kidsdata.org

A Program of **Lucile Packard Foundation** *for* **Children's Health**

Understanding Data and Using Kidsdata.org

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Overview

Summary

Kidsdata.org offers over 600 indicators on the health and well-being of children in communities across California. The website, a public service of the Lucile Packard Foundation for Children's Health, was launched in 2004 and provides easy access to data that users can customize to meet their needs and share with others. In addition to data, other features you will find on kidsdata.org include summaries of the significance of each topic, links to key research, and suggestions for actions to address specific concerns that affect children.

Section A discusses principles of crafting a message for data-driven change, Section B describes criteria for choosing good data, and Section C discusses how to use kidsdata.org to tell your best data story.

Purpose

The purpose of kidsdata.org is to
- Provide easily accessible and trustworthy information to anyone who is dedicated to improving children's health and well-being;
- Enable policymakers, program directors, practitioners and others to set priorities, track progress in meeting benchmarks, and identify new issues of concern;
- Raise the visibility of key issues affecting California's children

Data Sources

Data on kidsdata.org are from public sources and representative surveys. You can find information about data sources in the notes below figures on indicator pages. Data are continually updated on a rotating basis.

Content

The type of information on kidsdata.org include
- Categories: Child & Youth Safety, Children with Special Health Care Needs, Demographics, Education & Child Care, Emotional & Behavioral Health, Environmental Health, Family Economics, Physical Health;
- Regions: state, counties, cities, school districts, legislative districts;
- Demographic Groups: age, children with special health care needs, gender, immigrants, income level, race/ethnicity

The data on kidsdata.org have not been tested for statistical significance. Trends over time and differences across regions or demographic groups may or may not be statistically significant.

Permission to Cite
Permission to cite the information and reproduce figures on kidsdata.org is granted.
Suggested citation: [Data source.] As cited on www.kidsdata.org, a project of the Lucile Packard Foundation for Children's Health. Retrieved on [date].

A. Crafting a Message for Data Driven Change

Use data to promote children's health and well-being. Once you've identified the impact you want to make, consider how to craft your message to inspire action.

What is your purpose?

A strategic step toward communicating about children's health and well-being is being explicit about your purpose. In addition to clarifying your purpose, understand your social, economic, and political environment as you develop a strategy to use data for change. Consider:

What is a clear statement of your issue? Concisely state the issue.

Why does your issue matter? Answer the "so what" question for why the issue requires action. Elaborate on the problem central to your issue. Think about equity and how the issue affects your community. Use data to support your claims. Consider adding a descriptive narrative or anecdotes.

What is your proposed solution? Describe and substantiate the approach that will most effectively address the issue.

Who are the stakeholders? Stakeholders are your allies and opponents on the issue. Some examples include: policy makers, community activists, local program leaders, service providers, business owners, law enforcement staff, and health department staff. Consider why they are stakeholders, and what do they have to gain from supporting or opposing your issue?

What are the Barriers and Facilitators? What are challenges to enacting change on your issue? What is the current political climate, and what are current priorities? Is your issue a major concern when compared to other current events, and what do you need to do to elevate concern?

Who is your audience?

The data you need depend on your goal and whom you have to convince. In general, the level of complexity you use when presenting data depends on the people you are addressing.

Big Picture: Politicians, the general public and the media are audiences who tend to need information that is descriptive and quickly understandable, often from an overall perspective or big picture point of view. An example is communicating about the extent of emotional health issues among youth by showing the percentage of youth who feel depressed by demographic groups.

Details: Committee staff, special interest groups, and legislative analysts tend to want more detail than the big picture offers. This information will have more layers to it; often the audience understands the general idea but does not understand the details. An example is communicating about access to mental health care services by identifying the percentage of youth who receive mental health care among those who need treatment.

Specifics: Government agencies and academic institutions often need data to be more focused or detailed. Funding or planning decisions may be based on these numbers. An example is communicating about the impact of mental health instability on hospitals by examining categories of hospitalization discharge rates by type and age group.

How will the data support your message?

Data and stories are most effective when they appeal to values. If you can supply data that accurately describe children's experiences and that appeals to values, then you have powerful tools to achieve your purpose. Some common values that data can address are access, equity, rights, quality, and cost:

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

If data are not available for your message, what can you do?

"Proxy" measures are data that can substitute for the data you need because they are closely related to your issue. For example, you may want to improve college readiness among youth in your county. You could use the percentage of students taking college preparatory classes as a proxy of college readiness and make a statement such as, "College readiness among students in our county may be lower than for California students overall, as suggested by a lower rate of college prep course completion in our school districts."

