



A Project of



Identifying Data for Evaluation: Surveillance & Community Sources

Peer Learning Forum Session #1

PreventConnect
1215 K Street
Suite 1850
Sacramento CA
95814

Website: preventconnect.org

Email: info@preventconnect.org

Email Group:

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How to use this technology



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- Polling questions
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- Web conference guidelines

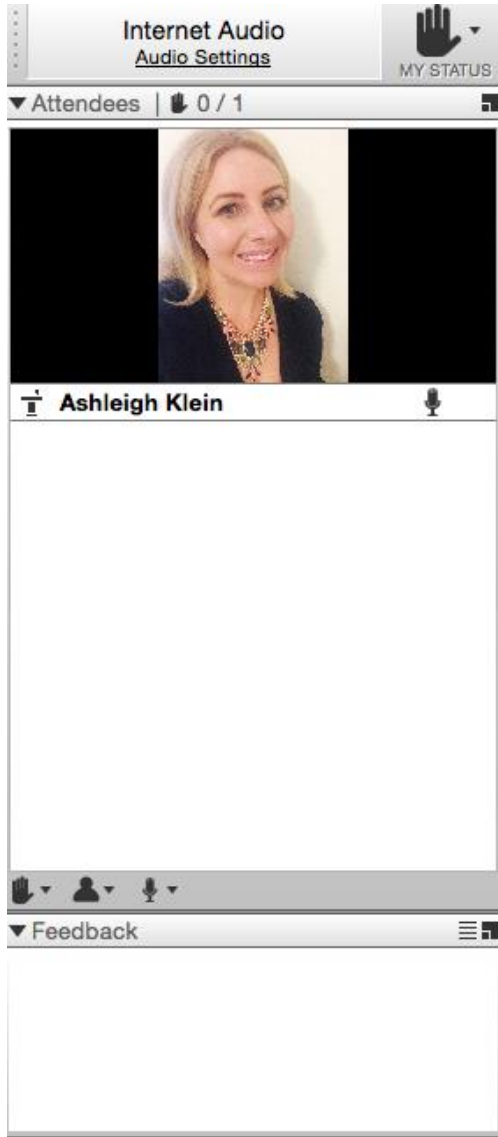
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*Peer
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Forum*

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Beyond Partnerships: Shared Linkages for Prevention

February 3: From Foundations to the Future: A prevention approach to sexual and domestic violence

March 9: Harmful Gender Norms: How can we build alliances with queer (LGBTQ) movements to help prevent sexual and domestic violence?

March 23: Harmful Gender Norms: Moving beyond binary and heteronormative approaches to prevent sexual and domestic violence

May 4: Shared Roots: Sexual and domestic violence prevention strategies in support of social justice

June 8: Equity, Trauma and Preventing Sexual and Domestic Violence

July 13: What about Power and Patriarchy? Examining social cohesion strategies to prevent sexual and domestic violence

August 3: Engaging Youth in Shaping Strategies and Solutions to Prevent Sexual and Domestic Violence

August 17: Using Shared Risk and Protective Factors: Research into practice and policy to prevent sexual and domestic violence

September 7: Authentically Engaging Communities to Prevent Sexual and Domestic Violence



CAMPUS

Intentional • Strategic • Comprehensive

Wednesday, February 10

Comprehensive Prevention on Campus

Tuesday, March 22

Selecting the Right Online Module
for Interpersonal Violence Prevention

Tuesday, May 17

Partners in Prevention: Connecting Sexual Violence
Prevention and LGBTQ-Inclusive Campus Culture

Tuesday, June 7

Affirmative Consent Policies: Cultural Barriers and
the Need for Affirmative Sexuality

More topics to be announced



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DIFFERENT



Peer Learning Forum

May 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24 	25	26	27	28
29	30	31				


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30: Memorial Day

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June 2016

Calendarpedia
Your source for calendars

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6 	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

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PreventConnect

PreventConnect

- Domestic violence/intimate partner violence
- Sexual violence
- Violence across the lifespan
- Prevent before violence starts
- Connect to other forms of violence & oppression
- Connect to other prevention practitioners



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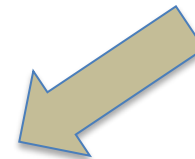
Audience Question

Have you participated in our
Peer Learning Forums in the past?

