

# Using Data to Tell Your Program Success Story



April 27, 2021

**RETAIN**

Retaining Employment and Talent  
After Injury/Illness Network

 **AIR**<sup>®</sup>  
AMERICAN INSTITUTES FOR RESEARCH<sup>®</sup>

  
**ODEP**  
Office of Disability  
Employment Policy

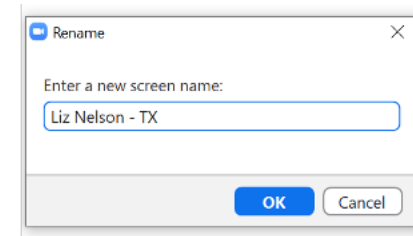
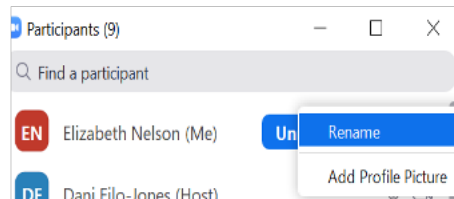
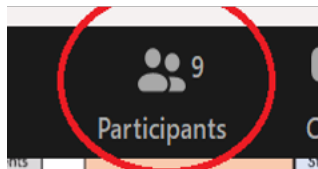
# How to Participate

Chat box and email:

- Use the chat box throughout the session to make comments and communicate your tech problems. Raise your hand and we'll call on you. Lower your hand after you've been called on.
- You also can communicate by email at [RETAINTA@air.org](mailto:RETAINTA@air.org).

Other helpful Zoom features:

- To access closed captioning, click on the link in the chat box.
- To add your state abbreviation to your name, find your name under "Participants," click "More" beside your name, and select "Rename."



# Welcome

**RETAIN** | Retaining Employment and Talent After  
Injury/Illness Network

# About RETAIN

- Retaining Employment and Talent After Injury/Illness Network (RETAIN)
- Joint initiative led by the U.S. Department of Labor (DOL) and the Office of Disability Employment Policy (ODEP), and funded by ODEP, DOL's Employment and Training Administration and the Social Security Administration
- RETAIN technical assistance (TA) funded by ODEP and housed at the American Institutes for Research (AIR)
- Focused on building state capacity in stay-at-work (SAW)/return-to-work (RTW) strategies across eight states
- Explores ways to help people who become ill or injured during their working years remain in the labor force

# Virtual Meeting/Conference Recording Notice

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# Disclaimer

These materials were prepared for the U.S. Department of Labor (DOL), Office of Disability Employment Policy, and Retaining Employment and Talent After Injury/Illness Network (RETAIN) state grantees by the American Institutes for Research and the presenting subject matter expert. The views expressed are those of the authors and should not be attributed to DOL, nor does mention of trade names, commercial products, or organizations imply endorsement of same by the U.S. Government.

# Objectives

Through this webinar, attendees will:

- Learn about developing effective communication products to translate and disseminate program successes to key stakeholders
- Understand the importance of strategy, stories, and social math to effective data translation and dissemination
- Learn how to ensure communication products can be evaluated for success

# Today's Speaker



Patrick Cook

**Patrick Cook** is a communication and social marketing professional with more than 20 years of experience helping federal, state, and local agencies and organizations plan and implement effective communication and marketing programs. With experience in a wide variety of health and safety issues—from disease prevention and health promotion to violence prevention and injury control—Patrick has helped government and nonprofit teams develop the skills and capacity to plan, implement, and evaluate effective communication efforts.





# Using Data to Tell Your Program Success Story

April 27, 2021

Patrick Cook

# Our Work Plan for Today

Strategy

Stories

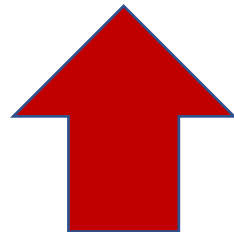
Social Math

Questions and Resources

# 1: Strategy

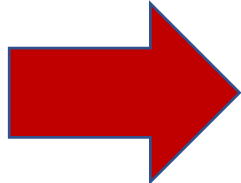
If you build it, will they come?  
*Promotion*

If you build it, will they fund?  
*Sustainability*



# Promotion

Engage priority groups (individuals in communities) who are affected directly by SAW/RTW and who can benefit from program, practice, or policy.

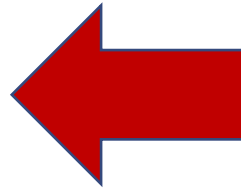


# Sustainability

Engage that stakeholders (decisionmakers and policymakers, community members, business leaders, and others) who can support and sustain the work of the initiative or program.

# Approaches to Program Communication

- Public relations (aka PR or strategic communications)
- Social marketing
- Marketing





Who do you want to do what,  
why, and how?

