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Violence Policy Center

Data Collection in California in Support of Violence Prevention: Strengths, Limitations, and Opportunities

An Overview and Discussion with Experts

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This study is also available in Spanish at http://www.vpc.org/studies/CAlatinodataESP.pdf.

The Violence Policy Center (VPC) is a national nonprofit educational organization that conducts research and public education on violence in America and provides information and analysis to policymakers, journalists, advocates, and the general public.

This study was funded by the Hope and Heal Fund, the only collaborative-based fund in California committed to preventing gun violence in California. The Hope and Heal Fund invests in innovative, strategic and evidence-based solutions to prevent gun violence. The Hope and Heal Fund harnesses the collective power of individuals, communities, government and philanthropy to ensure homes and communities in California are safe and free from gun death, injury and trauma. For more information about the Hope and Heal Fund, please visit hopeandhealfund.org.

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INTRODUCTION

Data are used increasingly across nearly all types of work as the concept of making 'data-informed decisions' has been embraced from small nonprofit organizations to the largest for-profit companies. Robust data are necessary to identify areas of need or opportunity, demonstrate successful outcomes, as well as to create sound policies at all levels of government. Therefore, reflecting on the quality of data available, and the rigor with which it is collected, is essential. This is especially true in the context of violence prevention.

This report is excerpted from the 2019 Violence Policy Center study *Lethal Hispanic/Latino Victimization in California*.[1] Funded by the Hope and Heal Fund,[2] the study details the disproportionate impact of lethal gun violence on Hispanics/Latinos in California, most notably the 10- to 24-year-old age group.[3] It also presents in-depth interviews with California experts on ways that data collection in the state can be improved, especially in terms of better identifying race and ethnicity and integrating different data sets to improve their utility, to offer a more complete picture of the full impact of gun death and injury on residents and aid violence-prevention efforts. This is the section of the study that is presented here.

The full study utilized data primarily from two sources:

- The Centers for Disease Control and Prevention (CDC) WISQARS (Web-based Injury Statistics Query and Reporting System), which includes national and state data on suicide, homicide, and unintentional injury broken out by age, gender, race and ethnicity, and means employed on the national and state levels. WISQARS also contains data on non-lethal victimization. The fatality data in WISQARS is drawn from death certificates. Additional data was also obtained from the agency's CDC WONDER (Wide-ranging Online Data for Epidemiologic Research) system, which presents limited county level information.
- The California Department of Justice Homicide data set, which includes data collected by law enforcement in the state that is then submitted to the Federal Bureau of Investigation and included in Uniform Crime Report (UCR) Supplementary Homicide Report (SHR). This data set includes only information on homicide, and includes age, gender, race, ethnicity, weapon type (including additional information on firearm type used, i.e., handgun, rifle, shotgun), relationship of victim to offender, circumstances, and location, as well as county-level information.

This report is drawn from interviews with experts who utilize these and other data sources. Among the questions framing these discussions were: what are the benefits of the data sources utilized; what, if any, changes could be made to improve the gathering and synthesis of information contained in them, including accounting for Hispanic/Latino ethnicity; and, what would an ideal surveillance system look like in terms of the public health, law enforcement, and other data available that could be linked. In addition to selected quotes, the conversations with all of the experts cited below formed the basis of this section. Interviews were conducted between July and October 2018 with the following experts.

1 For the full study in both English and Spanish, its key findings and recommendations, and related social media materials, please visit http://vpc.org/calatino/.

2 The Hope and Heal Fund is the only collaborative-based fund in California committed to preventing gun violence in California. The Hope and Heal Fund invests in innovative, strategic and evidence-based solutions to prevent gun violence. The Hope and Heal Fund harnesses the collective power of individuals, communities, government and philanthropy to ensure homes and communities in California are safe and free from gun death, injury and trauma. By collaborating with community advocates, experts, researches and policymakers to exchange information, generate new ideas, share best practices and amplify key research, the Hope and Heal Fund is able to effectively focus on efforts to reduce gun violence across California. For more information about the Hope and Heal Fund, please visit hopeandhealfund.org

3 The study also presents lethal gun violence information for other races/ethnicities in California — white, black, Asian/Pacific Islander, and American Indian/Alaska Native — and contains numerous historic tables detailing firearm mortality among these groups.

