

## Data Sources for the Utah State Epidemiological Outcomes Workgroup Dataset

### **National Data Sources:**

#### **Alcohol Epidemiologic Data System (AEDS)**

**Description:** Per capita consumption of absolute alcohol has been used historically as an indicator of overall drinking within a state and has been shown to be correlated with many types of alcohol problems. The indicator is consistently defined and readily available from archival data for all states and for many years.

**Sponsoring Organization/Source:** National Institute on Alcohol Abuse and Alcoholism

**Data used in report:** Total sales of ethanol in beer, wine, and spirits per year, estimated in gallons of ethanol, per 10,000 population age 14 and older

**Geographic Level:** national and state

**Availability:** Available through SEDS at <http://www.epidcc.samhsa.gov/default.asp>

**Years Available:** 1990-2005

**Demographic Categories:** NA

**Limitations:** Findings regarding the association between per capita alcohol consumption and negative consequences have been inconsistent. Average consumption levels may not be sensitive in identifying areas with a high prevalence of heavy use where there are also high rates of abstinence. Estimates may be inflated due to consumption by non-residents (e.g., tourists and other visitors). Untaxed alcohol (e.g., products that are smuggled or homemade) are not captured in this indicator.

#### **Behavioral Risk Factor Surveillance System (BRFSS)**

**Description:** BRFSS is an annually conducted telephone health survey system, tracking health conditions and risk behaviors in the US yearly since 1984. BRFSS asks adults (18 and older) to respond to questions about health-related issues. Included in the BRFSS survey are questions about current alcohol consumption and tobacco use.

**Sponsoring Organization/Source:** Centers for Disease Control and Prevention

**Data used in report:** Alcohol dependence or abuse, adult current drinking, adult heavy use, binge drinking, adult cigarette use, daily cigarette use

**Geographic level:** National and state

**Availability:** <http://apps.nccd.cdc.gov/brfss/>; also available through SEDS at <http://www.epidcc.samhsa.gov/default.asp>

**Years Available:** 1984-2007

**Demographic Categories:** BRFSS data allow comparison across gender, age, and racial groups.

**Limitations:** BRFSS is a telephone survey subject to potential bias due to self-report, non-coverage (households without phones), and non-response (refusal/no answer). Estimates for subgroups may have relatively low precision (i.e., large confidence intervals).

#### **Drug Abuse Warning Network (DAWN)**

**Description:** DAWN is a public health surveillance system that monitors drug-related deaths investigated by medical examiners and coroners, and drug-related visits to hospital emergency departments. DAWN includes illegal drugs, prescription and over-the-counter medications, dietary supplements, non-pharmaceutical inhalants, alcohol in combination with other drugs, and alcohol alone.

**Sponsoring Organization/Source:** Substance Abuse and Mental Health Services Administration (SAMHSA)

**Data used in report:** Drug related deaths and suicides

**Geographic level:** national, state and county

**Availability:** <http://dawninfo.samhsa.gov/pubs/mepubs/default.asp>

**Years Available:** 2003-2007

**Demographic Categories:** none

**Limitations:** Not all drugs reported to DAWN are confirmed by toxicology. There are many possible sources for drug use information including toxicology testing, clinical assessment and diagnoses, reports by patients, their friends, or families. Testing protocols vary across hospitals, clinicians, and patients.

### **Fatality Analysis Reporting System (FARS)**

**Description:** FARS is a national database of fatal motor vehicle accidents maintained by the National Highway Traffic Safety Administration. It includes information about fatal accidents in which alcohol was involved.

**Sponsoring Organization/Source:** National Highway Traffic Safety Administration

**Data used in report:** alcohol related motor vehicle crash fatalities

**Geographic level:** national, state, and county

**Availability:** [www-fars.nhtsa.dot.gov/main/index.aspx](http://www-fars.nhtsa.dot.gov/main/index.aspx); also available through SEDS at <http://www.epidcc.samhsa.gov/default.asp>

**Years Available:** 1994-2008

**Demographic Categories:** Age by Gender (of persons killed)

**Limitations:** Using FARS, it is possible to calculate the rate of alcohol-related fatal motor vehicle accidents for the nation and for each state. Though FARS data are helpful in understanding the rate of alcohol-related motor vehicle deaths, comparisons between state and national levels should be made with caution as data submissions to the FARS database are done on a voluntary basis and may not include all fatal motor vehicle accidents within a state or the nation. Another consideration when using FARS data is the fact that the NHTSA estimates driver BAC for cases missing data regarding actual BAC levels. This leads to discrepancies between FARS estimates of alcohol related motor vehicle crashes and state agency developed estimates of these events. Thus, estimates from the Utah Department of Public Safety and estimates from FARS are not consistent with one another.

