

An Exploration of Youth Violence Surveillance in Colorado



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Contents

Project Background.....	4
Project Participants.....	5
Interviews.....	6
Interview Results.....	6
Surveillance Sources Used.....	6
Frequency of Data Use.....	7
Interview Themes.....	7
Assessment.....	8
Planning.....	8
Intervention.....	9
Evaluation.....	9
Strengths.....	10
Limitations.....	10
Future Directions.....	10
Conclusion.....	11
Appendices	12
Appendix A: National-Level Surveillance Sources.....	12
Appendix B: State-Level Surveillance Sources.....	16
Appendix C: Local-Level Surveillance Sources	18
Appendix D: General Surveillance Sources.....	19



Project Background

In the early 2000's, the Colorado Department of Public Health and Environment formed the Violence Prevention Advisory Group (VPAG) to address violence towards and among children and adolescents in Colorado. The VPAG worked at the state and community level, across sectors; the group consisted of youth violence prevention leaders experienced in addressing various types of violence, including suicide, bullying, and family violence. In 2005, the VPAG released a formal report of youth violence throughout the state - *Child and Adolescent Violence in Colorado: A 2005 Status Report*.¹

The Centers for Disease Control and Prevention had funded the Colorado Department of Public Health and Environment (CDPHE) to conduct this statewide assessment and other planning for the prevention of youth violence. In 2006, CDPHE received an additional three years of funding to implement a statewide strategic plan to prevent youth violence in Colorado. This implementation grant called for a public health approach to prevent violence – an approach focused on the primary prevention of youth violence.

In 2007, the Colorado Department of Public Health and Environment, in collaboration with leaders on the Violence Prevention Advisory Group (VPAG), developed *Bold Steps Towards Child and Adolescent Health: A Plan for Youth Violence Prevention in Colorado*.² Localities have used Bold Steps as a “blueprint” to plan violence prevention efforts that address shared risk and protective factors at individual, relationship, community, and societal levels. The development of *Bold Steps* involved a review of youth violence surveillance data, a review of scientific research, and group discussion.

This report – *An Exploration of Youth Violence Surveillance in Colorado* – involved examining how members of the Violence Prevention Advisory Group used surveillance data to guide their youth violence prevention efforts. This report also summarizes key areas for improvement and future directions for violence surveillance.

The findings and recommendations emerged from interviews with violence prevention scientists and practitioners in Colorado – primarily Denver and Boulder. These findings should present information relevant to all violence prevention scientists and practitioners who use surveillance data to inform their work.



1. Hindman J. Child and adolescent violence in Colorado: A 2005 status report. Injury, Suicide, and Violence Prevention Unit; Available at: <http://www.cdphe.state.co.us/pp/injuryprevention/youthviolence.html>

2. Colorado Department of Public Health and Environment. Bold steps toward child and adolescent health: A plan for youth violence prevention in Colorado. Injury, Suicide and Violence Prevention Unit; Available at: <http://www.cdphe.state.co.us/pp/injuryprevention/youthviolence.html>

Project Participants

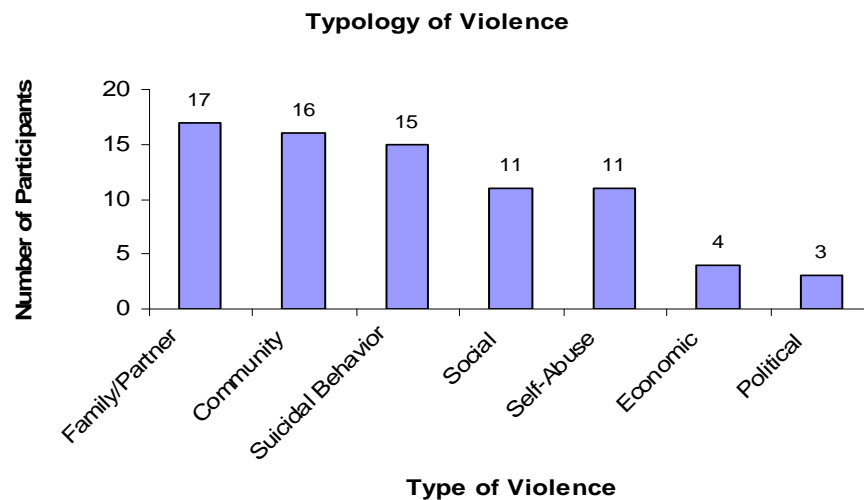
The Violence Prevention Advisory Group consisted of 26 individuals across 16 organizations when CDPHE released *Bold Steps* in 2007. The author of this project followed up with these 26 individuals, requesting an interview. If a VPAG member left his or her position, the author attempted to schedule an interview the VPAG member's replacement.

