A Practical Tool for Building Data Collection and Data Use Capacity in Youth-Supporting Organizations

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Organizations that support young people experiencing the child welfare or justice system, homelessness, or disconnection from school and work routinely face situations in which they need to collect or use data on sexual and reproductive health. These data can be used to inform decisions, improve services, or better understand the populations the organizations serve. Without the capacity to collect and use data, organizations may be unable to best serve young people.

Consider the following two scenarios in which staff at youth-supporting organizations face common data-related issues.

Activate: The Center to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals bridges the gap between research and practice in support of the Office of Population Affairs' aims to promote adolescent health and prevent unintended teen pregnancy. Activate translates research and creates research-based resources for professionals who support young people experiencing the child welfare or justice system, homelessness, or disconnection from school and work (i.e., opportunity youth).

Moving from Anecdotes to Actionable Data

It's 9:30 a.m. at a congregate care facility. The Executive Director kicks off the weekly staff meeting. She explains that, to better support the young people they serve, the organization needs a clearer understanding of young people's **sexual and reproductive health care service needs and their experiences accessing sexual and reproductive health care**. Staff have various information sources: anecdotes and observations, as well as intake forms and case files. Unfortunately, no one knows what to do with this information or how to interpret it.

Balancing Information Needs and Privacy

It's 4:45 p.m. at a drop-in center, and the youth support team is wrapping up the week with a quick debrief. Several young people requested information about emergency contraception and clinics where they could get STI testing. The team begins wondering whether the needs of young people may be changing, but it is hard to know whether this reflects a real shift or just an unusual week. They quickly realize that they need to **know more about the sexual and reproductive health behaviors of the young people they serve**. After one staff member suggests collecting this information during intake, another expresses concern about collecting such sensitive information.

In these scenarios, youth-supporting professionals recognized a gap in organizational knowledge about young people's sexual and reproductive health or their sexual and reproductive health care service needs. Their organizations either did not collect sexual and reproductive health-related data or did not know how to use the data they collected.

This five-module tool describes ways youth-supporting professionals and their organizations could increase their capacity to collect and use data on sexual and reproductive health to address the types of challenges shared in these scenarios. It can help youth-supporting professionals understand *why* they should collect sexual and reproductive health data from the youth they serve and decide *what* data to collect. It can also help them interpret those data and report the information responsibly.

How does this tool build upon existing Activate resources?

This tool builds upon Activate's previous summaries of the sexual and reproductive health data of youth experiencing homelessness, youth experiencing the child welfare system, youth experiencing the justice system, and youth disconnected from school and work (i.e., opportunity youth). It provides guidance on how youth-supporting professionals and their organizations can collect their own data about young people's sexual and reproductive health and use those data responsibly.

Who is this tool for?

This tool is designed to be accessible to all youth-supporting professionals. This includes direct service providers and program managers, as well as youth-supporting organizations, such as organizations that provide services to young people in foster care or young people experiencing homelessness. This tool can be helpful regardless of youth-supporting professionals' current capacity to collect and use data.

The tool is divided into five stand-alone modules that offer practical guidance. Each module can be accessed and downloaded separately.

Table 1. Module List and Description

Module Title		Description
	Module 1: Key Considerations for Collecting Sexual and Reproductive Health Data	Explains why, how, and by whom sexual and reproductive health data may be collected
	Module 2: Choosing Which Sexual and Reproductive Health Questions to Ask	Identifies sources of sexual and reproductive health questions
	Module 3: Protecting Privacy and Confidentiality	Discusses the protection of young people's privacy and data confidentiality
	Module 4: Making Sense of Data Using Local, State, and National Comparisons	Explains *why* making comparisons can be helpful and *where to find* comparison data
	Module 5: Reporting Data Responsibly	Discusses the importance of presenting data in ways that provide context, avoid stigmatizing young people, and promote understanding

Module 1: Key Considerations for Collecting Sexual and Reproductive Health Data

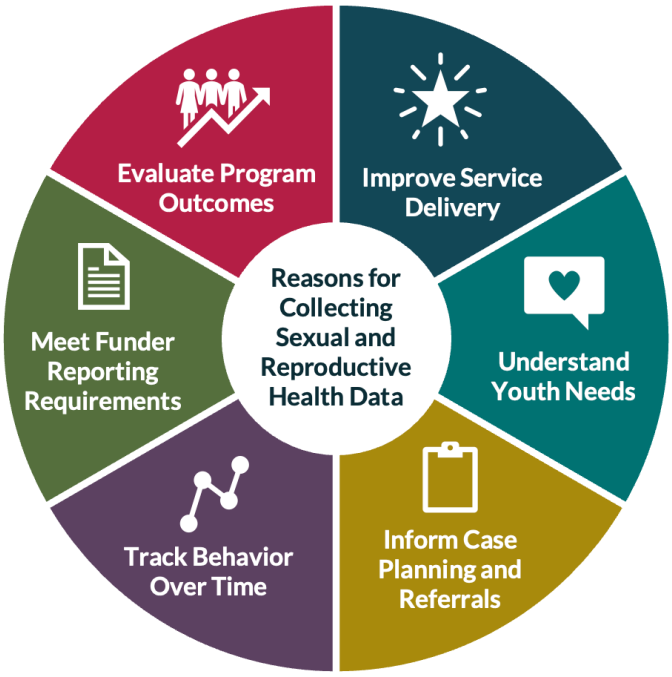
Before deciding what sexual and reproductive health data to collect, youth-supporting organizations might ask themselves the following questions:

KEY CONSIDERATIONS

- Why are they collecting the data?
- Who can support data collection?
- Will staff need training to collect the data?
- How will the data be collected?
- What will the timing of data collection be?
- How often will data be collected?