# Why Share RETAIN Data?

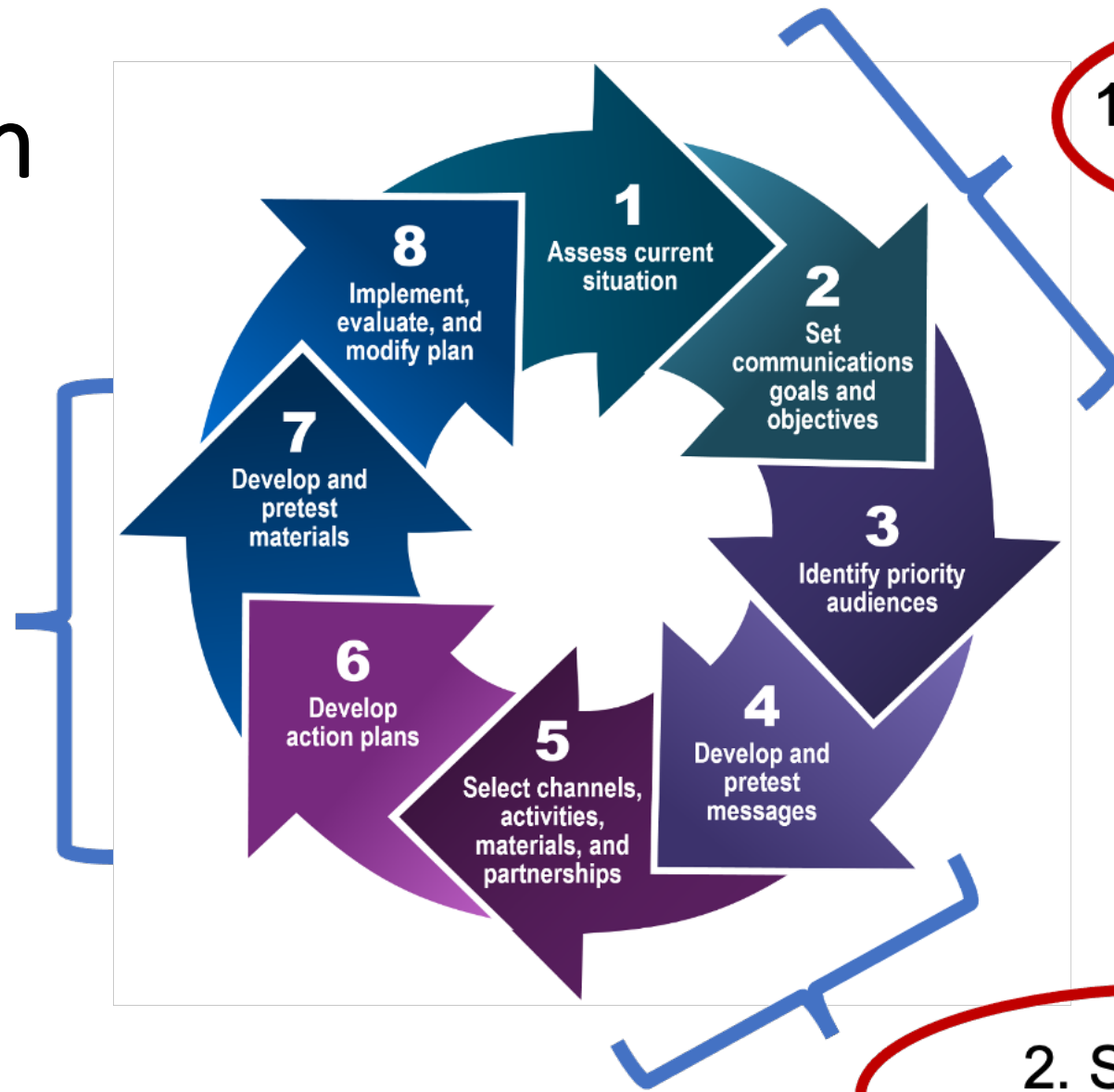
- **Inform** service delivery and improve program processes.
- **Highlight** strengths to leverage and areas of improvement to address.
- **Sustain**—and expand—RETAIN programs.

*Ultimate goal? Improving **employment outcomes** for workers who suffered an injury or an illness*