A major advantage of using proxy measures is its low cost. The data can be relatively easy and inexpensive to find or collect. However, there may be concerns with generalizability. You will need to judge whether the data are a suitable proxy and be transparent about your approach.

Can you combine quantitative and qualitative data?

Quantitative data are usually measured and expressed in the form of numbers, rates or percentages. These data answer questions of who, what, when and where.

Qualitative data are usually measured and expressed in the form of words, concepts, themes, or categories. Qualitative data are often used to gain a more in-depth understanding of a particular incident or phenomenon - answering how or why something is occurring. You might use a descriptive narrative or an anecdote.

Combining quantitative and qualitative data strengthens messages. When possible, collect both kinds of data and use them in your work because they serve two different functions when attempting to paint a complete picture of your issue. For example, you may collect quantitative data on percentage of youth who receive mental health care among those who need it and collect qualitative information through interviews, focus groups or surveys with open-ended questions about why some youth don't receive the care they need.

B. Five Criteria for Good Data

Data have the power to transform the way we see the world, from identifying health disparities to strengthening a case for policy change. When determining the best data to support your work, consider these five criteria: correlation versus causation, credibility, generalizability, reliability, and timeliness. Remember, no data are perfect. Use your best judgement and be transparent.

1. Correlation Versus Causation

Correlation refers to two findings that are associated. Causation refers to one finding causing another.

- Without statistical testing, do not assume how data are related. For example, number of abuse and neglect cases and days with ozone levels above standards have both decreased since 1998. They have the same pattern but are not likely related and one does not likely cause the other. As with any two sets of indicators, you cannot make conclusions about a pattern without testing.

Kidsdata does not provide statistical testing to assess how indicators are related. Use caution when describing patterns in data and avoid claims of correlation or causation without statistical testing.

2. Credibility

Credibility refers to the source of the data or who provides the data. Can you trust the entity that produced the data?

- Who paid for, sponsored, or funded the study? Could the data be biased?
- Does the data provider have a stake in a specific finding? Research sponsored by business, religious or political organizations may have missions that influence how they conduct research and interpret findings.
- What is the data provider's reputation for research? Government and academic institutions are considered credible because research is conducted for the public benefit.

Kidsdata.org only contains data from credible sources.

3. Reliability

Reliability refers to the accuracy of the data. Can you trust the data?

- Has the research that produced the data been reproduced by other researchers?
- How were the data collected? Did the researchers adhere to ethical research methods?
- If the data come from a survey, is there response bias? For example, did researchers conduct their survey in different languages if they need information about immigrants?

Kidsdata provides only reliable data. See "Data Source" under "Definition, Source & Notes" on Kidsdata.org to find more information about data collection methods from the data providers.

4. Timeliness

Timeliness refers to when the research was conducted relative to changes in the environment.

- When was the study done - one year ago, three years ago, or over 10 years ago? And, how fast are changes occurring - months or years? Some data may be relevant over a longer period of time than others.
- Often there will be a lag time, especially with big studies such as the American Community Survey (ACS). Most comprehensive surveys will be a few years old by the time findings are published.
- Even if the research seems old, it may be the best source if more recent data are not available. Admit the limitations of the data and supplement it with other closely related research.

Kidsdata.org displays time periods for each indicator above the figures as well as in "Data Source" under the "Definition, Source & Notes" section.

5. Generalizability

Generalizability refers to data on a specific population that can be used for other populations.

- Generalizability depends on the way in which the data provider collected the data.
- Understand "who, what, why, when and where" of the data and consider whether the data can apply more broadly. For example, if the data describe Hispanic children, could they also describe Latin American children?
- Be cautious about claiming generalizability and be clear about how populations differ.

Assess data generalizability in Kidsdata.org by reviewing the "Definition, Source & Notes" and "Measures of" sections for each indicator.

C. Telling Your Best Data Story Using Kidsdata.org

You have five options for visualizing and sharing data on Kidsdata.org. Choose among tables, bars, trends, maps, or pies to express your message through data. Use it to monitor trends, identify disparities and make comparisons. You can use these figures in reports, presentations, proposals, advocacy work, program planning, and other efforts on behalf of children and youth in California. Note that some indicators do not have all figure types due to data limitations.

This section describes how to use kidsdata.org to support messages of change. All figures in the following examples were downloaded using the Export to Word function in "Download and Other Tools." Figure 1 displays the main features of kidsdata.org.