The author successfully interviewed 19 of 26 VPAG members (73.1%). He also interviewed three individuals outside the VPAG upon the recommendations of his mentor (at CDPHE). More than a third of the participants came from CDPHE. About 13% came from law enforcement; about 13% came from a university, and about 13% from a community organization. Two participants worked for a state department, one participant worked for a private organization, and one participant held a private mental health practice.

Organization Type	Count	Percent (Rounded)
State Department of Public Health	9	40.9%
Law Enforcement	3	13.6%
University	3	13.6%
Community Organization	3	13.6%
State Department (Human Services)	2	9.1%
Private Organization	1	4.5%
Independent Mental Health Practitioner	1	4.5%
Total	22	

During each interview, participants reported the types of violence they address. The World Report on Violence³ identifies a typology of violence. This typology includes seven types of violence: 1) family/partner violence (i.e., violence towards/among children, partners, elders), 2) community violence (i.e., violence towards/among acquaintances, strangers), 3) suicidal behavior (e.g., suicidal thoughts, attempted suicide), 4) social violence (e.g., crimes of hate, terrorist acts, mob violence), 5) self-abuse violence (e.g., self mutilation), 6) economic violence (e.g., violence creating economic division, denying access to essential services), and 7) political violence (e.g., war, violent conflict related to war, state violence).

On average, participants reported addressing 3.62 types of violence (among the 7 types identified by the World Report on Violence). All 7 types of violence were being addressed by the interview participants who provided a response (N = 21).



3. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. World report on violence and health. Geneva: World Health Organization; 2002.

Participants were also asked how long they had worked in violence prevention. On average, participants (N = 21) reported working 16.76 years in violence prevention (Range = 3 to 45 years, SD = 11.41 years).

Interviews

The author conducted semi-structured interviews (N = 22) with each participant in the project. He developed an interview guide, which consisted of open-ended questions, including:

1. Please describe how you have been able to use surveillance data.
2. What strengths do you see with surveillance data related to youth violence?
3. What limitations or barriers have you faced with surveillance data related to youth violence?
4. If you could have your own publicly available violence prevention surveillance system, regardless of cost, staff, or other resources, what would this system look like?

Throughout the interview, the author posed follow-up questions (e.g., how did you overcome these limitations or barriers?) and probes (e.g., how else did you overcome limitations like these?).

The interviews also involved gathering data using closed-ended questions. The closed-ended questions included:

1. What type or types of violence do you address?
2. How many years have you worked in violence prevention?
3. What surveillance sources have you used?
4. How often do you access surveillance data (per year or month)?

Interview Results

The author completed twenty-two interviews. One interview involved two participants; the other interviews were individual. Twenty-one of the interviews were in person, one was conducted by phone. The interviewer obtained IRB consent prior to the start of each interview. Each interview was audio recorded and transcribed verbatim. On average, interviews lasted 39 minutes (range = 19:11 to 73:32).

After completing all twenty-two interviews, the author classified interview responses into main themes. A staff member at the Colorado Department of Public Health and Environment served as a site mentor for this project; he reviewed this classification to help establish a general consensus.

Surveillance Sources Used:

During each interview, participants named the surveillance sources they used in their youth violence prevention work. Across the 22 interviews conducted, participants identified 56 surveillance sources they used to inform their work. Participants identified national-level sources (N = 25), state-level sources (N = 10), and local-level sources (N = 3). In addition, some sources identified were general/unspecified sources (N = 18), for example, "police records." Appendices A – D provide a list of each source identified, by level (i.e., national, state, local, general/unspecified).

National-level sources. Participants identified twenty-five national surveillance sources they used (Appendix A). Some of the sources address violence against specific groups (e.g., Bureau of Justice Statistics Female Victims of Violence), while others sources present universal data (e.g., U.S. Census Bureau). The source's data format also varied. Participants cited the use of

data in the form of reports or newsletters, such as “Youth today,” and the newsletter produced by the National Association for Mental Illness. Other sources – such as WISQARS (Web-based Injury Statistics Query and Reporting System) – could be queried.

These national sources helped participants address a variety of risk factors. Some sources (e.g., the Pregnancy Risk Assessment Monitoring System) enabled participants to address more targeted, specific risk factors. The (few) sources that provided information on protective factors tended to address multiple types of protective factors. For example, America's Promise Alliance GALLUP Student Poll measured perceptions of hope, well-being, and engagement. The national sources being used also provided key outcomes for participants including: school violence (Bureau of Justice Statistics Indicators of School Crime and Safety), crime statistics (Uniform Crime Report), and violent deaths (National Violent Death Reporting System).