# Communication Planning

3. Implementation and Evaluation



1. Fundamentals

2. Strategies and Tactics

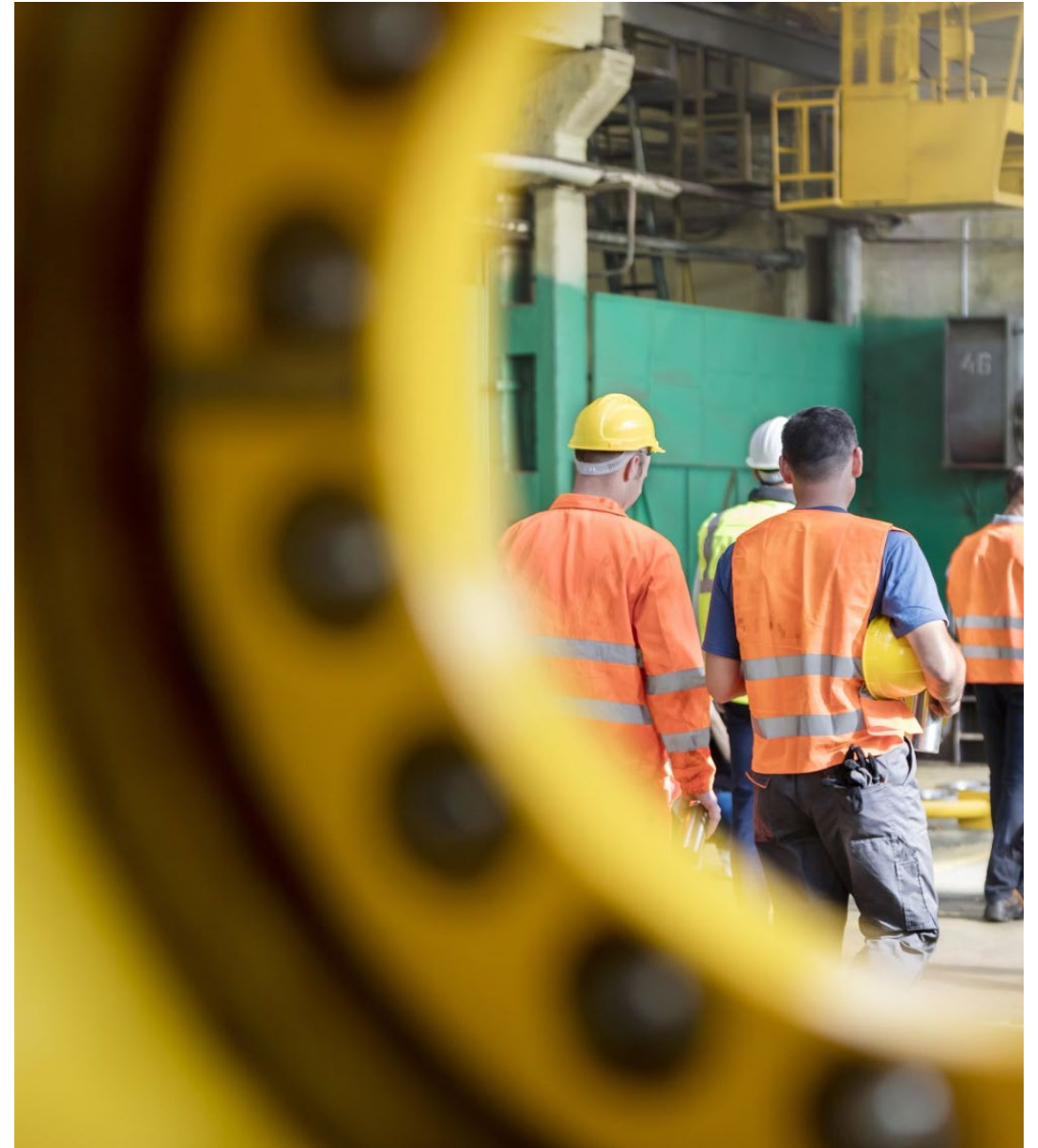
# SAMPLE: Program Communication Map

<b>RETAIN Program Goal</b>	To increase employment retention and labor force participation of individuals who acquire and/or are at risk of developing disabilities that inhibit their ability to work.*		
<b>Communication Goal</b>	Increase number of workers from who experienced injury working in warehousing and distribution and logistics participating in the [name] program.		
<b>Objectives</b>	<p><b>Objective 1:</b> Increase participation in [community name] RETAIN services by young men who are injury working in warehousing and distribution by 25% by the end of 2022.</p> <p><b>Objective 2:</b> Increase referrals by healthcare providers to the [community name] RETAIN services by 10% by the end of 2022.</p>		
<b>Priority Audiences</b>	<p><b>Primary</b></p> <ul style="list-style-type: none"> <li>• Younger men, 25–34, who are at higher risk of injury because of pre-existing conditions and risk profile</li> </ul>	<p><b>Secondary (stakeholders)</b></p> <ul style="list-style-type: none"> <li>• Policymakers</li> <li>• Leaders and HR professionals at leading employers</li> <li>• Healthcare providers</li> <li>• Insurance leaders and adjustors</li> </ul>	
<b>Strategies &amp; Tactics</b>	<p><b>1. Promote RETAIN services to workers.</b></p> <ul style="list-style-type: none"> <li>• Place ads in local online news outlets.</li> <li>• Engage in social listening and participate where appropriate.</li> <li>• Build digital and media partnerships.</li> <li>• Train and support RETAIN ambassadors and digital influencers.</li> </ul>	<p><b>2. Engage stakeholders in shared successes.</b></p> <ul style="list-style-type: none"> <li>• Create data dashboards to share with program partners.</li> <li>• Develop and share infographic on the benefits of SAW/RTW programs.</li> <li>• Develop and share presentation deck for partners.</li> <li>• Provide TTA support to RETAIN ambassadors and digital influencers.</li> </ul>	<p><b>3. Educate policymakers on the benefits of SAW/RTW Services</b></p> <ul style="list-style-type: none"> <li>• Develop and share infographic on the benefits of SAW/RTW programs.</li> <li>• Develop and share factsheet during in-person visits with policymakers and staff.</li> </ul>

# The “Who” in Our Campaign

Define audience segment by:

- Who are the people at highest risk?
- Who are the people most open to change?
- What are the critical-for-success groups?





# “Marketing Mindset”

- Meet your audience where they are.
- Deliver data in formats that meet their needs and preferences.
  - Familiar channels, materials, activities, and partners
  - Supports decisions that *they need to make*





Poll: Stakeholders essential to future success

# 2: Story

**Data without stories** can give the right information but, without the human context—why it matters and to whom—data can end up being just a lot of words and numbers on a PowerPoint® slide that ultimately will leave audiences with an abstraction that likely will not move them to action.