### **Monitoring the Future Survey (MTF)**

**Description:** MTF is a national survey conducted annually to track changes in the drug consumption patterns of 8th, 10th, and 12th grade students throughout the US. Student respondents report on their lifetime, annual, and monthly use of a wide variety of substances, including alcohol, heroin, cocaine, marijuana, and methamphetamine. Findings from MTF are compared to the SHARP data to allow comparisons between national trends and state or county data.

**Sponsoring Organization/Source:** National Institute on Drug Abuse

**Data used in report:** Lifetime and 30 day substance use rates for nation

**Geographic level:** national

**Availability:** [www.monitoringthefuture.org/data/data.html](http://www.monitoringthefuture.org/data/data.html)

**Years Available:** 1991-2009

**Demographic Categories:**

**Limitations:** Respondents are sampled randomly from schools throughout the country, and no state data are available. The MTF, like all of the survey data available presented in this epi profile report is collected through self-report, and is subject to potential bias due. Results from MTF are released annually and data sets are publicly available.

### **National Survey on Drug Use and Health (NSDUH)**

**Description:** The NSDUH is a national survey funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) designed to track changes in substance use patterns for US residents 12 years of age and older. The survey asks respondents to report on past month, past year, and lifetime use of substances including alcohol, tobacco, marijuana, cocaine, and other illicit drugs. Additionally, the NSDUH asks respondents whether they had received treatment for drug abuse or drug dependence during the past year.

**Sponsoring Organization/Source:** Substance Abuse and Mental Health Services Administration (SAMHSA)

**Data used in report:** Prevalence rate of drug dependence or abuse, alcohol dependence or abuse, marijuana use, other illicit drug use

**Geographic level:** National and state

**Availability:** National and state reports are available at <http://oas.samhsa.gov/nsduh.htm>; also available through SEDS at <http://www.epidcc.samhsa.gov/default.asp>

**Years Available:** 1994-2006 for national trends, 1991-2007 for state trends

**Demographic Categories:** Age

**Limitations:** State-level prevalence rates are based on statistical algorithms, not on data collected within specific states. State-level estimates for most states are based on relatively small samples. Although augmented by model-based estimation procedures, estimates for specific age groups have relatively low precision (i.e., large confidence intervals). The estimates are provided directly by SAMHSA and raw data that could be used for alternative calculations (e.g., demographic subgroups) are not available. The estimates are subject to bias due to self-report and non-response (refusal/no answer). There is usually a two-year delay between the time data are gathered and the time when data are made available to the public.

### **National Vital Statistics System (NVSS)**

**Description:** NVSS is a data set that provides information on mortality rates by cause of death. Data on deaths throughout the country are provided to the CDC by health departments in the 50 states and US territories. Age-adjusted death rates for deaths due to disease and events associated with alcohol, tobacco, and other drugs can be computed for the nation and each state, and comparisons can be made across gender and racial groups. Age-adjusted death rates for deaths due to disease and events associated with alcohol, tobacco, and other drugs can be computed for the nation and each state, and comparisons can be made across gender and racial groups.

**Sponsoring Organization/Source:** National Center for Health Statistics, Center for Disease Control

**Data used in report:** rate of ischemic-cerebrovascular disease, homicides, suicides, lung cancer, lung disease, illicit drug deaths, cardiovascular disease, and chronic liver disease

**Geographic level:** National and state

**Availability:** <http://www.cdc.gov/nchs/fastats/default.htm>; also available through SEDS at <http://www.epidcc.samhsa.gov/default.asp>

**Years Available:** 1999-2006

**Demographic Categories:** Age, gender, race

**Limitations:** There is variability in the procedures used within and across each state to determine cause of death. There is typically a three-year gap between the time data are collected and the time when data are made publicly available.

### **Uniform Crime Reporting Program (UCR)**

**Description:** The UCR is a national database maintained by the FBI that records information on the rates of property crimes, violent crimes, and drug related crimes throughout the US. The UCR data are voluntarily submitted by law enforcement agencies on a county-by-county basis by each of the 50 states. UCR data allows for comparisons of overall crime rates between Utah and the entire US, and comparisons of crime rates for juveniles versus adults.

