UCLA Center for Health Policy Research
Health DATA Program

Democratizing Data Through Community and Technology

Project Workbook
including:

Introduction to Health Data
&
Using Online Data Sources

with a special focus on the
AskCHIS Online Data Query System

Supported through a grant from
The Community Technology Foundation of California

UCLA Center for Health Policy Research
Health DATA Program
Democratizing Data Through Community and Technology Project

Introduction to Health Data and Using Online Data Sources Project Workbook

Table of Contents

A. Democratizing Data Project Overview

A. DEMOCRATIZING DATA PROJECT OVERVIEW

Project Summary:

The **Democratizing Data Through Community and Technology** is a project of the Health DATA Program of the UCLA Center for Health Policy Research. Democratizing Data is funded by a grant from the Community Technology Foundation of California to assist community-based organizations increase their capacity to find and apply relevant health and social data. The project targets CBOs in Los Angeles, Riverside, and San Bernardino Counties, southern California service areas of the Health DATA program.

Training for Democratizing Data consists of a one day, interactive workshop that uses games, small group activities, hands on use of the Internet and computer software to familiarize learners with data and build critical thinking skills to assess their data needs. Once the data needs are identified, relevant data can be effectively obtained and applied. Technical assistance is provided by project staff following the workshop to assist workshop participants with their use of tools learned in the workshop.

Learning Goals and Objectives:

Goal:
The goal of the Democratizing Data Through Community and Technology Project is to train and provide technical assistance to staff of community-based organizations in Los Angeles, Riverside, and San Bernardino Counties to increase their capacity to obtain and apply health and social data using computer-based and Internet-based tools.

Objectives:
Upon completion of this training, you will be able to:

- Determine the appropriate uses and limitations of data;
- Identify and apply criteria needed to evaluate the integrity of data;
- Identify relevant and appropriate data needed by community stakeholders and policymakers;
- Identify research questions that can be answered with data;
- Increase knowledge and skills to use Internet and computer tools that enable access, application, and presentation of data;
- Collect, summarize, and interpret data from online resources; and
- Present data findings to community audiences.

Overview of the Training Workshop:

Today's workshop will provide training on how to understand data, identify data needs, and how to access data from online data query systems.

The workshop curriculum contains three modules:

- Understanding Data and Determining the Data You Need
- Accessing Data from the AskCHIS Online Data Query System
- Accessing Data from Other Online Data Query Systems.

1. Understanding Data and Determining the Data You Need

This training module consists of two sessions to help you build your knowledge of data and help you to develop questions that can be answered by research data.

Understanding Data

This session uses a mock game show to help you use "tools" necessary to understand and evaluate data. You'll learn how to critique data based on the credibility, specificity, generalizability, reliability and timeliness of the data. Using these criteria will enable you to identify gaps in data available to you and to determine the appropriate uses and limitations of health data when applying it to policy advocacy or program development work.

Determining the Data You Need

This session will help you identify relevant and appropriate data needed for different audiences to advance policy or program proposals. Through exploration and discussion, you will identify stakeholders and policymakers and the data they need. These may be community residents, organizations, government agencies, businesses or others impacted by public health, public policy issues.

2. Accessing Data from the AskCHIS online data query system

This is a hands-on, step-by-step training module for accessing data from the California Health Interview Survey through its online data query system, AskCHIS. You will learn how to construct a query, or a search statement, to get data from CHIS. You will also learn how to produce tables of data that can be presented as graphs and charts for use in proposals, reports, or educational activities.

3. Accessing Data from Other Online Data Query Systems

In this training module, you will learn how to apply the skills used to obtain data from AskCHIS to other data query systems. Query construction and data interpretation skills will be used to explore two other online data query systems: the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, and Neighborhood Knowledge California. You'll explore the similarities and differences of online data query systems, and the key steps the systems have in common.

Technical Assistance:

You can receive technical assistance from the Health DATA Program following today's workshop. You can request one-on-one help with the evaluation, application and presentation of health research data to specific aspects of your organization's work.

During these consultations, you can:

- Request customized data estimates from the Center for Health Policy Research, such as information from the Current Population Surveys, the National Health Interview Surveys, or the California Health Information Survey (CHIS);
- Receive advice on effective presentation of specific data; or
- Discuss how to evaluate and apply health research data to a specific program or project.

Contact the Health DATA staff at (310) 794-0983 or email us at hdp@ucla.edu, if you need technical assistance or have questions about Health DATA technical assistance.

Background:

The **UCLA Center for Health Policy Research** conducts research on national, state, and local health policy issues. The research, service, and education programs of the Center emphasize a community-and population-based perspective to improve health outcomes.

The Center provides training and technical assistance through the **Health DATA**, Data, Advocacy, and Technical Assistance Program. The Health DATA (Data, Advocacy, and Technical Assistance) program was created in 1997 in response to community needs for data and the skills to use the data effectively. The Health DATA program builds the knowledge and skills of organizations to address

community needs by enhancing their capacity to effectively applying data in their decision-making, planning, policy advocacy, and other activities.

The **California Health Interview Survey (CHIS)**, based at the Center, is the largest state health survey ever conducted in the United States, collecting information from 55,000 households drawn from every county in the state. CHIS provides statewide estimates for California's overall population, including important information not previously available on an array of racial/ethnic populations, and local-level estimates for counties with populations of 40,000 or more. CHIS data is used for local planning, and comparisons across counties.

B. Introduction to Health Data

Understanding Data

Determining the Data You Need

B. INTRODUCTION TO HEALTH DATA

Introduction to Health Data
Part 1: Understanding Data

Learning Objectives:

- Determine appropriate uses and limitations of data
- Identify and apply criteria needed to evaluate the integrity of data

What is Data?

Data is factual information used for decision-making. Data comes in many forms. Data can be numerical like statistics or descriptive such as an individual's observations. Data generally falls into two main categories, quantitative (numbers) and qualitative (words). The most persuasive use of data combines both quantitative data and qualitative data. The Health DATA Toolkit in Appendix A includes a listing of different types of data and their definitions.

Criteria for Evaluating Data:

There are five criteria for evaluating data:

1. Credibility
2. Specificity
3. Generalizabiltiy
4. Reliability
5. Timeliness

1. **Credibility – Who produced the data?**
   Credibility refers to the source of the data. Can you trust the research entity that produced the data?
   - You want to know who paid for, sponsored, or funded the study.
   - How much of a stake do they have in a specific finding? What about their mission or constituents would affect their interpretation of the data? Research affiliated with or conducted by business groups, religious organizations or political organizations may have missions that influence how they conduct research and their interpretation of the data.
   - What is the organization's public image or reputation for their research? Government and academic institutions are considered credible because research is conducted for the public benefit.

- Whatever the source of the data you will want to investigate the source and examine the data for bias. Is the data distorted by a particular point of view? For instance, would you trust data about the effects of smoking from a tobacco company or pro-smoking group?

2. **Specificity – Is the data precise for a particular population?**
   Specificity refers to data that is limited to particular conditions or factors impacting a specific population.
   - Research often seeks to answer specific questions. How close is the relationship between the data provided and the data you need?
   - For instance, you are looking for information on the number of Vietnamese women who smoke. Statistics are available on the number of Asians who smoke and the number of women who smoke, but nothing specific on Vietnamese women smokers.
   - If the data is specific to one population you may be able to "generalize" it, that is apply it to another population.

3. **Generalizability – Can you apply data from one population to another population?**
   Generalizability refers to data on a specific population that can be used widely for other populations.
   - If the study was done in North Carolina, does it also apply to people in California?
   - If it was a national study, can we use the same numbers for Orange County?
   - If the study looked at Latinos, is there anything particular to say about Central Americans as a distinct group?
   - How much can you "generalize" data to your constituents or service population? It is important to know the "who, what, why, when and where" of the data because it will determine how closely it matches your own need for data.

Note: specificity is similar to generalizability, but <u>specificity</u> refers to the information collected and <u>generalizability</u> refers to the population.

4. **Reliability - How was the data collected?**
   Reliability refers to the accuracy of the data. Can the data be trusted to be accurate?
   - Has the research that produced the data been reproduced by other researchers? Did other research studies get the same or similar results? Research studies that result in similar data are said to "validate" or confirm the results of the other similar studies.

- How was the data collected? Was it consistent with the mission/goals of the researchers? Did the researchers adhere to ethical research methods?
- Is there some kind of bias in who will reply? Did they do a telephone survey, calling households between the hours of 9 and 5, when they were looking for people with employer-based insurance? Did they conduct their survey in different languages if they need information about immigrants?
- You'll want to scrutinize the methods used to produce the data and collect other studies that validate the data you want to use.

5. **Timeliness – When was it collected?**
   Timeliness refers to when the research was conducted relative to the changes occurring among a population or conditions impacting the population.
   - When was the study done? And how fast are changes occurring? 1 year ago? 3 years ago? > 10 years ago? (e.g., 1990 Census) Some data may be accurate over a longer period of time than others. Some are good for only a few years. For instance, the SARS virus was a rapidly moving illness for which only the most current data is useful.
   - Often there will be a lag time, especially with big studies such as the Census. Most comprehensive surveys will be a few years old by the time it is published.
   - Remember too that even if it is "old," it may be the best we have right now because it has not been revisited recently. Admit the limitations of this kind of data and try to supplement it with other closely related research.

Concluding Points:

- The data you use to support your arguments will be based on these criteria as well. You are bringing your own credibility to the data, so it is important to set standards for yourself with regard to the data you plan to use.
- No data is perfect. Use your own judgment regarding the use of data you think is defensible. Knowing the assumptions behind the data you use will hold you to a good standard build your credibility for being a good source of information.

Researchers judge their data and the studies of others using the above criteria. You can use these criteria as well to:

- Assess the quality of data that you collected,
- Assess the quality of other sources of data, and
- Critique the data of your opponents.

Commander DATA's Data Game:

Commander DATA is a mock game show that's a fun way to learn the vocabulary of data and how to apply criteria to evaluate the merits of data. The exercise will help you build skills to identify gaps in data sources and determine the appropriate uses and limitations of health data when applying it to your policy and advocacy work. The Commander DATA game is in Appendix A.

Introduction to Health Data
Part 2: Determining the Data You Need

Learning Objective:

- Identify relevant and appropriate data needed for community stakeholders and policymakers
- Identify research questions that can be answered with data

Data can play a critical role in explaining why an issue is important. Whether you are talking to policymakers like legislators or boards of directors, community stakeholders, or the media, data can persuade, convince and motivate action. Before beginning a search for data, it is important for you to outline and define the questions you need the data to answer.

To determine the data you need, answer these questions:

- ✓ What do I need the data to do?
- ✓ What message does the data have to deliver?
- ✓ Who are the audiences for the data, and what data does each audience need?

What do you need the data to do?

- Define the problem
- Show that your solution alleviates or solves the problem
- Show the negative consequences of not using your solution
- Measure program outcomes

At any given time, you may need the data to do all these things, some of these things, or just one. To determine what you need the data to do, get a picture of your social, economic, and political environment:

1. What are the key public health issues for your community?

2. Define the problem central to the issue: i.e. access to health care, insurance, public attitudes and practices, etc. Think about how these affect your community.

3. Who are the stakeholders in these issues? Stakeholders are those individuals or organizations who have a "stake" in the issue. Some examples may include: Taxpayers, community activists, community-based organizations, businesses,

health departments, justice departments, survivors, researchers, etc. What makes them stakeholders and what do they have to gain from supporting or opposing health policies?

4. Now let's list policies that would impact these issues. (Advertisers subscribing to a code of ethics committed to eliminate sexist advertising, stronger penalties for batterers, mandatory violence prevention education in schools, etc.)

5. Who has the power to advance the policies you have identified? Consider in particular policymakers at the local level in your community such as: health departments, service providers, financial institutions, law enforcement, elected officials, education administrators, etc.

6. Barriers/Facilitators: What are the challenges to enacting your policy? Who are your allies? Who are your opposition?

Now that you have "mapped out" your issue, you can now begin to determine the data you need to:

- State the problem accurately and compelling way;
- Show how your solution would alleviate the problem;
- Illustrate the negative consequences of not doing it;
- Refute arguments the opposition will use against you.

What message will the data deliver?

- Cost
- Quality
- Access
- Equity
- Rights

What is the message that the data will deliver? What will mobilize your stakeholders and motivate the decision makers into action? Different things will convince different people. For some, the statistics alone with motivate them; for others a more personal story of overcoming hardships will be the key.

In either case, the statistics and the stories are most effective when they appeal to someone's values. If you can supply data that not only accurately describes what people experience and data that appeals to their values or belief system, then you have some very powerful tools with which to achieve your goals.

Some common values that data can address are cost, quality, access, equity, and rights.

- *Cost*—what is the cost of the problem to taxpayers, community, business, individuals, and others?
- *Quality*—how is quality of life, environment, services, and programs impacted?
- *Access*—who has access to services, programs, insurance, jobs, education, clean air, etc.? Who doesn't?
- *Equity*—is there an equitable distribution of resources among segments of a community?
- *Rights*—what are the rights of members of a community? What laws, regulations, or constitutional protections confer rights and on whom are the rights conferred?

What data does your audience need?

- Elected officials, juries, media, general public need data to understand the scope of the problem (the forest)
- Committee staffs, judges, special interest groups with legislative analysts need more specific information on who and what is impacted (individual trees)
- Agencies, courts, academics need details and statistics (roots)

The data you need not only depends on what you are trying to do, but also whom you have to convince. Some of this depends on the amount of time you have to present your position or the depth of information that you decide is appropriate. In general, the level of complexity you use when presenting data depends on the people you are trying to convince and their data needs.

- The Forest -- *Big Picture:* Politicians, the general public and the media are audiences who tend to need information that is descriptive and easy to understand, often from an overall perspective or big picture point of view. An example of "forest" type data is this one from Californians for Responsible Gun Laws: "In California, a child is more likely to die from a gunshot wound than in an automobile accident."

- Individual Trees -- *Some Details*: Committee staff, judges, and special interest groups with legislative analysts tend to need more detail than the big picture. These individuals want to know what kind of trees are in the forest or how many trees per square acre. They may want to know if they clear this part of the forest, what does that do to the ecosystem, etc. This information will have

more layers to it; often the audience understands the general ideas, but does not understand the details. An example of data that provides some details about an issue is this one from the Office of Statewide Health Planning and Development: "Homicide is the number one cause of death for people between the ages of 15 to 19 in California, men account for 78% of these fatalities."

- Roots -- *Specific Details*: Government agencies, court officials, and academic institutions often need data to be more academically focused or statistically driven to understand and critique. This type of data may require a high degree of accuracy because funding or planning decisions will be made based on those numbers. These audiences need to have as much detail as possible. Here's an example of "roots" data from a report in the Journal of the American Medical Association: "At a mean medical cost of about $17,000 per injury, the 134,445 gunshot injuries in the United States in 1994 produced $2.3 billion in lifetime medical costs. That figure is in 1994 dollars and uses a real discount rate of 3%." (JAMA 08/04/1999).

