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# **DataShare Monterey County Website**

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## DataShare Monterey County Website

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#### Abstract

The DatashareMontereyCounty website was created by combining Conduent technology and knowledgeable staff from the Monterey County Public Health Department. This project attempted to solve the disengagement between many people in Monterey County and health interventions/prevention initiatives set in place by the health department. Two contributing factors related to community disengagement were that residents were not always aware of works the health department was attempting to promote and the complexity of health data (statistics). The main focus of the project demonstrates how understanding health information may or may not impact decision making. When concepts are difficult to understand this can deter people from wanting to learn more. Consequences for choosing not to engage in one's personal or community health were determined to be long term health problems. Marginalized groups were not historically included in community conversations. The project solution was DataShare Monterey County - an online source providing access to local, state, and national data. The website was organized into sectioned topics: healthcare, economy, education, environment, government and politics, public safety, social environment, and transportation. DataShare Monterey County compiled information related to community health and relevant data, resources, reports, progress, priority areas, promising practices, and funding opportunities. The website was successfully launched on August 28th, 2020.

The site continues to be updated with new reports and data when applicable. Survey data from Collaborative Health and Human Services Students indicate they were all able to use this site on their own following a how-to video when searching for possible data needed. A recommendation for additional project improvements would be to track site activity and respond with appropriate media to keep site visits frequent.

*Keywords:* Database, public health, community health, advocacy, resource

### **Agency & Communities Served**

The Health Department of Monterey County is the government agency accountable for the mission to enhance, protect, and improve the health of the people. To achieve this, the department provides a vast variety of health-related services in the areas of public health and safety, environmental health, behavioral health, and clinic services (2017).

The health department's mission is broad because it covers multiple aspects of health. Within administration, a section of this is a division titled Planning, Evaluation, and Policy (PEP). The PEP department has a variety of duties. PEP is responsible for implementing the community-designed strategic plan, tracking performance data to ensure the county is operating to fulfill the mission and reach determined goals, and promote access to care.

The first Monterey County Strategic Health Plan was created in 2011 with community input as well as a thorough the county's analysis of regional differences. One of the focuses was on the major differences between South County and the Monterey Peninsula. Both areas are within the county jurisdiction, but they differ drastically by demographics, resources, and needs. The three key areas identified in 2011 were disease prevention, access to care, and community empowerment. The revisions were made in 2017 based upon comparison data from the Monterey County Community Health Assessment years 2013 and 2015. The new item added recently was to engage the health workforce and prepare for the growing needs of the community.

The Planning, Evaluation, and Policy unit "2018 Year in Review" features one way the department is able to collect and display data. The data is used to provide credible evidence to exemplify meeting the goal(s) of Monterey County. Racial Equity was a priority area for Monterey County in 2018. To promote this goal, twenty civic leaders and 640 staff members were trained in how to improve racial equity in their communities. The curriculum was specifically adapted to meet the needs of the diverse demographic of the county. This training exemplifies a specific event that the Monterey County Health Department (MCHD) conducted to enhance equity among races.

As mentioned previously, those living in Monterey County are the persons served, but this is too generic. Census data from the year 2017 in Monterey County reports 65% of people to identify as White, about 6% Asian, about 3% African American, approximately Native Indian Native Alaskan account for .7 of 1%, and a half of 1% represent the Native Hawaiian and Other Pacific Islanders (Census Bureau, 2017). Hispanic/Latino Population self-identification accounts for 58% of Monterey County. The numbers will not add up exactly because of the insufficient options for respondents to identify or select (Census Bureau, 2017).

#### **Problem Description**

The problem identified in this project was that many people living in Monterey County were not engaged in prevention efforts to improve their personal health and the general health of their communities. Prevention efforts include: healthy dietary choices to improve nutrition, an active lifestyle to increase movement, annual doctor visits to help avoid disease, awareness of one's mental health for wellness. Fast food has been proven to increase the chance of negative health outcomes, yet 62.5% of adults in 2016 in Monterey County had eaten fast food at least once in the past week (California Health Interview Survey). Weight was another indicator

depicting the health of a community. In 2018, 61.5% of Monterey County adults were overweight or obese (California Health Interview Study). Some established areas for improvement in Monterey County were early childhood development, safety and injury prevention, and chronic disease. However, the awareness of health behaviors was not common knowledge to some residents of the county. This presented a disservice to a large portion of people living within Monterey County.

