner services (PS).



Activity 2B: Improve PS strategies through effective information and evaluation.

Activity 2C: Improve HIV PS inter-program coordination and collaboration.

Activity 2D: Integration of HIV PS and STI disease intervention services (DIS).

Strategy 3 Pre-Exposure Prophylaxis (PrEP)



Activity 3A: Expand availability of PrEP.

Activity 3B: Increase knowledge of and referral for PrEP in HIV/STI testing and HIV PS.

One-Page Snapshot

The one-page snapshot is intended for the general public, specifically anyone who would like a quick overview of how Wisconsin plans to address the HIV epidemic in our state.

These one-page summaries are helpful for media releases and make great handouts for public presentations on the HIV Integrated Plan.

Envisioning the End of the HIV Epidemic

— Wisconsin Integrated HIV Prevention & Care Plan 2017-2021 —

at-a-glance

10 Key Elements

 <p>Target HIV resources to the right people, in the right places, and with the right actions.</p>	 <p>Grow HIV/STI/HCV partner services.</p>
 <p>Increase access to PrEP: one pill, once a day that can help prevent HIV.</p>	 <p>Support patient-centered care that focuses on patients' basic needs, such as housing.</p>
 <p>Streamline testing, prevention, and treatment services for sexually transmitted infections (STI), hepatitis C virus (HCV), and HIV.</p>	 <p>Educate community members about their health insurance options and help underserved populations sign up for health care coverage.</p>
 <p>Promote the health of gay and bisexual men.</p>	 <p>Increase the use of data to improve HIV health outcomes.</p>
 <p>Promote drug user health.</p>	 <p>Encourage policies and practices that reduce discrimination and stigma.</p>

Goals	Partners
<ol style="list-style-type: none"> 1. Reduce new infections. 2. Increase access to care and improving health outcomes for people living with HIV. 3. Reduce HIV-related disparities and health inequities. 4. Achieve a more coordinated response to the HIV epidemic. 	<p>This Integrated HIV Plan was a collaborative effort between the state Wisconsin AIDS/HIV Program following partners:</p> <p>Statewide Action Planning Group, local health departments, HIV service providers, HIV/AIDS service and community-based organizations, people living with HIV, and residents of Wisconsin</p>  <p style="font-size: small; text-align: right;">Wisconsin Department of Health Services P-01.631 (1.0/2016)</p>

Five Steps for Transforming a Report into Digestible Summaries

Shedding over 100 pages of content isn't as simple as hitting the *delete* key, but with a little planning, you can create tailored one-page and ten-page summaries for your target audiences. Here's how.

Step 1. Identify the Main Points with Input from Colleagues

My colleagues worked really hard to put together the 130-page strategic plan. One of the biggest challenges of creating the one-page snapshot and the ten-page overview was getting the team to agree on the most important information to highlight for various audiences. Start by identifying your audience and the content that is most important to them. This can take several meetings and revisions, but this step is crucial before you start designing.

Step 2. Create a Style Guide that Specifies the Document's Fonts and Colors

I created the snapshot and overview documents above, and a colleague created an accompanying slide deck. Designing a brief style guide made it easier to collaborate with my colleagues. Style guides can vary in detail, but creating one with just fonts and a color scheme can make a big difference in the consistency and efficient production of your final deliverables.

I intentionally chose colors that would pop off the page to make the materials as visually appealing and engaging as possible. I also used icons throughout the summary documents. This content can be dense, but icons help break it up for the viewer. Ann Emery demonstrates the power of icons in her blog post, [How to Visualize Qualitative Data](#).

Step 3. Design, Edit, Seek Feedback, Repeat

Since a large group worked on the 130-page document, my team members had different ideas about how the most important information should be represented. Asking for feedback throughout the development of these materials was central to the success and usefulness of the final documents. These feedback sessions included in-person meetings and edits passed via email. By the end, everyone on the team had provided their input and felt a greater sense of ownership of the final products.

Step 4. Pick a Realistic Timeline

These materials were created and approved over the course of two months. The Wisconsin Integrated HIV Care & Prevention Plan has been in use for about two years now, and the summary documents are used regularly when presenting to the public or working with community partners. Even internal staff tend to refer back to these overview documents instead of the 130-page report.

Keep in mind that it's never too late to put a summary document in play! Ideally, all the final products would be released as a package at the same time, but in our case that wasn't feasible. These summary materials were created two months after the full report was published. In future iterations, we plan to create supplemental materials like these when a large report is in the final stages of production.

Step 5. Pick the Right Tools

I created these materials using Microsoft Publisher, which functions a lot like Adobe InDesign but is something all of our staff have on their computers. You can use whatever software you prefer, even Microsoft Word.



The Impact of the 10-Page and One-Page Overview Documents

We shared the 10-page overview and one-page snapshot with our community advisory group. They provided great feedback and then requested even more accessible materials covering these HIV-related topics.