Feedback

0	Yes
0	No
0	No Answer

Answer on
the left





Identifying Data for Evaluation: Surveillance & Community Sources

Peer Learning Forum Session 1

May 24, 2016

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About the Presenters



Marissa McKool,
MPH
ORISE Fellow
CDC



Kimberley Freire,
PhD, MPH
Program Evaluation and
Translation Team Lead
CDC



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Background

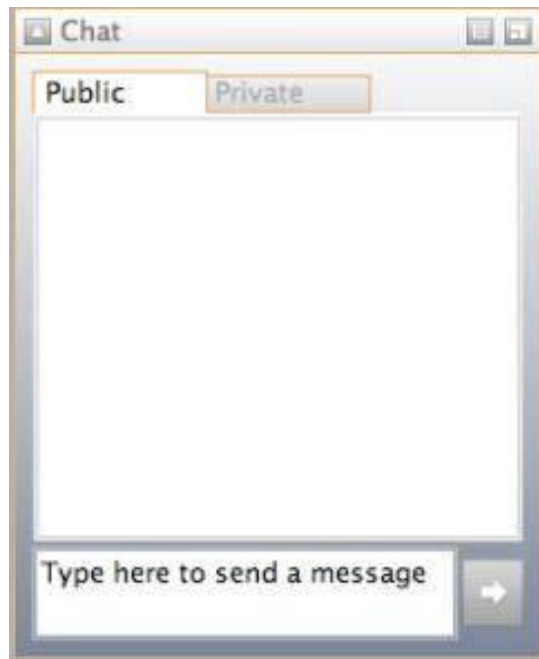
- CDC SV Indicators Project
 - Goal
 - Progress to date
 - Developing guidance
 - *Expected late summer/early fall*

Session 1 Learning Objectives

- Be able to identify differences between state administered surveillance systems and national data systems for evaluation use.
- Learn from peers about adding questions to state administered surveys.
- Be able to identify ways to obtain community level data for use in an evaluation.

*Please
Note!*

Discussion Question



What types of public data have you used in the development, implementation and evaluation of your prevention work?

Publically Available Data

1. Administrative Data

- Data collected for organizational purposes and not for research. This type of information is often collected by government agencies and other agencies for purposes such as registration and record keeping¹

**TABLE B: Medicaid Data For The U.S.
(2000 to 2009)**

Year	Number of Recipients (In Thousands)	Total U.S. Population (In Millions)	Percentage of Population	Total of Payments (In Millions)
2000	42.8	283.2	15.1%	168.4
2001	46.1	286.0	16.1%	186.9
2002	49.7	288.8	17.2%	213.4
2003	51.9	291.5	17.8%	233.2
2004	55.0	294.2	18.7%	257.7
2005	57.5	296.9	19.3%	274.8
2006	57.7	299.8	19.2%	268.9
2007	56.8	302.8	18.7%	276.2
2008	58.7	305.5	19.2%	296.8
2009	61.8	308.1	20.0%	317.9

Source: Census Bureau. All data is as of fiscal year end (Sept 30, 2009)

Publically Available Data

2. Surveillance Data

- Data collected in an ongoing and systematic manner for the purpose of data analysis and interpretation. This data is often used in planning, implementation, and evaluation of public health interventions²



Trends in the Prevalence of Sexual Behaviors and HIV Testing National YRBS: 1991–2013

The national Youth Risk Behavior Survey (YRBS) monitors priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. The national YRBS is conducted every two years during the spring semester and provides data representative of 9th through 12th grade students in public and private schools throughout the United States.

Percentages												Long term Change ¹	Change from 2011 2013 ²
1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013		
Ever had sexual intercourse													
54.1	53.0	53.1	48.4	49.9	45.6	46.7	46.8	47.8	46.0	47.4	46.8	Decreased 1991–2013 Decreased 1991–2001 No change 2001–2013	No change
Had sexual intercourse before age 13 years (for the first time)													
10.2	9.2	8.9	7.2	8.3	6.6	7.4	6.2	7.1	5.9	6.2	5.6	Decreased 1991–2013 Decreased 1991–1997 Decreased 1997–2013	No change
Had sexual intercourse with four or more persons (during their life)													
18.7	18.7	17.8	16.0	16.2	14.2	14.4	14.3	14.9	13.8	15.3	15.0	Decreased 1991–2013 Decreased 1991–2003 No change 2003–2013	No change
Were currently sexually active (sexual intercourse with at least one person during the 3 months before the survey)													
37.5	37.5	37.9	34.8	36.3	33.4	34.3	33.9	35.0	34.2	33.7	34.0	Decreased 1991–2013	No change
Used a condom (during last sexual intercourse among students who were currently sexually active)													
46.2	52.8	54.4	56.8	58.0	57.9	63.0	62.8	61.5	61.1	60.2	59.1	Increased 1991–2013 Increased 1991–2003 Decreased 2003–2013	No change