- Christian Arana, Policy Director, Latino Community Foundation.[4]
- Andrea Welsing, Director, and Isabelle Sternfeld, Epidemiologist, Injury & Violence Prevention Program, Los Angeles County Department of Public Health.[5]
- Garen Wintemute, Director, and Veronica Pear, Data Analyst, Violence Prevention Research Program (VPRP) at the University of California, Davis.[6]
- Steve Wirtz, Chief, Injury Surveillance and Epidemiology Section, California Department of Public Health.[7]

Common themes and key points that emerged from these conversations include the following.

- The need to have the most accurate data available at the most localized level possible.
- Improving the ability to tie databases or data sets together to offer the most comprehensive picture of death and injury possible. Ideally, such an effort would include ensuring data systems work together to create unique identifiers for each case that could be utilized across linked databases.
- In addition to collecting and tabulating data on death and injury, looking beyond these proximal indicators to also documenting the community and societal contexts in which such events occur.
- Increasing the reliability of race and ethnicity documentation.
- For publicly available databases, making the information as accessible and understandable as possible to increase its utility to all users.

THE NEED TO HAVE THE MOST ACCURATE DATA AVAILABLE AT THE MOST LOCALIZED LEVEL POSSIBLE

National and statewide surveillance systems help document magnitude, examine trends over time, identify patterns and risk and protective factors, and draw comparisons.

While all those interviewed utilized both the CDC's WISQARS and CDC WONDER systems, most discussions focused on the newly implemented Cal-VDRS (California Violent Death Reporting System) maintained by the California

4 According to its website, the Latino Community Foundation (LCF) "was founded in 1989 as an affinity group of United Way of the Bay Area to increase workplace donations to Latino organizations...The Foundation led multiple initiatives to improve the health and wellbeing of thousands of Latino families in the Bay Area between 2006 and 2015. In 2016, LCF became an independent statewide foundation on a mission to unleash the power of Latinos in California. LCF is committed to fulfill this mission by building a movement of civically engaged philanthropic leaders, investing in Latino-led organizations, and increasing political participation of Latinos in California," (https://latinocf.org/).

5 According to its website, "The Injury & Violence Prevention Program (IVPP) of the Los Angeles County Department of Public Health is a part of the Division of Chronic Disease and Injury Prevention. IVPP monitors the occurrence of intentional and unintentional injuries among the residents of Los Angeles County and implements prevention programs to reduce morbidity and mortality due to injuries. The goal of the program is to reduce the leading causes of injury related death and disability for the Los Angeles County population," (http://publichealth.lacounty.gov/ivpp/).

6 According to its website, the "UC Davis Violence Prevention Research Program (VPRP) is a multi-disciplinary program of research and policy development focused on the causes, consequences, and prevention of violence. We place a particular focus on firearm violence, and on the connections between violence, substance abuse, and mental illness," (https://www.ucdmc.ucdavis.edu/vprp/).

7 The Injury Surveillance and Epidemiology Section of the California Department of Public Health is the department's primary focal point for conducting public health surveillance on injury and violence in California, including compiling data sources, conducting analyses on both intentional and unintentional injuries, and disseminating these data in multiple formats (e.g., reports, data query systems and dashboards, responding to injury data requests).

Department of Public Health.[8] The system is part of the Centers for Disease Control and Prevention's National Violent Death Reporting System (NVDRS). While WISQARS and CDC WONDER draw their data from death certificates, and data for the Supplementary Homicide Report is obtained from reports from local law enforcement jurisdictions, states participating in NVDRS work to utilize a far wider range of data resources, such as coroner autopsy and investigative reports, law enforcement investigative reports, toxicology lab reports, and other data collection systems.[9] In addition to creating a larger and more diverse pool of information, NVDRS links previously discrete violent death events, such as murder-suicide incidents.