#### **Contributing Factors**

A main factor that prevented residents from participating in health initiations was complexity of the data. Data analytics is a specialized skill that is typically taught to students of higher secondary education. Most people do not possess that knowledge in Monterey County. Although 71% of the population, over age 25, has a high school diploma or equivalent, the percent of the population in Monterey County, over the age of 25, with a bachelor's degree or higher is only 25% (U.S. Census, 2014-2018). Therefore, only one in four people living in the county (over 25 years of age) may have an understanding of what data reports released by the MCHD are communicating.

Further data displays where the bachelor's degree holders reside; 54% live in the Monterey census area, 13% live in the Salinas census area, and only 4% live in the Greenfield census area (U.S. Census, 2014-2018). A significant portion of the Monterey census tract has a bachelor's degree or higher, the likelihood of these people choosing healthier life choices is far greater than those who do not have a bachelor's degree or higher.

Unofficial "zones" exist in Monterey County: north and south county. North County is the wealthy Monterey Peninsula and the coastal regions of Monterey County, such as Pebble Beach. Pebble Beach is known worldwide for its luxurious golf courses and surreal scenic drives,

whereas south county is considered to be a collection of small, agricultural towns just south of the Salinas Valley. These two locations are drastically different in population demographics, quality of life, and health disparities.

Consequently, one group is going to be more informed, interested, and able to implement a county prevention initiative. South county would be at a disadvantage. The cities within South county are primarily Latinx and do not always communicate is English. The MCHD has been releasing documents in spanish for some time, however concepts are often lost in translation. Non traditional "American" populations may not realize what information is released or how it could be beneficial to their communities.

#### Consequences

Consequences may be experienced by residents who do not engage in health related interventions or preventions. Personal health may be impacted as well as long term family and community health. Personal health of lesser informed residents may suffer.

Nutrients are essential for sufficient function of body and mind. A person must be aware of the food and drink they consume in relation to physical activity maintained by the body. If not, a person may have unhealthy weight fluctuations resulting in non-optimal health performance. Unnecessary pressure may be applied to the body by having had excessive or insufficient weight. Not receiving adequate nutritious food can lead to health risks: obesity, osteopetrosis, and type II diabetes. Factors for personal health expand beyond physical. Personal health is considered mental as well (MS International Federation, 2020). Mental resilience is not always a naturally developed muscle. Many must seek aid to enable and develop this ability. One's health also includes habitual practices.

Habits can be dangerous. Humans learn by observation, seeing unhealthy lifestyle practices may influence some to inherit these ways. Tradition is a way of continued training that taught youth similar values and behaviors as those before them. Negative health behaviors continued over decades, without correction, may create long term health risks.

Political consequences have fallen heavily on a few groups in Monterey County more so than others. Marginalized groups are not always considered when plans are made to support the agenda of the city or community. These groups include: ethnic minorities, members of low income communities, migrant and new immigrant population, and LGBTQ identifying humans (MCHD, 2016). These communities have historically been awarded very little input when discussing public health topics. Even when the AIDS virus mainly affected LGBTQ persons, leaders did not call on them to help solve the problem that was killing their community.

Some groups have even been harmed by American Public Health. The Tuskegee experiment is a perfect example of why black people living in American would be hesitant to involve themselves in anything having to do with health and government (Tuskegee Study, 2020).

Minority groups have continued to be mistreated. A survey conducted in 2019 found 29% of transgender individuals were rejected to be seen by a doctor or other health care provider because of their gender identity (Ahmed Mirza & Rooney). The study also showed, 25% of transgender people still being misgendered or called the wrong name by their provider (Ahmed Mirza & Rooney). This is dehumanizing to people who desperately want to be seen the way they feel in their minds.

Because minority groups tend to be ignored, these groups must be even more actively involved in politics. People who are deemed unworthy to participate in conversations must do so

to maintain relevance, claim their rights, and demand their needs fulfilled. Muted populations must be louder than the groups who are expected to be there.