Publically Available Data

Other Uses and Applications:

- Identify priority areas
- Identify at-risk populations
- Guide decision making
- Advocate for policy change
- Monitor & evaluation prevention or intervention efforts
 - Identify baseline
 - Help to measure program reach
 - Measure outcomes of initiatives*
 - Use in combination with other data sources (e.g. program data)



Publically Available Data

Benefits

- Reduce data collection & analysis burden
- Can track measures that may otherwise may be too difficult to collect information on (e.g. alcohol outlet density)
- Can often compare to other localities (e.g. state, national average)

Challenges

- Not designed for the evaluation of a specific program or prevention strategy
- May not align geographically with program implementation
- Some are voluntary reporting systems

Table 1. Example of how to begin linking data to program evaluation

Example Characteristics	Program/Strategy Name	Data Source Name
Objective		
Short Term Objectives*		
Geographic Level		
Geographic Coverage		

Table adapted from Bolu, et al., 2007³

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Geographic Level	Describe geographic level intervention is being implemented (e.g. county)	Describe level the data is available (e.g. state only)
Geographic Coverage		

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Geographic Level	Describe geographic level intervention is being implemented (e.g. county)	Describe level the data is available (e.g. state only)
Geographic Coverage	Describe coverage of implementation at the geographic level (e.g. 14 counties)	Describe sampling method of the system.

Table adapted from Bolu, et al., 2007³

National Vs. State Data Systems



National Vs. State Data Systems

When State Systems May be a Better Source of Data

Uniform Crime Data vs. Georgia Bureau of Investigation

- Example Benefits of GBI
 - Get data for a shorter period (by month)
 - Get data quicker
 - Get data by county
- **The *So What* for Evaluation**

National Vs. State Data Systems

When State Systems May be a Better Source of Data

Uniform Crime Data vs. Georgia Bureau of Investigation

- Example Limitations of GBI
 - Limited ability to compare to other states
 - Potential to identify victims of data in counties with low #/rates
 - Might only get a raw # and not provided a rate or %
- **The *So What* for Evaluation**



National Vs. State Data Systems

When National Systems May be a Better Source of Data

National Center for Education Statistics vs. Department of Education of Maine

- Example Benefits of NCES
 - Provides the data for the states to the public
 - Provides data on multiple levels*
 - Can compare with other states
- **The *So What* for Evaluation**



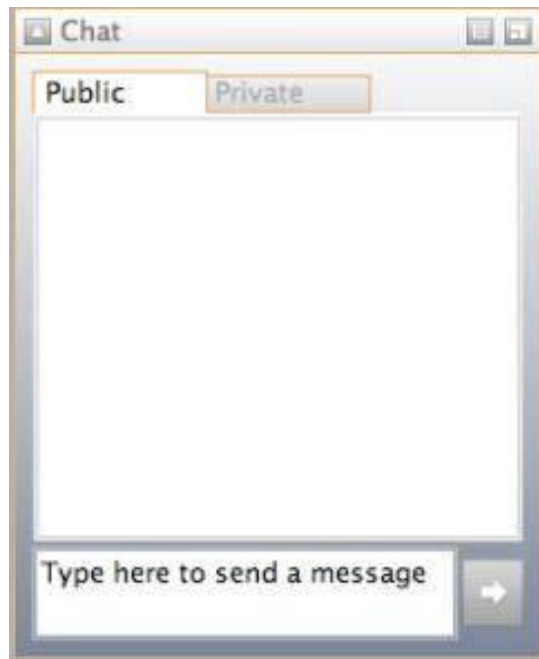
National Vs. State Data Systems

When National Systems May be a Better Source of Data

National Center for Education Statistics vs. Department of Education of Maine

- Example Limitations of NCES
 - Data Availability
 - Type of data provided
 - Large data collector
- **The *So What* for Evaluation**

Discussion Question



What factors should be considered when determining if a data source is appropriate to use?

Adding Questions to State Surveillance Systems or Surveys

- **CDC Example: Youth Risk Behavior Survey (YRBS)**
 - Process
 1. Identify where YRBS sits in state
 2. Identify YRBS Coordinator and Reach out
 3. Get to the table to advocate for your questions
 - Considerations
 - Some states do charge for additional questions, **however** most do not.
 - Total number of questions are capped at 99
 - Number of core questions in the high 80's
 - Can delete questions in the core to make space for additional questions

USING BRFSS FOR SURVEILLANCE OF SEXUAL VIOLENCE



Laurie Hart, LMSW
SVPE Coordinator
Kansas Department of Health & Environment

2005-2007

CDC BRFSS Module

Kansas not able to implement



August & September 2009

Disability & health program
initiated research and
committed funds to include
SV on 2011 KS BRFSS



August 2010

Requested 3 SV questions for
2011 KS BRFSS

November 2010

3 SV questions accepted for
2011 KS BRFSS



January 2011

Began 30-day trial of
collecting 3 SV questions on
one arm of 2011 KS BRFSS

Landline only.
Trial successful!

