Using Data to Improve Service Delivery

Your treatment program collects a substantial amount of performance and outcome data. This Technical Assistance (TA) Guide outlines three practical ways that you can use these data to improve your program's service delivery:

Area One: Identify Areas for Improvement

The guide suggests ways that you can present data to staff to help highlight opportunities for program improvement related to outcomes, client populations, and service delivery.

Area Two: Motivate and Help Staff

The guide explores ways that you can use data to inform program reviews, identify training and technical assistance needs, and recognize staff for positive outcomes.

Area Three: Inform Program Decisions

The guide reviews ways that you can use data to help evaluate program enhancements or new approaches, and to shape planning and budgeting decisions.

Treatment programs that receive funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) collect data to comply with the Government Performance and Results Act or GPRA. As a Center for Substance Abuse Treatment (CSAT) grantee, you have access to SAMHSA's Performance Accountability and Results System (SPARS), which allows you to enter and report your program data online, request needed technical assistance and training, and access a variety of reports.

As a program leader, you have an important role to help other staff understand how to use SPARS data. You can do this in several ways: explaining the different ways of generating data reports, teaching them how to understand and interpret the information within reports, and illustrating how to use the report information.

To help you in your role, the guide provides examples using Harbor Home, a hypothetical grantee. Harbor Home is an addiction treatment program that provides intensive outpatient treatment to women who are pregnant or gave birth within the past year and their children. Our examples will illustrate ways that the Harbor Home project director uses data and develops presentations designed to improve the program's service delivery.

Harbor Home receives funding from CSAT's State Pilot Grant Program for Treatment for Pregnant and Postpartum Women as well as from county and state agencies. It provides gender-specific treatment services, an intensive outpatient program, and comprehensive services for clients and their children.

Area One: Identify Areas for Improvement

Programs can use treatment outcomes and other data to help pinpoint opportunities for program improvement. You can explore outcomes at the program-level, as well as by certain client populations, data collection time-points, and service referrals.

1. Identify Areas for Improvement: Client Populations

Treatment outcomes can vary widely in relation to client characteristics. Outcomes can vary by age, gender, race, ethnicity, income level, and whether clients have childcare needs. Examining the outcomes of a specific client characteristic can help you identify key trends. For example, it can be valuable to explore the characteristics of clients not employed or attending school. To do so, examine this group of clients in relation to variables such as age, ethnicity, number of children, and marital status.

Example. Using the *Crosstabulations Report* can help you examine client characteristics. A *Crosstabulations* (or *Crosstabs*) *Report* provides frequencies and valid percentage rates for selected items from the GPRA tool. Grantees can select subsets of clients for frequency counts based on age, gender, race/ethnicity, and employment status.

Table 1 presents a Harbor Home *Crosstabulations Report* that examines employment status and age group. It shows that a disproportionate number of Harbor Home clients who are unemployed fall within a specific age group. In this example, about 73 percent of respondents who were unemployed were between the ages of 25 and 34 years, while the percentages for all other age group categories were far less.

Table 1: Harbor Home Crosstabulations Report

Question: What is your age group?

Age Group	Unemployed	Employed
18–24	10.0%	33.3%
25–34	72.5%	33.3%
35–44	17.5%	33.3%
Total	100.0%	100.0%

Using Data to Improve Service Delivery. The greater proportion of unemployed clients between the ages of 25 and 34 years is important to consider. It may suggest that many of the women have children and have difficulty securing work outside the home. Harbor Home's project director may want to present this information to other program staff during staff meetings and enlist staff in identifying potential causes and possible solutions. The project director can use this information as the basis for exploring program enhancements to better address the needs of young and unemployed female clients. For example, this information may suggest the need to strengthen age-appropriate educational services, vocational services, and employment-related services. Additionally, the program may want to review the evidenced-based practices they selected for their program to determine if other practices might be more suitable for these clients.

Remember, there are many client outcomes. Abstinence is an obvious and critical outcome. In addition, it is important to examine outcomes that are commonly associated with maintaining abstinence, such as employment, housing stability, and social connectedness. For example, clients who achieve abstinence but lack housing or employment may have an increased risk for relapse. Thus, examining a variety of key client outcomes can sharpen your focus on client areas that may support long-term abstinence.

