# Welcome to the May STAW



Please share in chat or unmute:

- Name
- Role
- State
- Topic area

Were you able to see the Aurora Borealis from your home?







# State Technical Assistance Webinar

May 16, 2024







#### **Funding Sponsor**

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# **Technical Tips**



Join audio via your computer if possible



Use the chat to ask questions at any time



Turn on your video camera, if you are willing and able, to increase our connectedness



Rename yourself to your state abbreviation and full name



Mute yourself when you're not speaking



This session is being recorded and the recording will be shared along with the slides



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#### **Presenters**



Bina Ali, Ph.D.

**CSN EDARC & PIRE** 



Rebecca Hoffman, Ph.D.

**PIRE** 





# Leveraging Data to Inform Injury and Prevention Efforts

Bina Ali, PhD, MPH Rebecca Hoffman, PhD









#### **Objectives**

- Review the importance of data to guide injury prevention work.
- Understand challenges to collecting and accessing data.
- Discuss creative ways to access local data.
- Learn about some free and publicly available data.
- Discuss how states have identified and accessed data to guide their injury prevention work.



# Recap from Previous STAW QI 101

- S = Specific
- M = Measurable
- A = Attainable
- R = Relevant
- T = Time-bound
- I = Inclusive
- E = Equitable

#### SMARTIE Objectives:

- Demonstrate how the program is reaching populations of focus and strengthening collaborative efforts with partners from those communities.
- Support sharing of power, shrinking disparities, and leading to more equitable outcomes.

Source: CDC SMARTIE Objectives: https://www.cdc.gov/cancer/ncccp/pdf/smartie-objectives-508.pdf



#### Importance of Data

- Develop SMARTIE objectives
  - Understand where is the problem and what can be done.
  - Identify trends to understand the context.
  - Understand disparities and identify partnerships.
- Monitor SMARTIE objectives
  - Track our program's progress, inform prevention efforts, and tailor practices as appropriate.



# **Primary vs Secondary Data**

#### **Primary**

Data collected for the purposes of the program

Advantage: answer questions that we want to know

#### Secondary

Data already collected by someone else (for different purpose)

Advantages: already exist and fairly inexpensive



#### **Challenges to Accessing and Using Data**

#### Limited knowledge

- Where data exist
- How to collect or access data
- How to build trust and identify common aims among partners

#### Limited resources

- Limited staff time
- Costs to purchase data

#### System-level issues

- Review and approval processes long or not clearly defined
- Policies, including federal and state laws, that limit access

Source: CDC Standards and Network Development Workgroup: https://www.cdc.gov/nceh/tracking/wkshop04/pdfs/II/discuss1/1\_shorter.pdf



#### Challenges to Accessing and Using Data, Cont.

#### Data security, analysis, and interpretation

- Confidentiality and privacy concerns
- Limited analytical skills to manipulate and analyze data
- Concerns about misinterpretation/misuse of data

#### Data compatibility, timeliness, and completeness

- Data not in electronic form or in a compatible format
- Frequency of data release
- Incomplete/missing data

Source: CDC Standards and Network Development Workgroup: https://www.cdc.gov/nceh/tracking/wkshop04/pdfs/II/discuss1/1\_shorter.pdf





Have you experienced those challenged? How did you navigate those challenges?



#### Some Ways to Address Those Challenges

Identify publicly or locally available existing data

Identify and/or develop strategic partnership

Create formal agreements

Designate staff resources

This technical assistance webinar will focus on existing/secondary data.



#### Where to Look for Existing Data?

- Identify existing data and sources of those data
- Examples of existing data
  - Vital statistics data
  - Surveillance data
  - EMS and police data
  - Trauma data
  - Poison Control Center data
  - Hospital data

- Medical examiner/coroner's data
- Child Death Review data
- Community coalitions' data
- Program reports
- Townhall meeting minutes
- Other local data



#### Poll

- Which of these data sources do you have experience using?
  - CDC WISQARS
  - CDC WONDER
  - Youth Risk Behavior Surveillance System (YRBSS)
  - National Survey of Children's Health (NSCH)
  - Pregnancy Risk Assessment Monitoring System (PRAMS)
  - Fatality Analysis Reporting System (FARS)



# **Examples of Publicly Available Data**

Sources	Data Collection Methods	Contents	Level of data
WISQARS (Fatal)	<ul> <li>Injury and violence fatality data from National Vital Statistics System (NVSS) (Annual)</li> <li>Based on ICD-10 codes</li> </ul>	<ul> <li>Counts, rates, leading causes of death, costs</li> <li>Filter by: intent, mechanism, geographic location, age, race/ethnicity, sex</li> </ul>	National, regional, state
WISQARS (non- Fatal)	<ul> <li>Nonfatal data from hospitals that participate in the National Electronic Injury Surveillance System - All Injury Program (NEISS-AIP) (Annual)</li> </ul>	<ul> <li>Counts, rates, leading causes of ED-treated injuries, costs</li> <li>Filter by: intent, mechanism, age, race/ethnicity, and sex</li> </ul>	National, regional
WONDER	<ul><li>All fatality data from NVSS (Annual)</li><li>Based on ICD-10 codes</li></ul>	<ul> <li>Counts and rates</li> <li>Filter by: intent, mechanism, geographic location, age, race/ethnicity, sex, cause of death</li> </ul>	National, regional, state, county

