

Characteristics of a State Linkage System

Form approved
OMB No. 0920-0879
Expiration Date: 03/31/2014

1. What is today's date?

MM DD YYYY

Please enter today's date using the following format.

 / /

2. Which state are you representing in completing this survey?

3. What is your email address, in case we have any questions or need clarification of any responses. Email addresses will not be connected to final data outputs.

4. How much of a priority would you say motor vehicle injury is in your state compared with other health problems?

- Highest priority
- Priority
- Somewhat of a priority
- Not a priority at all

5. What year did your state start its linkage project?

6. Is the linkage and analysis project in the state for which you are responding part of the National Highway Traffic Safety Administration (NHTSA) Crash Outcome Data Evaluation System (CODES)?

- Yes
- No

Public reporting burden of this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879)

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7. Which agency is responsible for....

	State Department of Public Health	State Department of Transportation/Highways	Other:
The coordination of your overall linkage/CODES project?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your primary linkage/CODES project linkage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your primary linkage/CODES project data analysis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated "Other", please specify the agency name(s):

8. If your state participates in the NHTSA CODES effort, in what year was the program begun?

9. Indicate the years of source data that are suitable for linking that you have available

	Crash	Inpatient	ED	Emergency Medical Services (EMS)	Drivers License	Traffic Violation/Citation	Vehicle Registration
2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2005	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2008	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2009	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2011	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have "Other" data sources available, indicate the name and year(s) of data available:

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10. For which of the following years and databases have you linked your CRASH data:

	Inpatient	ED	Emergency Medical Services(EMS)	Drivers License	Traffic Violation/Citation	Vehicle Registration	Other
2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2005	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2008	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2009	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2011	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your state has "Other" data sets linked (i.e.E.M.S. data linked to trauma data), indicate the name and years of data sets that are linked:

11. Consider the following:

	Yes	No
Do you have a Board of Advisors or Directors for your linkage/CODES project?	<input type="radio"/>	<input type="radio"/>
Do you have a small group or subcommittee that assists as a steering committee, work group, task force, or other advisory board that assists you with identifying your linkage/research priorities?	<input type="radio"/>	<input type="radio"/>

Other comments:

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12. Consider the following in relation to your linkage/CODES project:

	Annually	Bi-annually	Quarterly	Monthly	Other time period, please specify below	N/A
If your state has a Board of Advisors or Directors, how often does that group meet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If your state has a small group or subcommittee that assists as a steering committee, work group, task force, or advisory board that identifies linkage/research priorities, how often does that group meet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Please specify other time periods for each if option not provided:

13. Indicate the organizations that are represented on your linkage/CODES Board of Advisors or Directors.

	Members
State Highway Safety Office	<input type="radio"/>
State Department of Motor Vehicles	<input type="radio"/>
State Department of Public Safety	<input type="radio"/>
State Department of Public Health	<input type="radio"/>
State Department of Transportation/Highways	<input type="radio"/>
State Police	<input type="radio"/>
State Trauma Board	<input type="radio"/>
State level hospital association	<input type="radio"/>
University/College: Specify name(s) below	<input type="radio"/>
Other state department, non-governmental organization, or other: specify name(s) below	<input type="radio"/>

If you listed University/College or other state department, non-governmental organization, or some other potential agency, please specify those agency name(s):

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14. If your state has a small group or subcommittee that assists as a steering committee, work group, task force, or advisory board that identifies linkage/research priorities, list those agencies that participate in this with you. If this doesn't apply please indicate with N/A:

15. Indicate the funding streams that your state utilizes to support your linkage/CODES project.

	Funding available to our state
Centers for Disease Control and Prevention (CDC)	<input type="radio"/>
NHTSA	<input type="radio"/>
National Institutes of Health (NIH)	<input type="radio"/>
State Highway Safety Office	<input type="radio"/>
State Department of Public Health	<input type="radio"/>
State Department of Transportation/Highways	<input type="radio"/>
State Department of Motor Vehicles	<input type="radio"/>
Substance Abuse and Mental Health Services Administration (SAMHSA)	<input type="radio"/>
The Robert Wood Johnson Foundation (RWJF)	<input type="radio"/>
Other	<input type="radio"/>

If you selected "other" indicate who those partners include:

16. Do you charge other agencies for data outputs from your linkage/CODES project?

- Yes
 No

If you indicated "yes", please share how you might charge other agencies (i.e. hourly, price by size of project or output, etc...):

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17. Indicate your agency's level of involvement with each of the following in your state: (i.e. involvement might mean that you attend meetings that they hold or they attend meetings that you hold - you mutually support those program efforts or they support yours)

	We interact frequently	We interact occasionally	We rarely interact	We never interact
Traffic Records Coordinating Committee (TRCC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Department of Public Health - Injury Surveillance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategic Highway Safety Plan (SHSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHTSA Regional Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Core Violence and Injury Prevention Program (Core VIPP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you selected "other" indicate who the other partners are that you interact with and your level of involvement with them.