2. Identify Areas for Improvement: Service Delivery

You can examine aggregate outcomes data for clients receiving the same treatment services to identify patterns that might indicate opportunities to improve treatment services. To do so, generate a *Risky Behavior Outcome Report* that compares intake to follow-up changes regarding risky behaviors such as injection drug use, unprotected sex, and unprotected sex while high or intoxicated.

Example. Table 2 illustrates how a Harbor Home *Risky Behavior Outcome Report* can examine risky behaviors among clients. The report identifies unfavorable outcomes regarding having unprotected sexual contact. In this case, the percentage of Harbor Home clients reporting having unprotected sexual contact nearly doubled from intake (22.5 percent) to follow-up 6 months later (41.3 percent).

Table 2: Risky Behavior Outcome Report			
Outcome Measure	**% at Intake**	**% at 6-Month Follow-up**	**Rate of Change**
Percentage change in individuals receiving services who...			
Injected illegal drugs	14.2%	0.0%	-100.0%
Had unprotected sexual contact	22.5%	41.3%	83.6%
Had unprotected sexual contact with an individual who is or was HIV positive or has AIDS	0.0%	0.0%	N/A
Had unprotected sexual contact with injection drug user	0.0%	0.0%	N/A
Had unprotected sexual contact with an individual high on some substance	41.7%	0.0%	-100.0%

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Using Data to Improve Service Delivery. The considerable increase in unprotected sexual contact from intake to follow-up is an area that the program may want to examine more closely. Harbor Home's project director can present this information at an all-staff meeting, for example, using it to stimulate discussion regarding the need to enhance treatment services that counteract this risky behavior. These discussions may explore implementing interventions such as teaching effective condom use skills, social and communication skills training, and HIV education.

3. Identify Areas for Improvement: Outcomes

Your program collects data on many outcome indicators. One way to start identifying areas for improvement is by comparing recent findings for specific outcomes with results from previous periods and targets set by the program. Negative outcomes data—or outcomes that are not as good as expected or desired—highlight opportunities for improvement and the need for change. They suggest that activities that were previously effective may be no longer relevant or may have lost some of their effectiveness.

Negative outcomes might relate to the overall program, client populations, specific locations or programs, or staff members. When you identify negative outcomes, it is your role as program leader to present this data to staff, begin the process of looking for causes, and take appropriate action.

Example. A *Follow-up Change Report* can provide useful data on client outcomes. This report can include key outcome measures such as abstinence, criminal justice involvement, and education. It allows you to compare percentages at intake and follow-up and enables you to determine rates of behavior changes from intake to follow-up.

The example in Table 3 is the *6 Month Follow-up Change Report* for Harbor Home. It compares outcome measures from the intake interview to the 6-month follow-up interview. By examining the employment/education measure in Table 3, you can see that the percentage of clients at Harbor Home who were employed or attending school declined considerably between intake (54.5 percent) and follow-up (32.8 percent).

Table 3: 6 Month Follow-up Change Report

Outcome Measure	% at Intake	% at 6-Month Follow-up	Rate of Change
Abstinence: Did not use alcohol or illegal drugs	64.0%	96.0%	50.0%
Crime and Criminal Justice: Had no past 30-day arrests	84.6%	88.5%	4.6%
Employment/Education: Were currently employed or attending school	54.5%	32.8%	-39.8%
Health/Behavioral/Social Consequences: Experienced no alcohol or illegal drug-related health, behavioral, or social consequences	65.4%	92.3%	41.1%
Social Connectedness: Were socially connected	88.5%	92.3%	4.3%
Stability in Housing: Had a permanent place to live in the community	11.5%	3.8%	-67.0%

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Using Data to Improve Service Delivery. A considerable decrease in the employment/education measure is worth examining in depth. It may reveal clients' needs for employment assistance and educational support, suggesting the need to strengthen employment and education case management. Harbor Home's project director may want to present the employment/education data at an all-staff meeting and use the information as the basis for investigating specific strategies to address clients' employment and education needs.