You can begin your search for data by "cutting the data question." That is, what specific data are needed? "Cutting the data question" provides you with basic research questions to focus your search for data. In the next section, you will learn how to use data sources on the Internet to access data you need.

Cutting the Data Question

When looking for data, consider the following questions before you begin your search:

- ✓ What is the **Problem/Issue** you are trying to resolve?
- ✓ What is the **Cause** of the Problem?
- ✓ What are the **Effects** of the Problem?
- ✓ What are the characteristics of the **Population**?
- ✓ Does **Geography** have an effect on the problem?

C. Accessing Data from the AskCHIS Online Data Query System

C. ACCESSING DATA FROM THE ASKCHIS ONLINE DATA QUERY SYSTEM

This section of today's workshop focuses on accessing data from an online data query system called AskCHIS. There are four parts to this section:

1. **Introduction to AskCHIS**
2. **Developing a Data Query**
3. **Using AskCHIS for One-Way and Two-Way Tables**
4. **Interpreting and Presenting AskCHIS Data Findings**

Part 1: Introduction to AskCHIS

Learning Objectives:

- Understand what a query is.
- Understand how AskCHIS can help you access data about Californians.
- Become familiar with the basic steps in using AskCHIS.

What is a query?

Query: *to inquire, to seek, or search out.*

When you use an Internet search engine such as Yahoo or Google to request information and then obtain some results, you are performing a **query**. You are searching for data that someone else has collected. This session will introduce you to one system for internet-based data queries, ***AskCHIS***. You will also work on creating a query that will give you the data that you need.

AskCHIS is an online data query system and a resource for data about California, its people, and their health. There are many other online data query systems, and later today we will practice working with two other systems. You will see how the concepts and skills learned with AskCHIS translate to other data sets and query systems.

California Health Interview Survey (CHIS) 2001:

- The CHIS 2001 survey randomly selected 55,428 households drawn from every county in California for its random-digit dial telephone survey.
- Over-sampling was used to make sure the respondents included enough members of certain groups. For example, American Indian/Alaska Natives were over-sampled to raise their total sample size from 440 to

800 in order to examine important differences between urban and rural areas.

- The 2001 survey was conducted in 6 languages (i.e. English, Spanish, Chinese, Korean, Vietnamese, and Khmer).
- Data were weighted to the 2000 Census at both the stratum and statewide levels.
- CHIS interviewed one sample adult in each household.
- CHIS collected data from approximately 55,000 adults and 5800 adolescents, as well as from 12,600 parents regarding children 11 and younger.

CHIS data can be accessed in multiple ways:

- *AskCHIS*- the online data query system that is the focus of this workshop
- Data Access Center—located at the UCLA Center for Health Policy Research
- Public Use Files—can be obtained online via the *AskCHIS* website
- Requests can be made to UCLA Center for Health Policy Research for larger data analysis projects

Using AskCHIS

Step One: Find the *AskCHIS* Website

A. First go to the UCLA Center for Health Policy Research: http://www.healthpolicy.ucla.edu/

Note: Take a look at the reports, briefs, and other data products available on the UCLA CHPR website, as well as the link to Health DATA.

B. Then go to the CHIS website: http://www.chis.ucla.edu/ and click on the ***AskCHIS* icon** to go to the query system

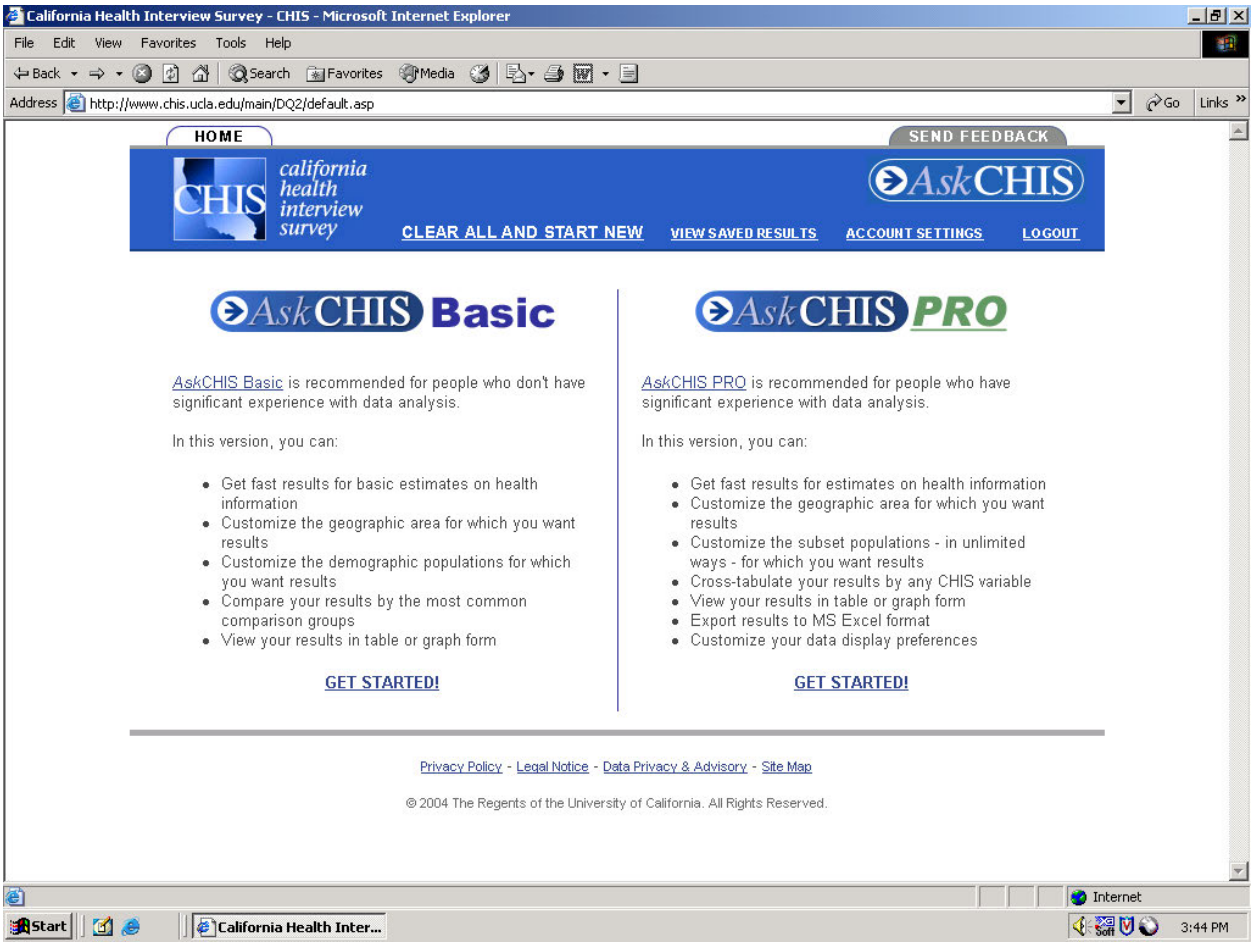
Step Two: Register to use *AskCHIS* (or log in, if you've already registered)

The first time you use AskCHIS, you'll need to register yourself as a user. You need an email address to do this. Click on the green box that says, "Not registered? Register now for free!" Fill in the registration form, and be sure to create a username and password that are easily remembered (if you forget, an email reminder can be sent).

After you register once, you can use your username and password to log in each time your access AskCHIS.

The login screen is the first step to using AskCHIS:

Step Three: Choose AskCHIS Basic or Pro



We'll begin with AskCHIS Basic. You'll develop skills in developing a data query and understanding your results. You may find that after some practice, you want to try AskCHIS Pro. If you're wondering what the differences are, as we go through AskCHIS Basic, you'll notice banners that alert you to additional options available in the Pro version.

Step Four: Become Familiar With the Screens

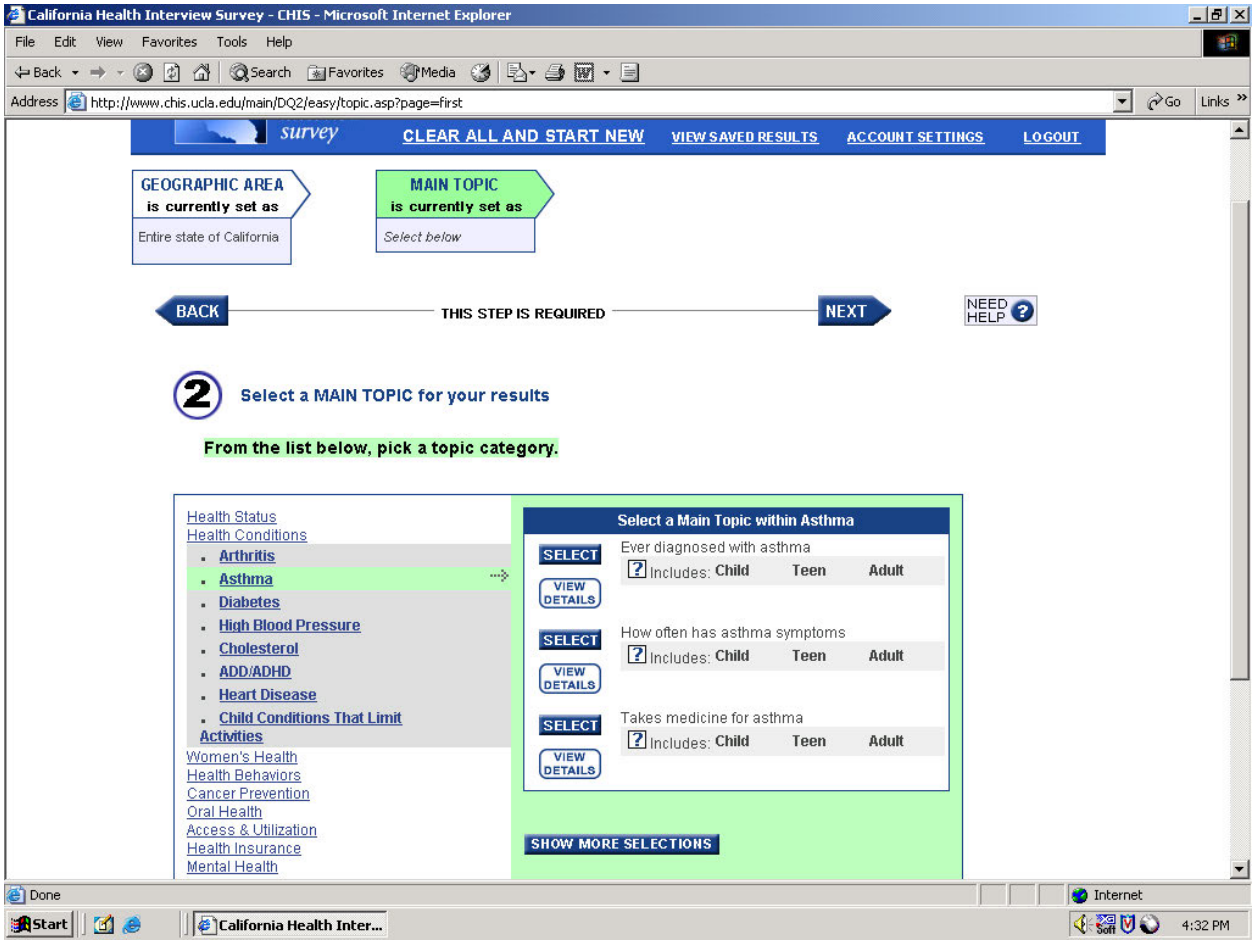
First, take a look at the various components of the screen, working your way from top to bottom and reviewing the numerous functions (such as clickable tabs and the terms used by *AskCHIS*).

Step Five: Find Data Using *AskCHIS*

Remember, you will have plenty of time later on to practice using the *AskCHIS* query system. The goal right now is to show you the basic steps.

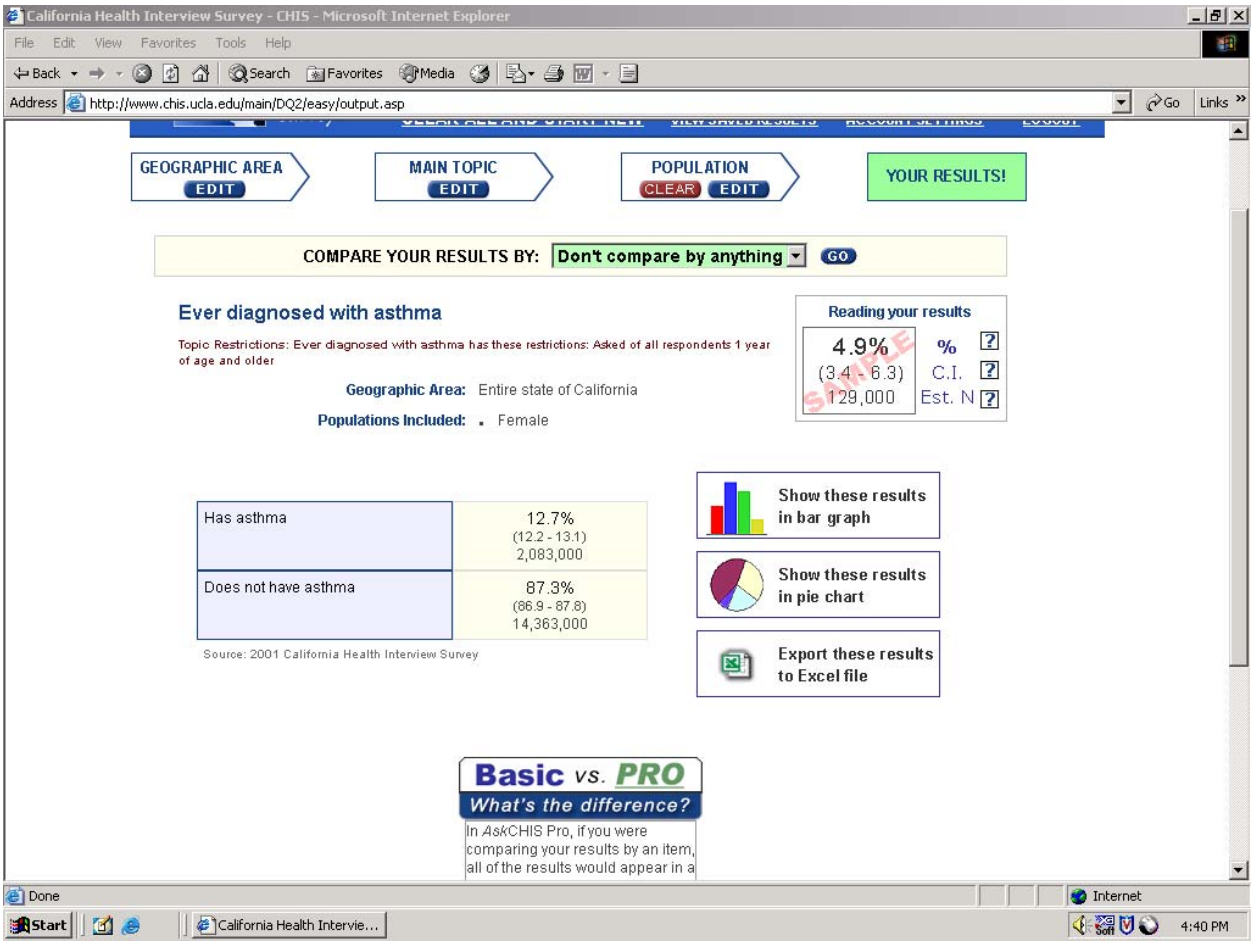
A. First select your geographic area of interest (the entire state of California, or a county or group of counties), and then click **Next**.