State-level sources. Participants mentioned 10 state-level sources (Appendix B). Two sources provide broad data on the health of place-based communities. These Websites (Colorado Health Information Dataset and ASPIRE) provide data that enable the user to assess the health of his or her community; these sites also allows individual users to query for information. Other sites on the state level deal with more specific risk or protective factors for violence. For example, data on domestic violence (Colorado Coalition Against Domestic Violence) and maternal and child health (Maternal & Child Health County Datasets) provide data on key risk and protective factors of youth violence. A few sites are specific to the provision of services (Colorado Trails System and ICON/Eclipse).

Local-level and general sources. On the local level, participants named both specific and general sources (See Appendices C & D). The specific sources included: The Denver Post, The Piton Foundation, and data available from the Department of Youth Corrections. Eighteen nonspecific data sources were named. These sources ranged from “police data,” to “hospitalization data,” to more general sources, such as “child welfare.”

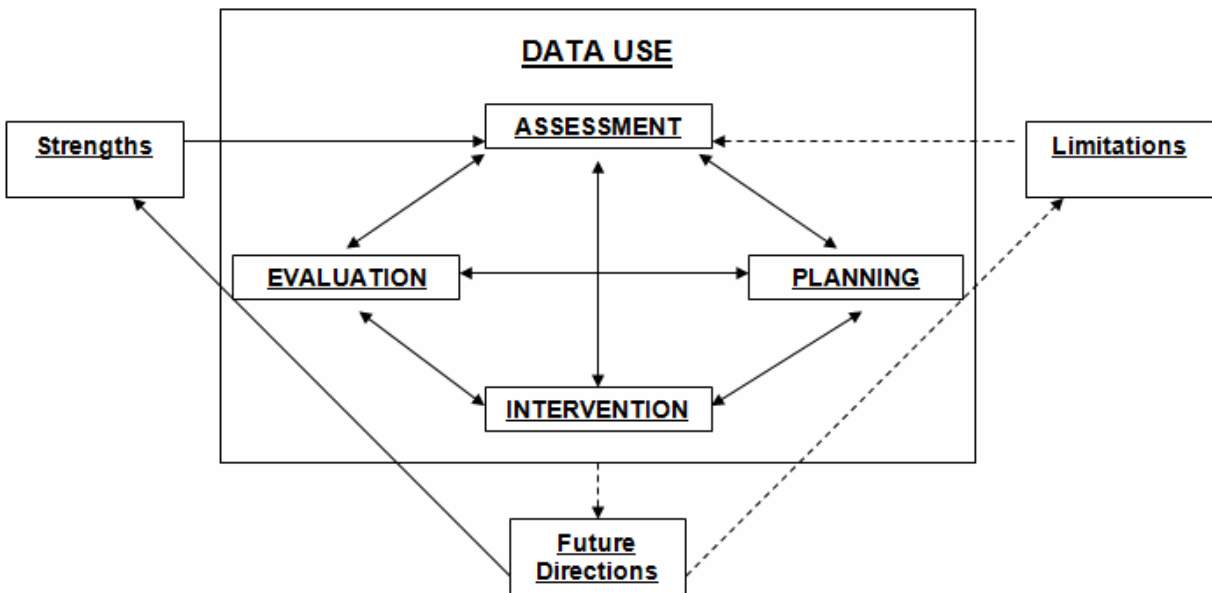
Frequency of Data Use:

Participants were asked to approximate the number of times they access surveillance data each year. On average, participants (N = 20) reported accessing surveillance data related to violence 28.45 times per year (Range = 1 to 240, SD = 16.01).

Interview Themes:

Participant identified four main types of data uses: 1) assessment, 2) planning, 3) intervention, and 4) evaluation. Participants also shared what they felt were strengths and weaknesses of surveillance data. Finally, participants indicated future directions for violence prevention surveillance systems.

The figure below depicts a qualitative representation of how the participants from the interviews (n = 22) used data. This model depicts the themes identified by the group as a whole (not the typical participant.)



The four main types of uses are depicted in the box. The data is used for functions such as assessment, planning, intervention, and evaluation. These functions do not follow any one pattern; for example, assessment could lead to planning, evaluation (of currently existing initiatives, or intervention).

There are strengths and limitations inherent in violence surveillance data. In terms of future directions, some of the surveillance data is improved and becomes strengths, some of the limitations in the data remain limitations. Each of the four major types of data use is described below.

Assessment. Public health data helped participants conduct assessments; specifically, it enabled them to examine the distribution of youth violence. Secondary public health data enabled participants to examine youth violence data in various ways, including:

- By location:
“We looked at youth violence across the city and then...by just looking at 4 types of violence: homicide, AA’s, robberies, arsons, so indexed crimes, and then looked at where that shows up...so we really used that data then to say of all the neighborhood we could be in, these are the four neighborhoods we are going to work in.”
- By ethnic/racial group:
“So we have trend data related to if we do have minority overrepresentation in the system.”
- By risk behavior:
“So we’ve really been looking at the relationship between incidence of violence, particularly in early childhood...[and] the later onset of behaviors like smoking and obesity that lead to heart diseases”.

Planning. Surveillance data played an important role in planning for the project participants. Surveillance data assisted the planning process in a few important ways, including:

- Prompting key questions:
“What are the key issues? This to me would be a place to start some discussion with program folks around what are we doing, where do we go?”
- Assisting the planning process:
“You know just are in the process of completing a needs and resources...to drive the completion of a strategic plan. Both the BRFSS and the YRBS data is in there.”

- Driving recommendations:
“We led the group through the process of saying, what recommendations can you make that address these risk factors across as many types of youth violence as we can get.”
- Allocating resources:
“We want to be able to look at what data is available in crime and violence and child abuse and neglect, and identify where there might be high need areas, so we could potentially set aside some of our funding to be need-based.”

Participants also mentioned a variety of other uses for data that help in the planning process. Three participants said that data helps them develop community profiles. Others mentioned that public health data helps them identify community health indicators of change.

Intervention. Surveillance data helped participants with various facets of their intervention, including:

- The dissemination of public health data:
“Ah, to identify the patterns and trends. Um, specifically to, as the state, as the lead entity for statewide suicide prevention and intervention, one of our jobs is to help disseminate the data statewide, and so I think that it’s important that I’m familiar with the statewide data, and I’m able to help people at the local level, interpret or provide the data for their county.”
- Intervention place:
“We used health data from our own agency to inform areas where we wanted to, um, conduct; you know implementation of this program.”
- How to connect with victims of violence:
“Or, you know there’s been years when we’ve asked questions on the BRFSS on relationship to the perpetrator, and who you told and that kind of stuff and that’s helped us get some surprising, to some people, information out of you know what we found was that people go, people who are sexually assaulted go, they don’t tend to go, the last place they go is to a rape crisis center or to the police. So we had a whole different sort of, we got some information there to build relationships on where people actually go, or where victims are actually going.”
- How to reach first time offenders:
“I know that one of the programs we work on is called turnabout and it’s trying to identify those kids when they have first contact with law enforcement, whether or not they actually are, um, criminals, verses, that there are other issues or problems related to their mental health or substance abuse or family situation that has caused them to act our or, ah, have contact with law enforcement that we can head that off and get ‘em.”
- How to best intervene at a policy level:
“I’m thinking. Not only, um, we use it not only to make funding decisions, but also because we have some policy making authority. We’ve used it to, um direct where that policy, or where that system change work will do.”

Evaluation. Participants discussed their use of data to evaluate their violence prevention and intervention efforts. Evaluation efforts included:

- Using public health data to examine key trends in violent behavior:
“At a real peripheral level, I would say, uh, there’s a new strategic plan out for the state of Colorado called uh, prevention suicide in Colorado and one of the thing that that shows is that the original strategic plan came out in 1998, so they ran the nine years before that plan came out and the nine years after that plan came out, and it showed, and the data showed a 6.5 percent reduction in those nine year trends from the original one to the next one.”
- Using public health data to evaluate broad systems level outcomes:
“Well, I think, ah, within our state, of course the Governor has as one of his promises when he was elected was to um, have lower recidivism, or people coming back, and so, I’d like to think that we’re providing those services or resources that would help to prevent that recidivism, and so, when I look at the national numbers about, um,

either kids or adults re-entering the system, I'd like to think that we're doing the better job at keeping kids from coming back. So, but, you know what if they, other states doing better, what are they doing different that helped them from keeping kids or adults from coming back. If we can make use of that, then."

- Using public health data to evaluate (statewide) programs:

"Um, one of the things that I'm also working on right now, is I'm working with our epi branch the epidemiology planning and evaluation unit. Um, because we're required to do an annual report to the state legislature on the effectiveness of our program, and one of our things that I'd like to do this year, is look at the data that's available in the state, and try to overlay some of the outcomes from the...program with what's happening in the community around that state. Again, that's new, and we haven't done it yet. It's something that I'd like to see to improve."