From 2005 to 2009, Cal-VDRS was funded as part of NVDRS. Federal funding then ended as a result of the system's limited access to law enforcement and toxicological data in the state. In late 2016, Cal-VDRS applied for and was funded to rejoin NVDRS as a result of changes in the national system that better fit the challenges of larger states and a commitment from the state to continue to expand its coverage to move toward statewide data collection. At its peak, 14 counties covering more than half of the suicides and homicides in the state were included. However, as funds ended, the only fully functioning county was Los Angeles due to the commitment of the Los Angeles County Department of Public Health. Currently MOUs (Memorandum of Understanding), data sharing agreements, and contracts are being established by the California Department of Public Health with counties across the state. Implementation has begun, but useful data are still a year or so in the future.

The benefit of NVDRS is that it collects more detailed information, including additional data on the types of weapons used and the circumstances surrounding death and injury. In addition to medical examiner's reports and death certificates, information can be obtained from law enforcement and toxicology reports. Notes Wirtz of the California Department of Public Health, one "fundamental principle that I use is that no single data source is sufficient to give you a very good sense of the underlying reality. It's sort of a process of triangulation. I think that's really critical." This point is echoed by Sternfeld of the Injury & Violence Prevention Program of the Los Angeles County Department of Public Health, "It's one of the really great things about this system…You get more of the complete picture of all these circumstances going on since each of these sources has a different focus…so combining them all together lets you look at all these things together." Adds the Violence Prevention Research Program's (VPRP) Wintemute, "…the benefit of having a fully implemented Cal-VDRS is that it would contain all of that health system data plus data from law enforcement, which is currently unavailable from those working in public health."

All interviewees noted the expense of such systems, especially in larger states like California, hence the need for increased federal support for ongoing implementation and expansion. States Wintemute, "The beauty…of using NVDRS is, NVDRS performs that kind of synthesis. They get data from everywhere they can find and abstract all of that information and then combine all those separate abstracts into this big, humongous report, which is really valuable and really expensive, which is why big states haven't participated. They simply couldn't afford it…."

8 NVDRS is now a national surveillance system (all 50 states, the District of Columbia, and Puerto Rico) as announced in a September 2018 press release from the Centers for Disease Control and Prevention. Although California received CDC NVDRS funds from 2005 to 2009 and Los Angeles has continued to participate, funding for Cal-VDRS to re-start was received in late 2016. Implementation is still underway, and thus data are currently not available from Cal-VDRS and were not used for this study, (https://www.cdc.gov/media/releases/2018/p0905-national-violent-reporting-system.html).

9 While WISQARS was described by one interviewee as the current "gold standard" for its reporting on fatalities, it was also noted that its non-fatal injury data, which is drawn from the National Electronic Injury Surveillance System – All Injury Program (NEISS-AIP) operated by the U.S. Consumer Product Safety Commission, relies on too small a sample size to be truly representative.

IMPROVING THE ABILITY TO TIE DATABASES OR DATA SETS TOGETHER TO OFFER THE MOST COMPREHENSIVE PICTURE OF DEATH AND INJURY POSSIBLE

In addition to the oft-cited need to include as many sources of data as possible in order to gain a more complete and informative picture of death and injury in California, all of those interviewed agreed that an ideal surveillance system would have the ability to link data sets together, across many domains, through a common or unique identification marker for each case. While widely acknowledged by all respondents as challenging, they all pointed to the value of being able to link across multiple state and local data sets. Notes the VPRP's Wintemute, "Our work for decades has been based on the ability to link large data sets. The problem is coming up with that variable."

According to Welsing and Sternfeld of the Los Angeles County Department of Public Health, additional data from law enforcement, hospitals and emergency rooms, agencies dealing with domestic violence, child services, and other underutilized resources offer a more complete picture on a wide range of issues, including domestic violence and intimate partner violence. Welsing notes that "the coroner might not be as likely to make a notation around domestic violence, those might come from the law enforcement reports" and as a result "you could have had an example of an incomplete picture without having access to a law enforcement report that maybe referenced domestic violence or somebody who might have thought to make some type of notation that this death was the result of an intimate partner."

In addition, utilizing these additional data sources is not limited to fatalities. As Sternfeld observes, "We use hospitalization and emergency department visit data, and we also get data from our local EMS agency trauma center visits....We look beyond just fatal crimes, and also look at assaults and all sorts of violent partner crimes, sometimes even more extensive crime data. We use those very widely, and they're really important."

