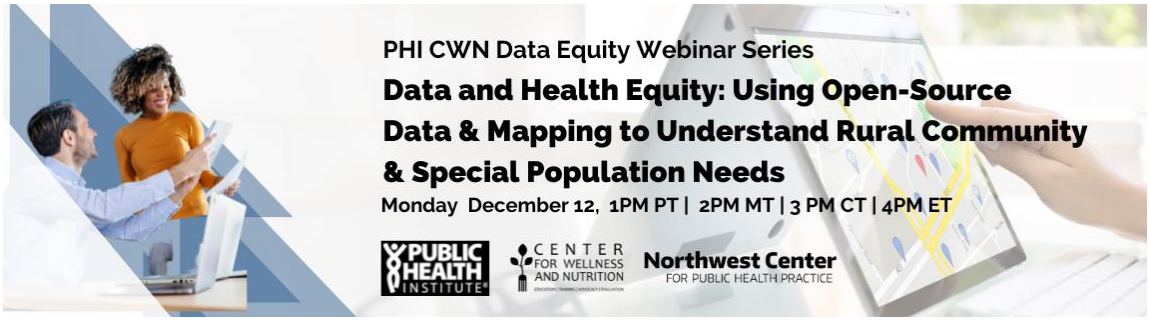


Questions & Answer Report:

1. **How to appropriately assign analysis for rural population when doing a county wide analysis ex. covid cases 5 in a population of 174 vs. 50 in a population of 200,000. difficult to do an analysis that appropriately visualizes different cases, if there are any ideas on how to go about this? Are these challenges and barriers in order by highest/most common first?**

   We suggest that it is most helpful to use RATES rather than RAW numbers when comparing differences across populations or counties and/or visualizing such data. In considering how to analyze or visualize the characteristics of such a small sample of 5 people with COVID in a population; a 'challenge' is that you would need to maintain confidentiality. Thus, be careful about how to display or discuss the characteristics of this small sample, even as it's important to know if they represent a specific population group that would want to provide specific outreach too.

2. **Are these challenges and barriers in order by highest/most common first?**

   The list of six challenges and barriers is not in order, but we did ask our Equity Advisory Committee to prioritize them, considering feasibility and applicability. The top two were discussed in the presentation: Limited capacity for data use, and limited access to data.

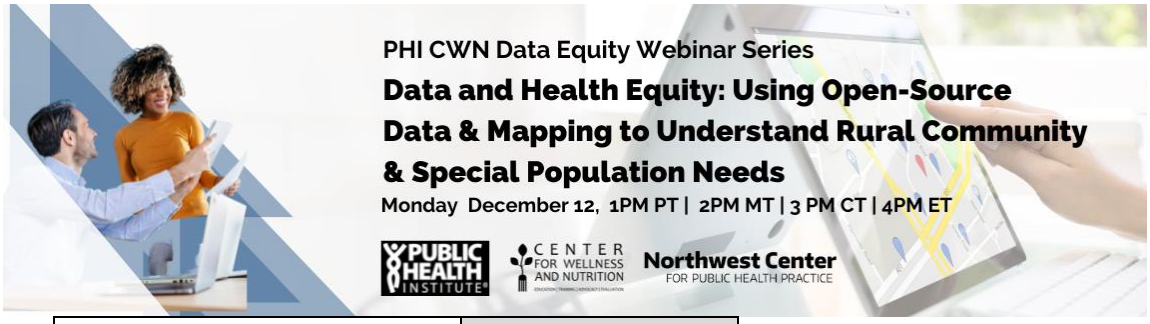
3. **How diverse was the community group your team worked with to develop the dashboards?**

   Key Informants, by organization (gender & ethnicity data not available):

Rural local health departments	**18 (64.3%)**
Rural community organizations (e.g. counseling and prevention services)	4 (14.3%)
Consortium, coalition, or commission (with two of these related to tribal health	3 (10.7%)
Health-related associations (e.g. state hospital association)	2 (7.1%)
State health department	1 (3.6%)

   Round 1 of dashboard usability testing participants:

	Total N = 11



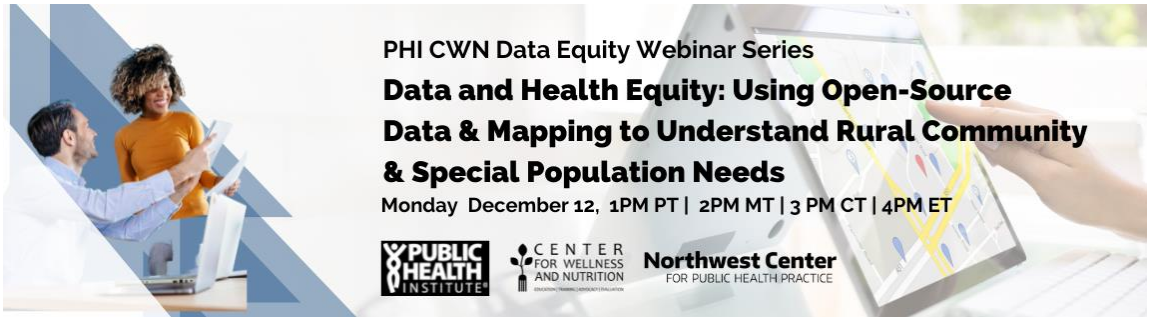
Gender identity	Female: 73% Male: 18% Missing: 9%
Ethnic or racial identity	White: 73% Asian: 9% Biracial: 9% Missing: 9%

4. **For data presentation, do you consider population denominator for calculation?**

   Yes, all rates are calculated using the total population for the indicator.

5. **What about when small data is statistically insignificant standing on its own? How can we represent population respectfully while providing good analysis?**

   Ideally data are used in collaboration with community members and to support thoughtful discussions and decision-making. As such, these discussions may underscore that data that aren't 'statistically' significant are still 'conceptually' significant (or not) to that community. What the community considers significant is an important piece of information. Also, additional data might also be important to collect in small communities, and sometimes these data might be information that really helps one understand the data more completely.



6. **Could you add the link for the indigenous data pages?**

   The Urban Indian Health Institute (UIHI) has created an aggregate Community Health Profile (CPH) as well as 44 individual CHPs. The Urban Indian Health Institute Community Health Profiles page and dashboard link is here: https://www.uihi.org/urban-indian-health/data-dashboard/

7. **Will you send info on the upcoming interactive training to the same email list as responded to this webinar? How might we access the past webinars on this topic that you provided--if you recorded them?**

   Link to live virtual training information page:
   https://www.nwcphp.org/training/data-rural-health-equity
   Hot Topics in Public Health Practice presentation link:
   https://www.nwcphp.org/training/addressing-rural-health-disparities-data
   Link to the SHARE-NW dashboards (data for Alaska, Washington, Idaho, and Oregon):
   https://sharenw.nwcphp.org/dashboards

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