Strengths. Participants mentioned a few strengths. These strengths included:

- The broad nature of surveillance data:

"They're population based data...it gives you a sense of...Colorado as a whole...when you have the data that you need, or at least some of it, even though it's so sparse, it's like someone turned the light on."

- The consistency of some surveillance data (across settings):

"Well, the strengths of school data direct is that they have all the same data collected from all the school systems in the country. So you can go on for any school district...school and get the same information. So you've got the consistency of data, and you've got it, I think for all schools."

- The general acceptability of the utility of surveillance data as a starting point:

"So, the richness of the data becomes that you can actually create, you can really inform people that removes the, the emotional argument, and says, here's what the data tells us, and let me have you look at this data. And we really, we've got a whole thing going on around racial disparities stuff, because of the data we've got. We've been able to have the conversation be a conversation that everybody can win with, instead of a conversation that's wrought with emotion."

Limitations. The participants named numerous limitations – they included:

- Poor magnitude approximations:

"Uh, the hospitalization stuff is definitely a barrier or a gap, just because it's so underreported. And the limit - I think one of the major limitations of the Colorado Violent Death Reporting System is it requires, or it's based off the strengths of the narratives of police reports and coroner reports."

- Availability of key data:

"So, we've tried to use that to guide how we do data collection, but really the problem is that all of that data is focused on victims and really difficult to build a public health prevention program to stop the perpetration of something, when really, 99% of the available data, and all of the population-based data is focused on the experiences and uh, the demographic of victims."

- Inaccurate, incomplete, or inconsistent data:

"Um, certainly, our hospitalization data, I use, but always with the caveat that it is very much underreported, just because it is, it has to be, the data that we have access to in that system, um, the suicide attempt has to be severe enough to, uh, to uh, be an admittance. You know, so if somebody goes to the hospital and gets their stomach, to the emergency room, gets their stomach pumped and does not get admitted to the hospital, those data aren't reflected in the hospitalization data, so it only captures those really significant attempts that require hospitalization. So that's a gap, for sure."

Future directions. Each participant was asked about what types of system he or she would want if they could build their own system – regardless of money or resources. Three major themes emerged:

- Making secondary data systems easier to search:

"Well first of all, from my standpoint, from creating this database, whatever, some sort of

things that, um, are readily available by different commands, so when you want, going in and trying to pull data for your specific agency or sector that you're working in, though a few commands, can pull that data down, out of the main database, rather than having to go line by line."

- Being able to sort data by risk factor and risk outcome:
"Tracking it would be really valuable to have data for all different, um areas and topics on one place so you could query the relationship between suicide and teen pregnancy. Or things that folks don't normally compare."
- Being able to track individuals over time:
"Um, we're not, I think, not looking, I don't think that we're looking far back. So, person X does this violence crime, what's their history? Not to excuse the behavior, but to understand what those possible treatment points are. What the best possible treatment resources are and how you understand trauma cycles."

Conclusion

The purpose of this project was to explore how violence prevention scientists and practitioners use secondary data sources to inform the work that they do in preventing and addressing violence. Among this group of diverse violence prevention scientists and practitioners, data is used in many different ways. Among them, data is used for: assessment, planning, evaluation, and intervention.

The violence prevention "surveillance system" in Colorado consisted of a network of independent surveillance sources: 25 national level sources, 10 state-level sources, 3 local level sources, and 18 sources that were general (e.g., police records).

The use of secondary data is a significant. On average, participants accessed secondary surveillance data over 28 times per year. While this data faces limitations, it also brings some strengths – namely that it is broad and widely accepted as a starting point for public health efforts to address or reduce violence.

On November 6th, the first author of this report held a Webinar that involved sharing the results of this project with violence prevention practitioners and scientists at the federal level (e.g., the Centers for Disease Control and Prevention), at the state level (e.g., the Colorado Department of Public Health and Environment) and at the local level (e.g., Project PAVE in Denver).

Participants were asked to reflect on the findings noted in this study and to discuss the implications for violence prevention surveillance. Participants offered ideas and vision for violence surveillance systems, including:

- ✓ The need to harness advocates to ensure that representative surveillance data is captured and available
- ✓ The need to ensure that those in violence prevention can: access the data, navigate databases, and obtain the information they need.
- ✓ The importance of working towards a system that: 1) presents key data on violence, 2) provides support to local people for reflection on this data, and 3) provides supports for improvement driven by this data

Participants also reflected on future directions for violence surveillance in general. These reflections included:

- ✓ The need for universal definitions of violence
- ✓ The need for consistent measures of risk and protective factors
- ✓ The need to examine policy implications for sharing data across sectors

While this report focused on sharing surveillance data uses and experiences among members of Colorado's Violence Prevention Advisory Group (VPAG), many of the findings are applicable to the prevention of violence in all communities.

