Talking Points

Knowing where your data have come from is important, as is doing your own analysis (or understanding how the analysis was done by someone else). Work with a team of community members to interpret the data. Being familiar with the data will give you the confidence to share it with others.

When presenting data to community groups, a committee, or elected officials keep the following tips in mind:

- Present your strongest speakers first, to capture the attention of the audience, and last, to leave a lasting impression.

- Provide handouts or written testimony of the most important information before the presentation. That way your audience won't have to struggle to hear, or scramble to take notes.

- Don't ad lib—write out your testimony. Role-play a question and answer session before you present.

- Try to present all sides of an issue. Be transparent about opposing points of view.

- Have spoken/written testimony from diverse community and civic groups—make sure all voices are heard.

- Keep testimonies brief—one to two minutes per speaker.

- Paint a comprehensive picture of substance use, related consequences, and risk and protective factors.

- Use as much local data as possible.

- Designate one person to handle questions. If a person can't answer the question, he or she should say so and get back to the question after the meeting.

- Have one person in the group monitor the "mood" of the meeting and keep track of the time.

- Don't rely solely on "outside" experts—primary support for any local policy must come from within the community.

- Provide ample information to the local media.

Adapted from the Minnesota Department of Health's Community Health Promotion Guide website at www.health.state.mn.us/divs/hpcd/chp/hpkit/index.htm

You may encounter the following 'scenarios' on pages 83–87 as you search for county-level data on www.sumn.org. Each scenario is followed by talking points you might use to describe your findings to others.

Scenario: Trend data for your county fluctuate.

Lung, Bronchus and Trachea Cancer Death Rate per 10,000 Population
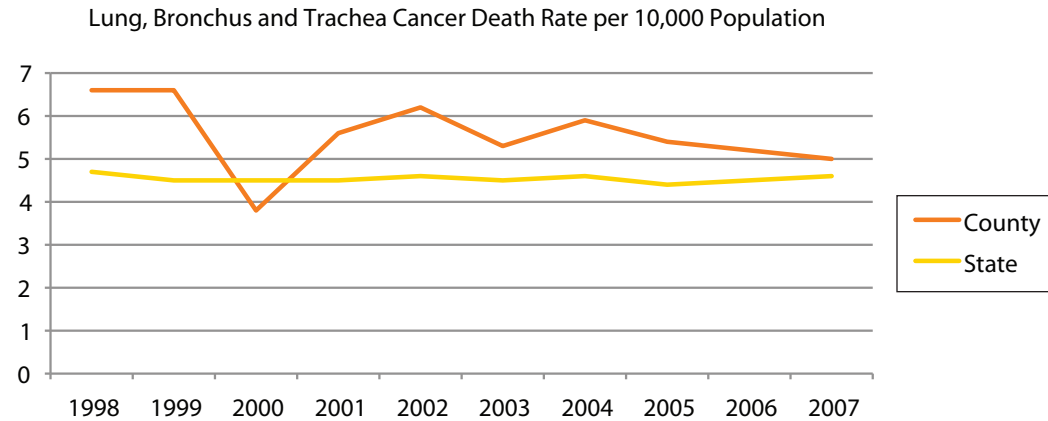
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
County Rate	6.6	6.6	3.8	5.6	6.2	5.3	5.9	5.4	5.2	5.0
State Rate	4.7	4.5	4.5	4.5	4.6	4.5	4.6	4.4	4.5	4.6

Note: Infrequent incidents, few cases, and small sample sizes can lead to fluctuations over time, making it difficult to describe trends. Try working with averages.

Talking Points:

- The lung, bronchus and trachea cancer death rate has decreased slightly in our county over the past ten years.

- In 2007, the lung, bronchus and trachea cancer death rate was 5.0 per 10,000 population. Comparatively, the rate averaged 5.4 from 2003 to 2007.

- While our county's rate has fluctuated over time, it has been higher than the state average.

Scenario: Trend data show your county's rate has not changed over time.

Note: Imagine in the graph above that the flat line is for your county, and the fluctuating trend line is for a neighboring county.

Talking Points:

- While our county's lung, bronchus and trachea cancer death rate has been lower than that of [name of neighboring county], no improvements have been made in the past ten years.

- In comparison, [name of neighboring county]'s death rate has been declining over time.

Scenario: The cirrhosis death rate for your county is 2.4 per 10,000 population but your county only has 4,000 people in it.

Note: Comparing 4 deaths in a small county to 50 deaths in a large county is not an "apples to apples" comparison because of the different population sizes. Rates allow you to make a meaningful comparison. If you're not making a comparison, report cases or change the denominator by a power of ten.

Talking Points:

- Our county's cirrhosis death rate per 10,000 population is higher than the state average: 2.4 vs. 1.1.

- There was one cirrhosis death in our county in 2007.

Scenario: Youth binge-drinking rates have been lower in your county than both the regional and state averages.