#### **Problem Model**

<b>Contributing Factors</b>	Problem	Consequences
Health data (statistics) is difficult to understand	Many people are not engaging in health related	Long-term health risks
Many residents are unaware of the work that health departments do	initiatives/prevention measures	Marginalized groups continue to be left out of conversations

### **Capstone Project Description and Justification**

## **Capstone Project**

DataShare Monterey County is an online source providing access to local, state and national data. The website was compiled into sectioned topics: healthcare, economy, education, environment, government and politics, public safety, social environment, transportation. The website was interactive and allowed users to search for information to expand their understanding. Searches can be run based on indicator, location, sub-group, and comparison. DataShare Monterey County holds all things related to community health and relevant data, resources, reports, progress, priority areas, promising practices, funding opportunities. The ideal one-stop platform for research and creation of materials.

## **Project Purpose**

The purpose of DataShare Monterey County was to design a website to entice more community members to visit a data platform that centralized all information on community health and wellness. Making all data available in a single location was intended to improve the user's experience while learning with ease. The purpose of an interactive website was to help people become more involved and more interested in preventative health measures, priority areas of health, and socioneed.

#### **Project Justification**

The justification for this project was the need for greater interest in community health. As mentioned previously, data is complex and can be difficult to understand. Hence, the County wanted to provide a better way for residents to receive this information. Datashare Monterey County includes visual aid and small amounts of text to assist users comprehend what is being communicated. "By taking advantage of what communication experts have discovered about the benefits of the visual medium, and incorporating graphic elements into our largely text-driven communications, we can communicate more effectively" (Partnership, 2015). Leaders at MCHD Planning, Evaluation, and Policy decided it was time for an improvement to the online communication between the department and community members.

#### **Project Implementation**

Due to a former staff member's untimely exit there was an opportunity for this website to become a powerful Capstone Project. The concept of the website was introduced by Patricia Zerounian during the first few days of July. The technology had been successfully purchased and

MCHD needed a point of contact with the new company, Conduent. The Conduent Senior Account Manager, Anne Zwerner, was a trainer for the team. After a login was created and authorized, Anne began teaching the basic skills of using the Content Management Site (CMS) via Zoom.

The basics for maneuvering Conduent allowed for trial/error and self teaching. While original content could also be added, previous content needed to be edited first. Edits applied to the preexisting site included: redesigning the navigation header bar tile, coordinating with Conduent programmers to modify the COVID-19 banner to the color red, personalized the photo carousel on the home page with Monterey flare. More edits: filling in missing hyperlinks that were needed, altering footer text and sponsor images to the liking of Dr. Hanni, reimaging local progress tile sets, customizing search functions for different web pages.

Persistent discussions with Conduent staff were required for web designers to reprogram the translate buttons to appear more modern. The original outline made that section of the website feel dated which was not conducive for a brand new site. New pages to DataShareMontereyCounty.org were also added. The Frequently Asked Questions (FAQ) Expando tile set was published, an editorial policy written, and a cannabis dashboard landing page made.

Another idea came to life when tutorial videos were recorded and uploaded onto the site via youtube. Videos were determined to be the best way to support users. This enabled users to stop, start, and rewatch recordings at their own pace. The learning style was preferred by many in the current social distancing era.

A separate video was created for students in a few ProSeminar courses in the college of CHHS. All recordings were made using a microsoft computer with zoom technology. Zoom

saved the recording automatically to the computer after each session ended. A survey was also made to accompany the video and the survey was created on Qualtric. Upon viewing the video, students were to click on the link in the comments of the youtube formatted page to access the survey.

Some additional features on the website were maintained by the company Conduent. The Conduent features do not require updating by staff, it is completed automatically. But not all features are automatic, staff must also maintain uploading local resource documents and creating new indicators that become available at the county level.

A team met and reviewed a Quality Assurance (QA) overview of the entire website and final edits were made. After the meeting concluded, the site was set to "go live" the following morning. "Going live" refers to whether or not the site can be viewed by other users on the internet.

Over the next few weeks, the team coordinated a soft launch which provided information about the site to community partners and county employees. A flyer for the mass email was drafted on Microsoft publisher. The flyer was then finalized in English and recreated in a Spanish version. Before being approved, Dr. Hanni wanted her boss Elsa to preview the document. Elsa also asked to inform the Board of Supervisors that it would be public knowledge. Once informed, it was time to send it.