**Sponsoring Organization/Source:** Federal Bureau of Investigation (FBI)

**Data used in report:** Reported violent crimes, reported property crimes

**Geographic level:** national, state, and county

**Availability:** County levels available at <http://www.icpsr.umich.edu/NACJD/ucr.html>; also available through SEDS at <http://www.epidcc.samhsa.gov/default.asp>

**Years Available:** 1994-2006

**Demographic Categories:** NA

**Limitations:** UCR data are publicly available with a two-year lag from the time data are collected until they are made publicly available. States are not required to submit crime information to the FBI, rather data submission is voluntary. Therefore, the level of reporting varies considerably from county

to county (county to county) and state to state. Although most police departments do report UCR data, there are a few jurisdictions each year for which data are not provided. The FBI uses a statistical algorithm to estimate arrests for counties for which reporting is particularly poor, however county to county comparisons should still be interpreted with caution.

### **United States Census Bureau Population Projections**

**Description:** In order to calculate rates based on population, estimates of the populations for the state as well as each county and region were necessary. The U.S. Census Bureau provides population projections by county that serve as the basis for the rates provided through the website.

**Sponsoring Organization/Source:** United States Census Bureau

**Data used in report:** County population estimates

**Geographic level:** state and county

**Availability:** 1990-1999: <http://www.census.gov/popest/archives/1990s/CO-99-08.html>

2000-2008: <http://www.census.gov/popest/counties/CO-EST2008-01.html>

**Years Available:** 1990-2008

**Demographic Categories:** NA

**Limitations:** These population projections are estimates only. Projections are based on census data collected every 10 years as well as estimation algorithms. Estimates are updated once a year by the U.S. Census until the next full census is conducted (e.g., 1990, 2000, 2010, etc.). As a result, there is usually a larger (than usual) difference between the last projection for each decade and the next population estimates released after a full census is conducted (e.g., from 1989 to 1990, 1999 to 2000, etc.). Additionally, because the estimates are updated once a year (including revising all of the years within that decade), the population estimates used in the SEOW online data system may differ slightly with the current estimates provided by the U.S. Census Bureau's website.

### **Web-based Injury Statistics Query and Reporting System (WISQARS)**

**Description:** WISQARS is an interactive database system that provides customized reports of injury-related data. Calculates the years of potential life lost (YPSS) which emphasizes premature mortality by giving a larger computational weight to youthful deaths. Provides US injury mortality data: charts of deaths by common causes of death, years of potential life lost (premature death) by specific causes of injury mortality and common causes of death. Also provides national estimates of nonfatal injuries treated in US hospital emergency departments.

**Sponsoring Organization/Source:** National Center for Injury Prevention and Control, Center for Disease Control

**Data used in report:** Years of potential life lost for several causes of mortality, Top 10 and 20 causes of death in Utah.

**Geographic level:** national and state

**Availability:** <http://www.cdc.gov/injury/wisqars/index.html>

**Years Available:** 1999-2006

**Demographic Categories:** race, sex, age group, cause of death

**Limitations:** Unknown

### ***Utah Specific Data Sources:***

#### **Student Health and Risk Prevention (SHARP) Survey**

**Description:** The SHARP Survey is designed to assess Utah student's involvement in a specific set of problem behaviors, as well as exposure to risk and protective factors that predict problem behaviors in adolescents. The SHARP surveys 6th, 8th, 10th, and 12th grade students on a biennial basis, to more than 40,000 students enrolled in Utah public schools. A Total of 37 school districts and 10 charter schools participated in 2009 survey.

**Organization/Source:** Utah Department of Human Services, Division of Substance Abuse and Mental Health

**Data used in report:** Youth 30 day alcohol use, alcohol dependence or abuse, youth percent cigarette use, youth 30 day marijuana use, percentage of youth who are in need for alcohol or drug treatment.

**Geographic level:** Local Substance Abuse Authority and state level reports available.

**Availability:** <http://www.dsamh.utah.gov/sharp.htm>

**Years Available:** 2005-2009 (biennially)

**Demographic Categories:** grade, gender and race/ethnicity

**Limitations:** Sample sizes and responses rates vary across Local Substance Abuse Authorities (LSAA) and school districts. As a result some LSAA level data must be interpreted with caution when response rates or sample sizes warrant. As with other survey data presented in this epidemiological profile report, the SHARP is subject to potential bias due to the self-report nature of the data. Additionally, the 2003 survey was the first statewide administration of the SHARP survey and participation in some regions was less than ideal. As a result, the 2003 SHARP data should be interpreted with caution.

### **Utah Crash Summary Report Data, Utah Department of Public Safety**

**Description:** The Utah Crash Facts Reports describe trends and effects of traffic crashes in Utah. Data from the summary are derived from Utah crash reports completed by law enforcement officers who investigate crash scenes. Crash reports are forwarded to the Utah Department of Public Safety for central collection. Data compiled by the Utah Department of Public Safety are entered into the national Fatality Analysis Reporting System (FARS).