Figure 1. Methods to Find and Present Data on Kidsdata.org
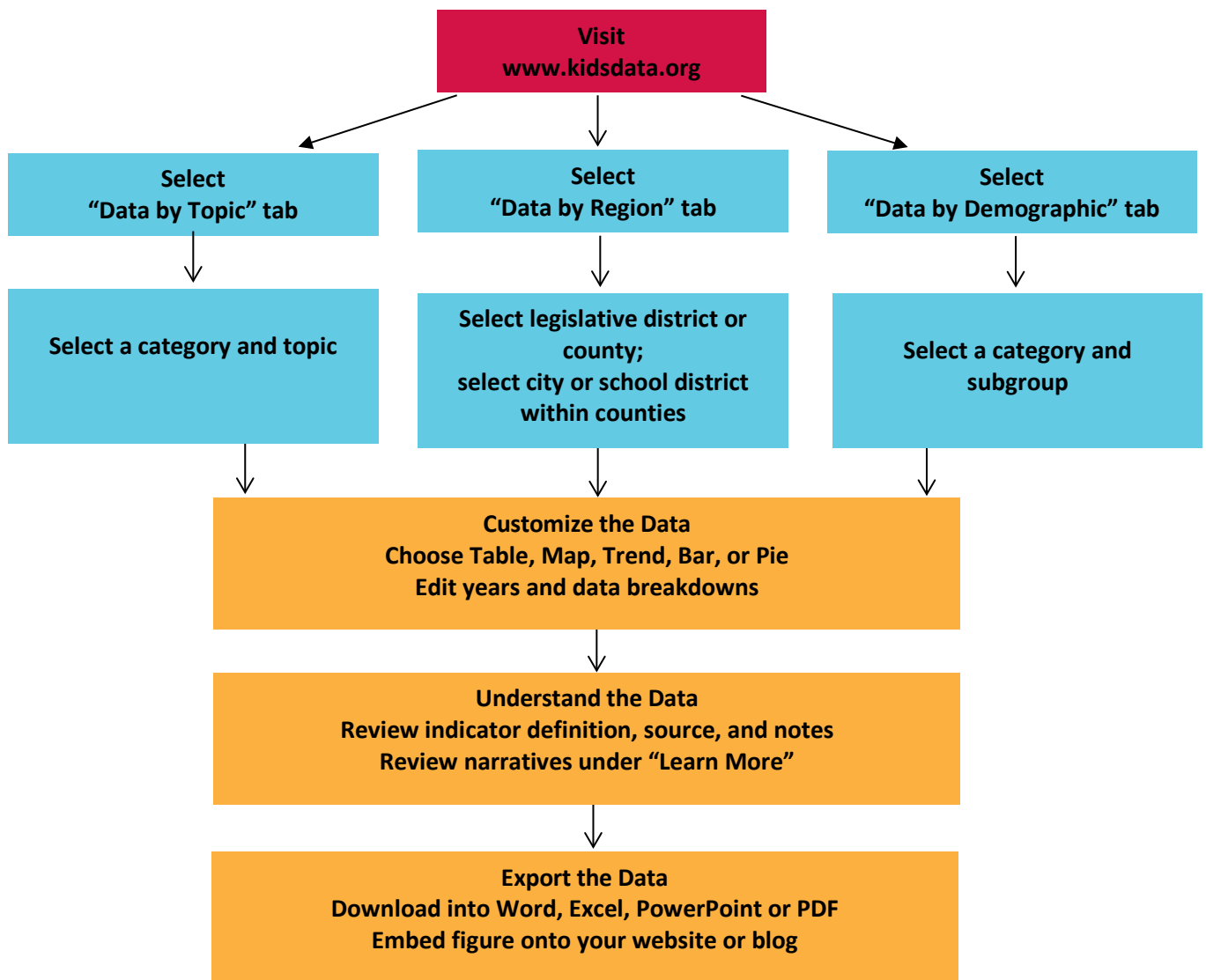
Table

- ✓ Good choice for providing complicated numeric, percentage, or rate information.
- ✓ Useful for comparing data for various geographies, groups, or time periods.

First Entries into Foster Care, by Race/Ethnicity: 1998-2000 to 2013-2015

California	Rate per 1,000	
Race/Ethnicity	**1998-2000**	**2013-2015**
African American/Black	9.3	9.1
American Indian/Alaska Native	4.5	8.7
Hispanic/Latino	3.1	3.0
White	3.1	2.5

Definition: Number of first entries into foster care per 1,000 children under age 18, by race/ethnicity (e.g., 3 per 1,000 Hispanic/Latino children in California entered foster care for the first time in 2013-2015).
Data Source: As cited on kidsdata.org, Webster, D., et al. Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research (6/2016).