B. Pick a **Main Topic**. For practice, click on **Health Conditions**, and then click on **Asthma**. Note that Asthma is one of several categories under the topic, Health Condition. Click **Select** next to "Ever been diagnosed with asthma."



C. Now we select our population of interest. Let's limit the results to include only females. In the Gender box, select **Female**.

D. To see your results, click **Get Results**. Note what is in the table, and also what other information is available on the page.



Accessing Data from the AskCHIS Online Data Query System
Part 2: Developing the Data Query

Learning Objectives:

- Understand the type of data AskCHIS can provide
- Assess the availability and appropriateness of data in AskCHIS
- Prepare the data query for AskCHIS

What data can AskCHIS provide?

Surveys such as CHIS allow data users to describe the population numerically, including frequencies of their characteristics, certain health-related behaviors, and other aspects of their relationships with institutions such as health care and insurance systems, the labor market, or public benefits (i.e., Aid for Families with Dependent Children or food stamp programs).

Let's take a look at the questions you provided in the earlier session, during the section, "Determining the Data You Need." These questions should be quantifiable, or measurable and answerable by questions such as:

1. How many____?
2. Who is most/least likely to_____?

These **questions** produce **numbers** – that is, statistics, frequencies, averages, and counts.

It is important to look for and consult the technical documentation that often accompanies an online data source before conducting any query. Consulting these resources can save time, resources, and frustration (especially if data that you are looking for is not available).

Resources to assess the availability and relevance of data in *AskCHIS* to your data needs include:

1. The *AskCHIS* topic fact sheet
   Displays the general topic items and populations for whom data was collected (i.e. adults, adolescents, and/or children).

2. The data dictionary (also known as the codebook)
   Describes how questions were asked, the response categories available, and how variables were created.

3. The questionnaire
   Provides the actual questions asked of CHIS survey respondents. Available in Child, Adolescent, and Adult versions.

4. The *AskCHIS* **Search** tool (online)
   This tool allows you to type in the term(s) of your choice and search for variables related to or containing that term.

Table 1: Data Resources for *AskCHIS* User: The Pros and Cons of Each

RESOURCE	ADVANTAGES	DISADVANTAGES	WHERE & HOW TO OBTAIN A COPY
CHIS Topic Fact Sheet	--Provides broad information about the health and demographic topics included in CHIS	--The user will not know the specific questions asked in CHIS if using this document, and will need to refer to another source (see below)	-- The CHIS website has this document. Go to: http://www.chis.ucla.edu/pdf/TopicAreasCHIS2001.pdf
Codebook/ data dictionary	-- This is the most detailed document available to a CHIS data user, because response categories are provided, as is the universe of respondents. This document provides the variable names.	-- Users of the codebook may identify variables that are of use to them, however, those same variables may not be included in the *AskCHIS* website. -- If the user is interested in manipulating variables in their original form and creating new variables, they have several options: 1) to obtain a Public Use File (PUF) data CD from CHIS; 2) to submit a data query to CHPR if they do not have data handling resources (i.e. statisticians, programmers, etc) 3) Experienced data users may come to CHPR and use the Data Access Center (DAC) and source files if confidential data need to be analyzed	Step 1: From the main *AskCHIS* website, click on **Data Files** http://www.chis.ucla.edu/products_findings.html Step 2: Click on **Public Use Files** http://www.chis.ucla.edu/main/default.asp?page=puf Step 3: Use your AskCHIS log-in ID and password to access the Public Use Files http://www.chis.ucla.edu/main/PUF/default.asp
Questionnaire	--Provides the questions as they were asked directly to the CHIS respondents. This document also provides some information on skip patterns -- Users should refer to this document if they are unclear about the item in *AskCHIS* or the data dictionary due to abbreviations.	-- This document does not provide information on the variables that were created based on the questionnaire items. -- Users should refer back to the detailed variable list if interested in the variables included in *AskCHIS* or the data dictionary if interested in entire documentation on the variable, population, and skip patterns.	Follow same instructions as above for Codebook
AskCHIS Search tool (online in AskCHIS Basic and Pro)	-- Provides specific information on variables included in *AskCHIS* -- The document includes, for each variable, arrows indicating where variables may be found in the **Topic Categories** list.	-- Must click on **View Details** to see the response categories for each variable. -- May need to try several related terms to view all variables related to your topic of interest.	-- In the **Search** tab (a tab in the center of the MAIN TOPIC page in AskCHIS), type in a word or words of interest to you. A detailed list of variables containing or related to the word(s) you entered will be produced.

Defining The Data Query & Population and Preparing the Data Query

- Refer to the *AskCHIS* topic fact sheet, and look for the subject heading where your data of interest may be located.
- In AskCHIS Basic, go to the **Select a MAIN TOPIC** page. Try clicking on the list of topic categories to verify the variable(s) available in *AskCHIS* for that topic.
- Record answers (i.e. general topic and subtopics) on the worksheet.

You may not find exactly the data you are looking for or need. If this is the case, you have two options:

1. Refine the question so that it can be answered by the type of data which are available in *AskCHIS* in that general subject area; or
2. Identify a new data query.

WORKSHEET 1:

DEFINING THE DATA QUERY & POPULATION AND PREPARING THE DATA QUERY

Step 1: What question are you trying to answer? Or, what topic are you interested in studying?
For example: *What percent of adults in California have health insurance?*

Write your own research question(s) below.

_____
_____
_____

Step 2: Review the CHIS fact sheet, explore the list of topic categories, or use the keyword search tool (in the **Select a MAIN TOPIC** page in AskCHIS) to check the availability of health topics.

Step 3: Identify the health topic(s) you are interested in studying.
For each topic selected, write out:

- The category and sub-category from the list of topic categories
- The best variable for your query (e.g., *Currently insured*)

Health insurance

a) Topic category (1)_____

Current Coverage

Sub-category**:** _____

Currently insured

Best CHIS Variable_____

b) Topic category (2)_____

Sub-category**:** _____

Best CHIS Variable_____

Step 4: Choose the <u>population(s) included</u> in your results. In other words, what population will your data query describe?
Select one or more options from each of the demographic items. This information will be used to create and submit your data query.

a) *Age*:

Children (define age groups) _____ to _____ years
Adolescents (define age groups) _____ to _____ years
Adults (define age groups) _____ to _____ years
Entire population (define age groups) _____ to _____ years

b) Race/Ethnicity:

Hispanic / Latino_____
American Indian/Alaska Native_____
Asian _____
African American _____
White_____
Other single/2 or more races (i.e. 2 or more races)_____
All racial groups _____

c) Gender:

Male _____
Female _____

d) Federal Poverty Level (FPL):

0-99% of FPL_____
100%-199% of FPL _____
200%-299% of FPL _____
300% or more of FPL _____
All income levels _____

e) Geographic region (required)

The Entire State (i.e. all counties in California) _____
Or identify county or counties of interest _____

Step 5: Go to the *AskCHIS* website.
Log in; based on the information you provided on this worksheet, select options that will answer your data query.

Accessing Data from the AskCHIS Online Data Query System
Part 3: Using AskCHIS for One-Way and Two-Way Tables

Learning Objectives:

- Navigate the AskCHIS internet-based data query system.
- Access data using the AskCHIS query system.
- Understand what 1- and 2-way tables are and how to interpret them.
- Develop 1 & 2-way tables.
- Assess reliability of results obtained

Review of the key steps for using *AskCHIS*:

- Go to the CHIS webpage, http://www.chis.ucla.edu and click on ***AskCHIS***
- Register (or Log in, if you've already registered)
- Identify geographic region for data needed
- Select main topic
- Select population(s) included in results (if you want to narrow the population included in the results)
- Review results
- Explore viewing results options
- Explore printing and emailing options
- Explore saving query options

Introduction to One-Way Tables

What are they?

- The term '**one-way table**' refers to a table that organizes the data in a simple manner
- The table provides the answer to a data query that only focuses on one health topic or characteristic.
- These are also known as univariate tables.

What do they look like?

- A one-way table has several components:
  - One variable (known in *AskCHIS* as **Main Topic**), and
  - The demographic factors that define the population of interest (known in *AskCHIS* as **Population**).

- Here is an example of a query that produces a one-way table:
  - *How many adults (or, what percentage) in California have health insurance?*
- This is a one-way analysis because only one variable (health insurance) is required to obtain the statistic, that is, percentage of California adults with health insurance.

When are they used?

- One-way tables are used when a person is interested in answering a broad question, such as: *How many people have a certain characteristic?*

What types of data do they provide?

- In *AskCHIS* Basic, one-way data tables provide percentages, populations estimates, and confidence intervals.

EXAMPLE 1: Creating a one-way table

Now we'll practice a simple query, using a previously created data query as a guide. Our results will be a one-way table. First watch the demonstration, then afterwards you will have a chance to do your own simple query to get a one-way table. [See Example One on the next page.]

Discussion Questions:

- Try to interpret your findings.
  - What do these results mean?
- What specific information in the results table can make the interpretation easier?
  - What population(s) were included in the results? Describe the population by:
    - Geographic region,
    - Age,
    - Gender,
    - Income, and/or
    - Race / ethnicity (as needed)

EXAMPLE 1: Query for a One-Way Table

Step 1: What question are you trying to answer? Or, what topic are you interested in studying?

For example: In California, what percentage of adults age 18-64 have health insurance?

Write your own research question(s) below.

_____
_____
_____
_____

Step 2: Review the CHIS fact sheet, explore the list of topic categories, or use the keyword search tool (in the **Select a MAIN TOPIC** page in AskCHIS) to check the availability of health topics.

Step 3: Identify the health topic(s) you are interested in studying.
For each topic selected, write out:

- The category and sub-category from the list of topic categories
- The best variable for your query (e.g., *Currently insured*)

Health Insurance

a) Topic Category (1)_____

Current Coverage

Sub-category**:** _____

Currently Insured

Best CHIS Variable_____

b) Topic Category (2)_____

Sub-category**:** _____

Best CHIS Variable_____

Step 4: What population are you interested in learning about? Or, what population will your data query describe?
Select one or more options from each of the demographic items. This information will be used to create and submit your data query.

a) Age:

Children (define age groups) _____ to _____ years
Adolescents (define age groups) _____ to _____ years
Adults (define age groups) _____ to _____ years
Entire population (define age groups) _____ to _____ years

b) Race/Ethnicity:

Hispanic / Latino_____
American Indian/Alaska Native_____
Asian _____
African American _____
White_____
Other single/2 or more races (i.e. 2 or more races)_____
All racial groups _____

c) Gender:

Male _____
Female _____

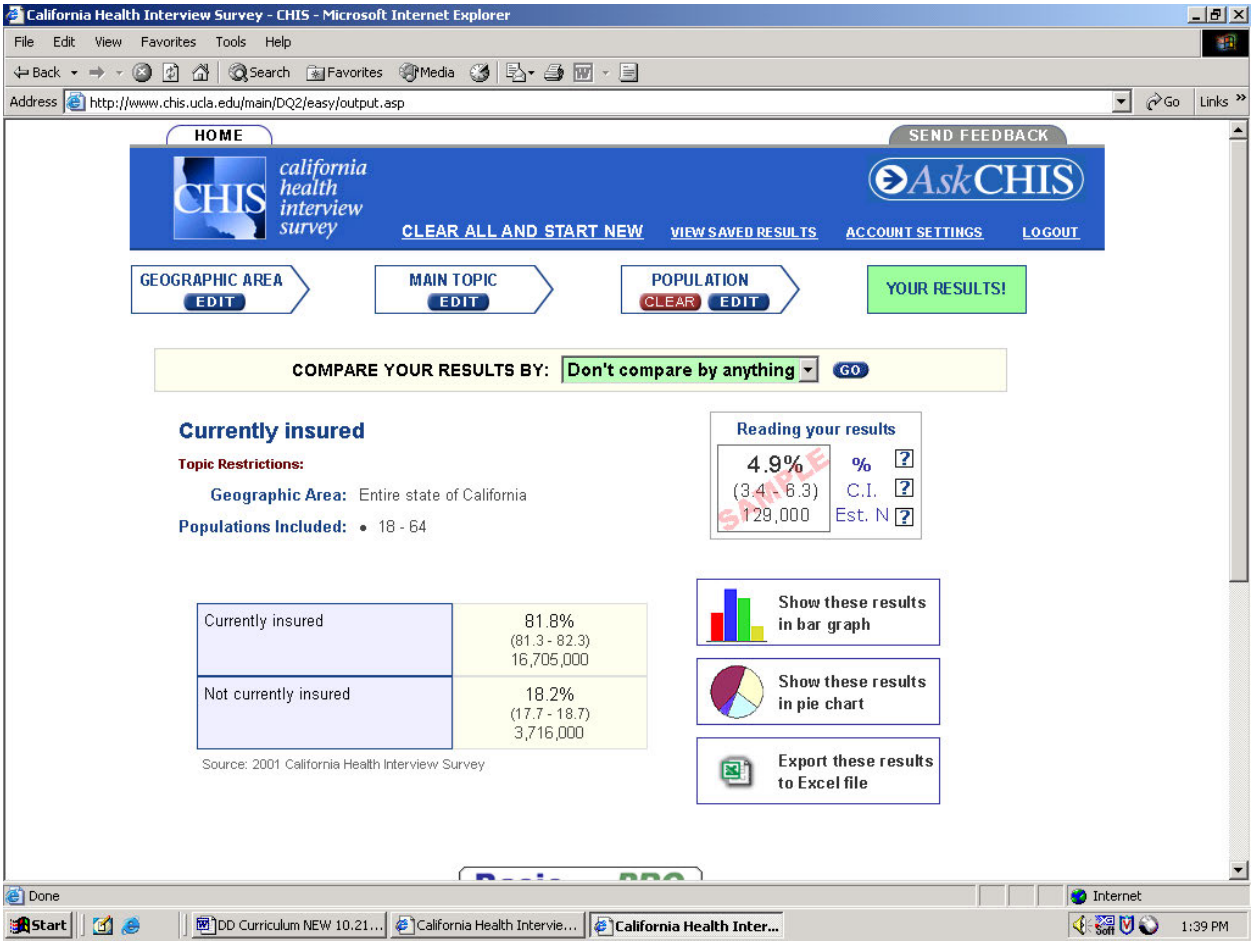
d) Federal Poverty Level (FPL):

0-99% of FPL_____
100%-199% of FPL _____
200%-299% of FPL _____
300% or more of FPL _____
All income levels _____

e) Geographic region (required)

The Entire State (i.e. all counties in California) _____
Or identify county or counties of interest _____

Step 5: Go to AskCHIS website.
Log in; based on the information you provided on this worksheet, select options that will answer your data query.



