

Data & Data Integration

GAMEPLAN

Strategic Priorities for Data Goals and Objectives – all should be used to:

- Support efforts to identify and address sexual & reproductive health disparities (racial/ethnic, gender, age, sexual orientation, etc.)
- Support data-driven program planning and evaluation.
- Support evidence-based interventions to improve adolescent access to sexual and reproductive health services
- Support the principles of Youth Development
- Support Evaluation of interventions and services
- Contribute to the application of Policy
- Support funding & resources to implement ASHWG goals and objectives

TEAM RESOURCES

Data Integration Subcommittee:
 Joan Chow, Chair (STD), Jan Malvin (UCSF), Matt Facer (OA), Valorie Eckert (OA), Denise Gilson (STD), Marina Chabot (MCAH-UCSF), Paul Gibson (STD), Sandi Goldstein (CAHC), Kate Cordell (MCAH), Kathryn Horsley (CFHC), Kim West (MCAH-LA), Holly Howard (STD)

Data Generation & Collection Tract

End-User & Capacity-builders Tract

STAGES/TASKS

Jan.-Jun. 2010	Jul.-Dec. 2010	2011 - 2012	Beyond
<ul style="list-style-type: none"> • Define Key ASRH and other related indicator data (youth development, resiliency, school drop-out, etc.) for standardized reporting • Identify and summarize available data sources, including Youth Development (YD) and/or resiliency data. • Define health service utilization data elements • Produce 1st integrated data tables (IDT) for 15-20 high priority local health jurisdictions 	<ul style="list-style-type: none"> • Determine sources and processes for regular collection of defined indicator data • Document the need for standardized ASRH behavioral questions (including YD/resiliency) at the state and local levels • Define CORE ASRH behavioral/YD question set to promote to various surveys • Continue to produce statewide IDTs and IDTs for LHJs 	<ul style="list-style-type: none"> • Advocate for inclusion of standardized set of core ASRH behavioral questions in state and local surveys • Work closely with the CDE and the 4 school data and add additional SRH questions to YRBS in CA • Continue to produce statewide IDTs • Continue to produce IDTs for LHJs 	<ul style="list-style-type: none"> • Report health care utilization data for adolescents across programs, providers, and services – including behavioral risk data (e.g., standardized "scannable" data sheets and charts) • Continue to produce statewide IDTs • Continue to produce IDTs for LHJs
<ul style="list-style-type: none"> • Define and identify "end users" of data and bring into effort. 	<ul style="list-style-type: none"> • Expand the existing STD Racial/Ethnic Disparities FAQ for Trainers/Presenters to also address HIV/AIDS and Teen Birth disparities • Add narrative and annotation to ASHWG Integrated Data Tables 	<p>Research, vet, and develop a compendium of trainers and training resources on use of ASRH data</p> <ul style="list-style-type: none"> • Identify a cadre of trainers and training organizations that will conduct trainings on data utilization – including how to collect, analyze and apply data in youth programs • Promote and conduct trainings on districts/cities conducting YRBS to consolidate utilization of data 	

SUCCESS FACTORS

For goal and all objectives – continued support of Leadership Group for staff and resources committed

Focus on ASRH disparities (data) is in alignment with CDPH Strategic Plan Goal #1 on health disparities and Goal #2 of Healthy People 2010

All YRBS surveys in CA are linked to CDC-DASH, the progenitor of ASHWG ASHWG health indicator core data elements harmonized across participating programs

Family Health Outcomes Project (FHOP), ETR Logic Model on-line training, Center for AIDS Prevention Studies, Sociometrics, CA STD/HIV PTC, CHT, CFHC – all address different pieces of training and/or capacity-building related to end-users ability to utilize data to improve programs and outcomes.

CHALLENGES

For goal and all objectives – changes in Leadership Group could lead to erosion of ongoing support for ASHWG Need to add "End-Users" to Data Integration Subcommittee. Budget cuts and/or lack of budgetary support for any specific task or goal above.

Lack of budgetary support for CDPH and CDE staff to work on "expanded" FAQ disparities document and annotation & narration of Integrated Data Tables. Need for flexibility in survey content across programs using state and local survey data for program assessment and planning

Interpretation of trends in ASHWG behavioral indicators may be difficult if non-standardized or inconsistent behavioral questions are used in surveys over time

Detail and specificity of multiple subgroups/nationalities. For example, "Asian" could be Japanese, Filipino, Korean, Laotian, Hmong, Chinese, Taiwanese, etc. "Hispanic" could be Cuban, Puerto Rican, Mexican, Brazilian, Bolivian, Peruvian, etc. In some cases, local data needs will be difficult to meet from State's perspective.

Health Care Utilization research (report) is a huge, labor-intensive, and expensive under-taking that requires unprecedented collaboration and support among CDPH programs and partners

2012 Target

3 OBJECTIVES

Data Objective 1: By 2013, institutionalize systems for collecting, analyzing, and reporting ASRH outcome and key related indicator data (e.g., resiliency, assets, behavioral risk data, school drop-out rates, etc.) at the statewide and local health jurisdiction level.

Data Goal: By 2013, state and local adolescent sexual and reproductive health and associated data are used/utilized* for planning, evaluation, funding, and policy formation to address and improve adolescent sexual and reproductive health (ASRH) outcomes – including the reduction of health disparities among Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) youth; specific groups of racial/ethnic youth; and other marginalized adolescent populations such as runaway, homeless, foster, and juvenile justice youth.

**Used by State and Local government agencies, education agencies, NGOs, CBOs, and teen advocacy groups*

Data Objective 2: By 2013, standardize and incorporate a set of CORE ASRH behavior questions into YRBS, CHIS, CHKS, and other relevant state and local adolescent behavior surveys.

Data Objective 3: By 2013, use a multi-pronged approach to increase the capacity of end users in utilizing ASRH and related key indicator data.