The reporting of data from such resources in a relatively real-time basis on a statewide level would also increase the potential to identify "hot spots" for specific issues and increase the potential for timely interventions.

Other California data sources cited by the interviewees that could be linked, some of which are already being utilized by researchers and practitioners, include: Office of Statewide Health Planning and Development (OSHPD) hospital and emergency department data; DROS (Dealer's Record of Sale) forms to provide information about firearms involved; background check data contained in the Automated Criminal History System (ACHS); hate crime data; 911 call data; domestic violence and child welfare calls for service; multi-agency and multi-disciplinary child death review teams; Department of Motor Vehicle data; and, data obtained from local advocacy or community service organizations.

LOOKING BEYOND THE NUMBERS TO THE COMMUNITY AND SOCIETAL CONTEXTS IN WHICH SUCH EVENTS OCCUR

While larger data systems provide high-level counts and trends, and even some risk factors, their capacity to inform broad system and policy change at the local level is limited because they do not fully take into account the *context* in which these events take place. They can assist in identifying patterns and trends, but stop short of resolving the deeper questions raised by the data itself.

Wirtz of the California Department of Public Health uses an iceberg analogy (next page) to describe what he refers to as a "public health or injury prevention pyramid" for more comprehensive data collection — where the large administrative data systems occupy the iceberg 'tip' and capture the most severe consequences — with the next levels of the pyramid reflecting less severe physical outcomes (although not necessarily less important or impactful consequences). Finally, the base of the pyramid is comprised of broader data sources that capture the social determinants of health and provide information on the deeper context in which violence develops, namely the social, economic, and political root causes. Data for these types of indicators are available through additional state and federal administrative sources (e.g., labor, education, and housing data sources).

Understanding the context in which these larger, more easily identified trends occur can aid in developing a more accurate and effective public health response to prevent future events. This is particularly true with non-fatal incidents, where there is the opportunity for intervention before more severe consequences occur — employing a prevention model that offers the opportunity to target a specific group, or a specific health issue.

While poverty, lack of opportunities for education and employment, discrimination, housing, and other factors form the context in which the "top level" severe health consequences of violence are recorded through surveillance, current data systems are not designed to take these issues into account. Observes Wirtz, "How do these deeper root causes play out in creating the conditions in which both weapons are readily available and violence becomes a maladaptive coping strategy to a bad environment for too many people. The data systems won't get you there and without that research going on, you're going to get distortions that simplify both the understanding and the solutions of the problem as just 'bad' people acting in 'bad' areas. For example, documenting adverse childhood experiences and community hardship can provide precursor indicators that may shed light on later violent behavior."

Notes the VPRP's Wintemute, "Standard surveillance is a bunch of bean counting. I mean nothing pejorative by that but it's hypothesis *raising*. 'Gee, here's an interesting pattern. Wonder why?' In order to figure out why, you have to talk to people. That's where the survey research comes in, particularly if it's sustained."

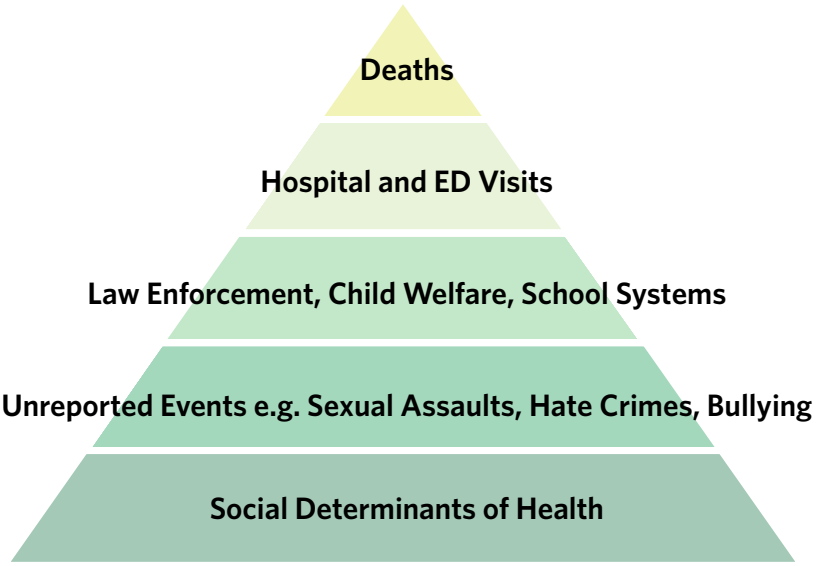
Among the surveys cited by the interviewees for this report were the statewide California Health Interview Survey.[10] Federal surveys cited included the CDC's Behavioral Risk Factor Surveillance System (BRFSS),[11] the Youth Risk Behavior