Appendix A

National-Level Surveillance Sources (N = 25) Identified by Interview Participants:

Source (Alphabetical):	Description (From Web Site):	Web Site:
1) America's Promise Alliance GALLUP Student Poll	"America's Promise Alliance has partnered with Gallup and the American Association of School Administrators on a breakthrough measurement of the thoughts, feelings and needs of America's young people."	http://www.americaspromise.org/Our-Work/Gallup-Poll.aspx
2) Association of Maternal & Child Health Programs (AMCHP)	"The Association of Maternal and Child Health Programs is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs."	http://www.amchp.org/Pages/Welcome.aspx
3) Behavioral Risk Factor Surveillance System	"The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984."	http://www.cdc.gov/BRFSS/
4) Connect for Kids	"Our Website, Connect for Kids gives visitors the information and tools they need to learn about issues affecting children, families, and communities and to take action to improve policies and programs, and, ultimately, the fabric of our nation as a whole."	http://www.connectforkids.org/
5) Federal Bureau of Investigation Uniform Crime Report	"The Uniform Crime Reporting (UCR) Program was conceived in 1929 by the International Association of Chiefs of Police to meet a need for reliable, uniform crime statistics for the nation. In 1930, the FBI was tasked with collecting, publishing, and archiving those statistics. Today, several annual statistical publications, such as the comprehensive Crime in the United States, are produced from data provided by nearly 17,000 law enforcement agencies across the United States."	http://www.fbi.gov/ucr/ucr.htm
6) Inter-University Consortium for Political and Social Research	"ICPSR maintains a data archive of more than 500,000 files of research in the social sciences. It hosts 16 specialized collections of data in education, aging, criminal justice, substance abuse, terrorism, and other fields."	http://www.icpsr.umich.edu/icpsrweb/ICPSR/
7) KIDS COUNT	"A national and state-by-state effort to track the status of children in the United States."	http://www.aecf.org/majorinitiatives/kidscount.aspx
8) Monitoring the Future	"Monitoring the Future is an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults. Each year, a total of approximately 50,000 8th, 10th and 12th grade students are surveyed (12th graders since 1975, and 8th and 10th graders since 1991). In addition, annual follow-up questionnaires are mailed to a sample of each graduating class for a number of years after their initial participation."	http://monitoringthefuture.org/

National-Level Surveillance Sources (Continued)

Source (Alphabetical):	Description (From Web Site):	Web Site:
9) National Alliance on Mental Illness (NAMI)	"NAMI's communications services team is available around-the-clock to news media for: Expert analysis on a wide range of issues related to severe mental illnesses or brain disorders such as schizophrenia, bipolar disorder/manic-depression, major depression, and anxiety disorders Current data on research, treatments, rates of prevalence Interviews with national spokespersons and technical experts Access to persons with serious mental illness and their families who are willing to share personal stories with the media"	http://www.nami.org/template.cfm?section=press_room
10) National Data Archive on Child Abuse and Neglect (NDACAN)	"The mission of the National Data Archive on Child Abuse and Neglect (NDACAN) is to facilitate the secondary analysis of research data relevant to the study of child abuse and neglect. By making data available to increasing numbers of researchers, NDACAN seeks to provide an accessible and scientifically productive means for researchers to explore important issues in the child maltreatment field."	http://www.ndacan.cornell.edu/NDACAN/AboutNDACAN.html
11) National Survey of Children's Health	"Provides a broad range of information about children's health and well-being collected in a manner that allows comparisons among states as well as nationally."	http://www.nschdata.org/Content/Default.aspx
12) National Violent Death Reporting System	"NVDRS collects data on violent deaths from a variety of sources, including death certificates, police reports, medical examiner and coroner reports, and crime laboratories."	http://www.cdc.gov/ncipc/profiles/nvdrs/default.htm
13) Office On Women's Health Quick Health Data Online, The	"The system provides state- and county-level data for all 50 states, the District of Columbia, and US territories and possessions. Data are available by gender, race and ethnicity and come from a variety of national and state sources. The system is organized into eleven main categories, including demographics, mortality, reproductive health, violence, prevention, disease and mental health."	http://www.healthstatus2010.com/owh/
14) Pregnancy Risk Assessment Monitoring System (PRAMS)	"PRAMS, the Pregnancy Risk Assessment Monitoring System, is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy."	http://www.cdc.gov/prams/
15) Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (OAS)	"SAMHSA's Office of Applied Studies (OAS) provides the latest national data on (1) alcohol, tobacco, marijuana and other drug abuse, (2) drug related emergency department episodes and medical examiner cases, and (3) the nation's substance abuse Treatment system."	http://www.oas.samhsa.gov/