Area Two: Motivate and Help Staff

Treatment outcome data can help clinical staff to identify and understand what works best for their clients. There are four important ways that you can use outcome data to help, motivate, and strengthen staff efforts to achieve improved treatment outcomes:

- communicating results,
- informing program reviews,
- identifying training and TA needs, and
- recognizing staff for positive outcomes.

As a program leader, you have an important role in these activities.

1. Motivate and Help Staff: Communicate Results

Presentations on treatment outcomes can help staff recognize that the program places a high value on *outcomes*, not simply the quantity of treatment services or number of clients. Outcomes provide valuable feedback to staff about client progress and treatment quality. Whenever possible, break out findings by client demographics and treatment services. This information can help staff identify successes and opportunities for improvement in relation to specific client groups and treatment characteristics.

Example. Harbor Home generated a *6 Month Follow-up Change Report* (see Table 4), comparing outcomes from intake to the 6-month follow-up interview. In this example, Harbor Home can communicate positive results related to abstinence. At intake, 64 percent of Harbor Home clients reported having not used alcohol or illegal drugs, and 96 percent reported having not used alcohol or illegal drugs at the 6-month follow-up point. The project director could use this table as part of a staff presentation.

Table 4: 6 Month Follow-up Change Report

Outcome Measure	% at Intake	% at 6-Month Follow-up	Rate of Improvement
Abstinence: Did not use alcohol or illegal drugs	64.0%	96.0%	50.0%
Crime and Criminal Justice: Had no past 30-day arrests	84.6%	88.5%	4.6%
Employment/Education: Were currently employed or attending school	54.5%	32.8%	-39.8%
Health/Behavioral/Social Consequences: Experienced no alcohol or illegal drug-related health, behavioral, or social consequences	65.4%	92.3%	41.1%
Social Connectedness: Were socially connected	88.5%	92.3%	4.3%
Stability in Housing: Had a permanent place to live in the community	11.5%	3.8%	-67.0%

Using Data to Improve Service Delivery. Six months ago, Harbor Home identified a goal to improve the program's rate of abstinence by 10 percent over the next 6 months. Using the *6 Month Follow-up Change Report,* we see that abstinence rates improved beyond the program's goals. The improvement in abstinence from intake to follow-up was considerable, demonstrating that Harbor Home achieved a significant clinical goal.

The project director can use this data as the basis of a presentation on the treatment program's successes. The project director can also use this information to provide positive feedback to program staff about how their efforts contribute to the success of the program and their clients. This evidence can help increase staff knowledge and boost morale.

2. Motivate and Help Staff: Inform Program Reviews

Use performance and outcome data to develop program review presentations for program staff. These presentations should include both outcomes that were especially positive and outcomes that were less desirable. As program leader, you should encourage active discussion of all program outcomes.

Discussions should examine any recent program changes that preceded improvements or declines in outcomes. In areas where outcomes are especially positive, assess client and program factors that may explain these outcomes. Discussions should also address whether these findings suggest expanding or strengthening program services.

In areas where outcomes are not what the team anticipated, discussions should consider possible client and program factors that may explain the outcomes. If these factors do not seem apparent, it can be worthwhile to establish a committee to research best practices for the outcome in question.

Example. Programs can generate an *Intake to Discharge Change Report* that compares client outcome measure rates between intake and discharge interviews. You can also run similar reports for demographics, employment, and other characteristics.

Harbor Home chose to generate an *Intake to Discharge Change Report* to compare several key outcome measures (such as abstinence and housing stability) at intake and discharge. In the example below (Table 5), Harbor Home demonstrates positive results in the employment/education measure.

Table 5: Intake to Discharge Change Report

Outcome Measure	% at Intake	% at Discharge	Rate of Change
Abstinence: Did not use alcohol or illegal drugs	64.0%	86.3%	34.8%
Crime and Criminal Justice: Had no past 30-day arrests	84.6%	93.6%	10.6%
Employment/Education: Were currently employed or attending school	54.5%	85.3%	56.5%
Health/Behavioral/Social Consequences: Experienced no alcohol or illegal drug-related health, behavioral, or social consequences	65.4%	96.8%	48.0%
Social Connectedness: Were socially connected	88.5%	95.8%	8.2%
Stability in Housing: Had a permanent place to live in the community	11.5%	5.3%	-53.9%

Using Data to Improve Service Delivery. One year ago, Harbor Home identified a goal to increase the employment/education measure by 20 percent from intake to discharge. Thus, the 56.5 percent improvement in the employment/education measure is notable and exceeds the program goal.

Harbor Home's project director can feature this information in a program review presentation and use it as the basis for discussion with program staff. The project director can also include other positive outcomes as well as undesirable outcomes. Doing so will generate program reviews that are transparent, open for discussion, and form the basis for an honest snapshot of program effectiveness.

3. Motivate and Help Staff: Identify Training and TA Needs

Performance and outcome data can provide valuable and objective information about areas where program staff may need training or TA.

Example. A review of the *Missing Data Frequency Report* can highlight areas where staff need training. For example, if the sexual activity questions found in Section F of the GPRA tool have a greater proportion of missing data, this may be indicative of staff reluctance to ask clients these questions.

Harbor Home generated a *Missing Data Frequency Report* (see Table 6) and noted that there were more than expected number of records coded "Refused," "Don't Know," and "Missing Data" in the data set. In this example, Harbor Home reported that 59 percent have "Missing Data" for the intake interview question, "In the past 30 days, how many unprotected sexual contacts did you have?"

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Table 6: Harbor Home Missing Data Frequency Report

Question: In the past 30 days, how many unprotected sexual contacts did you have?

Number of Contacts	Rate
Refused	1.2%
Don't Know	3.4%
Missing Data	59.0%
Total	63.6%

Using Data to Improve Service Delivery. This example highlights the fact that Harbor Home has a large amount of missing data for one intake question. The project director can use this information to research and identify the cause of the missing data. In our example, the data may suggest several possibilities:

- An interviewer may be uncomfortable asking clients certain questions and recording nonresponses.
- A data entry specialist may incorrectly indicate nonresponses.
- A data entry specialist may enter "Missing Data" for a record that they cannot understand and intend to follow up with clinical staff to obtain the missing information, but forget to update the information in the system.

In such cases, a project director can use information gained from a *Missing Data Frequency Report* to research the reasons for the missing data and possibly identify a need for additional training or TA regarding the program's interview, data collection, and data entry processes.

4. Motivate and Help Staff: Recognize Staff for Positive Outcomes

Program leaders can use positive outcomes to recognize staff efforts and performance. Simply informing staff that their efforts resulted in positive outcomes can be a strong motivational enhancement tool. Although updates about outcomes are important for regular feedback, mention sustained positive outcomes publicly to staff and regard these announcements as a way to reward and recognize staff. As program leader, you can link sustained positive treatment outcomes with staff recognition and reward efforts.

Example. A *Follow-up Rate Report* can provide calculated follow-up rates. Researchers have traditionally believed that treatment follow-up rates of at least 80 percent are necessary to avoid biased outcome findings. Using or generating a *6 Month Follow-up Report* can illustrate that a program has a 6-month follow-up rate of 95 percent, which is exceptional, or a follow-up rate of 60 percent, which suggests the need for improvement.

In Table 7, Harbor Home's *6 Month Follow-up Rate Report* illustrates that the program has an 88 percent 6-month follow-up rate. Since Harbor Home is a CSAT grantee, it can compare its follow-up rates with the average follow-up rate of other CSAT Pregnant and Postpartum Women program grantees. In this example, we see that Harbor Home has achieved a greater follow-up rate (88.1 percent) than its peers (78.0 percent).

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Table 7: Harbor Home 6 Month Follow-up Rate Report

Grantee Information	6-Month Follow-up Rate	Average Follow-up Rate for Pregnant and Postpartum Treatment Programs
Harbor Home Performance Period: 09/30/17–09/29/18	88.1%	78.0%

Using Data to Improve Service Delivery. Harbor Home can use these objective data to acknowledge staff teams' outstanding performance related to follow-up data collection. The project director can also set benchmarks for a reporting period and reward staff for reaching those benchmarks.

Area Three: Inform Program Decisions

Performance and outcome data can play an essential role in helping to inform or provide the basis for making program decisions such as testing enhancements, evaluating new approaches, and making planning and budgeting decisions.

1. Inform Program Decisions: Planning and Budgeting

Program leaders can use treatment outcomes to provide informed feedback during program planning and budgeting. Positive treatment outcomes help shape decisions to allocate funds and establish priorities.

- **Set Priorities.** Educate staff that positive outcomes for a treatment approach suggest maintaining or expanding that approach, while poorer outcomes suggest evaluation and possible modification.

- **Conduct Planning.** Similarly, you can inform staff that poor outcomes for a specific client population may suggest the need to develop a programmatic action plan to address these outcomes.

- **Strategic Planning.** Treatment outcomes can be a starting point for long-range strategic planning. Use these outcomes to ascertain program strengths and weaknesses and to identify specific approaches and clients associated with good or poor outcomes.

Example. An *Intake Graph Report* illustrates treatment program intakes in a graphical format, such as a bar chart (see Figure 1). You can create these in several different ways. They can present program intakes by years, months, or quarters. Harbor Home created the *Intake Graph Report* to graphically depict completed intake interviews by month. Programs can use *Intake Graph Reports* to quickly identify patterns in their activity level, which can benefit the planning process. In this example, notice that Harbor Home had an atypically large number of intake interviews during February.

Figure 1: Bar Chart Example
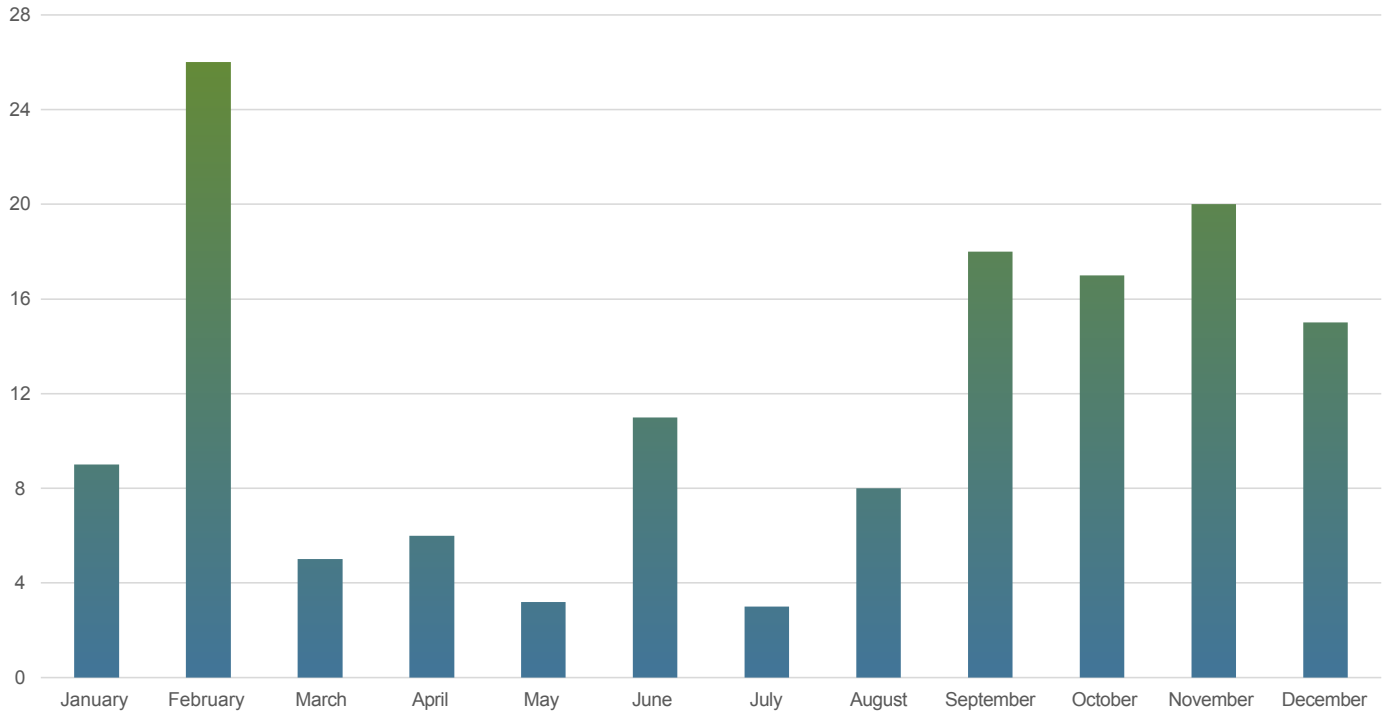
Using Data to Improve Service Delivery. Discovering the increase in client intakes during February is vital information. The Harbor Home project director can use this information as the basis for discussion with other program leaders to consider possible program changes that may explain the February increase. These changes may include adjusting staff resources or making other preparations.

