Klea:

For this semester Phung and I teamed up to work on the data visualization 2 project. The process started with both me and Phung having an initial meeting to get to know each other, and to go through the project description, and try to create a timeline with milestones to help us keep on track. The meeting went well, and we both were able to set aside time to have our official kick-off meeting with our coach. Our coach had significant knowledge on Tableau which is a huge advantage for me and Phung since we are limited in our experience on Tableau. Our coach broke down the purpose of the project and what to think about which cleared our questions and gave us a direction on how to start. To communicate we decided to do two-week check-in. In this way, we can be ahead of our work and catch mistakes in advance, so we have the time and have the best product possible.

The challenges started to take place after. Personally, at first, I though since I have completed the first data visualization my experience would be good to complete the project. However, I did not account that the data this time is even more complicated than the first time. Since the data was very large, Phung and I were having issues with understanding the data and deciding what part to use and what topic we want to discuss. After a few trials by ourselves we decided to ask our coach for help. The meeting went great, and the coach broke down the data for us and even did a demo on how to filter and use the data.

After this meeting, both me and Phung tried to work on the dashboard with the new tools and guidance given by our coach. Then the next issue for me was putting the data into tableau. After playing with the data more I decided to focus on alcohol use and Phung on oral health. We kept giving updates to each other and the coach to track our progress.

For me personally the data was not inputting into tableau how I wanted and therefore it was not showing the way it should be meanwhile Phung was struggling into finding her data and how to select it to put into tableau. I think since the data was large and complicated it made it more difficult to understand and pick the parts we needed.

Again after a few trials we again decided to go to our coach for help. We set up a time and meet. She was very helpful and confirmed my hypothesis on using different excel sheet for my data. After going through the next steps with her I was able to create my first table and the next part was to finish the reflection sheet and go through it with our coach while also showing her the final draft.

To be honest I think this project took more time than it should but my way of going about the project was not successful either. This semester was a bit challenging emotionally which did interfere with my focus and ability to break down the work accordingly. This was a big lesson on my end about better time management and stress handling.

The next step was to continue working on the dashboard and keep consulting the coach for issues or problems along the way.

And in the end, we can say we successfully managed to improve our skills in Tableau and learned how to handle projects effectively. Even though there were struggles I believe it was necessary to learn and grow.

Phung:

This project marks my first hands-on experience handling a sizable dataset – the Chronic Disease Indicator dataset from the CDC – and provides insightful and interactive visualizations to demonstrate my findings about the data. Initially, I found myself overwhelmed, unsure of how to approach and analyze the data. With the guidance of our coach, we narrowed it down to a topic I found interesting – I chose Oral Health from the

dataset. I believe it's often an overlooked aspect of health that could potentially lead to significant pain if not addressed promptly.

During my data analysis, a notable finding emerged: the prevalence of preventive dental care before pregnancy varies among states in the US, with many Northern states exhibiting higher rates compared to the South. Furthermore, a closer look at the prevalence over the years revealed a significant decline in prenatal dental care since 2016. Then, a comparative analysis among different races and ethnicities also revealed similar curves, all experiencing a drop in 2016. Interestingly, White and non-Hispanic populations exhibited a notably higher rate of prenatal preventive care.

This discrepancy could be tied to changes in pregnancy costs or insurance policies, or it might signify a shift in awareness or access to dental care. To uncover the root cause of the decline in preventative dental care before pregnancy, further research is imperative. Understanding the factors affecting the prevalence is crucial to finding effective solutions and reversing this trend.

Link to Klea's dashboard:

https://public.tableau.com/app/profile/klea.coli5724/viz/Alcoholusein2019amoungyoungwomenandmen/Dashboard1?publish=yes

Link to Phung's dashboard:

https://public.tableau.com/app/profile/phung.tran3417/viz/OralHealthCDCCDIDashboardFina l/PreventiveDentalCarebeforePregnancyPrevalanceintheUSfrom2011-2020#1