Interpretation of Data Results – Example 1

- In California, 81.8% of adults ages 18-64 have health insurance.
- In California, 18.2% of adults ages 18-64 do not have health insurance.

Empty Cells and Unstable Estimates:
In some queries, especially those limited to a small population subset, *AskCHIS* may either not report (through empty cells) or may report an unstable estimate (marked by a red star).

- Unstable estimates, characterized by Asterisks (*) in *AskCHIS* are of concern to data users because they reflect percentages based on a small sample size.

- Empty cells, characterized by a dash (--) in AskCHIS are of concern because the data were not reportable due to either lack of responses to a certain question or small sample sizes (i.e., cell has a population estimate <500 individuals).

- If the query produces a table with values that are asterisked, the UCLA Center for Health Policy Research and CHIS Team do not recommend using these values for purposes of policy development, program planning, advocacy, etc.

- Consideration should be given to these issues in use of data. For example, you may not want to plan an entire program or secure funding based on a small sample that may not accurately reflect the behaviors, health conditions, or health services issues of the population. This may result in inappropriate allocation of limited resources.

- Nearly all query systems should give an indicator of data that are unusable, not available because of sample size issues, or unstable.

- **To avoid unstable estimates or missing data in your results, do not limit the population too much.** Try removing or changing the demographic variables that define your subset. In other words, broaden your query to include a larger population segment. For example, include a larger geographic area, larger age range, both males and females, all race/ethniticies, etc.

Refining your data query:
Now refine your query. If you had no unstable estimates the first time, practice limiting your population to see what happens to the results. If you had unstable estimates the first time, practice expanding your population subset (for example, including a larger age range) so that your results become stable.

Discussion Questions:

- Try to interpret your findings.
    - What do these results mean?
- Did you obtain unstable estimates or empty cells?
    - If so, what could you do to refine your query and produce usable data?

Introduction to Two-Way Tables

What are they?

- Two-way tables build on the analysis conducted earlier; the question they are answering is more complex since more variables are being analyzed.
- Two-way tables are also known as bivariate tables.

What do they look like?

- A two-way query is made up of two variables (a **Main Topic** and a second variable such as race or gender that you will use for comparison) and the demographic factors that define the population.
- Therefore, two-way tables differ from one-way tables because they add a second variable to the analysis.
- Demographic factors such as age, income, race/ethnicity, and gender are used to define and narrow the population in AskCHIS and are called *subsets*; however, demographic factors can also be used to create a two-way table.

Here is an example:

- We might ask: *Among diabetic and non-diabetic adults, how many are uninsured?* In other words, *does the percentage of uninsured adults differ between diabetic and non-diabetic adults?*
- This query allows us to explore two AskCHIS variables at the same time. The two-way results table will allow us to look at the distribution of uninsurance among diabetic and non-diabetic adults.

Here is another example, building upon the query we did in Example One:

- We might ask: *Does the percentage of uninsured adults differ by income?*
- This query builds upon the query we did in Example One, which was trying to determine the percentage of adults 18-64 without current health insurance.
- Now, what if we wanted to know whether the percentages of uninsured adults were different for different income levels? This second example incorporates the concept of income (% Federal Poverty Level) as a second variable, and as a result simultaneously explores two characteristics of the adult population in California.

When are they used?

Two-way tables are used when a person is interested in finding out how one AskCHIS variable (such as current insurance) is distributed across the levels of a second variable (such as income).

EXAMPLE 2: Creating a two-way table

Now we'll build on the sample question from the previous examples and modify it so that it can produce a 2-way table.

EXAMPLE 2: Query for a Two-Way Table

Step 1: What question are you trying to answer? Or, what topic are you interested in studying?

For example: In California, what percent of adults with incomes 0-99% of the Federal Poverty Level have health insurance, and what percent of adults with incomes greater than 300% of the Federal Poverty Level have health insurance?

Write your own research question(s) below.

_____

_____

_____

Step 2: Review the CHIS fact sheet, explore the list of topic categories, or use the keyword search tool (in the **Select a MAIN TOPIC** page in AskCHIS) to check the availability of health topics.

Step 3: Identify the health topic(s) you are interested in studying.
For each topic selected, write out:

- The category and sub-category from the list of topic categories
- The best variable for your query (e.g., *Currently insured*)

Health Insurance

a) Topic Category (1)_____

Current Coverage

Sub-category**:** _____

Currently Insured

Best CHIS Variable_____

b) Second (comparison) variable:
Circle the variable you will choose from the drop-down menu (**COMPARE YOUR RESULTS BY)**:

Race

Gender

Federal Poverty Level

Currently Insured

County

Step 4: What population are you interested in learning about? Or, what population will your data query describe?
Select one or more options from each of the demographic items. This information will be used to create and submit your data query.

a) Age:

Children (define age groups) _____ to _____ years
Adolescents (define age groups) _____ to _____ years
Adults (define age groups) _____ to _____ years
Entire population (define age groups) _____ to _____ years

b) Race/Ethnicity:

Hispanic / Latino_____
American Indian/Alaska Native_____
Asian _____
African American _____
White_____
Other single/2 or more races (i.e. 2 or more races)_____
All racial groups _____

c) Gender:

Male _____
Female _____

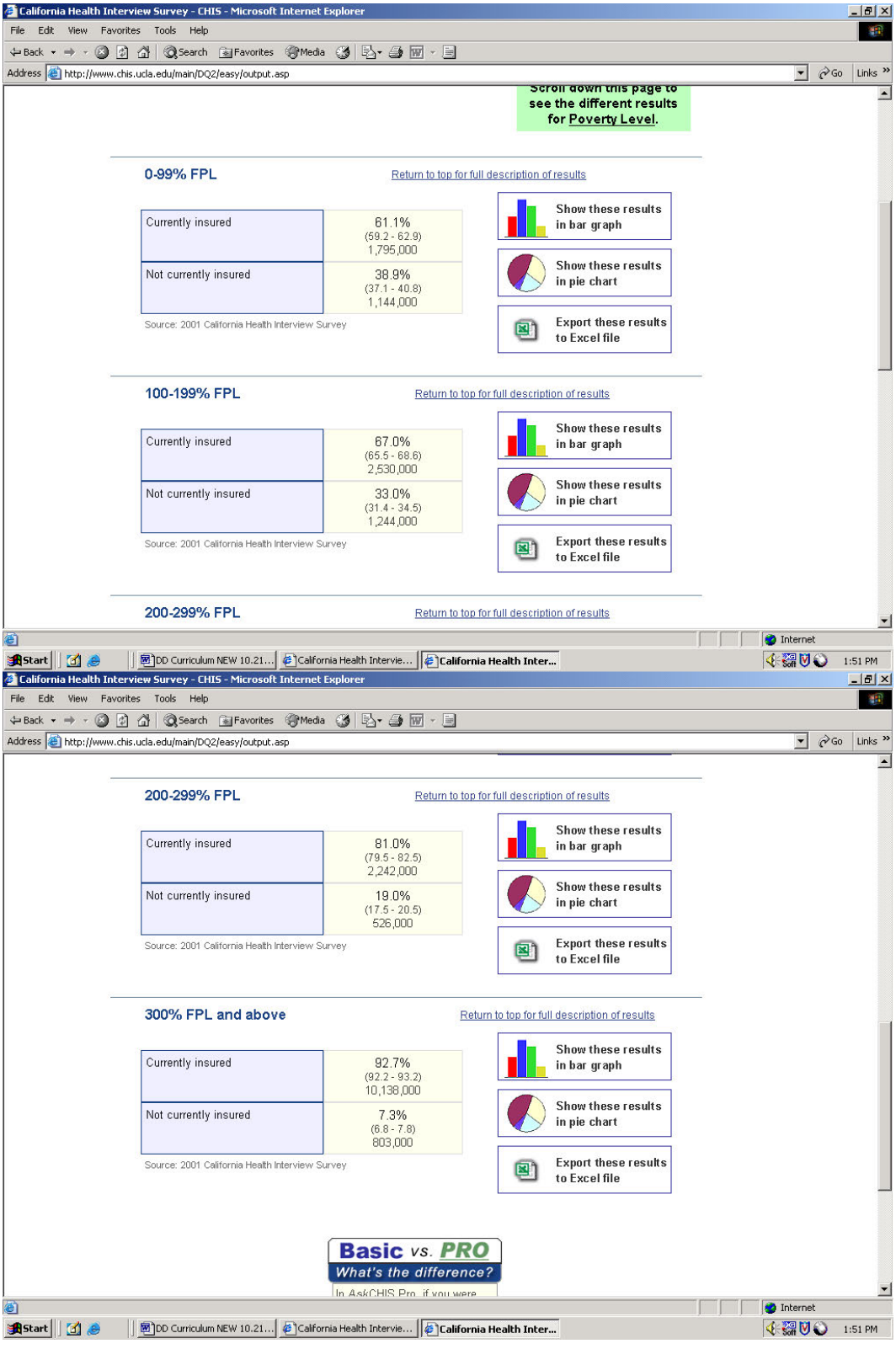
d) Federal Poverty Level (FPL):

0-99% of FPL_____
100%-199% of FPL _____
200%-299% of FPL _____
300% or more of FPL _____
All income levels _____

e) Geographic region (required)

The Entire State (i.e. all counties in California) _____
Or identify county or counties of interest _____

Step 5: Go to *AskCHIS* website.
Log in; based on the information you provided on this worksheet, select options that will answer your data query.


California Health Interview Survey - CHIS - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Address http://www.chis.ucla.edu/main/DQ2/easy/output.asp
Scroll down this page to see the different results for Poverty Level.
0-99% FPL
Return to top for full description of results
Currently insured
61.1%
(59.2 - 62.9)
1,795,000
Not currently insured
38.9%
(37.1 - 40.8)
1,144,000
Source: 2001 California Health Interview Survey
Show these results in bar graph
Show these results in pie chart
Export these results to Excel file
100-199% FPL
Return to top for full description of results
Currently insured
67.0%
(65.5 - 68.6)
2,530,000
Not currently insured
33.0%
(31.4 - 34.5)
1,244,000
Source: 2001 California Health Interview Survey
Show these results in bar graph
Show these results in pie chart
Export these results to Excel file
200-299% FPL
Return to top for full description of results
Start
DD Curriculum NEW 10.21...
California Health Intervie...
California Health Inter...
Internet
1:51 PM
California Health Interview Survey - CHIS - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Address http://www.chis.ucla.edu/main/DQ2/easy/output.asp
200-299% FPL
Return to top for full description of results
Currently insured
81.0%
(79.5 - 82.5)
2,242,000
Not currently insured
19.0%
(17.5 - 20.5)
526,000
Source: 2001 California Health Interview Survey
Show these results in bar graph
Show these results in pie chart
Export these results to Excel file
300% FPL and above
Return to top for full description of results
Currently insured
92.7%
(92.2 - 93.2)
10,138,000
Not currently insured
7.3%
(6.8 - 7.8)
803,000
Source: 2001 California Health Interview Survey
Show these results in bar graph
Show these results in pie chart
Export these results to Excel file
Basic vs. PRO
What's the difference?
In AskCHIS Pro, if you were
Start
DD Curriculum NEW 10.21...
California Health Intervie...
California Health Inter...
Internet
1:51 PM

Interpretation of Data Results – Example 2

- In California, 38.9% of adults 18-64 with income 0-99% of the Federal Poverty Level do not have health insurance.
- In California, 33.09% of adults 18-64 with income 100-199% of the Federal Poverty Level do not have health insurance.
- In California, 19.0% of adults 18-64 with income 200-299% of the Federal Poverty Level do not have health insurance.
- In California, 7.3% of adults 18-64 with income greater than 300% of the Federal Poverty Level do not have health insurance.

Refining your data query:

- Take some time now to try **your query** with two items, to produce a two-way table. If you have questions about any of the steps discussed in Example 2, raise your hand.
- This exercise builds on the question used in the previous activity on one-way tables.
- One way to do this is to add the second variable to the analysis (via selection of a second variable in the drop-down menu, **Compare Your Results By**).

Discussion Questions:

- Try to interpret your findings.
  - What do these results mean?
- Did any group obtain data they are concerned about presenting?
  - What strategy would you use to obtain usable data?
- What specific information in the results table can make the interpretation easier?
- What population(s) were included in the results? Describe the population by:
  - Geographic region,
  - Age,
  - Gender,
  - Income, and/or
  - Race / ethnicity (as needed)

Summary of Skills Learned & Discussion of Data Query Process

- Review the major steps involved in developing queries and obtaining 1 and 2 tables.
- Handouts and worksheets are in your packets as references for self-paced analyses.
- Support is available from Health DATA following the workshop if you need it.

Accessing Data from the AskCHIS Online Data Query System

Part 4: Interpreting and Presenting AskCHIS Data Findings

Goals for this Section:

- Practice interpreting one- and two-way tables.
- Understand how transposing items in the table changes the results.
- Identify whether the results answer the question you started with
- Understand how to localize data.
- Write out key message statements and interpretation of findings

Review:

- What is the purpose of a **one-way** table?
  - One-way tables describe a single behavior or characteristic within a population of interest.
- What is the purpose of a **two-way** table?
  - Two-way tables describe how a behavior or characteristic is distributed among ranges or levels of a second characteristic.

Interpreting and Applying Data Results:

- Using the data results obtained from your AskCHIS query, follow the worksheet to identify your audience, the goal of the analysis, interpretation of the results, and your key message based on findings.

- Those of you who have participated in other Health DATA workshops may consider how these results may be applicable to media advocacy or to a community assessment strategy.

WORKSHEET 2:
INTERPRETING AND APPLYING THE DATA RESULTS

Step 1: Who will use the data obtained from your query?

Possible Audiences

Media_____
Program Planners_____
Advocates_____
Policy Makers_____
Health Care Providers_____
Grant Writers/ Fundraising/Development_____

***Others*? (List below)**

_____
_____
_____
_____

Step 2: What do you hope to accomplish with the data?

Example: *Our organization seeks to obtain funds to provide a health promotion program in the community.*

_____
_____
_____
_____

Step 3: Below, write your summary of the results.

For a One-Way Table:

Fill in the blanks below (not all demographic items are required):

In _____, _____ *% of* _____, _____, _____, _____ *have/are* _____.
Region Percent from *AskCHIS* Poverty Level Race/Ethnic, Gender, Ages, Main Topic. Group

For a Two -Way Table:

Fill in the blanks below (not all demographic items are required):

In _____, _____ *% of*_____, _____, _____, _____ *who have/are*_____
Region Percent from AskCHIS Poverty Level Race/Ethnic Group Gender, Ages, Comparison Variable

have/are _____.
Main Topic.