January 2013

KS BRFSS Epidemiologist analyzed 2011 SV data using odds ratios



April 2013

Presented 2011 SV data to SV state committee & state coalition staff



June 2013

SV data presentation at National Epidemiology Conference (CSTE)



September 2013

2011 BRFSS SV odds ratio poster at Kansas Public Health Association Conference

October 2013

Began writing SV
journal article using
2011 SV prevalence
rate ratios

January 2014

University of Kansas
Medical Center MPH
student intern
assisted with article

May 2014

SV prevalence rate
ratios poster at Safe
States Alliance
Conference

May 2014

Submitted RPE
success story on
implementing BRFSS
SV Module

June 17, 2014

Submit journal article
to public health and
chronic disease
journals

December 2014

Journal article on
BRFSS SV results
accepted in BMC
Public Health

Challenges & Lessons Learned

- Resistance around sensitive topics – researching other states efforts helped
- Presenting helped move publishing data
- Connecting SV to other areas – disability, chronic disease, mental health, health risk behaviors
- Training BRFSS surveyors on ACE and SV
- Publishing is as important as presenting data
- Find champions or develop them

Benefits & Opportunities

- New connections in other areas
- Publishing data
- Added SV questions to 2014 and 2015 KS BRFSS cell phone, landline & both arms
- Odd years more data and potential for county/regional data
- Part of main module for 2 years
- Collecting ACE and LBGTQ status

HEALTH AND WELL-BEING: THE TEXAS STATEWIDE PREVALENCE STUDY ON SEXUAL ASSAULT



Carol Harvey

**State Adolescent Health Coordinator
The Office of Title V & Family Health**



Peggy Helton

**Texas Primary Prevention
Planning Committee Co-Facilitator**

The Process

- This study is the second empirical study to examine prevalence in the state of Texas specifically. The first was conducted by the University of Texas (UT) at Austin in 2003.
- The Texas Primary Prevention Planning Committee (PPPC) identified the need for updated prevalence data.
- The Department of State Health Services contracted with UT at Austin, Institute on Domestic Violence & Sexual Assault to conduct the study. Funds were provided through the Title V program.



The Process

- Representatives from the PPPC served on the team that met to develop the framework for the study.
- UT developed the questions informed by the original study and the National Intimate Partner & Sexual Violence Survey, conducted the study, and published the findings.

Challenges & Lessons Learned

- Collecting this type of data is an ongoing need and requires a commitment to collect this type of data at regular intervals.
- Part of the process is teaching stakeholders what the data means and learning how to use the data to inform victim services and prevention efforts.
- Adjustments had to be made to align with new sexual assault laws and definitions in Texas.
- We attempted to add a few “climate survey” questions with unexpected results.



Benefits & Opportunities

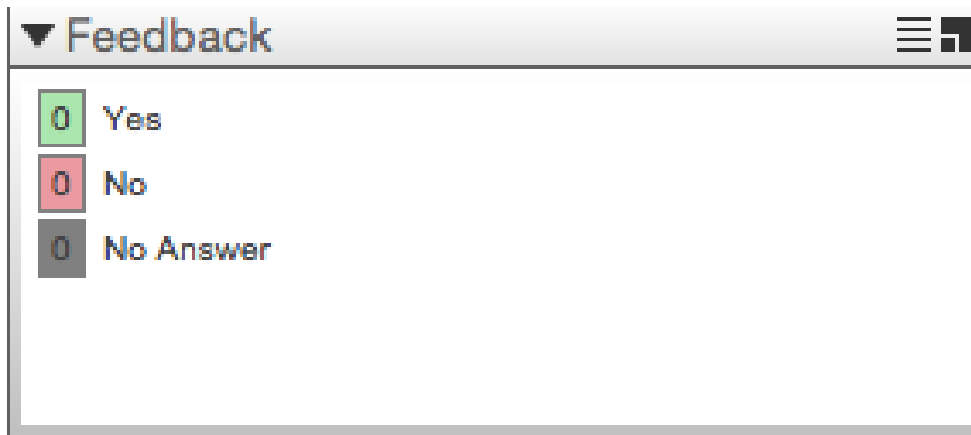
- This study gives voice to survivors experiences.
- Having this current data is vital to understanding the impact of sexual violence in Texas.
- The PPC can use this data as a tool to help guide prevention efforts.
- This data is now accessible throughout Texas and gives service providers and those working in prevention an opportunity to use Texas specific data to enhance their work.
- This data gives TX legislators state specific data that supports the need for adequate resources for survivors and investment in prevention.