Karen Smith, the media relations expert, assisted in embedding the flyer versions into an email. Embedding was an extra measure to ensure the security of the flyer. The intent was to have as many people open the email as possible, therefore the flyer would appear safer than an unknown attachment. Dr. Hanni sent out the email because as a well known member of the

community, recipients would be more inclined to take interest in the email that if it were sent by an unknown intern's email address.

A detailed implementation plan and timeline can be seen in the Scope of Work in Appendix A. Further documents are provided that were used in advertisement, launch, and awareness of the website.

#### **Assessment Plan**

One assessment plan for Datasharemonterycounty.org was to create a survey using the county system Qualtrics. The concept was to provide an online questionnaire to students after viewing a Zoom demonstration of the website. The survey was a Yes/No response with three questions. The text asked if the presentation was informative? Will the student use the website in the future? And if they were comfortable using the website independently following the presentation? The students who experienced the 'assessment' were newer Collaborative Health and Human Services, enrolled in CHHS 300. Both 300 instructors for Fall 2020 were contacted, Lecturers Zulie Arevalo and Joy Ruby. They were interested but struggled to find live time in their classes to accommodate the presentation. Next best thing was a zoom recording with the survey link in the comment section. The team coordinated to have the recording pair nicely with Joy's topic for class. Zulie had the activity as an extra credit opportunity.

Google Analytics as an additional assessment option that was part of the Conduent system upon purchase. The Google program features a plethora of information: number of views to the website, clicks on a particular webpage, IP activity and where users are located, returning users vs. new users, average time a user spent browsing the website. The program can be manipulated to show different date ranges and factors of a search.

The survey produced quality data about the effectiveness of DatashareMontereyCounty for CHHS users. And Google analytics will supply the quantitative data, a combination of both led to a stronger understanding of the project's impact.

## **Expected Outcomes**

Expected outcomes were considered in two parts; viewing Qualtrics survey results and analyzing the features provided by Google Analytics. The desired results for the Qualtrics survey was at least 75% of participants would respond Yes to each of the three questions. Questions were written in a consistent manner which allowed participants to respond with a simple yes or no. Because admitted students are required to have certain skills upon entering the CHHS program, it is hopeful that they would find the website informative and helpful for future research. Technology skills may be more present in newer students because of COVID-19 semester requirements for online academic adaptations.

Information provided by Google's Analytics system was more focused on the amount of activity on the website. The flier was dispersed to nearly 836 email addresses, this was to all county employees and identified partners by Dr. Hanni and Patricia. The hope was to obtain 415 views of the DataShareMontereyCounty Home Page or roughly 50% of recipients.

#### **Project Results**

The project results were even better than the expected outcomes. Nineteen survey responses were collected in the Qualtrics system. All three questions had been answered as 'Yes' 100% of the time. The expectation percentage had been 75% of participants said Yes, to have more people satisfied than expected was a positive outcome. The other assessment strategy for DataShareMontereyCounty was Google analytics. The estimate of viewers was about 415 users on the site, and again DataShareMontereyCounty surpassed the goal. The number of users in the

last month, October 18th to November 18th, was 537. In total, the number of page views over the last 30 days has been 2,091!

An unexpected result of sending out information about DataShareMontereyCounty was that the website was featured in NOW Monterey community newsletter. The article can be seen in the appendices. A few days after the soft launch, Dr. Krista Hanni communicated to the team that her supervisor, Elsa Jimenze, thought it was clean and visually pleasing. Following the release, an introductory presentation was scheduled and delivered to the Monterey County board of supervisors. Lead employee on the DataShareMontereyCounty team, Audra Ketchem, gave a short presentation to the board members and guests in attendance. Chair board member of Monterey County, Chris Lopez, commented that he wished this resource had existed a long time ago (when he was working in data analysis). He described how data used to be stored in binders and the very tedious process required to retrieve information prior to electronic databases.

#### **Conclusion & Recommendations**

The DataShareMontereyCounty website has begun to achieve its purpose. With thousands of views, the site has educated community users already. Although Conduent provided a wonderful system and service, the technology was quite limited for an item the County had to purchase. The company was unwilling or unable to make many adjustments the team requested. Therefore, many of the recommendations were actually not for the agency, but for the Conduent system. The company claimed to have quite a few limitations that prevented them from delivering the page as desired. One observation was Spanish speaking users could not search the database in the same way a user viewing the page in English could. The database was not coded to search pages that had been converted to Spanish. The inconsistency created an issue, Spanish viewing users could only view what the county staff had premade. Spanish users

experienced far less freedom for exploring data themselves than English users could. This element unfortunately was out of the health department's control.