_____
_____
_____
_____
_____

Step 4: Below, write your key message.

What is the significance or relevance of the data to each of the audiences you identified?

Example: *The data support the need for increased outreach and interventions for this health condition in the community.*

_____
_____
_____
_____

Step 5: Identify possible methods for presenting the data (for example, tables, graphs, and/or text).

_____
_____
_____

"Localizing" data:
Sometimes data is limited or unavailable for the population you need. In these cases, you can *localize data*, or take existing data and apply it to your population of interest. These methods include:

- Making your own estimate,
- Painting a picture, and
- Asking a researcher.

Make Your Own Estimate

1. Obtain data from a CREDIBLE source that resembles/approximates the data you need.

2. Consider the TIMELINESS and GENERALIZABILITY of the data. Note the similarities and differences between the demographics of the data and the demographics of your constituents.
    - Do the differences affect the applicability of the data to your constituents? If not, you can probably make your own estimate.

3. Utilizing several data sources, you then, "piece together" data in order to arrive at an estimate for your target population.
    - You can do this, but remember to protect your credibility when you create an estimate.
    - What will the estimate be used for? Is it appropriate to estimate in certain instances?
    - Sometimes no number is better than a bad one; sometimes a fuzzy one is better than none. You must decide.
    - Be prepared to defend the information you use and your methods for getting it.

Paint a Picture

- Is it possible to piece together data from several sources to illustrate your point?
- Do you have personal information, anecdotal or statistical, that can compliment this information?
- Might it be possible to "paint a picture" of the problem using a combination of personal stories and statistics from several sources?

Ask a Researcher

- If you find a particularly helpful study, it might be possible to contact the researcher to find out more.
- Expect that it will take time. Many researchers have moved on to their next discovery by the time data from their last experiment becomes available to the public.

- When you do get data this way, pay attention to any caveats the researcher places on the data, these caveats may be the reason the researcher did not publish that information, even if he/she found it interesting.
- Seek out those sources of information that provide ongoing support or technical assistance.

Presenting *AskCHIS* Data Using Graphs:

How you present data can be almost as important as understanding and using it. Your audience must be able to understand what you are saying. Visual aids such as graphs and charts are some of the most widely used and effective ways of reinforcing the audience's understanding of the information.

The presentation of data depends on audience and application of data. There are numerous ways of presenting the results of your data queries:

- Numerical (data tables)
- Text or narrative
- Graphical

Graphical depictions include:

Pie Graph

- Use a pie graph when you have simple percentages and the "slices" of the pie are not too numerous.
- Ideal for depicting the size of each part as a percentage of the whole.
- Dividing the pie graph into too many "slices" can lead to confusion.
- Best when visual is displayed in color, difficult to discern between "slices" if using grayscale to represent different groups.

Bar Graph

- Good for comparing quantities – simple bar lines are easy to read and compare.
- Avoid comparing things that are on different scales. Uneven scales can lead to confusion for your audience.

Chart/Table

- Suitable for providing simple numeric information
- Best used for side-by-side comparison of numbers and data for various variables or groups.

Creating and Saving Pie and Bar Graphs with AskCHIS:

1. Go back to the simple query we did in Example One (use the query you saved).
2. Click on **Get Results.**
3. To see a pie graph, click on **Show these results in pie graph.**
4. To see a bar graph, click on **Show these results in bar graph.**
5. The easiest way to save the graphs is to move the mouse arrow into the box with the graphs. A small bar with different icons should appear. Click on the disk icon, type a name in the space indicated, and save the graph to the location you choose.
6. Is a pie graph or bar graph is better for your results? Why?
7. Repeat steps 1-6 for the more complex query we did in Example Three (use the query you saved).

See the appendix for additional resources on presenting data.

D. Accessing Data from Other Online Data Query Systems

The Behavioral Risk Factor Surveillance System

Neighborhood Knowledge California

D. ACCESSING DATA FROM OTHER ONLINE DATA QUERY SYSTEMS

In this section, we will focus on applying skills you learned in previous sessions to use and understand other online data resources. We'll walk through the basic steps of two additional online data query systems:

1. The U.S. Centers for Disease Control and Prevention's **Behavioral Risk Factor Surveillance System** (an online data query system)
2. **Neighborhood Knowledge California** (an online data query and asset mapping system).

Part 1: The CDC's Behavioral Risk Factor Surveillance System

Goals for this Section:

- Review the key skills used in AskCHIS
- Become familiar with the Behavioral Risk Factor Surveillance System online tools.
- Practice performing a query with the Behavioral Risk Factor Surveillance System.

Review:

The key steps for using AskCHIS are:

- Identify geographic region for data needed
- Select health topics
- Select subsets (if you want to narrow the population included in the results)
- Review results

What is the Behavioral Risk Factor Surveillance System (BRFSS)?

- The BRFSS is a surveillance system coordinated by the U.S. Centers for Disease Control and Prevention (CDC). It tracks health-related behaviors over time. It was created to fulfill a need for state-level data on health risk behaviors like tobacco and alcohol use, seat belt use, and diet and exercise.
- States and territories collect data for the BRFSS through random-digit dial telephone interviews, which they collect monthly. One sample adult is interviewed in each household.
- The BRFSS has collected data since 1984, when only 15 states participated. Since 1994, all 50 states, as well as the District of

Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands have participated.

- In 2003, the CDC analyzed 2002 survey data and created a project called SMART BRFSS – Selected Metropolitan/Micropolitan Area Risk Trends from the BRFSS. Data for 98 metropolitan and micropolitan statistical areas are now available on the BRFSS online query system.

The skills you learned while exploring AskCHIS can help you with other data query systems, too. Many other query systems, such as BRFSS, also require you to select geographic areas, population(s) of interest, and the specific interview question for which you want to get results. Now we'll go over an example of how to apply your new data query skills to another online data query system.

Using the BRFSS Online Query System

Step One: Finding the BRFSS Website

A. Go to the website for the Behavioral Risk Factor Surveillance System: http://www.cdc.gov/brfss/

Note: Look around the screen to see what is available to you. Note the availability of reports, briefs, and other data products on the BRFSS website.

Step Two: Finding state-level BRFSS data

A. Click on the ***Interactive Databases* icon** to go to the query system.
B. Click on the ***Prevalence Data* icon**. This will give you data at the state level.
C. In the "State" pull-down menu, choose "California."
D. In the "year" pull-down menu, choose the year you are interested in. (Data from 1995-2002 are available.)
E. In the "category" pull-down menu, choose the topic you are interested in. Just like in AskCHIS, selecting a topic will bring you more options.
F. Click on a question to view its data. One the right towards the top of the screen, there is a pull-down menu. (Its default is "no grouping.") Try grouping the results by age. What do you find?

Step Two: Finding local-level BRFSS data

A. Click on the ***Interactive Databases* icon** to go to the query system.

B. Click on the ***Access Local Area Health Risk Data* icon**. This will give you data for each of the 98 metropolitan and micropolitan areas for which BRFSS has made data available.
C. In the "MMSA" pull-down menu, choose "Los Angeles/Long Beach/Glendale, CA Metropolitan Division."
D. In the "year" pull-down menu, choose a year. (At this time, only 2002 data is available.)
E. In the "category" pull-down menu, choose the topic you are interested in. Just like in AskCHIS, selecting a topic will bring you more options.

Questions:

- In which query did we get a one-way table?
- In which query did we get a two-way table?
- When would you use BRFSS, compared with AskCHIS? Why?

Accessing Data from Other Online Data Query Systems
Part 2: Neighborhood Knowledge California

Goals for this Section:

- Understand what asset mapping is and how it can help communities and community-based organizations.
- Become familiar with the data query and asset mapping tools on the Neighborhood Knowledge California (NKCA) interactive website.
- Practice mapping your own data using the NKCA system.

What is asset mapping?

- **Asset mapping** is a way of visually representing where important sites and services are located in a community.
- Instead of just focusing on what a particular community lacks and needs, asset mapping also focuses on what the community has and can provide.
- There are several ways to map the resources and relationships within communities. Today we will explore one way, using an interactive online tool for California called Neighborhood Knowledge California.

What is Neighborhood Knowledge California?

NKCA is an interactive website created by the Advanced Policy Institute at UCLA. It allows you to assemble and map certain geographically based data, and the results can be used in neighborhood research. It was created to promote fair housing and banking policies by giving community members and policymakers the tools to view the current situation. In addition, NKCA allows users to map the resources of their own communities by uploading their own datasets.

The skills you learned in Determining the Data You Need, as well as some of the skills you learned in AskCHIS, will help you to use Neighborhood Knowledge California. We'll go over the queries you can do on NKCA, as well as the ways you can present data using NKCA.

Using NKCA

Step One: Create a MyNKCA account

A. Go to the website for Neighborhood Knowledge California: http://nkca.ucla.edu
B. On the right side of the screen, under the fish, click on "sign in."

C. In the lower center part of the screen, click on "create a my NKCA account."
D. On the next web page, read the website privacy and user's agreement. If you agree, click on "I agree" to continue with your registration.
E. Finally, fill in the registration form completely, and click on "Update account."

Step Two: Use NKCA to access data

A. After logging in, from the main NKCA page, click on "Data and Charts."
B. Zoom to an address first, then enter your address and zip code. Click "Go."

Now you will have some time to try accessing basic data on your own. Here are some questions to answer as you navigate this part of the website:

- What is your census tract?

  _____

- What is the total population of your census tract? (Hint: you will need to select "Population" under Demographic Report.)

  _____

- What percent of your tract is Latino? Asian? African American? (Hint: select "jump to- ethnicity/race" first, then use the green numbers to show percentage.)

  _____

- What percent of the population is between ages 5-17? How does this compare to California as a whole? (Is your neighborhood a relatively "younger" or "older" population?)

  _____

- What percent of households earn less than $15,000 a year? What about for the whole state? (Hint: You will need to look at "Household Income" under the Economic/Labor Market Report.)

  _____

C. If you want to change the geography of your data (for example, you want to see data for a city instead of a census tract), click on the "data" icon on the top right corner of the page, then reselect your geography.

Step Three: Use NKCA to map data and conduct analyses

A. First you need to define the geographic region in your map. Click on "maproom" and choose your county under the "county" search. Click on "Go."
B. "Map tools" under the map allow you to change the map size; clicking on the maps allows you to zoom in or out or recenter the map.
C. Click on "Select your 1st theme" to the left of the map.
D. Click on the pull-down menu under "Demographic" and then choose "Median Household Income." Click on the "draw map now" button.
E. You should see a map of the area you zoomed to previously, now color-coded by median household income, with the orange area being lower income and the purple areas being higher income (notice the legend to the left of the map). You can change the data being mapped by clicking on "change theme" below the legend. You can change the color by clicking on "color."

Activity:

NKCA allows you to map resources in your own community. These maps can help in planning, writing reports, or making presentations to community members. In this activity, you will brainstorm the resources your community has that have a physical location. For example, someone interested in literacy may want to map libraries, schools, after-school tutoring sites, and locations where adult literacy classes are held. After you've listed important resources, we'll see how to map those locations using NKCA.

Step Four: Use NKCA to map your own locations

A. First you need to prepare a list of addresses. You will need a list of locations that have at least two "columns:" an address column and a zip code column. The address needs to have the number, street name, and street type (street, avenue, boulevard, etc).

B. Save the list of addresses in a spreadsheet file, such as Microsoft Access or Microsoft Excel. Write down the name of the Excel sheet or Access table you want to use, because you will need it later. Close the spreadsheet.

C. Go to **http://nkca.ucla.edu** and sign in. Click on "Edit my nkca" and then click on "my datasets."

D. Enter information about your data as follows (see screen shot on next page for additional information):

Name: Your choice of name, up to 12 characters

Description: Your description of what the data records represent

Address Column: Click on yes if your dataset includes an address column

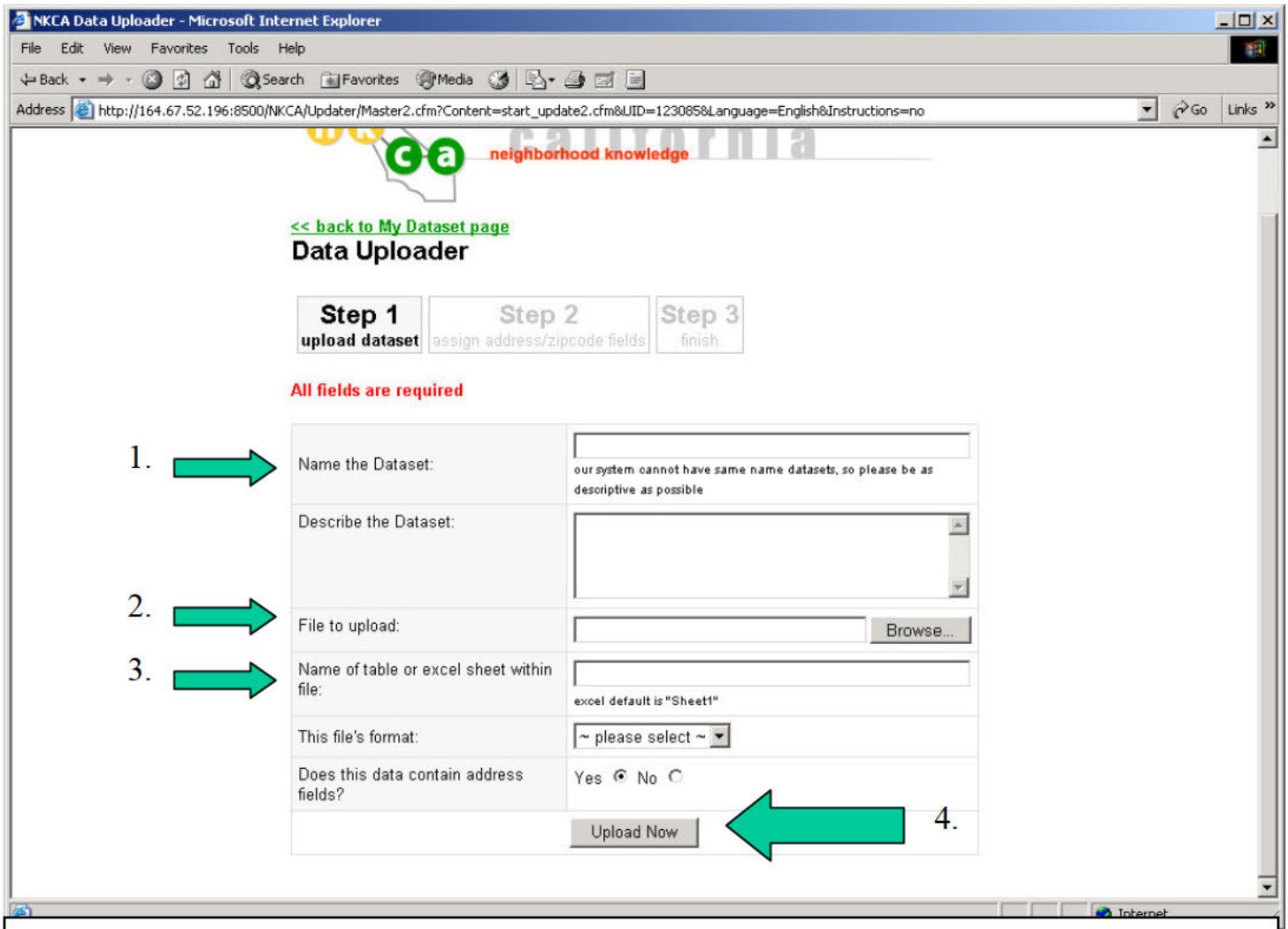
Column names: Enter yes if the first row of your spreadsheet has the names

Choose Dataset Source: [ignore for now]

File to Upload: Click on browse; navigate to where your dataset is saved on your computer

Name of table or sheet: Enter the name of the Excel sheet or Access table of the list

E. Click on "Upload now."
F. Now, check to make sure the data you see in the NKCA page is what you intended to upload. It will only show the first four rows.
G. Choose the address and zip code columns by making the appropriate selection where it says "Choose address column" and "Choose zip code column."
H. Click "continue," and your dataset will be uploaded into the NKCA system. It may take a while to upload, depending on the size of your file.
I. Once the data is uploaded, it can be viewed in the NKCA maproom. From the maproom, zoom to the geographical area where your addresses are located (for example, if the addresses are throughout Los Angeles County, zoom to the county; if all the addresses are in the same zip code, zoom to that zip code). Map your uploaded data by clicking in the Theme 3 box on the left side of the screen. Select the layer with the data you uploaded and click on "draw map now."