So our team went back to the drawing board.

As a result of the community advisory group's feedback, we contracted with a media firm to develop the *HIV in Real Life media campaign* based in Milwaukee, Wisconsin.

This media campaign features residents of Milwaukee who have been impacted by HIV and addresses HIV-related stigma through stories, images, and video.

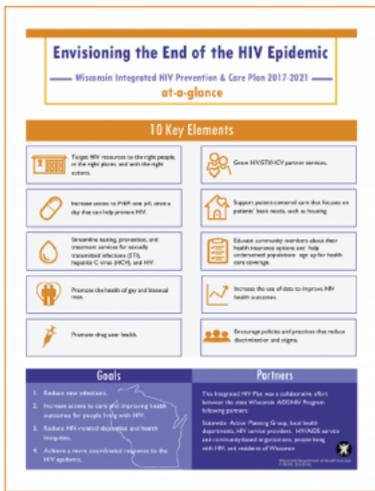
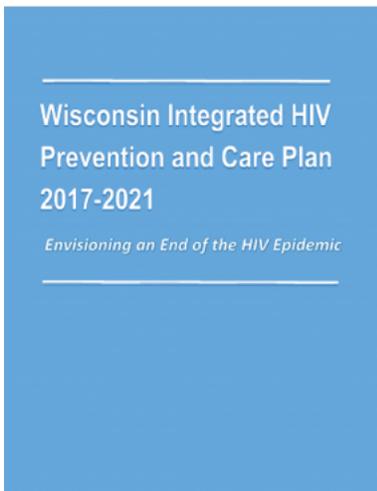


This was a different kind of information design that looks nothing like the 130-page plan.

There is no mention of the large plan on the *HIV in Real Life* website, even though its overarching principles are present throughout the campaign.

In the end, the overview documents were a critical stepping stone from the large report to the final media campaign.

The overview documents enabled conversations about how to make the key messages from Wisconsin's HIV Integrated Plan more accessible to the general public.



Media Campaign as Information Design

In this media campaign we focused on the stories of people impacted by HIV to highlight data and facts about HIV.

Ronnie tells the story about how the unconditional love of his family is a big reason he is living with HIV and thriving.

Jaymes shares that he learned the hard way how to be a friend and an advocate for the people in his life living with HIV.

Tianna talks movingly about her unwavering support for her best friend, Corey.

These [stories](#) counter the fear and stigma commonly associated with HIV. They begin to change the narrative that has been around since the 1980s.

HIV in Real Life - HIV Has Changed



When my team started exploring the possibility of a media campaign, we posed the same questions we ask when approaching any data visualization project.

- Who is our audience?
- What are the main points?
- What is the best method to convey those main points?

We knew we didn't have all the answers. So we took the general concept of a media campaign to our partners. We attended community events, board meetings, coffee dates, and had many phone conversations.

We got feedback on those three questions, but we also talked to experts who had run previous, local media campaigns to learn from their past successes and challenges.

All those conversations taught us one thing: we couldn't create this HIV media campaign in a bubble. So we formed an advisory board of community stakeholders to guide its development.



Color

In data visualization, we try to title our graphs using the main findings from the data to do the work for the viewer.

We also focus on using action colors to highlight specific information in our charts. Those same data visualization principles were applied in this media campaign.

Color was the easy part.

We knew we wanted to use bright, vibrant colors to challenge the fear and stigma commonly associated with HIV.

When the campaign launched, someone came up to me and said, "If someone drives by a billboard and just sees the word HIV and those colors this will be a success, because it is so different than people's misconceptions of HIV."



Headlines

Creating the headlines was the hard part.

This project started with a 130-page strategic plan, and we had to narrow down the message of our campaign to just a couple of words that would fit on a bus, billboard, or online banner ad. This took a lot of trial and error and actually ended up pushing back our launch date because it was so important to get the headlines just right.

The community advisory board that provided feedback throughout campaign development was instrumental in identifying the final headlines for the campaign. In the end, this campaign was particularly meaningful because it was collaborative and community driven from day one.

Learn More

Take a look at the complete [one-page snapshot](#) and [ten-page overview](#) documents to see how I transformed my long report into graphic summaries to create an impact.

Not everyone has time or resources to develop a city-wide media campaign, but as data visualization practitioners, advocates and experts we should continue to look for ways to transform long documents into more accessible products that maximize their value for a variety of audiences.

More about [Sara DeLong](#)

Sara DeLong is passionate about strategic information design and data visualization that creates an impact. She currently lives in Denver and works in public health and communications. Working in public health in nonprofit and government settings has taught her that the most effective communications materials are collaborative, community-driven, and bold with color. Sara enjoys the challenge of taking complex content and transforming it into visually engaging materials that lead to action.

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