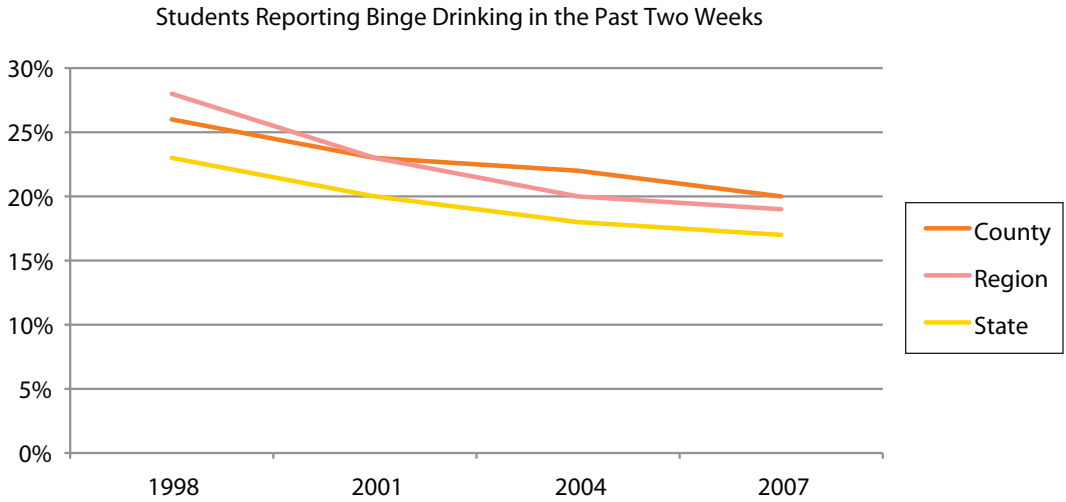Students Reporting Binge Drinking in the Past Two Weeks
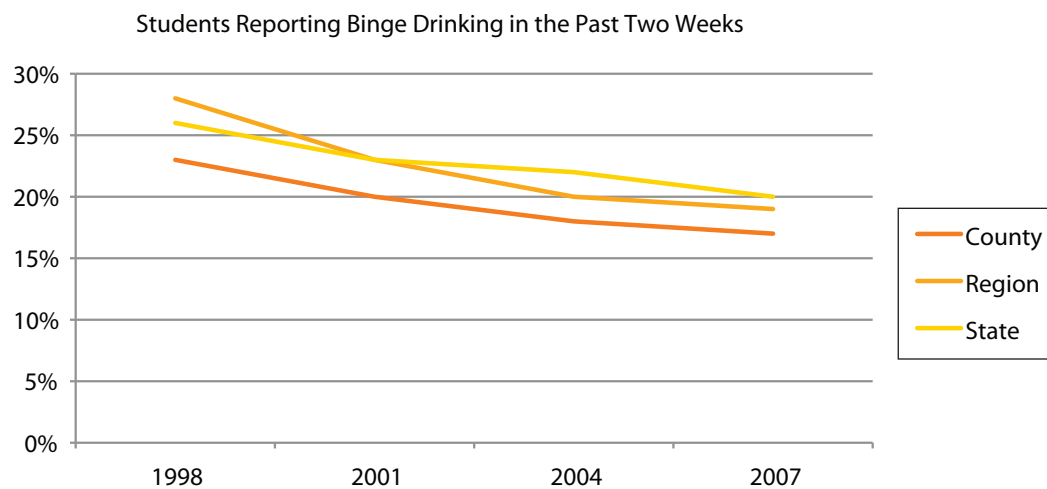
Note: Declining rates of binge drinking are a good thing, and can be used to show that your prevention efforts are paying off. However, you can still make a case for continued funding.

Talking Points:

- The percent of students reporting binge drinking has steadily decreased in our county, falling from 23% in 1998 to 17% in 2007.

- Students in our county are less likely to report binge drinking than students in our region and all Minnesota students.
- In 2007, 17% of 9th and 12th graders in our county reported binge drinking. Alcohol is illegal for those under the age of 21, and binge drinking has been associated with violence, crime, injuries and even death.

Scenario: Youth binge-drinking rates have been higher in your county than both the regional and state averages.

Students Reporting Binge Drinking in the Past Two Weeks

Note: This is similar to the previous graph, but the county and state trend lines are reversed.

Talking Points:

- The percent of students reporting binge drinking has steadily decreased in our county, falling from 26% in 1998 to 20% in 2007.
- Despite declining rates, students in our county are more likely to report binge drinking than students in our region and all Minnesota students.

Scenario: There are no county-level data on a particular topic or demographic group of interest.

Note: On www.sumn.org, no county-level data are available on adult consumption or on youth consumption by race/ethnicity. In addition, youth consumption data are not available for all counties.

Talking Points:

- Though data on abuse of pain relievers among 18-20 year olds are not available for our county, we know that regional rates are lower than the state average: 4% vs. 9%.