One recommendation that would be made to improve the current version of DataShareMontereyCounty.org was to continue to track usage and respond with appropriate promotional attempts. Maintaining relevance online may be a struggle from time to time. A possible update could inform users of the new goals Healthy People 2030 plan to update in 2021.

DataShareMontereyCounty was the resource identified best to help dissolve confusion surrounding community wellness statistics. The website featured many interactive tools and visual aids that facilitated understanding. DataShareMontereyCounty took form over many months of work by a small team of PEP employees. The feedback from users of the website indicated a friendly, easy approach to actual application. As a developing website, these are some of the highest compliments obtainable! Please review the index for more details.

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# Appendix A: Scope of Work

Activities	Deliverables	Timeline/Deadlines	Supporting Staff
Introduced to the idea of constructing a Content Management Site: DataShare MontereyCounty.org	Administrative access granted.	July 10, 2020	Patricia - Management Analyst III
Learned how to use the administrative side of the website.		July 14, 2020 - July 24, 2020	Anne - Conduent Senior Account Manager
Edited Navigation Bar	Navigation Bar with drop down feature and fly out options	July 20, 2020	
Edited Covid19 Banner	Color change to red and updated hyperlinks to MCHD and CDC	July 25, 2020	Conduent Development Team
Edited Carousel	A revolving eight photo slideshow advertising hyperlinks to the website	July 27, 2020	Dr. Krista Hani & Patricia - photos provided
Created an Expando tile FAQ	A web page for Frequently asked Questions	July 29, 2020	
Updated Footer	Larger text, more legible footer	July 31, 2020	Anne/Conduent Dev. Team
Created Editorial Policy	Editorial Policy available in Footer	July 31, 2020	
Edited Local Progress Tile Set	Created Three Pages: Early Childhood Development, Health Equity, & Access to Care.	August 2, 2020	Patricia - provided info and improved text
Added Sponsor Logo	Sponsor Logo at the bottom of Home Page	August 9, 2020	
Created Cannabis Dashboard Landing Page		August, 10, 2020	Roxann - Epidemiologist

Created and uploaded Helpful Video Tutorials for Users	Navigation Video, Create a Dashboard video, How to interact with the SocioNeeds Index data video, & Location Report Builder	August 11, 2020 - August 13, 2020		
Edited Search Functions in Resource Library and Promising Practices to be more user friendly.	Filters now present as default when pages open.	August, 14, 2020	Anne & Conduent Development Team	
Edited "Translate To" button to me rounded corners and not harsh lines		August 20, 2020	Anne & Conduent Development Team	
QA on website	Quality Assurance was conducted on the website. Small errors were fixed such as spelling, random punctuation marks, and	August 26, 2020	Anne, Dr. Hanni, & Patricia	
Launched site	DataShareMontereyCo unty.org is now live	August 28, 2020		
Approved by Senior Staff	Received feedback that Krista's boss was impressed with the site.	September, 1 2020	Dr. Hanni & Elsa Jimenez	
Created "email flyer"	Flier to send to county employees and partners	September 10, 2020	Dr. Krista Hani	
Create an email list to send information to	Condensed three files (email lists) of potential users to send flyers too.	September, 20, 2020		
Disperse flier to medical and media list		September 21, 2020	Karen Smith	
Present Website to Partner Committee	Provided basic instruction and site overview to a 15 member committee on Chronic Disease & Public Safety.	September, 24, 2020	Christabelle	
Finalize Assessment Plan		September 25, 2020	Caitlin S.	
Drafted the DataShareMontereycounty Flier in Spanish	Flyer (Spanish Version)	October 8th, 2020	Carmen	
Dispense Flyer to the composed email list.		October 18th, 2020	Dr. Krista Hanni	

Uploaded presentation for Ruby's CHHS 300 class	Recording and survey results	October 19th, 2020	Joy Ruby, students
Gather Data	Data Information	Ongoing	
Present for Board of Supervisors		October 27, 2020	Dr. Hanni
Google Analytics	Data added to Capstone results	November 18, 2020	

## **Appendix B: Dissemination Flyer - English**





When it comes to improving public health, it is hard to overstate the value of accurate, relevant, local data—and the context to understand its implications. DataShare Monterey County is the place to find that data and context for Monterey County, along with research-based information about practices that can improve outcomes for these issues. DataShare Monterey County is a tool to inform, inspire, and initiate dialogue about our County's health and wellness, and how we are collaborating to reduce local health inequities.