2. Inform Program Decisions: Testing Enhancements or New Approaches

Regularly collecting outcomes data can help programs examine the effectiveness of changes to the treatment program, or test new approaches before full implementation. These efforts can help to promote continual improvement and innovation. For example, they can help you examine the effectiveness of treatment programming changes, staffing changes, educational materials, and adjusting the intensity or type of treatment services.

To do so, first establish a baseline by documenting outcomes before making any changes. Next, establish a predetermined and reasonable period, such as 6 months, to implement the changes. Then, prepare a pre- and post-intervention presentation or report examining key variables, such as client and program factors. If outcomes improve, the data suggest making the changes permanent.

Example: In our earlier example about service delivery, Harbor Home used a *Risky Behavior Outcome Report* to prompt discussion about the need to enhance treatment services that prevent unprotected sexual contact. You can use the same report to establish a baseline, and then measure the effectiveness of a program enhancement, such as an educational module on sexual behavior and substance use (see Table 8).

Table 8: Risky Behavior Outcome Reports for FY 2019 and FY 2020

Risky Behavior Outcome Report FY 2019

Outcome Measure	% at Intake	% at 6-Month Follow-up	Rate of Change
Percentage change in individuals receiving services who...			
Injected illegal drugs	14.2%	0.0%	-100.0%
Had unprotected sexual contact	22.5%	41.3%	83.6%
Had unprotected sexual contact with an individual who is or was HIV positive or has AIDS	0.0%	0.0%	N/A
Had unprotected sexual contact with injection drug user	0.0%	0.0%	N/A
Had unprotected sexual contact with an individual high on some substance	41.7%	0.0%	-100.0%
Risky Behavior Outcome Report FY 2020			
Injected illegal drugs	17.1%	0.0%	-100.0%
Had unprotected sexual contact	15.8%	2.2%	-86.1%
Had unprotected sexual contact with an individual who is or was HIV positive or has AIDS	0.0%	0.0%	N/A
Had unprotected sexual contact with injection drug user	0.0%	0.0%	N/A
Had unprotected sexual contact with an individual high on some substance	27.3%	1.2%	-95.6%

Using Data to Improve Service Delivery. The Harbor Home project director can run a *Risky Behavior Outcome Report* to identify the number and percentages of specific risky behaviors, such as having unprotected sexual contact. Next, the project director can implement an intervention designed to decrease such risky sexual behaviors. Once the intervention has been in place for 6 months, run the report again to determine whether the incidence and percentage of risky behaviors changed among clients.

Using Data to Improve Service Delivery: Summary

Use Outcomes Data to Identify Areas for Improvement

Compare recent findings for specific outcomes with results from previous periods and with targets set by the program. A *Follow-up Change Report* can provide useful data on client outcomes, including key outcome measures such as abstinence, criminal justice involvement, and education, allowing you to compare rates at intake and follow-up.

Use Client Populations Data to Identify Areas for Improvement

Examine outcomes such as abstinence and outcomes associated with maintaining abstinence such as employment, housing stability, and social connectedness. Examining a variety of key client outcomes can sharpen your focus on client areas that may support long-term abstinence. Run a *Crosstabulations Report* to help you examine client characteristics.

Use Service Delivery Data to Identify Areas for Improvement

You can examine aggregate outcomes data for clients receiving the same treatment services to identify patterns that might point to opportunities to improve treatment services. To do so, generate a *Risky Behavior Outcome Report* that compares intake to follow-up changes regarding such risky behaviors as injection drug use, unprotected sex, and unprotected sex while high or intoxicated.

Use Data to Communicate Results

Presentations on treatment outcomes help staff recognize that the program places a high value on outcomes. You can use *6 Month Follow-up Change Reports* to provide important feedback to staff about client progress and treatment quality. Break out findings by client demographics and treatment services, which helps staff identify successes and opportunities for improvement in relation to specific client groups and treatment characteristics.