Question

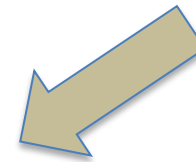
Have you tried to add questions to state surveys?

Answer on the left

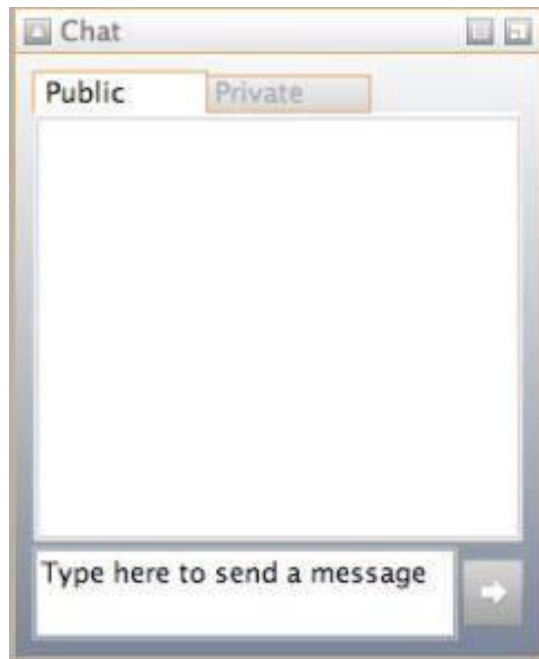


▼ Feedback

0	Yes
0	No
0	No Answer



Discussion Question



Tell us about your experience with adding questions to state surveys or developing a state survey.

Identifying Community Data Sources

1. Community Indicator Projects
2. Partnering with a Community Source



Data Sources: A data source is an entity that provides information that has been systematically collected, for example from administrative records, surveillance systems, or surveys.

Indicators: An indicator is a documentable or measurable piece of information, from a data source, regarding some aspect of the program/strategy being evaluated.

Identifying Community Data Sources

Community Indicator Projects

- Often developed by community members, a community organization, or other stakeholders in a community.
- Typically identify and track a variety of indicators to show changes (or lack of changes) in a community and provide this information openly to the public.
- Often do not include IPV/ SV perpetration or victimization measures
- How do you find these types of projects?
 - Google Searches
 - Indicator Project Databases
 - <http://www.neighborhoodindicators.org>
 - <http://www.communityindicators.net/projects>




Community Indicator Project

- **Example: Truckee Meadows Tomorrow**
 - Truckee Meadows is in Northwest Nevada
 - Founded in 1989
 - First report in 1997
 - Indicators updated based on community input in 2000, 2005/2006, and 2007/2008
 - 2009-2013 updated business model to sustain project
 - Most recent full report is 2014
 - Can get 2015 data in the interactive tables
 - Pulls data from multiple sources, including their own surveys



Community Indicator Project Example

- Truckee Meadows Tomorrow Indicators
 - Arts, culture, & enrichment
 - Civic engagement
 - Economic wellbeing
 - Education & lifelong learning
 - Health & wellness
 - Innovation
 - Land use & infrastructure
 - Natural environment
 - Public wellbeing



Quality of Life in the Truckee Meadows
2014 report

Behaviors do impact quality of life

Can we improve the place we live, without also improving ourselves? It's a good question. They say, "You are what you eat." In the same way eating impacts health, our behaviors have collective consequences that impact our community. After all, we the people in northern Nevada, provide the human and social capital needed for this to become the innovative, educated region Tesla, EDAAWN, the Governor and others expect.

Take a quick look below at some community trends and then move on for a look at our own behaviors—voting, graduating, substance abuse, safety and more. Many of these recount the indicators you've told [Truckee Meadows Tomorrow](#) are important to your quality of life—how we live, learn, work, enrich our lives, raise families, and care for others. Let's make this region the place we want it to be by being accountable for our own behaviors before placing blame on our bosses, the schools, government or others.

As you spend time with this data, please consider how you can make a genuine difference in our community and how your voice, passion, interests, and commitment can transform our community's red (intervention needed) and yellow (caution) indicators to a glowing green. Want to know more? Check out interactive data updates on the new TMT website (coming soon) and weigh in on the soon-to-launch indicator update. It's our community. Let's Take It Personally!