**Sponsoring Organization/Source:** Utah Department of Public Safety

**Data used in report:** rate and percentage of alcohol impaired injury and fatal crashes

**Geographic level:** county and state

**Availability:** <http://publicsafety.utah.gov/highwaysafety/publications.html>

**Years Available:** 1998-2007

**Demographic Categories:** age, gender, BAC level, DUI convictions, etc.

**Limitations:** Data reflect police reporting of alcohol involvement in crashes. Officers are likely to report alcohol involvement only overt signs of alcohol use are available at the scene of the accident.

### **Utah Department of Health, Prescription Pain Medication Management and Education Program**

**Description:** In July 2007, the Utah State Legislature appropriated funding to the Utah Department of Health (UDOH) to establish a two-year program to reduce deaths and other harm from prescription opiates. The Prescription Pain Medication Management and Education Program goals were to 1) reduce the number of deaths due to prescription medications by 15% by 2009 2) improve understanding of occurrence of deaths related to prescription pain medications and understanding of prescribing patterns and other risk factors that increase risk of death, and 3) provide recommendations regarding use of the CSD to identify risks and potentially to prevent deaths due to prescription pain medications. Drug overdose deaths were obtained from the Medical Examiner's database.

**Sponsoring Organization/Source:** Utah Department of Health

**Data used in report:** BRFSS prescription pain medication supplement module (reasons for using prescribed and non-prescribed pain medication); number of accidental or undetermined intent drug poisoning deaths

**Geographic level:** state

**Availability:** <http://health.utah.gov/prescription/html/publications.html>

**Years Available:** 2008 for reasons of use, 1999-2008 for medical examiner's database

**Demographic Categories:** none

**Limitations:** Many items contained in the prescription pain medication BRFSS supplement were dependent on skip patterns that limited the sample sizes associated with the items. Sample sizes associated with some items are very small, which may affect the reliability of the estimates. Medical

Examiner drug poisoning deaths data reflects data queried using search terms associated with drug overdose or poisoning by Department of Health staff of Medical Examiner data. Counts and rates of death, therefore, are dependent on the particular search terms used for the query process for a given year. Counts and rates may vary from earlier or future years as the search terms used are updated and enhanced.

### **Utah Higher Education Health Behavior Survey**

**Description:** The Utah Higher Education Health Behavior Survey has several objectives: 1) assess the prevalence of alcohol, tobacco, and other drug (ATOD) use on Utah campuses, 2) measure the need for substance abuse treatment by college students, 3) gain information about health and safety issues facing college students, 4) measure students' perception of substance abuse prevention and policies on campus, 5) measure the levels of selected risk factors for substance abuse, and 6) compare the results across survey administrations (2003, 2005, and 2007). The 2007 Survey was completed by over 10,000 students from nine public colleges.

**Sponsoring Organization/Source:** Utah Department of Human Services, Division of Substance Abuse and Mental Health

**Data used in report:** lifetime, annual, and 30-day prevalence, for a variety of substances including: tobacco, alcohol, marijuana, and other drugs; need for alcohol or drug treatment.

**Geographic level:** state

**Availability:** [http://www.dsamh.utah.gov/higher\\_ed.htm](http://www.dsamh.utah.gov/higher_ed.htm)

**Years Available:** 2003-2007 (biennially)

**Demographic Categories:** gender, ethnicity, age

**Limitations:** As with other survey data presented in this epidemiological profile report, the Utah Higher Education Health Behavior Survey is subject to potential bias due to the self-report nature of the data.

### **Utah Indicator Based Information System for Public Health (IBIS)**

**Description:** Utah has developed an internet portal that hosts data from several different sources through which data are available to the public and to researchers. Utah-specific data accessed for this profile report using IBIS include the following:

1. Utah Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health
2. Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health
3. Utah Emergency Department Encounter Database, Bureau of Emergency Medical Services, Utah Department of Health
4. Utah Pregnancy Risk Assessment Monitoring System (PRAMS), Utah Department of Health

**Sponsoring Organization/Source:** Utah Department of Health

**Data used in report:** smoking during pregnancy, alcohol use during pregnancy, cirrhosis deaths, alcohol dependence and abuse, alcoholism deaths, homicide deaths, suicide deaths, accidental drowning deaths, accidental fall deaths, drug poisoning deaths, emergency department encounters for drug poisoning, ischemic cerebrovascular disease deaths, lung cancer deaths, cardiovascular deaths, lung disease deaths, accidental fire deaths by Local Substance Abuse Authority.

**Geographic level:** Varies depending on source data.

**Availability:** <http://ibis.health.utah.gov/home>

**Years Available:** Varies depending on source data.

**Demographic Categories:** Varies depending on source data.

**Limitations:** Varies depending on source data.