Use Data to Inform Program Reviews

Create presentations using performance and outcome data to review program performance and show them to program staff. These program review presentations should include both positive and less desirable outcomes. Develop or generate an *Intake to Discharge Change Report* that compares client outcome measure rates between intake and discharge interviews. You can also run such reports for demographics, employment, and other characteristics.

Use Data to Identify Training and TA Needs

Performance and outcome data can provide valuable and objective information about areas where program staff may need training or TA. For example, you can generate a *Missing Data Frequency Report* to examine the need for training or TA regarding interview, data collection, and data entry processes.

Use Data to Recognize Staff for Positive Outcomes

Program leaders can use positive outcomes to recognize positive staff efforts and performance. Showing staff ways that their efforts result in positive outcomes can be a strong motivational enhancement. Run a *6 Month Follow-up Report* to identify areas of sustained positive outcomes and use this information as the basis for staff reward and recognition.

Use Data to Inform Planning and Budgeting

Program leaders can use treatment outcomes to provide informed feedback during program planning and budgeting. Positive treatment outcomes help decision-making related to fund allocation and establishing priorities. You can use an *Intake Graph Report* to illustrate treatment program intakes in a visual display of data, such as bar charts. These reports can help you quickly discern patterns of program activity, which can aid the planning and budgeting process.

Use Data to Test Enhancements or New Approaches

Collecting outcomes data can help to examine the effectiveness of treatment programming changes, staffing changes, educational materials, and changing the intensity or type of treatment services. Establish a baseline by documenting outcomes before making changes. Next, establish a predetermined period to implement the changes. Then prepare a pre- and post-intervention presentation examining key variables, such as client and program factors. If outcomes improve, it suggests a recommendation to make the changes permanent.

Tips for Presenting Outcome Data

Using outcome data to improve service delivery generally means making presentations, such as PowerPoint, to stakeholders about your outcomes. Your valuable outcome data, however, will not appear valuable if poorly presented. Even though your presentations may be easy for staff to follow, create PowerPoint presentations that are professional, clear, and meaningful to your audience while supporting you and the message. These tips can help you accomplish these goals.

All-Staff Meeting: OUTCOMES REVIEW

- Abstinence
- Crime and Criminal Justice
- Employment/Education
- Health/Behavioral/Social Consequences
- Social Connectedness
- Stability in Housing

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Begin with a Summary

Begin a presentation on outcome data to improve service delivery with a summary that provides context for the data. Create a summary that highlights related matters, such as program goals and objectives, populations served, services provided, benchmarks, and broad program outcomes. Summarize the major points that you will cover during the presentation.

Define and Use Terms Consistently

Effective communication means that the presenter and the audience have a shared understanding of the information that the presenter is communicating. Since your audiences may include program leaders, clinical staff, nonclinical staff, and volunteers, provide clear, concise definitions of any technical terms you use. After that, use defined terminology in consistent and unambiguous ways.

Use Charts and Graphs

Report tables, bar graphs, pie charts, organizational charts, and other diagrams can quickly summarize and illustrate important outcomes and trends. Employ relevant headings and number values so the reader can quickly understand the presentation and the points you are making. Importantly, a chart or a graph should illustrate or explain verbal or written material, not vice versa. That is, an overly complex chart or graph that requires a detailed and lengthy explanation is impractical and unappealing.

Use Benchmarks to Compare

It is useful to compare your program outcomes with published or known benchmarks. This allows the audience to understand how your outcomes compare with other programs or other client groups. Look for published rates of mental illness symptoms and disorders, arrests, employment, high school graduation, treatment completion, high-risk behaviors, and follow-ups.

Keep It Simple

Do not overwhelm your audience. Keep presentations simple and do not crowd too much data on a slide. Highlight key points with color, arrows, or circles. Clearly label tables and charts. Provide conclusions that you have drawn from the data. At the end of the report or presentation, provide a summary of the key points made.

Prepare Professionally

Prepare presentations and reports professionally, even when they are for internal program use only. Create PowerPoint presentations with a consistent look and feel using professionally developed charts and graphs.