10 According to its website, "The California Health Interview Survey (CHIS) is the largest state health survey in the nation. It is a random-dial telephone survey that asks questions on a wide range of health topics. CHIS is conducted on a continuous basis allowing the survey to generate timely one-year estimates. CHIS provides representative data on all 58 counties in California and provides a detailed picture of the health and health care needs of California's large and diverse population. More than 20,000 Californians — including adults, teenagers and children — are interviewed each year, and several years of data can be combined to create an even larger sample. Participants in the CHIS survey are chosen at random and the sample is extensive enough to be statistically representative of California's diverse population. CHIS is especially known for its hard-to-find data on ethnic subgroups and sexual minorities," (http://healthpolicy.ucla.edu/chis/about/Pages/about.aspx).

11 According to its website, the Centers for Disease Control and Prevention's "Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world. By collecting behavioral health risk data at the state and local level, BRFSS has become a powerful tool for targeting and building health promotion activities," (https://www.cdc.gov/brfss/about/index.htm).

Comprehensive Surveillance Framework

Injury Prevention Pyramid



Surveillance System (YRBSS),[12] and the National Crime Victimization Survey conducted by the Bureau of Justice Statistics.[13] When asked whether a statewide survey modeled on the National Crime Victimization Survey would be of value to help address the issue of context, all interviewees agreed that it would, although the question was raised whether this would be the most effective use of the funding that would be necessary for such a broad and ongoing effort. However, less expensive options mentioned by Wirtz were to increase the sample sizes for California (i.e., oversample) in some of the federal data sources and/or use small area estimation techniques to produce more useful local data.

Potential data points cited throughout the interviews that could be further illuminated through statewide surveys included: the consequences of exposure to firearm violence in particular, and multiple early child adversities and trauma in general; the impacts of being the victim of a gun crime, both injury involved and non-injury involved; the prevalence of firearms ownership, and what types of firearms are owned; where, why, and how (including illegally) do people buy, purchase or otherwise obtain guns; the prevalence of ownership of large-capacity ammunition magazines; and, how often guns are carried, both legally and illegally.

12 According to its website, the Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance Risk System (YRBSS) was "developed in 1990 to monitor health behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States." These include: behaviors that contribute to unintentional injuries and violence; sexual behaviors related to unintended pregnancy and sexually transmitted infections, including HIV infection; alcohol and other drug use; tobacco use; unhealthy dietary behaviors; and, inadequate physical activity. In addition, "the YRBSS monitors the prevalence of obesity and asthma and other health-related behaviors plus sexual identity and sex of sexual contacts," (https://www.cdc.gov/healthyyouth/data/yrbs/overview.htm).

13 According to its website, the "Bureau of Justice Statistics' (BJS) National Crime Victimization Survey (NCVS) is the nation's primary source of information on criminal victimization. Each year, data are obtained from a nationally representative sample of about 135,000 households, composed of nearly 225,000 persons, on the frequency, characteristics, and consequences of criminal victimization in the United States. The NCVS collects information on nonfatal personal crimes (i.e., rape or sexual assault, robbery, aggravated and simple assault, and personal larceny) and household property crimes (i.e., burglary, motor vehicle theft, and other theft) both reported and not reported to police. Survey respondents provide information about themselves (e.g., age, sex, race and Hispanic origin, marital status, education level, and income) and whether they experienced a victimization. For each victimization incident, the NCVS collects information about the offender (e.g., age, race and Hispanic origin, sex, and victim-offender relationship), characteristics of the crime (e.g., time and place of occurrence, use of weapons, nature of injury, and economic consequences), whether the crime was reported to police, reasons the crime was or was not reported, and victim experiences with the criminal justice system." The NCVS does not collect data on homicide, (https://www.bjs.gov/index.cfm?ty=dcdetail&iid=245).