18. Indicate how often you share or provide linked/CODES data to each of the following: (meaning that you have an ongoing relationship and commitment to provide them with data outputs or analyses)

	Frequently	Occasionally	Rarely	Never
Traffic Records Coordinating Committee (TRCC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Department of Public Health - Injury Surveillance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategic Highway Safety Plan (SHSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHTSA Regional Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Core Violence and Injury Prevention Program (Core VIPP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated "Other", please specify the agency name(s) and the frequency with which you interact:

19. Indicate how often you get data requests from the following:

	Frequently	Occasionally	Rarely	Never
Traffic Records Coordinating Committee (TRCC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Department of Public Health - Injury Surveillance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategic Highway Safety Plan (SHSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHTSA Regional Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Core Violence and Injury Prevention Program (Core VIPP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated "Other", please specify the agency name(s) that submit data requests and the frequency with which they request data from you:

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20. How would you rate the demand for linkage/CODES data in your state....

	Many people use our data on an on-going basis	We receive data requests several times per year	We receive data requests occasionally	We rarely receive data requests	We never receive data requests
for use in identifying traffic safety problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
for use in supporting traffic safety decision makers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
for use in educating the public.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
for use in legislative decision making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. For each person working on your linkage/CODES project, indicate the percent FTE, percent effort, and familiarity with statistics/epidemiology. (working on the project meaning: preparing a data feed for linkage, participating in meetings regarding linkage/analysis, preparing data regarding linkage/analysis, writing papers or preparing presentation materials on the results of analyses, etc..).

	Percent FTE	Percent Effort	Familiarity with Statistics/Epidemiology
Person #1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person #2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person #3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person #4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person #5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person #6	<input type="text"/>	<input type="text"/>	<input type="text"/>

If more than 6 people work on your linkage/CODES project, continue your list here:

22. If your state is NOT part of the CODES effort what linkage method do you use?

- Probabilistic
- Deterministic

Please describe linkage method or any software used:

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23. How would you describe your project staff's proficiency in the following....(proficiency meaning: statistical background, knowledge of appropriate software, understanding of outputs, and ability to draw conclusions)

	to link data	to analyze linked data
LinkSolv	<input type="text"/>	<input type="text"/>
CODES2000	<input type="text"/>	<input type="text"/>
IVEWare	<input type="text"/>	<input type="text"/>
SAS	<input type="text"/>	<input type="text"/>
Microsoft Access	<input type="text"/>	<input type="text"/>
Microsoft Excel	<input type="text"/>	<input type="text"/>
Other software in general	<input type="text"/>	<input type="text"/>

If you selected "Other software in general", please specify what your linkage/CODES project uses and their proficiency in using: Expert, Intermediate, Beginner, Not proficient

24. For each of the following, indicate the areas in which linkage/CODES project has received technical assistance or training:

	Yes	No
Understanding the structure and content of crash data	<input type="radio"/>	<input type="radio"/>
Linkage: using Linksolv	<input type="radio"/>	<input type="radio"/>
Linkage: using CODES2000	<input type="radio"/>	<input type="radio"/>
Linkage: using other linkage software (specify the software package name below)	<input type="radio"/>	<input type="radio"/>
Creating clean usable data sets for analysis: using linkage results	<input type="radio"/>	<input type="radio"/>
Missing data imputation	<input type="radio"/>	<input type="radio"/>
Analyzing linked, imputed data	<input type="radio"/>	<input type="radio"/>

If you indicated that your linkage/CODES project uses some "Other" linkage software, specify the name of that software package:

25. If you had the opportunity for additional technical assistance/training, what topics would your linkage/CODES project find important or relevant?

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26. Estimate the lag time in months that it takes to receive data from your state data partners:

	Our state doesn't use this data source	3 months or less	4-6 months	7-9 months	10-12 months	13-18 months	19-24 months	more than 24 months
Crash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inpatient Hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EMS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drivers License	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traffic Violation/Citation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vehicle Registration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If your state links data sets other than those listed, specify what data sets that includes and the lag time in months it takes to receive that data:

27. The next several questions refer to aspects of your linkage/CODES project that may serve as resources or barriers. Please indicate the extent to which you agree or disagree with the following statements. Our linkage/CODES project has...

	Strongly agree	Agree	Disagree	Strongly disagree	Neither agree nor disagree
adequate financial resources to participate in data linkage and analysis efforts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had at least 1 position in which the job description included work related to planning, implementing, and/or evaluating data linkage and analysis efforts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provided access to data linkage and analysis results through publications, factsheets, etc...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
formal or informal partnerships with agencies with which we can collaborate on data linkage and analysis efforts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
adequate access to technical assistance when we run into problems linking data.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
adequate access to technical assistance when we run into problems analyzing data.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. List the top three obstacles that might keep you from OBTAINING data or data sets timely:

Obstacle 1:

Obstacle 2:

Obstacle 3:

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29. List the top three challenges that you have in LINKING data for your linkage/CODES project:

Challenge 1:

Challenge 2:

Challenge 3:

30. List the top three challenges that you have in ANALYZING data from your linkage/CODES project.

Challenge 1:

Challenge 2:

Challenge 3: