

DataSpeak

Data-driven Change at the Community Level: Emerging Research on Urban Child Health

July 24, 2017
1:00 to 2:00pm EDT

Questions and Answers

Q: Are there are specific resources that are great for putting data into a visual component for the community?

A: (Claudia Coulton) We find that maps are particularly useful and showing data visually for the community. For this we use ARC GIS. We also use ARC GIS online to make dynamic maps available to the community and to embed them in data stories.

(Lisa Sontag-Padilla) Data visualization isn't my expertise, so I can't speak to definitive resources for putting data into a visual component for the community. However, I do recommend two approaches that can help deliver your message in a tangible, relevant and easily digestible format. First, identify and connect with individuals in your target communities that are in touch with the residents of the community. You want an on-the-ground perspective from folks who understand how the community communicates and thinks about issues. Second, collaborate with someone who has a graphic design background. At RAND, we are lucky to have individuals who work with us to develop these types of images. Even if just consulting for a couple hours, you may gather insight into how best to tell your story with graphics

(Renee Boyton-Jarrett) We enjoy using [CARTO](#) for mapping and [HIGHCHARTS](#) for sharing interactive data. Another excellent resource is [LiveStories](#) for merging qualitative and quantitative data.

Q: What were the biggest barriers to combining the data sources/creating the data linkages in the Child Longitudinal Data System?

A: (Claudia Coulton) Since the CHILD system uses records from many agencies, there is no common identifier available. Therefore, we have to carry out "record linkage" using many pieces of identifying information from each data source. We have automated this using deterministic and probabilistic matching algorithms. Moreover, the data providers share extracts from their data systems with us under strict data use agreements that require high levels of security and privacy protection. We have to work within secure research environments with these data and all staff touching the identifiable data must be certified in human subjects' protection and comply with confidentiality standards.

Q: I appreciated seeing the asset and risk maps side-by-side. I glanced through the CANDLE study. I see that the researchers asked trauma-related questions. Did the researchers assess optimistic vs pessimistic explanatory styles among mothers?

A: (Lisa Sontag-Padilla) No, they did not. For more information on the baseline study conducted by RAND, please go to: [Rand Corporation](#). For additional information about the full study, go to: [The CANDLE Study](#)

Q: How did you get the organizational buy-in to create the Health Disparities Repository? Are there formalized relationships/contracts/MOUs with participating organizations?

A: (Renee Boyton-Jarrett) The Health Disparities Repository does have an IRB and MOUs. More information may be found here:

- [Informatics for Integrating Biology and the Bedside](#) Massachusetts Healthcare Disparities Repository (MHDR)
- [Clinical and Translational Research Institute](#) Massachusetts Healthcare Disparities Repository (MHDR)

About DataSpeak

The Maternal and Child Health Bureau's DataSpeak webinar series is dedicated to the goal of helping MCH practitioners on the Federal, State, and local levels to improve their capacity to gather, analyze, and use data for planning and policymaking.

DataSpeak is funded by the Maternal and Child Health Bureau's Office of Epidemiology and Research under the supervision of Jessica Jones, MPH.

This question and answer sheet was created by moderator Sarah Lifsey, MPP.

August 8, 2017