INCREASING THE RELIABILITY OF RACE AND ETHNICITY DOCUMENTATION

All interviewees agreed that data collected on race and ethnicity are largely inaccurate due to reporter bias, lack of training on data collection, and confusion regarding Hispanic/Latino categorization, including self-identification. However, they also agreed that while data on race and ethnicity have limitations, on the whole they are used because they are often the only, or easiest, representation available of different populations living in the state.

Undercounting of Hispanics/Latinos in California is not a new concern. During the last census, a national effort called the Local Updates of Census Addresses[14] was launched where counties partnered with local organizations to canvass neighborhoods in order to reach individuals whose residence may not be recognized by the government. Among other concerns, the likely undercounting of Hispanics/Latinos makes clear that nearly all of the data contained in the surveillance systems needs to be used with caution. Further, depending on who is doing the data entry — a third party or self-report — the accuracy of the data collected can vary widely. Because there is no statewide, standardized methodology for data collection or data entry, those who *are* counted are at risk of having their race and ethnicity incorrectly recorded. For example, if a potential discrepancy is present in the racial ethnic data in an individual data source, there is no way to *systematically* capture these discrepancies. One of the potential values of linked data systems is that there is the possibility of cross checking these classifications across data systems. In regards to law enforcement reporting, a two-fold concern related to data collection was raised: recognizing that law enforcement data sets have report biases both from who is willing to report and who the reporter is.

All interviewees expressed concern about the 2020 Census and the potential for greater than typical undercounting. The primary reasons cited were: increased federal law enforcement efforts targeting undocumented immigrants; and, for the first time since 1950, the planned addition of a question to the 2020 census asking whether the respondent is a citizen.

The inclusion of the citizenship question has been challenged in court on the grounds that it could cause many immigrants who live in communities where both legal and undocumented immigrants live to not participate in the census out of fear that their information could be used against them or others in their communities — even though it is illegal to share a person's census responses with law enforcement or immigration agencies.

A lawsuit has been filed by California Attorney General Xavier Becerra contending that an undercount of immigrants in the state would be an incomplete population count, violating the constitutional purpose of the Census, which is to divide up seats in the U.S. House of Representatives based on the total U.S. population. Just as important is that an undercount would not only diminish federal funds allocated to California, but also skew the Hispanic/Latino population totals that are the shared denominator for the data calculations discussed in this report.[15]

Arana of the Latino Community Foundation warns, "At the end of the day…the decennial Census is the foundation to everything else, whether it's gun violence, or poverty, or education rates, or whatever. At its baseline, there are x number of people that live in this community, and x percent are Latino, and this is what they're experiencing. If this next Census is completely flawed, a lot of the work…[focusing on the Latino community]…will be completely flawed as well. You can never really come up with an accurate number. [For example, the degree to which] Latinos experience a… [higher]…rate of gun violence…, because it's dependent on the number of people that live there."

14 The Local Updates of Census Addresses, or LUCA, offers tribal, state, and local governments the opportunity to review and comment on the U.S. Census Bureau's residential address list for their jurisdiction prior to the 2020 Census. The Census Bureau relies on a complete and accurate address list to reach every living quarters and associated population for inclusion in the census. LUCA is authorized by the Census Address List Improvement Act of 1994 (Public Law 103-430). More information can be found at https://www.census.gov/programs-surveys/decennial-census/about/luca.html.

15 "What to know about the citizenship question the Census Bureau is planning to ask in 2020," Pew Research Center, March 30, 2018, (http://www.pewresearch.org/fact-tank/2018/03/30/what-to-know-about-the-citizenship-question-the-census-bureau-is-planning-to-ask-in-2020/).

Key points raised by interviewees included the following.

- Providing guidelines and training for people who are actually the first reporters of the data and having a clear protocol that can be followed. At the same time, it should be recognized that such data collection is not the first concern of those being asked to collect the information. In this context, where possible, in addition to ethnicity and race, efforts should be made to capture social economic status indicators like ZIP code and/or employment or level of income or educational attainment to offer a more complete picture.
- Identifying areas for research and potential legislative/policy options to improve data collection on Hispanic/Latino ethnicity in the state.
- Engaging Hispanic/Latino communities, including nonprofit community organizations, that work in relevant areas, in a discussion of how people respond to questions of race and ethnicity, including dealing with the fears stemming from immigration issues and law enforcement. Part of this would include demonstrating to impacted communities that it is of value to the community to disclose this information.