1. Name the dataset: Your choice of name, up to 12 characters.
2. File to upload: Click on **browse**; navigate to where your dataset is saved on your computer.
3. Name of table or Excel sheet: Enter the name of the Excel sheet or Access table of the list.
4. Upload Now: Click to begin uploading your data.

Appendices

APPENDIX A: HEALTH DATA TOOLKIT
COMBINING QUANTITATIVE & QUALITATIVE DATA
COMMANDER DATA'S GAME Q & A

Health DATA Toolkit

TYPES OF DATA

Qualitative: Data that is usually measured and expressed in the form of words, concepts, themes, or categories rather than numbers. Qualitative data are often used to gain a more in-depth understanding of a particular incident or phenomenon – they answer how or why something is occurring.

Qualitative techniques include, but are not limited to:

- **Observation**
- **Ethnography:** the study and subsequent recording of information about human culture
- **Case study:** a study based on an intensive observation of one (or a few) cases or examples, such as organizations or events.
- **Open-ended interview***
- **Focus group:** a group of individuals led through a structured discussion of a particular topic or event. Focus groups are often used to assess social needs, develop hypothesis and survey questions, investigate the meaning of survey results, and assess the range of opinions.

Quantitative: Data that is usually measured and expressed in the form of numbers or statistics and which usually answer the who, what, when and where questions of a research problem.

Quantitative techniques include, but are not limited to:

- **Census:** a complete enumeration of the population
- **Survey*:** A systematic way of collecting information from a defined population, usually by means of interviews or questionnaires administered to a sample of the population.
- **Questionnaire*:** a method of collecting data by asking participants identical questions about a particular issue or issues. Questions may be open-ended (the answer is completely left up to the respondent) or close-ended (where respondents are presented with a limited number of options to reply, such as yes/no, true/false or Likert-scale responses.
- **Close ended interview***

* NOTE: Interviews, Questionnaires and Surveys can be quantitative, if utilizing a close-ended format, or they can be qualitative, if a more open ended format is used.

METHODOLOGY – "HOW DID YOU GET THE DATA?"

Anecdote (or anecdotal data): A particular incident or fact of note used to illustrate a situation. Often, a descriptive story or information gained from day-to-day experiences, but not systematically.

Bias: Any factor that prevents research from providing a representative sample for the population being studied.

Cross-section: a cross-sectional research design is one in which all data are collected at one point in time. The purpose is to easily identify whether there is an association between two variables.

Estimate: A number drawn from a sample that is intended to describe the population from which the sample is drawn.

Likert-scale: A research design that utilizes scaled responses such as strongly agree, agree, neutral, disagree, and strongly disagree to elicit participant feelings about a research topic.

Longitudinal: a study in which data from the same population are gathered at two or more distinct points in time. This allows the researcher to identify trends and changes over time and more closely determine if there is a cause and effect association between two variables.

Methodology: A structured approach used to answer specific questions or test the hypothesis in a study. Can be called the "science of finding out."

Population: Entire group of individuals, who are logically related in some way, about which information is desired.

Random: A method of research that assigns every member of a group the same chance of being chosen to be a respondent. (Note: Choosing every 10th person from an alphabetized list is not random since some ethnicities will have names that cluster in a few letters, while others will be spread throughout; in contrast, picking names out of a hat is random)

Random Assignment or randomization: Assignment of research subjects by chance into a study or survey. Randomization helps to eliminate potential bias.

Response rate: the proportion of subjects who were asked to participate in the study that completed the survey. Poor response rates may indicate some bias because those who chose to respond may be different in important ways from those who did not respond.

Sample: The subset of a population selected for study. Because it is often costly to interview a whole population (for example, the entire population of California), a sample of Californians are interviewed, who represent the whole population. They are usually selected based on the criteria (variables) essentially to answering the research question.

Triangulation: Determining the applicability of data gathered from a variety of sources, using differing research methods, to answer a particular research question.

Variable: any characteristic of a research participant that can be expressed as a number. Variables are often in the form of attributes such as sex, age, employment status, income, etc…

DATA INTERPRETATION – "WHAT DO THE NUMBERS MEAN?"

Average: the value that is intended to represent the general value, central tendency, of a set of unlike numbers. It is computed by adding the values of all the cases and dividing by the total number of cases.

Cause: the reason something happens.

Correlation: two events that change in concert with each other. A correlation does not mean cause and effect. For example, early in the AIDS epidemic it was noticed that the more often people used "poppers" (the stimulant amyl nitrate) the more likely they were to get AIDS. While these two were "correlated," it turned out that poppers were not the cause of AIDS, but were most commonly used by gay men during sex.

Incidence: the number of NEW cases during a period of time (e.g. the number of people newly diagnosed with HIV in the year); this number is useful to tell you about changes in the number of people affected by the condition.

Indicator: *a measure that is closely associated with or a component of a condition you are studying. For example, mortality is a "health indicator" -- higher death rates are taken to mean that a population is less healthy even though death is a very crude way to measure "health."*

Mean: see average

Median: the value in a distribution of numbers that falls directly in the middle, such that 50% of the values lie below and 50% of the values lie above that value.

Mode: the most frequent value in a distribution. Also termed "probability average."

Percentage: A proportion where the denominator is expressed as 100; ¼ is 25/100, expressed as 25%. (See proportion)

Prevalence: the number of EXISTING cases at a point in time (e.g. the number of people living with HIV at this moment).

Proportion: the number of persons (or events) of interest divided by the total number of persons in the population (or events). If 100 persons have a disability in a community of 400, then ¼ are disabled.

Range: the true upper limit in a distribution minus the true lower limit. It is measure of variability.

Rate: Indicates the frequency of a given event (e.g., 100 births per 1,000 adults). It is a way of knowing the proportion of a population, possessing a particular variable, in order to compare areas or groups of different sizes.

Standardized rate: Populations often differ in characteristics related to the health issue under consideration, such as birth rates that vary with age. A younger population will have a higher birth rate than an older population. Standardizing portrays rates "as if" the characteristics of the two populations were the same (for birth and death rates it is often called age adjusted rates).

Statistical significance: The characteristic of an association that is not likely to be due to chance. In statistical terms, data are statistically significant if they meet certain criteria, often that the probability of error (p) is less than 5 out of 100 ($p < .05$).

Combining Quantitative and Qualitative Data

	Quantitative	**Qualitative**
Description	• Usually measured and expressed in the form of numbers or statistics • Answers who, what, when and where questions of a research problem.	• Usually measured and expressed in the form of words, concepts or categories • Often used to gain a more in-depth understanding of a particular incident • Answers how or why something is happening
Types	• Census • Survey* • Questionnaire* • Close ended interview*	• Observation • Case study • Focus group • Open-ended interview*
Benefits	• Increased objectivity • Usually Cheaper • Allows random sampling • Usually easier to interpret	• Demonstrates "human side" of data
Drawbacks	• Does not demonstrate the "human side" of data	• Usually not representative • Usually More expensive • Often misinterpreted

* NOTE: Interviews, questionnaires, and surveys can be quantitative, if using a close-ended format, or they can be qualitative, if a more open-ended format is used.

COMMANDER DATA GAME Q&A

1. What describes "frequency of a given event"?
   Rate.

2. What is the "science of finding out" or a structured approach used to answer specific questions or test hypothesis in a study?
   Methodology.

3. What word describes "a subset of a population" selected for study?
   Sample.

4. What is a "number drawn from a sample" intended to describe the population from which the sample is drawn?
   Estimate.

5. What describes data that is measured and expressed in the form of numbers or statistics?
   Quantitative data.

6. What word describes data measured or expressed in words, concepts, themes, or categories rather than numbers?
   Qualitative data.

7. What is a descriptive story or information gained from observing day-to-day experiences?
   Anecdote/Anecdotal.

8. What describes any characteristic of a research participant that can be expressed as a number?
   Variable.

APPENDIX B: ASKCHIS PRO

*Ask*CHIS Pro:
Additional Query Options for Advanced Users of AskCHIS

AskCHIS Basic is designed to make accessing data as quick and simple as possible. It is a great resource that allows even people with limited experience with data queries obtain the data they need. In AskCHIS Basic, you can narrow your population of interest using race, gender, age, and/or poverty level. In addition, you can compare your results by race, gender, income (% Federal Poverty Level), current health insurance status, and/or California county.

Advanced users of data may find there are additional options they want to explore in their data queries. For example, advanced users may want to compare their results across some other variable that isn't an option in Basic. In AskCHIS Pro, you can narrow your population of interest using any variable in AskCHIS. In addition, you can compare your results by any variable in AskCHIS. The best way to learn about all your options in AskCHIS Pro is to get online and start using it!

Query for a two-way table in AskCHIS Pro

A query for a two-way table is made up two variables and the (usually demographic) factors used to limit your population of interest.

Here is an example:

- We might ask: *Among adults diagnosed with heart disease, how many are obese?* In other words, *does the percentage of people diagnosed with heart disease differ between normal weight and obese adults?*
- This query allows us to explore two AskCHIS variables at the same time. The two-way results table will allow us to look at the distribution of heart disease diagnosis across weight categories (actually, we'll use Body Mass Index).

What are the steps?

1. **Log in to *AskCHIS* (http://www.chis.ucla.edu)**

2. **Choose a geographic region you are interested in learning about** (entire state of California, specific large regions, specific California counties, or Los Angeles Service Planning Areas)

3. **Select your MAIN TOPIC from the topic category list.** In AskCHIS Pro, you also have the option of using the Search tool if you're not sure where to look for

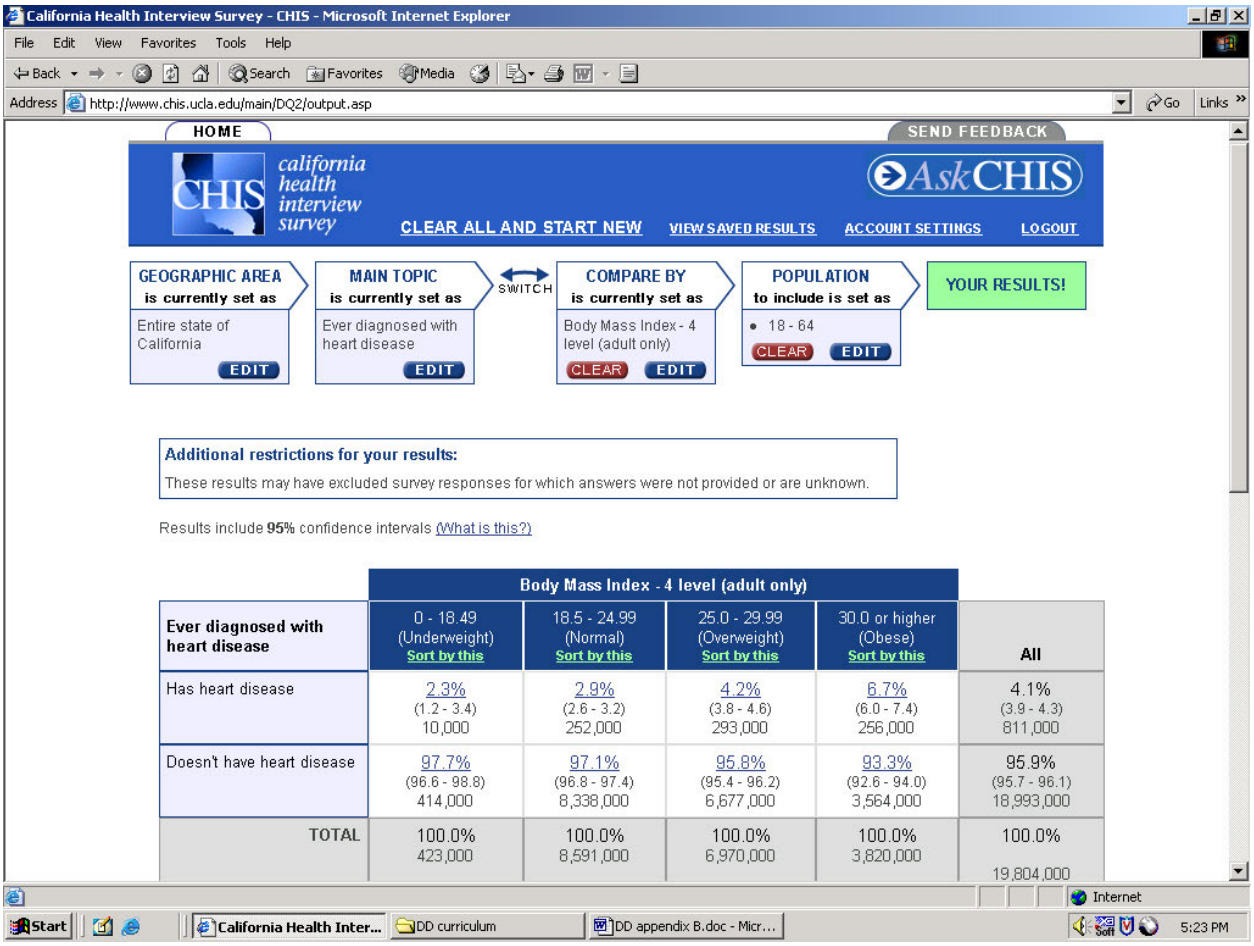
your topic of interest. For practice, find and select **Ever diagnosed with Heart Disease.**

4. **Select your second variable, the variable you will COMPARE BY.** For practice, find and select **Body Mass Index (4 level) adult only.** If you're not sure which order to enter your variables, don't worry. You can always switch the order later. The "compare by" variable has the categories you are describing (such as underweight, normal weight, overweight, and obese), and the "main topic" variable has the characteristic you are interested in reporting (such as rates of heart disease diagnosis).