WISQARS = Web-based Injury Statistics Query and Reporting System Fatal Injury and Violence Data; WONDER = Wide-ranging ONline Data for Epidemiologic Research



# **Examples of Publicly Available Data, Cont.**

Sources	Data Collection Methods	Contents	Level of data
<u>YRBSS</u>	<ul> <li>Nationally representative data from high school students (Biannual)</li> </ul>	<ul> <li>Risky behaviors (e.g., substance use, sexual behaviors, dietary behaviors, physical activity)</li> <li>Filter data by: sex, sexual identity, race/ethnicity, grade</li> </ul>	National, some states and districts
<u>NSCH</u>	<ul> <li>Nationally representative data from US households with children ages 0-17 (Annual)</li> </ul>	<ul> <li>Health data (e.g., physical, emotional, and mental health)</li> <li>Health care access, quality, family health, and activities</li> <li>Community, school, neighborhood safety and support</li> <li>Filter data by: age, sex, race/ethnicity, household income, and special healthcare needs (and more)</li> </ul>	National, HRSA region, state

YRBS/YRBSS = Youth Risk Behavior Surveillance System; NSCH = National Survey of Children's Health



# **Examples of Publicly Available Data**

Sources	Data Collection Methods	Contents	Level of data
<u>PRAMS</u>	<ul> <li>Data from women in participating jurisdictions who have recently had a live birth (Annual)</li> </ul>	<ul> <li>Infant care data (e.g., preconception, prenatal care, infant health care, breastfeeding)</li> <li>Risky behaviors and violence (e.g., cigarette smoking and alcohol use, physical abuse)</li> <li>Health care access (e.g., health insurance coverage)</li> </ul>	Some states and jurisdictions
<u>FARS</u>	<ul> <li>Police-reported fatal crashes (Annual)</li> </ul>	<ul> <li>Fatal motor vehicle traffic crash counts</li> <li>Filter by: location, type of vehicle, alcohol involvement, time of day, age, race/ethnicity, sex of driver/occupant(s), restraint use</li> </ul>	National, state, county

PRAMS = Pregnancy Risk Assessment Monitoring System; FARS = Fatality Analysis Reporting System



#### Reminder: Each Data Source is Unique

- That is, different data, collected in different ways
  - Different methodologies used for data collection may affect the results (e.g., respondent age when data were collected, self-reported vs. caregiver-reported, how the domains are defined)

- Example: Bullying data in YRBS vs. NSCH
- Consider leveraging multiple sources
  - We can look at multiple data sources to get a bigger picture



#### Tip: Be Flexible with Data

Be open to using proxy data

Look beyond counts and rates to understand trends and disparities

Utilize both quantitative and qualitative data

Identify non-traditional partners for collecting or accessing data



#### We want to hear from you!



Please share how you have identified and used data to guide the injury prevention work in your state!





Do you rely on publicly available data, data available through partners, or do you collect your own data (e.g., surveys, focus groups, interviews)?





Do you use mostly quantitative or qualitative data? Or both?





Do you have designated staff and resources to work with data?



# **Other Questions**



Please share other questions and comments that you have about accessing and using data.



#### Don't Forget About Your Outcome Measure Worksheets!

- Great resources when you are considering data sources!
- These can be found on the CSLC website.

Outcome Measure Worksheet
Bullying Prevention

Outcome Measure Worksheet Sudden Unexpected Infant Death Prevention

Outcome Measure Worksheet
Child Passenger Safety

Outcome Measure Worksheet Suicide and Self-Harm Prevention

Outcome Measure Worksheet
Teen Driver Safety

Outcome Measure Worksheet
Unintentional Poisoning Prevention.



#### **CSN TA Reminder**

- We are available for TA to help with data access and utilization
  - Identify data source(s) that align with your SMARTIE objectives
  - Walk through online data queries
  - Comparisons of your state's injury data to national data
  - Advice on what data your state should be collecting
  - Strategies for building and maintaining partnerships

#### **Request Technical Assistance:**

www.childrenssafetynetwork.org/technical-assistance





Please enter your questions in the chat or feel free to unmute yourself and ask your question out loud.



# Thank you!

Please fill out our brief evaluation:



Visit our website:

<a href="mailto:childrenssafetynetwork.org">childrenssafetynetwork.org</a>