Easy to use site also includes short tutorial videos.

Find local reports, links to initiatives, and nationally recognized promising practices.

Compare local, county, and state data and trends over time.

Hundreds of indicators to review, from health, to social environment, to transportation.

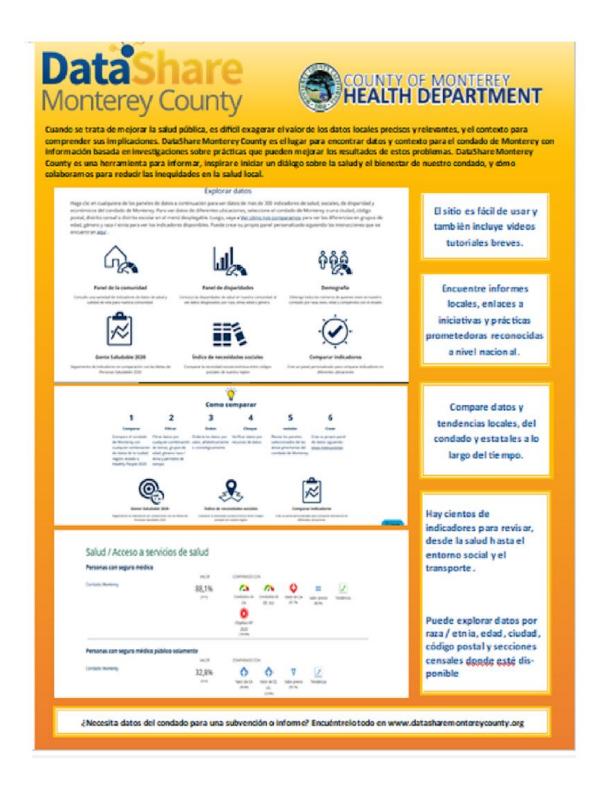
And where available, you can explore data by race/ethnicity, age, city, ZIP code, and census tracts.

How to compare 2 3 4 1 5 6 Review the curated dashboards of Compare Monterey Filter data by any Order data by value, Check data by data Create your own data dashboard by County to any combination of topic combination of city, regional, statewide, or race/ethnicity, and combination of topics, alphabetically, or chronologically Monterey County following these priority areas directions ealthy People 2020 time periods

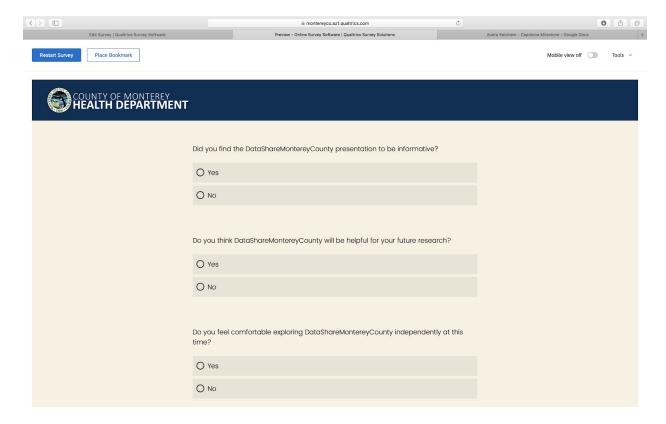
Health / Access to Hea	ith Services					
Persons with Health Insurance						
	WALLE	CONFARED TO:				
County: Manterey	88.1%		610	0	=	1
	(2014)	CA Counties	U.S. Courriles	CA YGUE (81.79)	Prior Value (963H)	Trans
		HP 2023 Target.				
Persons with Public Health Insura	nce Only					
	WALLE	COMPARED TO:				
County, Manterey	32.8%	CK VORM	(15 Ables	Prior Volus (35,7%)	Trand	
Census Place: Salinas	39.2%	0	0	0	Δ	
	600.00	Monteney, CA	CAYolse	US Value	Arior Value	

Need county data for a grant or report? Find it all at www.datasharemontereycounty.org

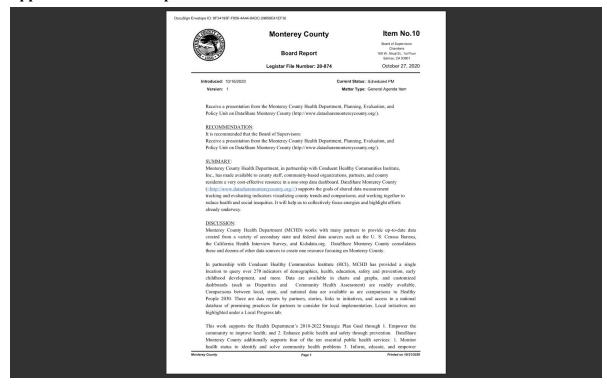
### **Appendix C: Dissemination Flyer - Spanish**

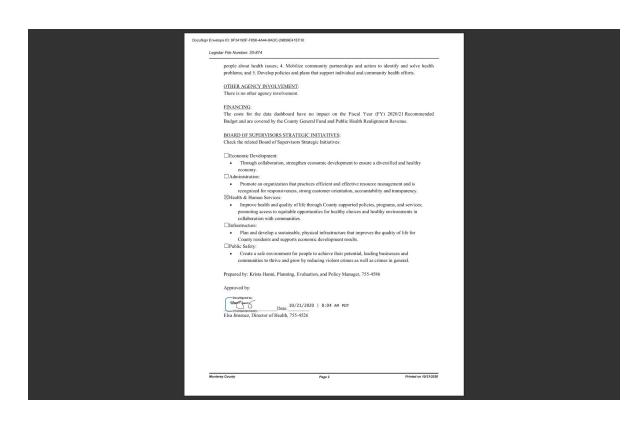


## Appendix D: Survey questions asked of CHHS students after viewing the youtube video



#### **Appendix E: Board Report Brief**





#### **Appendix F: Article released about the Capstone**



Public health, by the numbers. A new county tool has its moment in the limelight.

Good afternoon, editor Sara Rubin here.

The arrival of the Covid-19 pandemic has been a crash course for many journalists and for the public at large in epidemiology. It's also been a crash course in math, as numbers help tell the story—and they help determine when various sectors may reopen, and what it's deemed safe for us to do or not do.

So now that we've all gotten used to using numbers to understand public health, it seems like especially perfect timing for a new county dashboard that brings together a lot of relevant health information. DataShare Monterey County is a new website that provides insight into 287 different health indicators, from things like the obesity rate and rates of death due to certain types of cancer, as well as data on fast food consumption and health insurance. The website comes with an easy-to-find translate button at the top.

The data isn't, for the most part, new or surprising—the information comes from a variety of sources that were already available. But they weren't necessarily accessible. "There is lots of data out there and it's great, but quite often it's for people who have a lot of experience manipulating data," says Krista Hanni, planning, evaluation, and policy manager in the Monterey County Health Department. "This

makes data a little more usable for the public. I feel really good about bringing data to the people in a very usable format."

The dashboard takes a broad and comprehensive view of health, meaning it's not all about what you might consider strictly "health." It shows how we're doing on things like increasing access to public transportation and decreasing violence (on both measures, Monterey County does not meet targets).

A lot of the data is intuitive, but some numbers surprised me at a glance. Only 74.8 percent of moms received early prenatal care, and only 1.6 percent of workers commute using public transportation—which is fewer than those who walk to work, 3.1 percent. Some of the data is outdated—the hunger tab takes me to a 2016 study, for instance—and there's a lot of untapped potential here. But like a community's health, the DataShare website is also a work in progress, and there will be more points added over time.

The site was built by Health Communities Institute at the company Conduent, and costs Monterey County \$20,000 a year (plus another \$10,000 for the launch). Hanni will present the new site tomorrow, Oct. 27, to the Monterey County Board of Supervisors when they meet at 10:30am with a walk-through of how to use it.

A health crisis seems to me like as good a time as any to reinvest in our community's health. Better prenatal care and public transit are not going to end the pandemic, but they are going to help us implement the public health infrastructure we deserve—and that will help us stay resilient in the future.



-Sara Rubin, editor, sara@mcweekly.com