5. **Select the population included in your results.** Just like in AskCHIS Basic, you can narrow the population by age, race, gender, and Federal Poverty Level. But here's what's different in Pro: you can use any AskCHIS variable to narrow the population. (Scroll down to see the list of the AskCHIS topic categories to help you narrow your population.) For example, you could narrow your results to just include people who live in rural area. For practice, narrow the population to include only 18-64 year olds.

6. **Review and Confirm.** On this page, you can choose to "hide" parts of the results. For example, I could decide that I am only interested in results for normal weight and obese adults. I can hide the underweight and overweight categories by un-checking the boxes for the appropriate rows or columns in the Options for Displaying Your Results box.

7. **Click Get Results and check it out!** Make sure you scroll down the page to see all the options for changing Confidence Intervals, viewing the Standard Errors, changing the table orientation, and switching the "main topic" and the "compare by" variables.



Interpretation of Data Results

- In California, 2.3% of underweight adults age 18-64 have been diagnosed with heart disease.
- In California, 2.9% of normal weight adults age 18-64 have been diagnosed with heart disease.
- In California, 4.2% of overweight adults 18-64 have been diagnosed with heart disease.
- In California, 6.7% of obese adults 18-64 have been diagnosed with heart disease.

APPENDIX C: ASKCHIS WORKSHEETS AND EXAMPLES

WORKSHEET 1:

DEFINING THE DATA QUERY & POPULATION AND PREPARING THE DATA QUERY

Step 1: *What question are you trying to answer? Or, what topic are you interested in studying**?***

For example: *What percent of adults in California have health insurance?*

Write your own research question(s) below.

_____
_____
_____
_____

Step 2: *Review the CHIS fact sheet, explore the list of topic categories, or use the keyword search tool (in the Select a MAIN TOPIC page in AskCHIS) to check the availability of health topics.*

Step 3: *Identify the health topic(s) you are interested in studying.*

For each topic selected, write out:

- The category and sub-category from the list of topic categories
- The best variable for your query (e.g., *Currently insured*)

Health insurance

a) Topic category (1)_____

Current Coverage

Sub-category: _____

Currently insured

Best CHIS Variable_____

b) Topic category (2)_____

Sub-category: _____

Best CHIS Variable_____

Step 4: *Choose the <u>population(s) included</u> in your results. In other words, what population will your data question describe?*

Select one or more options from each of the demographic items. This information will be used to create and submit your data query.

a) AGE:

Children (define age groups) _____ to _____ years
Adolescents (define age groups) _____ to _____ years
Adults (define age groups) _____ to _____ years
Entire population (define age groups) _____ to _____ years

b) Race/ETHNICITY:

Hispanic / Latino _____
American Indian / Alaska Native _____
Asian _____
African American _____
White_____
Other single /2 or more races _____
All racial groups _____

c) Gender:

Male _____
Female _____

d) Federal Poverty Level (FPL):

0-99% of FPL _____
100%-199% of FPL _____
200%-299% of FPL _____
300% or more of FPL _____
All income levels _____

e) Geographic region (required)

The Entire State (i.e. all counties in California) _____
Or identify county or counties of interest _____

Step 5: *Go to the AskCHIS website.*

Log in; based on the information you provided on this worksheet, select options that will answer your data query.

EXAMPLE 1: Query for a One-Way Table

Step 1: *What question are you trying to answer? Or, what topic are you interested in studying?*

For example: In California, what percent of non-U.S. citizen adults have health insurance?

Write your own research question(s) below.

_____
_____
_____
_____

Step 2: *Review the CHIS fact sheet, explore the list of topic categories, or use the keyword search tool (in the Select a MAIN TOPIC page in AskCHIS) to check the availability of health topics.*

Step 3: *Identify the health topic(s) you are interested in studying.*

For each topic selected, write out:

- The category and sub-category from the list of topic categories
- The best variable for your query (e.g., *Currently insured*)

Health insurance

a) Topic category (1)_____

Current Coverage

Sub-category: _____

Currently insured

Best CHIS Variable_____

b) Topic category (2)_____

Sub-category: _____

Best CHIS Variable_____

Step 4: *Choose the population(s) included in your results. In other words, what population will your data question describe?*

Select one or more options from each of the demographic items. This information will be used to create and submit your data query.

a) Age:

Children (define age groups) _____ to _____ years
Adolescents (define age groups) _____ to _____ years
Adults (define age groups) _____ to _____ years
Entire population (define age groups) _____ to _____ years

b) Race/Ethnicity:

Hispanic / Latino _____
American Indian / Alaska Native _____
Asian _____
African American _____
White_____
Other single /2 or more races _____
All racial groups _____

c) Gender:

Male _____
Female _____

d) Federal Poverty Level (FPL):

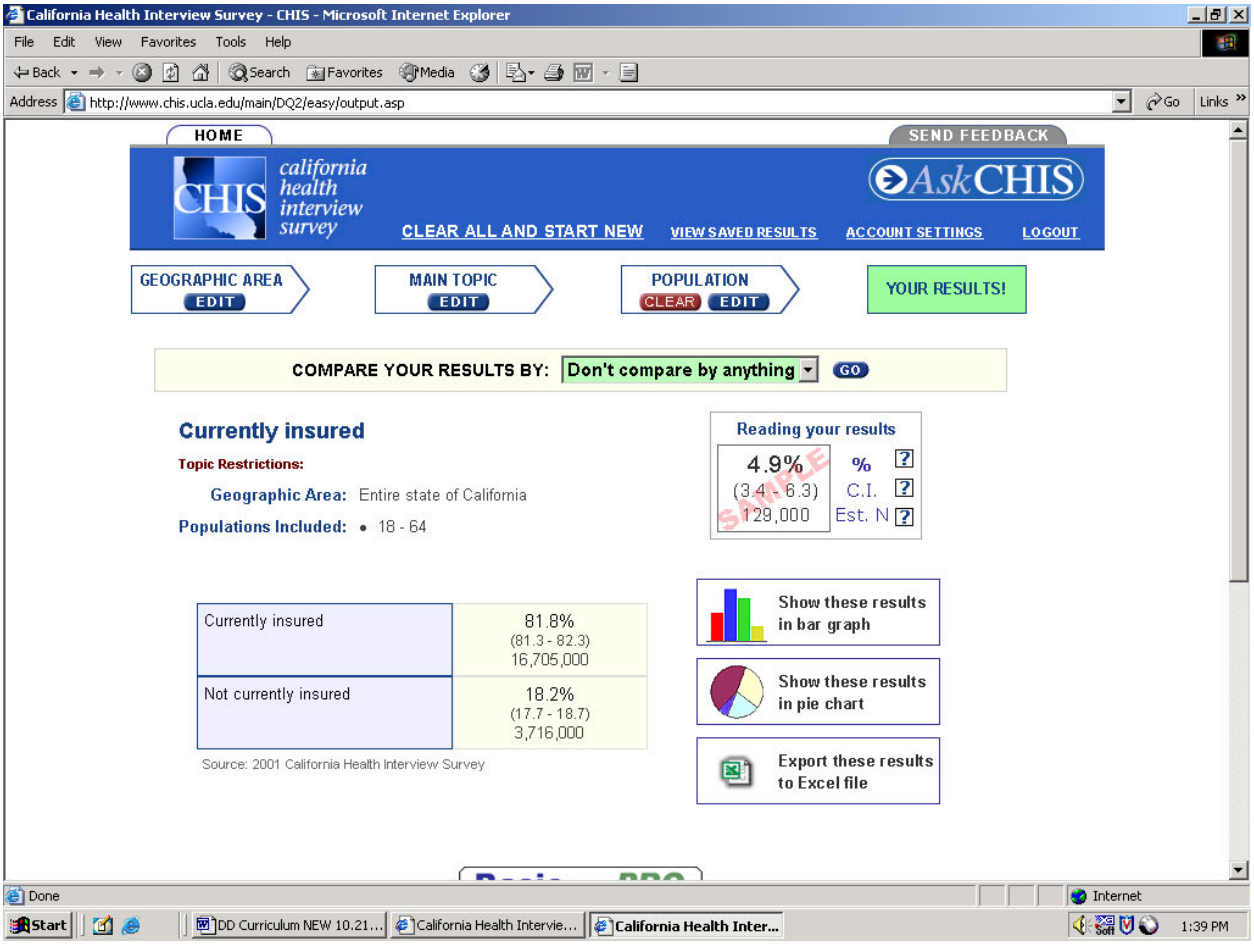
0-99% of FPL _____
100%-199% of FPL _____
200%-299% of FPL _____
300% or more of FPL _____
All income levels _____

e) Geographic region (required)

The Entire State (i.e. all counties in California) _____
Or identify county or counties of interest _____

Step 5: *Go to the AskCHIS website.*

Log in; based on the information you provided on this worksheet, select options that will answer your data query.



Interpretation of Data Results – Example 1

- In California, 81.8% of adults ages 18-64 have health insurance.
- In California, 18.2% of adults ages 18-64 do not have health insurance.

EXAMPLE 2: Query for a Two-Way Table

Step 1: *What question are you trying to answer? Or, what topic are you interested in studying?*

For example: In California, what percent of adults with incomes 0-99% of the Federal Poverty Level have health insurance, and what percent of adults with incomes greater than 300% of the Federal Poverty Level have health insurance?

Write your own research question(s) below.

_____
_____
_____

Step 2: *Review the CHIS fact sheet, explore the list of topic categories, or use the keyword search tool (in the Select a MAIN TOPIC page in AskCHIS) to check the availability of health topics.*

Step 3: *Identify the health topic(s) you are interested in studying.*

For each topic selected, write out:

- The category and sub-category from the list of topic categories
- The best variable for your query (e.g., *Currently insured*)

Health Insurance

a) Topic Category (1)_____

Current Coverage

Sub-category**:** _____

Currently Insured

Best CHIS Variable_____

b) Second (comparison) variable:

Circle the variable you will choose from the drop-down menu (**COMPARE YOUR RESULTS BY)**:

Race

Gender

Federal Poverty Level

Currently Insured

County

Step 4: *What population are you interested in learning about? Or, what population will your data query describe?*

Select one or more options from each of the demographic items. This information will be used to create and submit your data query.

a) Age:

Children (define age groups) _____ to _____ years
Adolescents (define age groups) _____ to _____ years
Adults (define age groups) _____ to _____ years
Entire population (define age groups) _____ to _____ years

b) Race/Ethnicity:

Hispanic / Latino_____
American Indian/Alaska Native_____
Asian _____
African American _____
White_____
Other single/2 or more races (i.e. 2 or more races)_____
All racial groups _____

c) Gender:

Male _____
Female _____

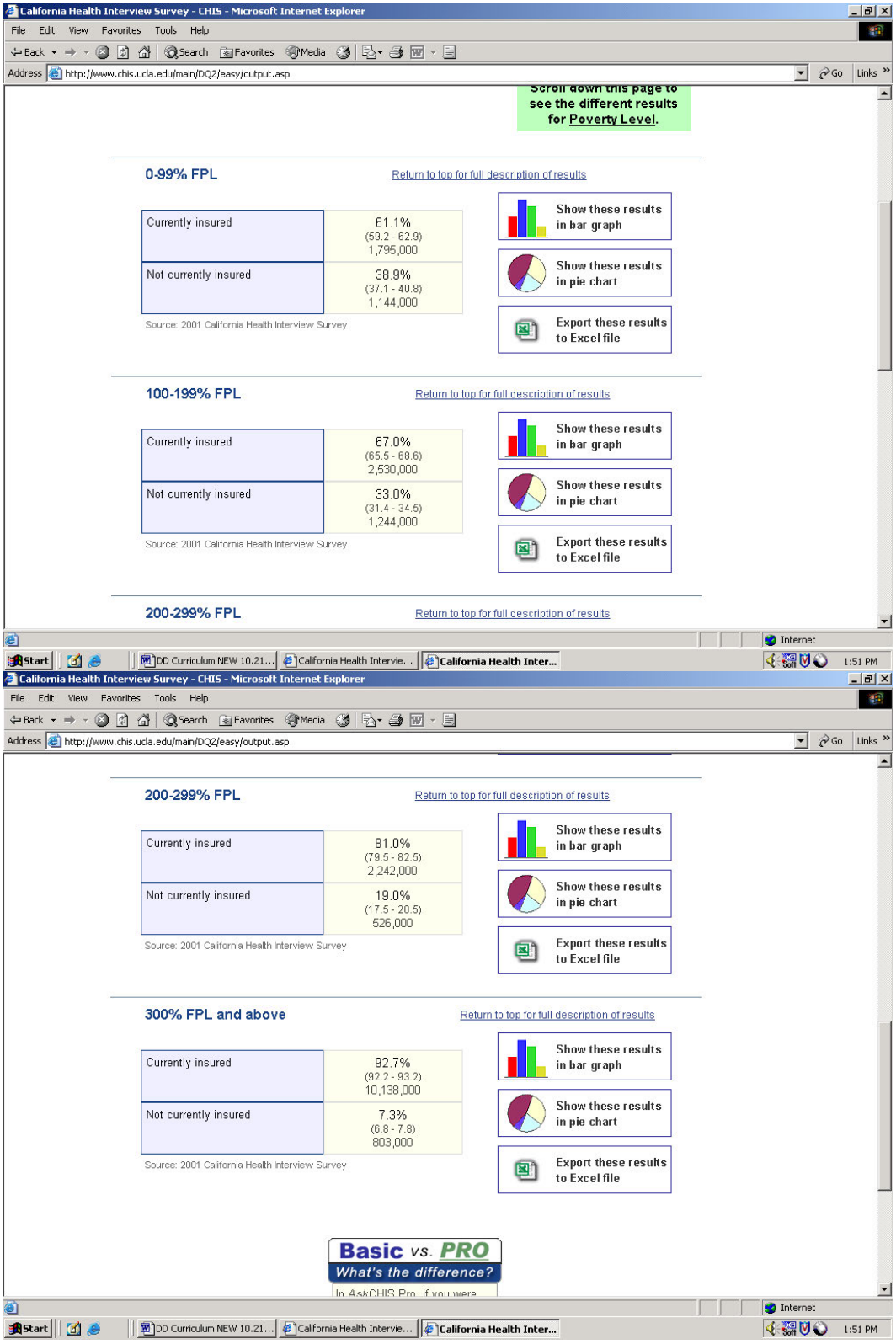
d) Federal Poverty Level (FPL):

0-99% of FPL_____
100%-199% of FPL _____
200%-299% of FPL _____
300% or more of FPL _____
All income levels _____

e) Geographic region (required)

The Entire State (i.e. all counties in California) _____
Or identify county or counties of interest _____

Step 5: Go to *AskCHIS* website.
Log in; based on the information you provided on this worksheet, select options that will answer your data query.