- Minnesota Student Survey data are not available for our county. However, 12% to 14% of male students in surrounding counties reported past-month use of chewing tobacco in 2007. This compared to a state average of 8% for male students.

Scenario: The rate of DWI arrests *occurring* in your county is higher than the DWI arrest rate for residents of your county.

Driving While Intoxicated (DWI) Arrest Rate per 10,000 Population
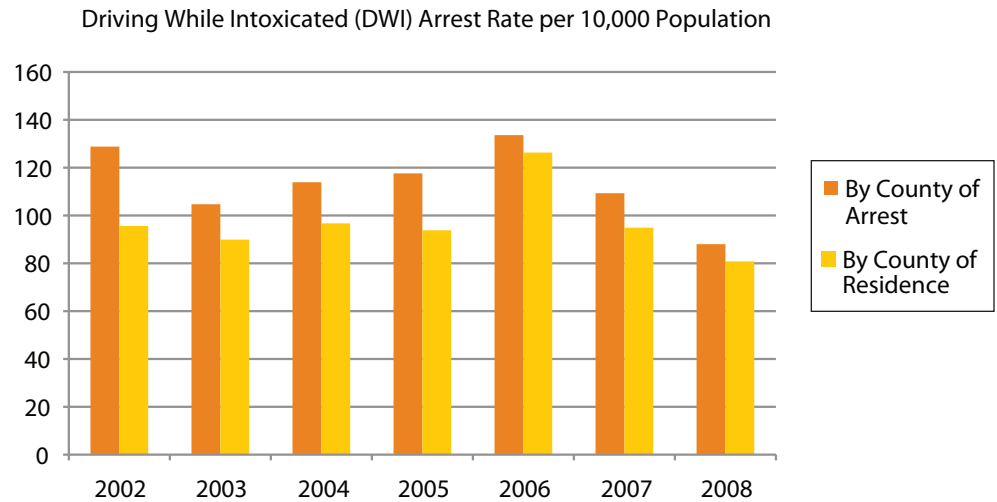
Note: the two populations are not mutually exclusive—a resident of your county arrested in your county will appear in both categories.

Talking Points:

- 'DWI by county of arrest' refers to the rate of arrests per 10,000 that occur within our county, regardless of which county the arrestee lives in.

- 'DWI by county of residence' refers to the rate of arrests per 10,000 of our county's residents, regardless of which county they are arrested in.

- Possible explanations for the difference include:
    - o A large city, college or vacation destination in our county attracts many people from other Minnesota counties.
    - o DWI enforcement in our county is greater than in surrounding counties.

Scenario: The data on www.sumn.org don't accurately reflect what you're seeing in your county.

Note: There can be many reasons for this. As mentioned in the 'Finding and Using Existing Data' section, it's important to research each data source: who collected the data, when, how, and for what purpose. Read the methodology section of reports and websites, or contact the department responsible for the data collection.

   There is a chance the data are inaccurate. There is a chance the data you are trying to use are not appropriate for what you are trying to measure. Finally, there is a chance your perception of the situation in your county is inaccurate. To be safe, try to collect quantitative and qualitative data from multiple sources.

Possible reasons include, but are not limited to:

- Data provided on www.sumn.org are from state sources. Not all agencies, departments, institutions, and organizations report to the state. For example, treatment admissions data from the Drug and Alcohol Abuse Normative Evaluation System do not include data on veterans receiving treatment from the V.A. Also, 2003 narcotics arrest data from the Minnesota Crime Information report do not include the St. Paul Police Department.

- Not all reporting agencies report on time. Many of the data provided on the SUMN website are from annual reports. If an agency submitted their data to the state after completion of the annual report, it will not be included.

- Crime data may reflect only the most serious crime committed by each person arrested. If a person arrested for homicide was also in possession of drugs, the arrest data would count the homicide but not the narcotics possession.

- Arrest data reflect the enforcement of laws, not the number of laws broken. If there were only three narcotics arrests in your county involving marijuana, that does not necessary mean that only three people in your county grew, sold or possessed marijuana that year—it only means three got caught.

- Alcohol-related motor vehicle deaths can include an intoxicated driver and/or persons killed by intoxicated drivers. The number of persons killed may include sober passengers, sober drivers in other vehicles, or sober pedestrians struck by intoxicated drivers.

- Charges do not always lead to convictions. Some first-time offenders may be given the opportunity for a pretrial diversion or intervention.

- The number of people admitted to treatment doesn't necessarily reflect the number of people in need of treatment.

- Survey data are often self-reported. Use of alcohol and drugs may be underreported.

- Cause of death can be difficult to determine. Sometimes determinations are made and/or recorded several years after the death occurred.

- Attributable fractions are estimates based on research, literature reviews and records reviews. Approximately 47% of all homicides in Minnesota are alcohol related, but that doesn't necessarily mean that 47% of homicides that occurred in your county last year were alcohol-related.

- Data are collected, recorded and entered by humans—errors can occur!