<b>National Rural Health Snapshot</b>	<b>Rural</b>	<b>Urban</b>
Percentage of population	19.3%	80.7%
Number of physicians per 10,000 people	13.1	31.2
Number of specialists per 100,000 people	30	263
Population aged 65 and older	18%	12%
Average per capita income	\$45,482	\$53,657
Non-Hispanic white population	69-82%	45%
Adults who describe health status as fair/poor	19.5%	15.6%
Adolescents who smoke	11%	5%
Male life expectancy in years	76.2	74.1
Female life expectancy	81.3	79.7
Percentage of dual-eligible Medicare beneficiaries	30%	70%
Medicare beneficiaries without drug coverage	43%	27%
Percentage covered by Medicaid	16%	13%

*All information in this table is from the Health Resources and Services Administration and Rural Health Information Hub.*

Source: <https://www.ruralhealthweb.org/about-nrha/about-rural-health-care>



**Stories without data  
and without evidence  
can leave audiences  
moved ...  
but moved to what?**

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# The Classic Story Structure

## Beginning

- Once upon a time ...

## Middle

- This happened ...
- Then this happened...

## End

- And they lived happily ever after.

# Apply It to Our Story

Challenge  
(Beginning)

- We had a problem ...

Solution  
(Middle)

- We addressed it by doing this ... and this ...

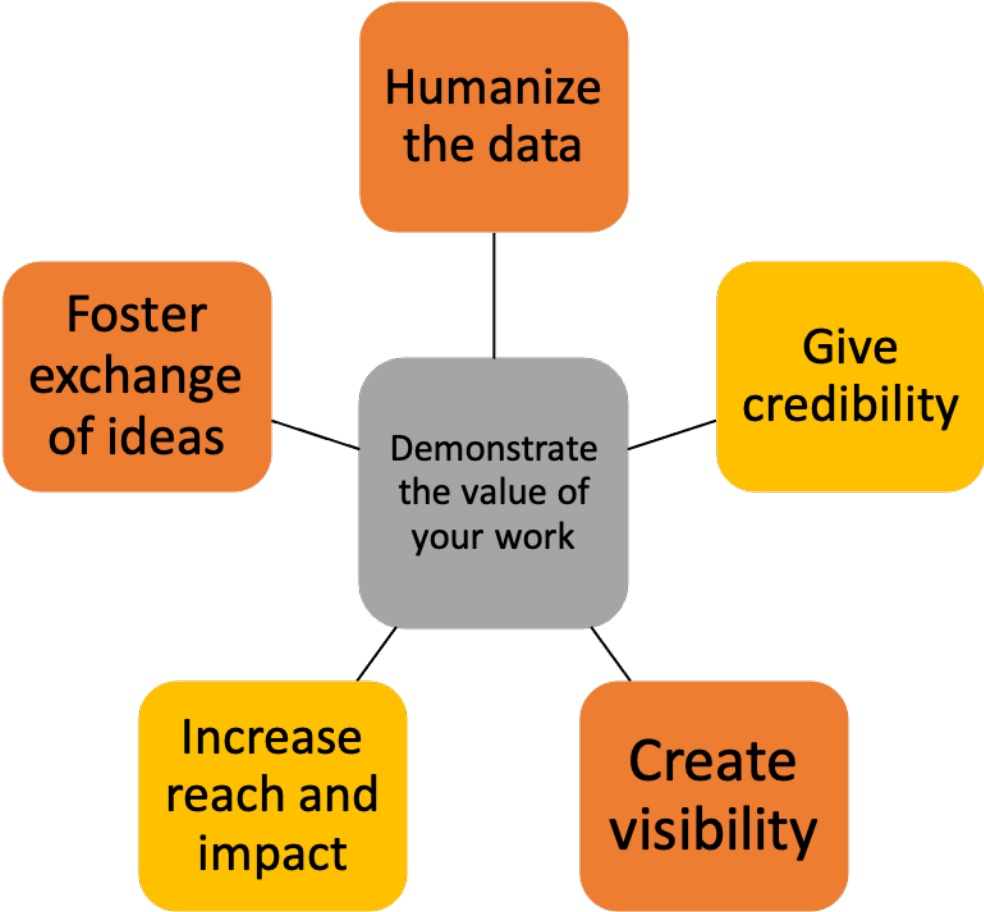
Results  
(End)

- And now, more workers are ...

Next ...

- Here's how we can grow ...

# The Value of Your Success Stories



## Who?

- Their priorities, needs, beliefs, values?
- How do they like to receive information?
- What data do they want and *need*?

## What?

- Request more information
- Ask for a meeting
- Join the advisory group
- Decide to fund

## How?

- Success stories
  - Charts and graphs
  - Infographics
  - Public testimony
  - One-on-one meetings
- “3 bullets and a graph”

# Materials

- Fact sheets
- Briefs
- Presentations
- Success stories (text and video)
- Others?

**3 STEPS TO CREATING AN INFOGRAPHIC OUTLINE**

Do you prefer structure or ambiguity? Whether you favor one over the other, an infographic outline serves as a checklist to ensure that you've covered every tidbit of the message or idea that you want to communicate. Here are some quick steps to outlining an infographic with wireframes.

**Gather content and resolve worry about the nitty-gritty content at first.** When you should have a good overall message or purpose.

**Create a wireframe.** A wireframe is the your infographic. It serves as your blues use the usual combo of paper and pen or wireframing software like Balsamiq, do it in Illustrator or Word!

**When wireframing, consider the following:**

- Make room for your title and introduction.
- Outline sections and organize them in a logical flow.
- Make space for images or illustrations that you're planning to use.
- Note which facts are going where, show how they flow into one another.
- Collect and include rough renderings of data visualization that you intend to use.

**CONCLUSION**

Think of your infographic outline as a recipe. It's up to you to follow recipe directions to a tee or add a personal touch with something more experimental. There is no right or wrong way!