Contents
Page 1. TMT Intro
Page 2. Adult risk behaviors: challenges
Page 3. Youth risk behaviors
Page 4. Indicators snapshot

Selected metrics
Arrows = annual trend direction
Red = warning
Yellow = caution/ stable/ survey needed
Green = positive improvement

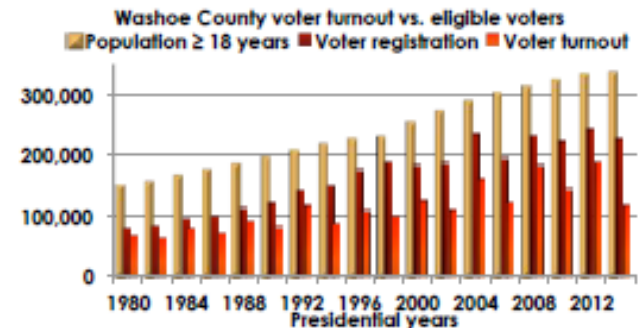
Demographic and Indicator data measures (Washoe County)	1990	2000	2010	Current / Annual Trend
Population—Census; American Community Survey (ACS)	254,667	339,486	421,407	433,731 (2013) ↑
Bocheiler's degree of higher educational attainment—ACS	N/A	23.7%	26.1%	28.4% (2013) ↑
Average weekly wages (all industries)—BLS	\$427.96	\$630.00	\$815.00	\$827.00 (Q3-2014) ↑
Annual percentage change: CPI annual change	4.8%; 5.1%	4.5%; 3.4%	0.4%; 1.6%	2.4% (2014) ↓
Median household income—Census; ACS	\$31,891	\$49,431	\$50,839	\$53,588 (2013) ↑
Cost of Living Index Composite (Reno MSA)—ACCRA	103.0	110.4	101.0	100.8 (Q3-2014) ↓
Median sales price of existing homes (MSA)—Realtors Assoc.	\$106,321	\$154,000	\$179,500	\$250,000 (Q3-2014) ↑
Share of homes affordable for median income (MSA)—HDI	45.3 (%)	61.4	78.5	54.9 (Q3-2014) ↓
Uniform Crime Index rate per 1,000 population		Not comparable	46.28	32.07 29.19 (2013) ↓



Adult risk behaviors

The region’s vision, in some way or another, has always been to achieve a thriving economy, extraordinary education, and a safe community. Yet, unhealthy people make an unhealthy economy and community. People who exhibit at-risk behaviors are more likely to experience severe illness and disease over time. Then there are shorter lives, unintended injury, violence, diminished productivity and overall public health issues, costing taxpayers across Nevada for otherwise preventable long-term conditions.

Let’s start with last November’s lowest US voter turnout since 1942—36.2%—since 1942 last November—36.2%. In Washoe County, only 34.7% of eligible voters turned out. More people don’t vote and the gap is growing. It doesn’t take countless votes to be elected and these officials represent their voters. If you’re disengaged or have diverse views, exercise your civic duty to be part of the dialogue and vote to improve your quality of life.