National-Level Surveillance Sources (Continued)

Source (Alphabetical):	Description (From Web Site):	Web Site:
16) U.S. Census Bureau	"The U.S. Census counts every resident in the United States, and is required by the Constitution to take place every 10 years."	http://www.census.gov/
17) U.S. Census Bureau Data Ferrett	"DataFerrett helps you locate and retrieve the data you need across the Internet to your desktop or system, regardless of where the data resides."	http://dataferrett.census.gov/index.html
18) U.S. Department of Education	"ED's 4,200 employees and \$68.6 billion budget are dedicated to: Establishing policies on federal financial aid for education, and distributing as well as monitoring those funds Collecting data on America's schools and disseminating research Focusing national attention on key educational issues Prohibiting discrimination and ensuring equal access to education"	http://www.ed.gov/rschstat/landing.jhtml?src=rt
19) U.S. Department of Justice - Office of Justice Programs Bureau of Justice Statistics Crime and Victim Statistics	"The Nation's primary source of information on criminal victimization. Each year, data are obtained from a nationally representative sample of 76,000 households comprising nearly 135,300 persons on the frequency, characteristics and consequences of criminal victimization in the United States. The survey enables BJS to estimate the likelihood of victimization by rape, sexual assault, robbery, assault, theft, household burglary, and motor vehicle theft for the population as a whole as well as for segments of the population such as women, the elderly, members of various racial groups, city dwellers, or other groups."	http://www.ojp.usdoj.gov/bjs/cvict.htm
20) U.S. Department of Justice - Office of Justice Programs Bureau of Justice Statistics Female Victims of Violence	"Provides the current findings on nonfatal and fatal violent crimes committed against females. The report focuses on intimate partner violence and stalking. It includes estimates of the extent of crimes against females and the characteristics of crimes and victims. Crime trends are also presented, along with comparative estimates of crimes against males."	http://www.ojp.usdoj.gov/bjs/abstract/fvv.htm
21) U.S. Department of Justice - Office of Justice Programs Bureau of Justice Statistics Indicators of School Crime and Safety	"Presents data on crime and safety at school from the perspectives of students, teachers, principals, and the general population. A joint effort by the Bureau of Justice Statistics and the National Center for Education Statistics, this annual report examines crime occurring in school as well as on the way to and from school. It also provides the most current detailed statistical information on the nature of crime in schools, school environments, and responses to violence and crime at school."	http://ojp.usdoj.gov/bjs/abstract/iscs08.htm
22) USA.gov	"Access government information and services on the Internet"	http://www.usa.gov/
23) WISQARS	"An interactive database system that provides customized reports of injury-related data"	http://www.cdc.gov/injury/wisqars/index.html

National-Level Surveillance Sources (Continued)

Source (Alphabetical):	Description (From Web Site):	Web Site:
24) Youth Risk Behavior Surveillance System (YRBSS)	"The Youth Risk Behavior Surveillance System (YRBSS) monitors priority health-risk behaviors and the prevalence of obesity and asthma among youth and young adults."	http://www.cdc.gov/HealthyYouth/yrbs/index.htm
25) YOUTH today	"Youth Today is the only independent, nationally distributed newspaper that is read by thousands of professionals in the youth service field."	http://www.youthtoday.org/template/index.cfm

Appendix B

State-Level Surveillance Sources (N = 10) Identified by Interview Participants:

Source (Alphabetical):	Description (From Web Site):	Web Site:
1) ASPIRE	"ASPIRE is a web-based system that manages indicator and resource data that are useful for community needs and resource assessments. ASPIRE contains indicator and resource data within numerous domains such as demographics, early care and education, community and civic involvement, mental health and substance abuse prevention and treatment."	http://aspire.omni.org/AspireHome/index.aspx
2) Colorado Bureau of Investigation	(No general description available)	http://cbi.state.co.us/
3) Colorado Coalition Against Domestic Violence	"CCADV is a diverse network of rural and urban advocates who work together through the coalition to coordinate services, exchange information and work on issues of common concern, thereby providing a unified, statewide environment that will nurture members' local, community-based efforts to stop domestic violence."	http://www.ccadv.org/facts.htm
4) Colorado Department of Education, The	"Our goal is to engage all Coloradoans in a conversation about how we should work together to ensure all of our students graduate ready for postsecondary and workforce success."	http://www.schoolview.org/
5) Colorado Health Information Dataset	"The Colorado Health Information Dataset (CoHID) allows access to local-level health data compiled by the Colorado Department of Public Health and Environment to help users determine the health status of a neighborhood, community, county, or region in Colorado."	http://www.cdphe.state.co.us/cohid/
6) Colorado Trails	"A statewide Juvenile Justice and Youth Detention Center management system to provide Colorado Division of Youth Corrections management, juvenile justice workers, and providers with the capability to track the stages a youth goes through in terms of their placements and counselor assignments. Workers can create, modify, and maintain treatment plans and release goals, and identify and assess resource providers."	http://www.drc.com/solutions/acms/colorado.htm
7) Colorado Violent Death Reporting System	"The Colorado Violent Death Reporting System collects information on violent deaths (homicide, suicide, deaths of undetermined intent, and unintentional firearm-related deaths) occurring within Colorado, from a variety of data sources including death certificate, coroner/medical examiner reports, law enforcement investigations, crime lab information, and firearm trace data. The purpose of the database is to provide a more complete understanding of when, where, and how violent deaths occur"	http://www.cdphe.state.co.us/pp/injepi/cvdrs/index.html

State-Level Surveillance Sources (Continued)

Source (Alphabetical):	Description (From Web Site):	Web Site:
8) Healthy Kids Colorado Survey	"The Healthy Kids Colorado Survey (HKCS) asks Colorado students about their current attitudes, perceptions, and behaviors regarding health related domains. The survey is administered to students in grades 6-12 across the state. School districts, schools, and community coalitions all find utility in the survey. Results are used to inform decision makers at both the state and local level so that they can make data driven decisions regarding programming to increase students' health, safety and academic performance."	http://www.omni.org/survey.aspx
9) ICON/Eclipse Case Management	"ICON/Eclipse is the current case management system for the trial courts in Colorado. ICON is the RPG IV-ILE programming that feeds a db2 database which resides on an IBM iSeries model 550. This program was deployed Statewide in 1997. Five years later, JBITS staff put a GUI front end on ICON called Eclipse. This system will be replaced by a new JAVA based system called jPOD in 2011"	http://www.courts.state.co.us/Administration/Program.cfm/Program/24
10) Maternal & Child Health County Datasets – Regions	"The Maternal and Child Health County Data Sets contain recent data for Colorado counties for maternal and child health performance and outcome measures as well as for other measures of interest in the Maternal and Child Health populations."	http://www.cdphe.state.co.us/ps/mch/mchadmin/hcpre gions.html

Appendix C

Local-Level Surveillance Sources (N = 3) Identified by Interview Participants:

Source (Alphabetical):	Description (From Web Site):	Web Site:
1) Denver Post, The	"The Denver Post reaches the largest audience of any medium in the state, with 250,000 unique online visitors per day on average, 750,000 print readers every day and over 1 million readers on Sunday."	http://www.denverpost.com/
2) Division of Youth Corrections	"We will use our expertise in research, evaluation, and theory to proactively influence policy, advocate for practices that ensure youth success, and facilitate systems change within the Division by: conducting policy-relevant research, evaluating current practices, advocating for evidence based practices, serving the information and data needs of the division."	http://www.cdhs.state.co.us/dyc/Research.htm
3) Piton Foundation, The	"Community Facts is a tool developed by The Piton Foundation to make data about the health and well-being of Denver-area families and communities widely accessible. Community Facts provides detailed information about geographical areas related to demographics, education, housing, economics, health, safety, and more. It includes data available in tables, maps and graphs."	http://www.piton.org/CommunityFacts

Appendix D

General Surveillance Sources (N = 18) Identified by Interview Participants:

Source:	Sector (Alphabetical):
1) Data from nonprofit agencies	Community Organization
2) Data from victim services agencies	Community Organization
3) Education system data	Education
4) School attendance data	Education
5) School level discipline action data (records of suspensions & expulsions)	Education
6) Coroner's reports	General/Other
7) Listservs	General/Other
8) Criminal justice data	Law Enforcement
9) Juvenile justice data	Law Enforcement
10) Local reports of crime	Law Enforcement
11) Police/law enforcement data	Law Enforcement
12) Public safety data	Law Enforcement
13) Violent crime reports	Law Enforcement
14) Death certificates	Public Health
15) Health data	Public Health
16) Hospitalization data	Public Health
17) Child welfare data	State Department (Human Services)
18) Data from departments of human or social services	State Department (Human Services)