Designed by Easelly, a simple infographic maker lets you visualize any kind of information.  
**easelly**  
<https://www.easelly.com/>

**CMA**  
U.S. ARMY FEDERAL MATERIALS CENTER

**FACT SHEET**  
WWW.CMA.ARMY.MIL

**Pine Bluff Chemical Agent Disposal Facility**

**Suiting up for Safety**

The Demilitarization Protective Ensemble (DPE) is a heat sealed, one-time use suit that, with supporting equipment, weighs about 50 pounds. These airtight suits provide the highest level of protection against chemical agents exposed to workers accessing areas of the disposal plant where the chemical weapons are disabled and the agents destroyed. Workers at Pine Bluff and other disposal sites have successfully completed tens of thousands of entries into these areas wearing DPE suits.

**Communications**  
A radio transmitter provides contact with emergency backup personnel, control room and other support staff.

**Life Support**  
Primary supply comes through hose connection to

**DPE Suit**

**Protective suit**  
Specially knitted materials help seal out harmful chemicals.

**Gloves**  
Three layers are used, with thick heavy rubber gloves as the top layer.

**Boots**  
One-piece suit slips into heavy rubber boots that are then sealed to the suit.

**PBCDF**  
For more information, contact the Outreach Office for Chemical Disposal, 7137 Shelton Road, Suite 100, White Hall, AL 35892

T O M O R R O W

**Barriers to Return to Work**

**A Research-to-Practice Brief From RETAIN Technical Assistance Provider**

**Common RTW Barriers**

This brief presents key research highlights of four return to work (RTW) barriers that injured or ill individuals commonly experience: injury characteristics, individual perceptions of injury and other psychological characteristics, health care and rehabilitation issues, and workplace issues. This brief also provides an overview of strategies for overcoming these barriers.

**Common RTW Barriers: Key Research Highlights**

- Injury characteristics.** The nature and severity of injury can impact RTW outcomes.<sup>1</sup> Joint and muscle injuries and musculoskeletal diseases are common injuries associated with prolonged absence from the workforce.<sup>2</sup> The location of an injury (i.e., hands) can also influence the duration of workforce absences, particularly if the body part injured directly impacts the person's ability to do their job.
- Individual perception of injury and other psychological characteristics.** Individual perceptions of injury can inhibit RTW, even if the injury itself is not considered serious.<sup>3</sup> Injured or ill individuals who rate themselves as having poor health and high levels of pain are less likely to RTW.<sup>3,4</sup> Mental health is another psychological factor that can impede RTW. For example, mental health factors such as depression were found to be negatively associated with RTW after occupational injury.<sup>5</sup>
- Health care and rehabilitation issues.** Health care and rehabilitation interventions can improve RTW outcomes,<sup>6,7</sup> and a lack of access to beneficial medical and rehabilitation services may contribute to long-term absence from the workforce. A lack of physician awareness in RTW strategies could also be a barrier.<sup>8</sup>
- Workplace issues.** Workplace issues can inhibit RTW.<sup>9</sup> For instance, injured or ill workers who do not have supportive supervisors are much less likely to RTW in a timely fashion.<sup>2,10</sup> A lack of co-worker support has also been associated with prolonged work absences.<sup>11,12</sup> Similarly, workplace accommodations such as ergonomic adaptations<sup>13</sup> and the availability of modified work tasks<sup>14</sup> facilitate RTW – however, workers may face barriers if accommodations are not available.

**RETAIN** Retaining Employment and Talent After Injury/Illness Network

**AIR** AMERICAN INSTITUTE FOR REHABILITATION

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Check-In:  
What are some of your successful materials?

# 3: Social Math

# How Social Math Works

Makes an issue relevant and urgent to an audience by comparing your data to familiar numbers around:

- **Dramatic events** — “More than the number of residents displaced by Hurricane Katrina”
- **Understandable costs** — “For less than the price of a cup of coffee each day ...”
- **Current numbers from other issues** — “It’s more than 10 times the number of people we lose each year to opioid overdoses.”



**Social math doesn't “dumb it down.” It crystalizes it.**



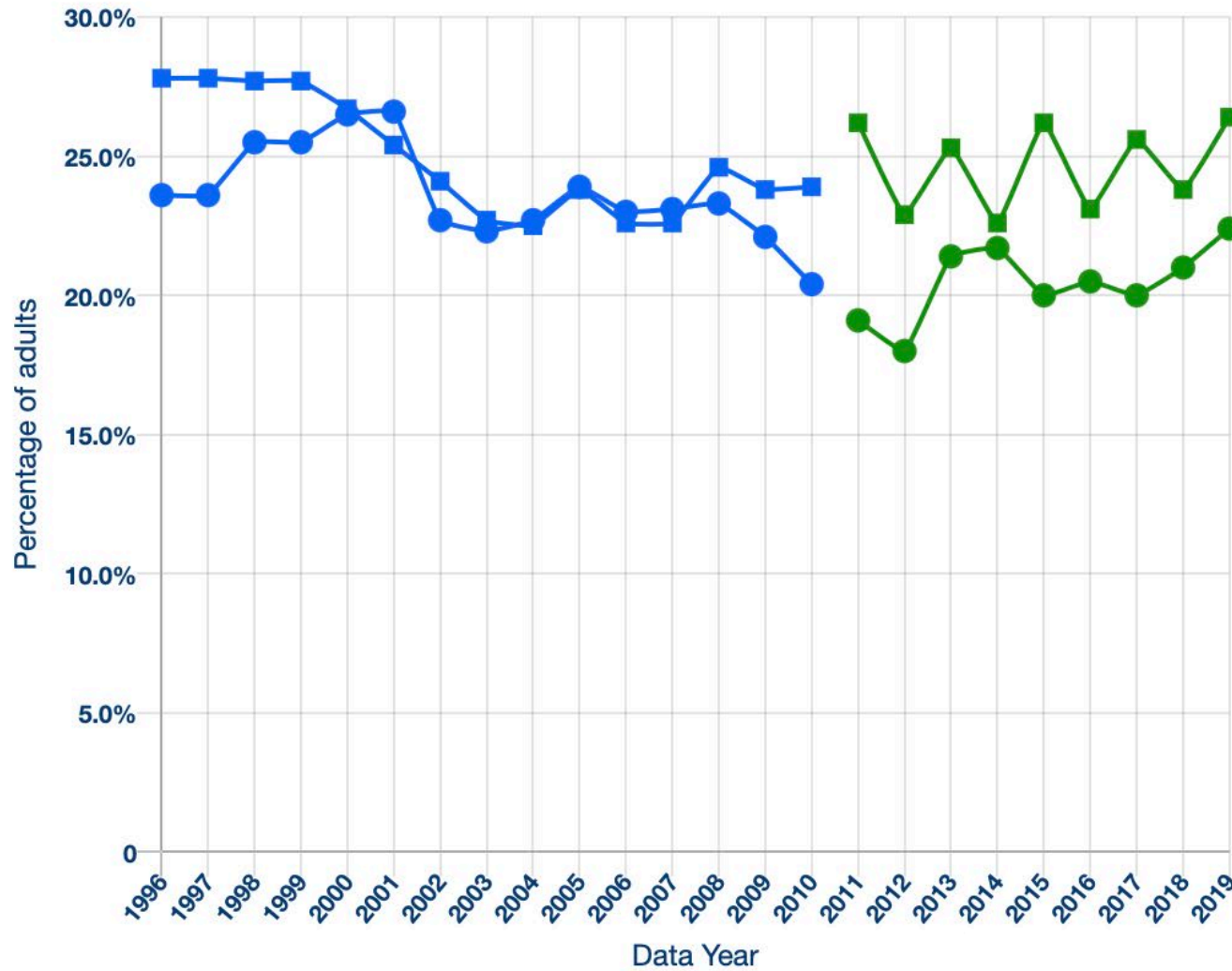
# Social Math: Find The Right Context

- Whom/what does it impact?
- What does it look like?
- How much money does it represent?
- How much time lost/gained does it represent?
- What resources does it use/save?
- Where can we place it?



**Comparisons must be made in real numbers—not percentages.**

### Trend: Physical Inactivity, California, United States



Percentage of adults who reported doing no physical activity or exercise other than their regular job in the past 30 days

● California    ■ United States



Almost one in four adults in California say they aren't physically active.

That's enough people to fill the Rose Bowl *more than 100 times*

Data sources:

[https://en.wikipedia.org/wiki/List\\_of\\_U.S.\\_stadiums\\_by\\_capacity](https://en.wikipedia.org/wiki/List_of_U.S._stadiums_by_capacity);  
<https://www.census.gov/quickfacts/fact/table/CAPST045219>)





# Let's Try It!

The screenshot shows the U.S. Bureau of Labor Statistics website. At the top left is the BLS logo and the text "U.S. BUREAU OF LABOR STATISTICS". To the right are links for "Follow Us" (with social media icons), "Release Calendar", and "Blog". Below this is a search bar with the text "Search BLS.gov". A blue navigation bar contains the following menu items: HOME, SUBJECTS, DATA TOOLS, PUBLICATIONS, ECONOMIC RELEASES, CLASSROOM, and BETA. The main content area is titled "Injuries, Illnesses, and Fatalities" and includes a "PRINT" button. The left-hand navigation menu is circled in red and contains the following items: BROWSE IIF, IIF HOME, ABOUT IIF, IIF NEWS RELEASES, NATIONAL DATA, STATE DATA, IIF DATABASES, IIF DATA REQUESTS, IIF PUBLICATIONS, DATA QUALITY RESEARCH, AUTOMATED CODING, INFORMATION FOR SURVEY RESPONDENTS, RESPONSE RATES, OSHA ITA INFORMATION, and IIF FAQs. The main content area features a "Fact Sheet | Occupational injuries and illnesses resulting in musculoskeletal disorders (MSDs) | May 2020". The text describes MSDs as "ergonomic injuries" and provides examples like pinched nerves and carpal tunnel syndrome. It also mentions the Survey of Occupational Injuries and Illnesses (SOII) and provides statistics for 2018 and 2011.

**BROWSE IIF**

- IIF HOME
- ABOUT IIF
- IIF NEWS RELEASES
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- IIF FAQs

## Fact Sheet | Occupational injuries and illnesses resulting in musculoskeletal disorders (MSDs) | May 2020

Musculoskeletal disorders (MSDs), sometimes called "ergonomic injuries", occur when the body uses muscles, tendons, and ligaments to perform tasks, often times in awkward positions or in frequent activities which over time can create pain and injury. Overexertion and repetitive motion are the primary causes of these injuries.

Examples of the nature of the injury or illness may include pinched nerves, carpal or tarsal tunnel syndrome, and other connective tissue disorders, resulting from overexertion or bodily reaction, among others. A full definition of MSDs can be found here: [Occupational Safety and Health definitions](#).

The Survey of Occupational Injuries and Illnesses (SOII) collects data on MSDs for cases involving days away from work (DAFW).

In 2018, there were 900,380 DAFW cases in the U.S. private sector with 272,780 (or 30 percent) being MSD cases. In 2011, there were 311,840 cases involving MSDs. The incidence rate of MSD cases was 27.2 per 10,000 full time workers in 2018, and 35.4 in 2011. The median days away from work for MSD cases was 12 in 2018 and was 11 days in 2011 (see chart 1).

<https://www.bls.gov/iif/oshwc/case/msds.htm#>

# In 2018...

- 273,000 MSD injuries
- 12 median days away
- 3.3 million days (9,000 years) away from work



# 3.3 million days lost

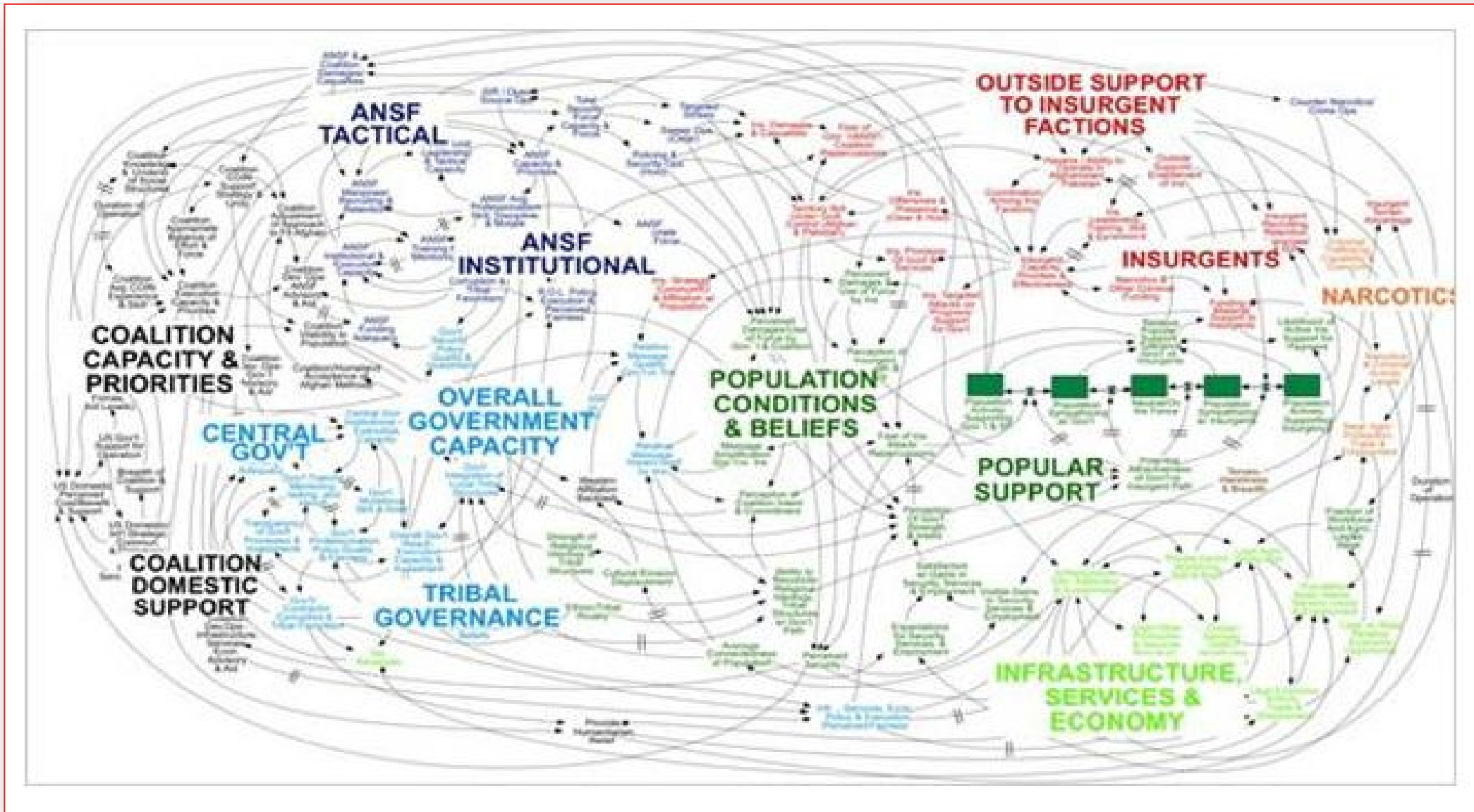
- Entire workforce of Washington State not working for a day\*
- One worker not returning to work until ... 11,021
- Seating capacity of all NFL *and* top 20 college stadiums, combined





Check-In:  
What are some of your social math examples?

# Infographics: The Good, the Not So Good, and the ...?





# Pros and Cons of Infographics

## Pros

- Can translate complex data into easy-to-understand visuals
- Can be eye catching
- Easy to share (digitally, in print)

## Cons

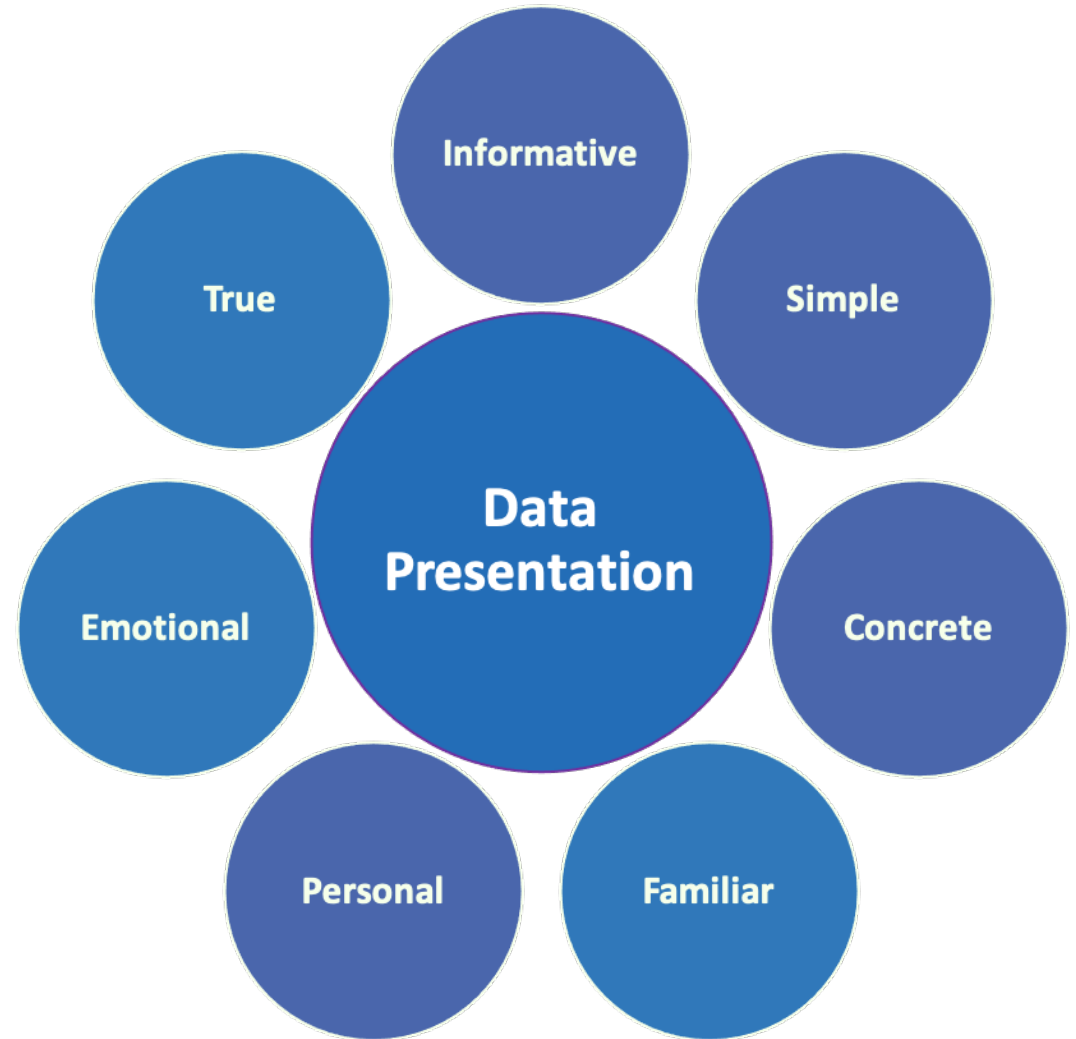
- Requires an understanding of design
- Data may not feel “human”
- Does not always tell the full story; data can be misinterpreted

# Anatomy of a Good Infographic

- Subject is clear
- Color palette and iconography are consistent
- Issue is clearly explained
- Graphics help define sections
- Deeper data give more credibility
- Summarizes key findings
- Offers a call to action
- Cites sources
- Includes contact info



No matter what data and math you use, consider these qualities



# Key Takeaways

- For most of us, data are abstractions that require meaningful context to be understood. Stories—visual and narrative—provide that context.
- Stories move our hearts. Data influence our minds. Together, they are more likely to move audiences to action.
- There are multiple ways to represent and communicate data at any point in grant funding. Our choices should be grounded in the preferences of our audiences.

Questions?

# Resources

# RETAIN Project

- New Materials Planning Template
- ROC *Communications and Branding* Topic Page

<https://retainta.org/course/view.php?id=2&section=10>

## Materials Planning Template: Who do you want to do what, and how?

1. **WHO** do you want to reach (priority audience)?

*What do you know about their priorities, needs, and beliefs? How do they like to, or typically, receive their information? What data do they need?*

2. **WHAT** do you want them to do (goal and objectives)?

*What is your communication goal stated as a behavior (for example, "request more information," "ask for a meeting," "join the advisory group," and so on)?*

3. **HOW** should you communicate your data (channels, materials, activities, and partnerships)?

*Infographics and data dashboard? Fact sheets, impact statements, and briefs? Presentations, public testimony, and elevator pitches? Success stories (written and video), Meetings and conferences?*

# RETAIN Project

- Program Communication Planning Template
- ROC *Communications and Branding* Topic Page

<https://retainta.org/course/view.php?id=2&section=10>







Thank you!  
patrick@cooksow.com

# Thank you for your participation!

Please take a moment to complete this evaluation:

[https://www.surveymonkey.com/r/4\\_27\\_21-UsingData-PCook](https://www.surveymonkey.com/r/4_27_21-UsingData-PCook)