As Arana notes, "The more we can talk about how to improve our data collection, the better."

MAKING SUCH INFORMATION AS ACCESSIBLE AND UNDERSTANDABLE AS POSSIBLE

Larger surveillance systems like those described above are easily utilized by those who have learned how to access them and/or use them on a regular basis. In addition, such users are far more likely to be aware of each database's limitations — which minimizes errors, incorrect interpretation, as well as wasted time. Yet for first-time, intermittent, or infrequent users (e.g., local advocates, policymakers, newly engaged institutions, and the general public), the sites can be viewed as not user-friendly and, to some, intimidating.

Community leaders recognize the value of data in their violence prevention work (as well as additional community based issues). While anecdotal information is readily available, the question that remains is how do they tell these personal stories in the context of the bigger picture? For the work around policy-making and philanthropic support, observations indicate that the large surveillance systems do not allow data to be extracted at the level needed to articulate need at the local level. For example, CDC's WISQARS does not offer data on the county or neighborhood level. CDC WONDER does offer such information, but if the total number of annual fatalities in a county is less than 10 in a given year, the number is suppressed for privacy issues. The California Supplementary Homicide Report data can be sorted by county, but the data are not easily accessed (the federal SHR is sorted by reporting jurisdiction, which does not necessarily mirror city or county borders).

As Christian Arana, policy director for the Latino Community Foundation, summarizes, "Any time data can be more user friendly and digestible, it's better. Our leaders on the ground, our grantees have told us, they want access to this data. They can go all day and all night and use anecdotal information, but how do they tell that personal story in the context of a larger story? Using data. For example, if we know that a bunch of black and brown men are being arrested in San Joaquin County, to have data to prove that would be extremely useful, so that they can go to elected officials, but also other foundations and other donors, to say that this is a problem in my community, and we need greater levels of investment. In the world that we live in today, it's hard to take people's word at face value. When you back it up with real research and numbers, it makes the case easier...The more granular the data, the better."

RECOMMENDATIONS

Recommendations to improve data collection include the following.

- Ensure full funding of, and participation in, the California Violent Death Reporting System (Cal-VDRS), part of the National Violent Death Reporting System (NVDRS).
- Improve data quality and accuracy by linking data sets across sectors with a unique case identifier.
- Improve collection and access to county, city, and neighborhood level data.
- Identify and add useful modules and/or increased sample sizes to existing statewide surveys.
- Identify ways to make current public databases more easily accessed and understood to increase their utility. Provide user-friendly technical assistance to public data users.
- For those who administer or contribute to different data sets or collection systems, create and support opportunities to analyze and discuss potential ways to integrate and synthesize such information.
- Increase commitment to regularly administered, fully funded statewide survey data to complement mortality information for context in a manner similar to the U.S. Department of Justice's Bureau of Justice Statistics National Crime Victimization Survey (NCVS).

Recommendations to improve race and ethnicity information include the following.

- Explore the potential of improving data collection through legislative mandates or modified policy guidelines.
- Improve and expand the understanding of the complex nature of data collection and interpretation surrounding race and ethnicity and its intertwined relationship with other social determinants of health (e.g., poverty, housing segregation, educational and employment opportunity). Promote the proper understanding, limitations, and interpretation of data analyses based on the existing race and ethnicity classifications.
- Identify best practices for guidelines and training on how to better identify and report ethnicity.
- Link and compare information within different database systems to ensure the integrity and accuracy of ethnic classification.
- Engage Hispanic/Latino and other communities of color (e.g., community organizations) in problem-solving around data collection and use.

Because of limitations in data collection, the true scale of gun violence's impact on Hispanic/Latino men, women, boys, and girls in California is not fully known. Comprehensive, consistent, and reliable information from a broad range of sources is necessary to ensure that violence prevention policies work to save lives, protect families, and ensure healthy communities. This is true not only for Hispanics/Latinos in California, but for all residents of the state.

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