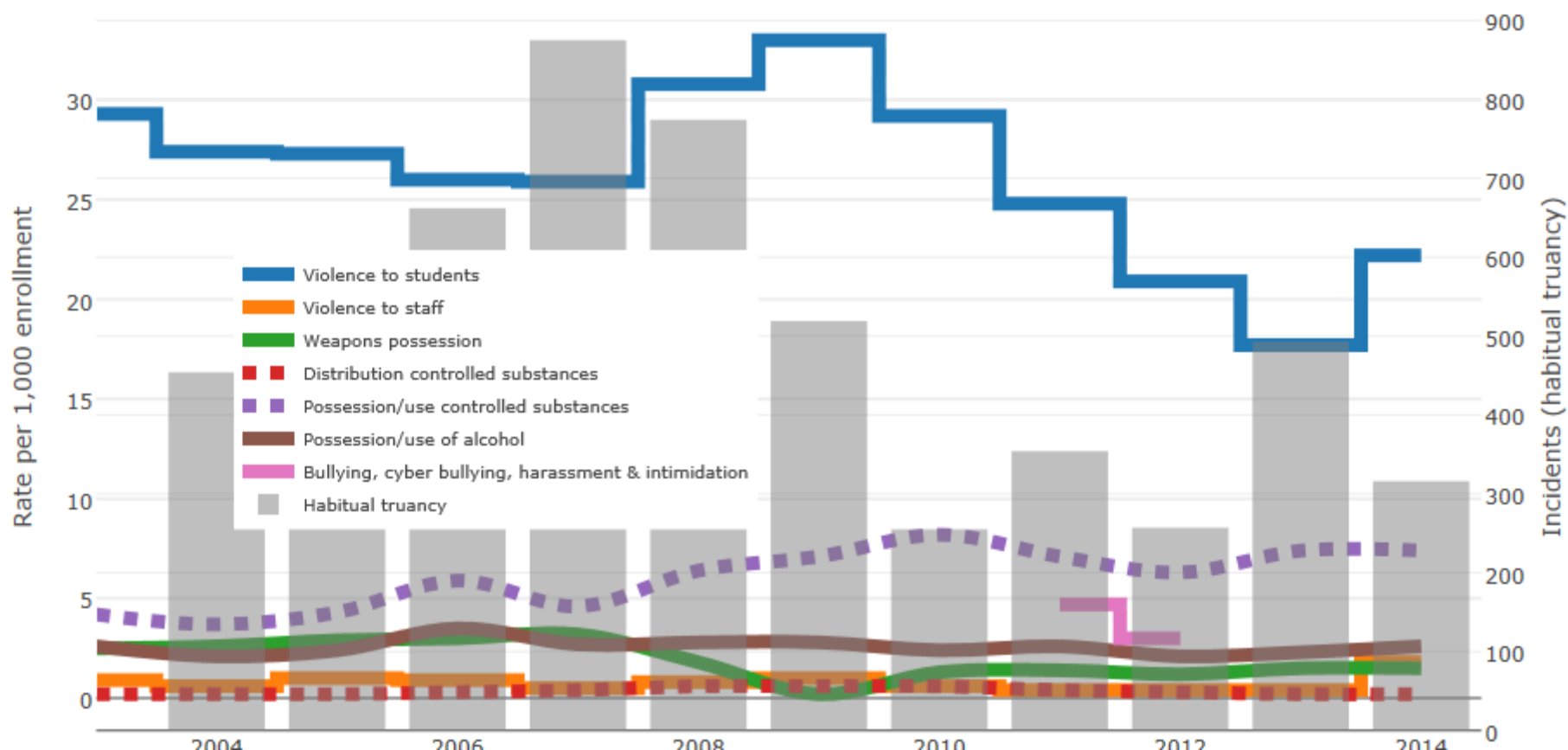
The Centers for Disease Control conducts the [Behavioral Risk Factor Surveillance System](#) (BRFSS), surveying health risk behaviors in order to identify emerging trends and needed public health policies and programs. Below is a brief look at

Washoe County adult at-risk self-reported behaviors —survey year	1991	2002	2010	Current / Trend
Overweight (BMI 25.0-29.9)	21.9%	38.6%	36.2%	35.4% (2012) ↔
Physical activity in the past month	—	83.6%	80.9%	82.5% (2012) ↗
Current smokers	28.3%	21.6%	18.5%	17.6% (2012) ↘
Heavy drinkers (> 2 drinks/day men; > 1/day women)	5.9%	8.9%	8.3%	7.4% (2012) ↘
Diagnosed with Diabetes	—	4.9%	6.7%	6.5% (2012) ↘
Visited a dentist/dental clinic in the past year	—	72.6%	72.3%	65.0% (2012) ↘
Other behaviors	Baseline	Mid-'00's	2010	Current / Trend
Truckee Meadows Litter Index —KTMB (subtotals below)	1.9 ['07]	1.4 ['08]	1.5	1.6 (2014) ↗
Neighborhoods	2.4 ['01]	1.6 ['05]	1.4	1.4 (2014) ↗
Open spaces	4.0 ['06]	1.1 ['08]	1.5	1.6 (2014) ↘
Freeways	1.7 ['07]	1.7 ['08]	1.6	1.9 (2014) ↗
Washoe County workers aged ≥16 commuting to work —ACS				
Bicycle	0.7% ['00]	0.9% ['06]	0.9%	0.5% (2013) ↘
Walked	3.2% ['00]	2.4% ['06]	2.0%	3.5% (2013) ↗
Drove alone	80.0% ['04]	78.9% ['05]	76.8%	78.0% (2013) ↗

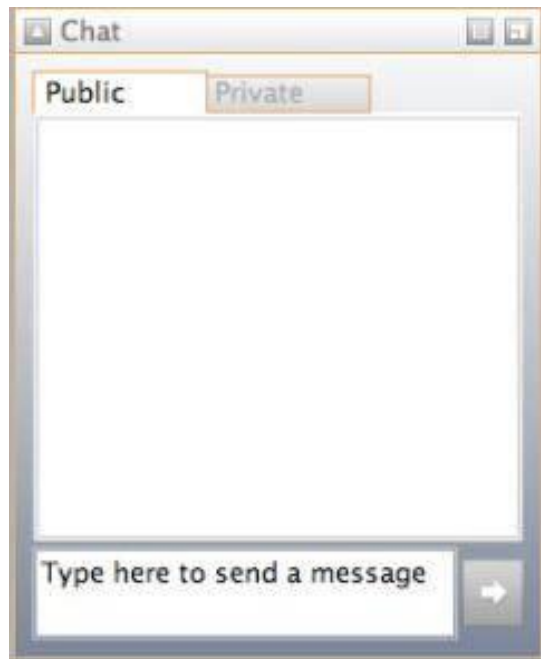
School violence & bullying

Updated 3/5/16

WCSD student discipline (incidents, suspensions or expulsions)



Discussion Question



What community indicator projects have you heard of in your state?

PARTNERING WITH A COMMUNITY SOURCE FOR DATA: EXAMPLE FROM INDIANA'S SKIN-TO-SKIN INITIATIVE



**Marie Kellemen,
Empowerment Evaluator**



**Linda Wilk,
Hands of Hope Director**



**Lauren Severns,
Hands of Hope
DELTA FOCUS Coordinator**

Indiana's Skin-to-Skin Initiative

Hospital data collection

Initial conversation with hospital Administrative Director for Maternal Childcare/Customer Service

Oct. 2014

Hospital adopts the policy

Sept. 2015

We asked for a survey to be given to parents at the hospital re: skin-to-skin

Jan. 2016

We asked for counts of the # of fathers who did skin-to-skin at hospital

Hospital's risk manager decides that our survey would need IRB approval

WIC data collection

In-person meeting with a Breastfeeding Clinic Consultant at state health department

Suggested adding skin question to their agency data collection tool

Feb. 2016

March 2016

April 2016

Initial email contact made with hospital Prenatal Care Coordinator

We asked if we could distribute a 1-2 question survey to dads in the class

In-person meeting with Prenatal Care Coordinator

They agreed to add 1 question to their existing survey

First prenatal sessions begin, surveys distributed

Prenatal class data collection



Challenges & Lessons learned

What dad wouldn't be willing to take the shirt off his back for his baby?



- Connecting with the right people
 - Someone with the authority to make decisions
 - A champion who has the time to focus on the project
- Implementation of new data collection methods
 - Is the data easy to collect?
 - Getting input from on-the-ground sources
- Privacy/liability concerns with survey data
- Patience, planning ahead, & communication
 - Gentle reminders often needed

Benefits & Opportunities

This data collection process could be a model for other hospitals

We could get longitudinal data on rates of father-to-infant skin-to-skin across Indiana

Having this data could catalyze future research



In Review

- Publically available data
 - Administrative
 - Surveillance
- Critically considering a public data source
 - Comparing characteristics
 - Comparing National and State sources
- State surveys
 - Adding questions
 - Developing new survey
- Community data sources
 - Community indicator projects
 - Partnering with community sources

Building on Concepts

Using Data for Evaluation: Guiding Principles for Choosing & Using Indicators

June 6th

1. Using Public Data for Evaluation
 - Availability of Data
 - Data Quality
1. Indicator Selection Criteria and Considerations

References

1. Administrative Data Liaison Service. Retrieved from:
<http://www.adls.ac.uk/adls-resources/guidance/introduction/>
2. Thacker SB, Berkelman RL. Public health surveillance in the United States. *Epidemiol Rev.*1988;10:164-190
3. Bolu O, Anand A, Swartzendruber A, Hladik W, Marum LH, 4. Sheikh AA, *et al.* Utility of antenatal HIV surveillance data to evaluate prevention of mother-to-child HIV transmission programmes in resource-limited settings. *Am J Obstet Gynecol* 2007: 197 (3 Suppl): S17-25.

PreventConnect
1215 K Street
Suite 1850
Sacramento CA
95814

Website: preventconnect.org

Email: info@preventconnect.org

Email Group:

preventconnect.org/email-group

eLearning: learn.preventconnect.org

Wiki: wiki.preventconnect.org



preventconnect.org/Facebook

preventconnect.org/Twitter

preventconnect.org/Flickr

preventconnect.org/YouTube

preventconnect.org/LinkedIn

preventconnect.org/Pinterest