California Health Interview Survey - CHIS - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address http://www.chis.ucla.edu/main/DQ2/easy/output.asp
Go Links
Scroll down this page to see the different results for Poverty Level.
0-99% FPL
Return to top for full description of results
Currently insured
61.1%
(59.2 - 62.9)
1,795,000
Not currently insured
38.9%
(37.1 - 40.8)
1,144,000
Source: 2001 California Health Interview Survey
Show these results in bar graph
Show these results in pie chart
Export these results to Excel file
100-199% FPL
Return to top for full description of results
Currently insured
67.0%
(65.5 - 68.6)
2,530,000
Not currently insured
33.0%
(31.4 - 34.5)
1,244,000
Source: 2001 California Health Interview Survey
Show these results in bar graph
Show these results in pie chart
Export these results to Excel file
200-299% FPL
Return to top for full description of results
Internet
Start
DD Curriculum NEW 10.21...
California Health Intervie...
California Health Inter...
1:51 PM
California Health Interview Survey - CHIS - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address http://www.chis.ucla.edu/main/DQ2/easy/output.asp
Go Links
200-299% FPL
Return to top for full description of results
Currently insured
81.0%
(79.5 - 82.5)
2,242,000
Not currently insured
19.0%
(17.5 - 20.5)
526,000
Source: 2001 California Health Interview Survey
Show these results in bar graph
Show these results in pie chart
Export these results to Excel file
300% FPL and above
Return to top for full description of results
Currently insured
92.7%
(92.2 - 93.2)
10,138,000
Not currently insured
7.3%
(6.8 - 7.8)
803,000
Source: 2001 California Health Interview Survey
Show these results in bar graph
Show these results in pie chart
Export these results to Excel file
Basic vs. PRO
What's the difference?
In AskCHIS Pro, if you were
Internet
Start
DD Curriculum NEW 10.21...
California Health Intervie...
California Health Inter...
1:51 PM

Interpretation of Data Results – Example 2

- In California, 38.9% of adults 18-64 with income 0-99% of the Federal Poverty Level do not have health insurance.
- In California, 33.09% of adults 18-64 with income 100-199% of the Federal Poverty Level do not have health insurance.
- In California, 19.0% of adults 18-64 with income 200-299% of the Federal Poverty Level do not have health insurance.
- In California, 7.3% of adults 18-64 with income greater than 300% of the Federal Poverty Level do not have health insurance.

WORKSHEET 2:
INTERPRETING AND APPLYING THE DATA RESULTS

Step 1: Who will use the data obtained from your query?

Possible Audiences

Media_____
Program Planners_____
Advocates_____
Policy Makers_____
Health Care Providers_____
Grant Writers/ Fundraising/Development_____

***Others*? (List below)**

_____
_____
_____
_____

Step 2: What do you hope to accomplish with the data?

Example: Our organization seeks to obtain funds to provide a health promotion program in the community.

_____
_____
_____
_____

Step 3: Below, write your interpretation of the results.

For a One-Way Table:

Fill in the blanks below (not all demographic items are required):

In _____, _____ *% of* _____, _____, _____, _____ *have/are* _____.

Region	Percent from AskCHIS	Poverty Level	Race/Ethnic, Group	Gender,	Ages,	Main Topic

For a Two -Way Table:

For Example, Fill in the blanks below (not all demographic items are required):

In _____, _____ *% of*_____, _____, _____, _____ *who have/are*_____
Region Percent from AskCHIS Poverty Level Race/Ethnic Group Gender, Ages, Comparison Variable

have/are _____.
Main Topic.

_____
_____
_____
_____
_____

Step 4: *Below, write your key message.*
What is the significance or relevance of the data to your audience?

Example: *The data support the need for increased outreach and interventions for this health condition in the community.*

_____
_____
_____
_____

Step 5: *Identify possible methods for presenting the data (for example, tables, graphs, and/or text).*

_____
_____
_____

APPENDIX D: UCLA CENTER FOR HEALTH POLICY RESEARCH HEALTH DATA PROGRAM CHIS 2001 & 2003 QUESTIONNAIRE TOPICS

APPENDIX E: DATA RESOURCES

Data Resources

Below are some resources – in alphabetical order by topic – which you can refer to for additional information to help you search for, understand, and apply relevant data.

ASSET MAPPING:

1. Neighborhood Knowledge California. http://www.nkca.ucla.edu

2. Centers for Disease Control and Prevention. Community Health Worker Programs Materials on Breast Cancer and Cervical Cancer, Section on Asset Mapping. http://www.cdc.gov/cancer/nbccedp/training/trainpdfs/hb-commassess.pdf

3. University of Wisconsin-Madison. Identifying, Mapping and Mobilizing Our Assets. http://www.uwex.edu/ces/lmcourse/PDFs/assets.pdf.

4. Northwest Regional Educational Laboratory. Mapping Community Assets Workbook. http://www.nwrel.org/ruraled/publications/com_mapping.pdf

5. Environmental Youth Alliance Youth Community Assets Mapping Initiative. Youth Community Asset Mapping Manual Booklet 3. http://www.eya.ca/yaec/for_rsrch_story_01.html

6. University of Kansas Community Toolbox. Chapter 3, Section 8: Identifying Community Assets and Resources. http://ctb.ku.edu/tools/en/sub_section_main_1043.htm

7. Healthy-Children-Healthy City Asset Mapping Project. http://www.healthycity.org

8. Community Building Resources. Community Capacity Building & Asset Mapping©. http://www.cbr-aimhigh.com/workshops/asset_maps.htm

9. Youth Community Asset Mapping. Mapping Gallery. http://www.eya.ca/youthmappers/

COMPUTER RESOURCES:

1. Alliance for Technology Access: Connecting children & adults with disabilities to technology tools - http://www.ataccess.org/resources/

2. Asian Pacifica American Network, Providing computer technical assistance for Asian/Pacific Islander community-based organizations in the Los Angeles area - http://www.apanet.org/index.html

3. Center for Nonprofit Management - http://www.cnmsocal.org/

4. Community Technology Foundation of California: Social justice, access & equity through computer technology - http://zerodivide.org/

5. Computers in Our Future - http://www.ciof.org/index.html

6. Techsoup: The Technology Place for Nonprofits - http://techsoup.org/

DATA REPORTS AVAILABLE TO THE PUBLIC:

1. Annie E. Casey Foundation. Kids Count Data Book. http://www.aecf.org/kidscount/

2. Berkeley-Charleston-Dorchester Council of Governments and Trident United Way. Countywide Needs Assessment for the Trident Area of South Carolina. www.tuw.org/needs/titlepage.html

3. Children NOW. California Data Book. http://www.childrennow.org/california/rc-2003/county-profiles.cfm

4. Children NOW. Children's Report Card. http://www.childrennow.org/california/rc-2001/reportcard-2001.cfm

5. Health Canada. Community Health Needs Assessment: A Guide for First Nations and Inuit Health Authorities. www.hc-sc.gc.ca/fnihb-dgspni/fnihb/pptsp/hfa/transfer_publications/community_needs_assessment.htm

6. Healthcare Association of Southern California and the County of Orange Health Care Agency. Orange County Health Needs Assessment. www.ochna.org

7. University of Missouri – Office of Social and Economic Data Analysis. Boone County Health and Human Services Needs Assessment. www.oseda.missouri.edu/special/booneco/

8. The National Alliance for Hispanic Health. Hispanic Health Needs Assessment. www.hispanichealth.org/hhna.html

9. Twin Cities Metro Health Planners Group. Twin Cities Metropolitan Area Minority Health Needs Assessment Project. www.mncounties.org/metroplan/MinHealth.htm

GRANT WRITING / SEEKING FUNDING:

1. The Foundation Center. Helping grantseekers succeed, helping grantmakers make a difference. http://fdncenter.org/

2. The Foundation Center. Orientation to the Grantseeking Process. http://fdncenter.org/learn/orient/intro1.html

3. The Foundation Center. Proposal Writing Short Course. http://fdncenter.org/learn/shortcourse/prop1.html

4. The Foundation Center. Glossary of Philanthropy-Related Terms. http://fdncenter.org/learn/ufg/ufg_gloss1.html

5. Michelle K. Carter. Organizing the Grant Writing Process: 7 Things to Do Before Writing (in English and Spanish). http://www.scn.org/ip/cds/cmp/modules/res-grn.htm

6. North Central Regional Educational Laboratory. Findings and Developing Resources for Comprehensive School-Linked Strategies for Children and Families. http://www.ncrel.org/sdrs/areas/issues/envrnmnt/css/ppt/chap3.htm

7. Partners in Information Access for the Public Health Workforce. Links to Grants and Funding Opportunities. http://phpartners.org/grants.html

8. Phil Bartle. Community Project Resources (in English and Spanish). http://www.scn.org/ip/cds/cmp/modules/res-int.htm

ONLINE DATA QUERY SYSTEMS:

1. Centers for Disease Control and Prevention. **Behavioral Risk Factor Surveillance System**. http://www.cdc.gov/brfss

   BRFSS provides data for all 50 states on behaviors related to the leading causes of morbidity and mortality. The online query system provides access to state- and national-level data from 1995-2003. Limited local area data is also available via SMART BRFSS (Selected Metropolitan/Micropolitan Area Risk Trends) project.

2. UCLA Center for Health Policy Research. AskCHIS: The Online Query System for the California Health Interview Survey. http://www.askchis.ucla.edu/main/default.asp

   AskCHIS is tool to search for data from the California Health Interview Survey, the largest state health survey in the country. Information on particular health conditions,

health-related behaviors, access and use of health services, health insurance, and participation in public programs is included. Data is available at the state, region, county, and Los Angeles Service Planning Area level.

3. The U.S. Bureau of the Census. **American Fact Finder**. http://factfinder.census.gov

   The U.S. Bureau of the Census gathers data for the Decennial Census every 10 years to collect information about the people and housing of the United States. The Bureau also oversees other surveys, including: the American Community Survey, an ongoing survey of communities; the Economic Census, which profiles the U.S. economy every year; and the Population Estimates Program, which publishes estimates between censuses. The American Fact Finder site allows you to get a quick profile of your neighborhood, city, county, state, or the entire U.S. Age, education, income, race, home ownership, and other facts are included in your results.

   There is a special site for people interested in the 2000 Census of Puerto Rico (a Spanish-language website): http://factfinder.census.gov/servlet/BasicFactsServlet?_lang=es

   In addition, there is a special site for people interested in data about American Indians and Alaska Natives: http://factfinder.census.gov/home/aian/index.html

PRESENTING DATA:

1. Betty C. Jung. **Charting and Graphing Data: Data Presentation.** http://www.bettycjung.net/Graphing.htm

2. Deakin University. **Graphical Data Presentation.** http://www.deakin.edu.au/~agoodman/sci101/chap12.php

3. Marianne W. Zawitz, Bureau of Justice Statistics, Washington Statistical Society Methodology Seminars. **Data Presentation: A Guide To Good Graphics.** http://www.science.gmu.edu/~wss/methods/zawitzg.html

4. Marianne W. Zawitz, Bureau of Justice Statistics, Washington Statistical Society Methodology Seminars. **Data Presentation: A Guide To Good Tables.** http://www.science.gmu.edu/~wss/methods/zawitzt.html

5. Robert H. Rutchik, National Energy Information Administration. **EIA Guidelines for Statistical Graphs.** http://www.eia.doe.gov/neic/graphs/preface.htm

RAW DATA:

For ADVANCED data users who are comfortable doing their own data analysis using computer programs such as SAS, SPSS, Microsoft Excel, or Microsoft Access:

1. The U.S. Census Bureau and the Centers for Disease Control and Prevention. **The Data Web/DataFerrett.** http://www.thedataweb.org/

   DataFerrett is a free, downloadable program that allows you to access 15 datasets from large, national surveys. Datasets include the American Community Survey, Current Population Survey, Decennial Census, National Ambulatory Medical Care Survey, and the National Health and Nutrition Examination Survey.

2. University of Michigan. **Inter-university Consortium for Political and Social Research (ICPSR).** http://www.icpsr.umich.edu/org/mydata.html

   The Inter-university Consortium for Political and Social Research (ICPSR) organizes and provides access social science data. ICPSR has over 500 member organizations that compile and share data. ICPSR manages a number of archives, on topics ranging from childcare to demography to criminal justice. You can search their library of data and download raw data. You can also use their Online Data Analysis System (DAS) to perform online analysis directly over the Web without downloading files. This is especially useful for users who do not have statistical software installed on their current workstation. In addition, DAS enables users to create and download subsets of data collections. ICPSR currently offers DAS components for over 150 different studies.

REPORT WRITING:

1. Colorado State University. **Writing Processes.** http://writing.colostate.edu/references/index.cfm?guides_active=processes

2. Colorado State University. **Guide to Writing the Scientific-Format Paper.** http://writing.colostate.edu/references/processes/science/pop2a.cfm

3. Colorado State University. **Guide to Speeches and Presentations.** http://writing.colostate.edu/references/index.cfm?guides_active=speeches

4. Colorado State University. **Guide to Researching Sources.** http://writing.colostate.edu/references/index.cfm?guides_active=research

5. Phil Bartle. **Report Writing.** http://www.scn.org/ip/cds/cmp/modules/rep-int.htm

6. University of Wisconsin Cooperative Extension. **Communicating Results: Tips and Practices.** http://www.uwex.edu/ces/pdande/evaluation/powerpt/TipsRS.PPT

USING DATA IN PLANNING AND PRACTICE:

1. Frank Martinelli, The Center for Public Skills Training. **Strategic Planning in Nonprofit and Public Sector Organizations.** http://www.uwex.edu/li/learner/spmanual.pdf

2. Hedy Nai-Lin Chang and Judy Chynoweth. **Inclusive Governance: A Call to Action. Foundation Consortium.** http://www.foundationconsortium.org/how/library/policybriefs/policy5.pdf

3. Jacquelyn McCroskey. **Getting to Results: Data Driven Decision Making for Children, Youth, Families, and Communities.** Foundation Consortium. http://www.foundationconsortium.org/how/library/policybriefs/policy2.pdf

4. Phil Bartle. **Preparing a Community Action Plan: The Community Decides its Own Future.** http://www.scn.org/ip/cds/cmp/modules/org-cap.htm

5. The Access Project. **Using Data: A Guide for Community Health Activists.** http://www.accessproject.org/downloads/data.pdf

6. University of Wisconsin Cooperative Extension. **Community Group Member Survey: Using the Results.** http://cecommerce.uwex.edu/pdfs/G3658_9.PDF