Bar

- ✓ Good choice for comparing quantities and percentages for a single category or timeframe.
- ✓ Bars are easy to read and work well to compare differences across groups.

Basic Needs Not Met, by Maternal Age (Maternal Retrospective; California Only): 2011-2012
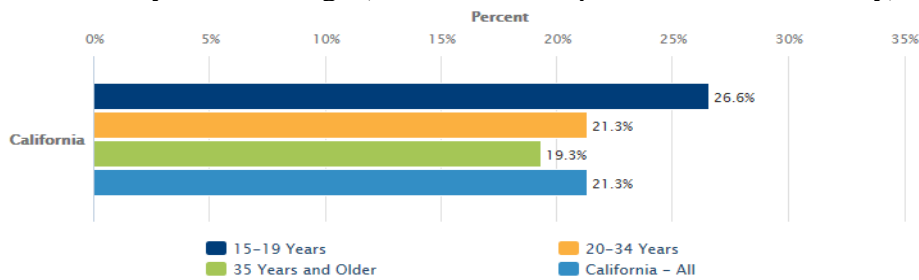

Definition: Estimated percentage of women with a live birth for whom before age 14 it was somewhat or very often hard for her family to pay for basic needs like food or housing, by maternal age.
Data Source: As cited on kidsdata.org, California Department of Public Health, Maternal, Child and Adolescent Health (MCAH) Program, & University of California, San Francisco, Center on Social Disparities in Health, Maternal and Infant Health Assessment (MIHA) Survey (Jun. 2016).

Trend

- ✓ Good choice to illustrate trends over time. Line movement is easy to interpret.
- ✓ Keep the figure simple by including fewer than four lines; avoid frequently overlapping lines.

Hospitalizations for Mental Health Issues, by Age Group: 2002 to 2015
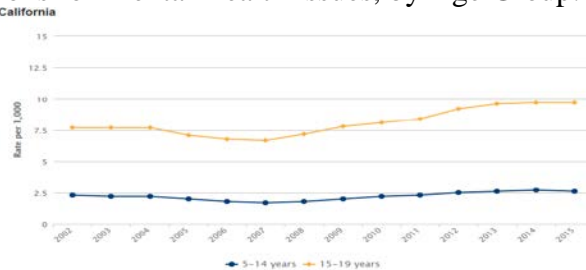
Definition: Number of hospitalizations for mental health issues per 1,000 children/youth ages 5-19, by age group.
**Data Source**: As cited on kidsdata.org, Special tabulation by the State of California Office of Statewide Health Planning and Development (Aug. 2016); California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060 (Aug. 2016).

Map
- ✓ Good choice to illustrate differences across areas and to provide a broad visual of the issue.
- ✓ Demonstrates areas of need and disparity through color.

Children Living in Areas of Concentrated Poverty: 2010-2014; Showing Counties
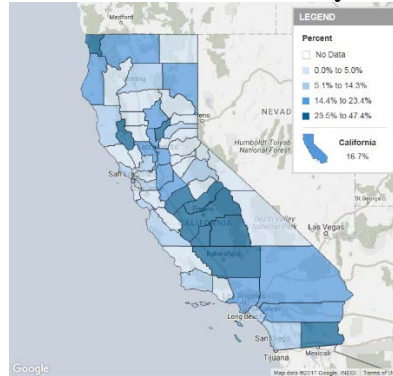
Definition: Estimated percentage of children ages 0-17 living in census tracts where 30% or more of the population is living below the Federal Poverty Level. The Federal Poverty Level was $24,008 for a family of two adults and two children in 2014.
Data Source: <u>As cited on kidsdata.org,</u> U.S. Census Bureau, American Community Survey; Annie E. Casey Foundation, KIDS COUNT Data Center (Jan. 2016).

Pie
- ✓ Good choice to show each part as a proportion of a whole.
- ✓ Use for data that have few categories (typically two to five).

Alcohol/Drug Use in Past Month, by Race/Ethnicity: 2013-2015
Hispanic/Latino
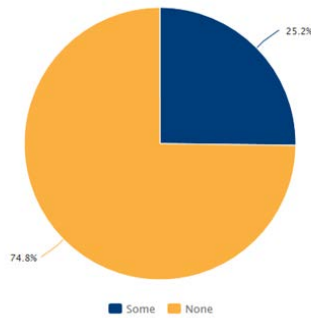
Definition: Estimated percentage of public school students in grades 7, 9, 11, and non-traditional programs who have used alcohol or drugs (excluding tobacco) in the previous 30 days, by race/ethnicity.
Data Source: <u>As cited on kidsdata.org,</u> WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017).

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