Why collect sexual and reproductive health data?

Collecting sexual and reproductive health data without a clear purpose can create an unnecessary burden for both youth-supporting professionals and the young people they work with. Hence, it is important for youth-supporting professionals to know that they are collecting sexual and reproductive health data for a reason and not just for the sake of data collection.



Youth-supporting organizations may collect data to improve service delivery, understand young people's needs, inform case planning or referrals, track change over time, meet funder requirements, or evaluate outcomes. Table 1.1 lists common reasons for collecting data about sexual and reproductive health with example scenarios and data-driven solutions.

Table 1.1. Reasons for Collecting Sexual and Reproductive Health Data, Example Scenarios, and Data-Driven Solutions

Reasons	Scenario	Data-Driven Solution
Improve Service Delivery	Staff collect data from young people about their access to contraception and find that they do not have transportation to access the local clinic that provides contraception.	Establish a bi-monthly free ride program from the organization's office to the local clinic.
Understand Youth Needs	Staff survey young people to learn what they know about sexually transmitted infections (STIs) and find a significant knowledge gap.	Offer a workshop on STI prevention and treatment.
Inform Case Planning and Referrals	Staff routinely ask young people if they know where they can access sexual and reproductive health care services. Many young people report that they do not know where to go to obtain care.	Use Activate's *Identifying Accessible Sexual and Reproductive Health Resources in Your Community* to help identify and connect young people to local clinics.
Track Behavior Over Time	Staff observe an increase in the prevalence of risky sexual behaviors such as failure to use condoms based on data collected at intake and every six months thereafter.	Implement a new sexual health education curriculum.
Meet Funder Reporting Requirements	A youth-supporting organization is required to report the number of young people who participated in a sexual health education program to the funder.	Staff use a spreadsheet to track attendance in compliance with the funder's reporting requirements.
Evaluate Program Outcomes	Staff implement a sexual health curriculum and want to know if the sexual behaviors of the young people who participate in the training are changing.	Staff use a survey to ask young people about their sexual behaviors before and after the training.

Who can support data collection?

Responsibility for collecting sexual and reproductive health data does not need to fall on one staff member or team. Direct service providers, program administrators, data managers, and research partners may all play a role.

Will staff need training to collect the data?

Collecting data on sexual and reproductive health inevitably involves asking questions about sensitive topics. Consequently, youth-supporting organizations should ensure that the staff who are responsible for collecting those data are adequately trained to collect the data in a nonjudgemental, trauma-informed way that protects privacy and confidentiality (see **Module 3**). Organizations may choose to provide training themselves or bring in outside experts who have experience collecting this type of sensitive data.

How will the data be collected?

One option for collecting data is to ask young people to fill out an intake form, screening tool, or self-administered survey. Another option is for staff to ask young people questions and record the responses. Although some young people may feel more comfortable with the former, young people with limited literacy skills may prefer the latter. Building data collection into existing workflows can help make data collection more manageable and sustainable.

What will the timing of data collection be?

Timing is important when asking questions about sensitive topics such as pregnancy, STIs, or sexual health behaviors. In some cases, it may make sense to build rapport with young people before asking these questions. In other cases, such as when young people may need referrals or immediate support, asking these questions during intake may be more appropriate.

How often will data be collected?

Data should only be collected as frequently as needed to minimize the burden that collecting data places on both young people and youth-supporting professionals. Some information may only need to be collected once; other information may need to be collected repeatedly to understand change over time (e.g., increased access to contraception).

Module Takeaways

- Collect sexual and reproductive health data with a clear purpose, such as informing decisions or tracking change over time.
- Have a plan for how the data will be used to improve services, understand the needs of young people, or inform decision making.
- Integrate data collection into existing workflows to increase sustainability.
- Be intentional about the timing and frequency of data collection, especially when the data involve sensitive topics.

Reflection Questions

- What sexual and reproductive health related information could your organization collect from youth?
- How will collecting data on sexual and reproductive health benefit the young people your organization serves?
- Who in your organization could be involved in data collection, and in what ways?
- How will your organization make decisions about the timing of data collection?

Module 2: Choosing Which Sexual and Reproductive Health Questions to Ask

Once youth-supporting organizations know why they are collecting data on sexual and reproductive health, their next step is to decide which questions they will ask. Sexual and reproductive health encompasses a wide range of topics, including receipt of sex education or sexual health services, sexual activity, condom and contraceptive use, sexual and reproductive health knowledge, sexual and reproductive health care access, and sexual and intimate partner violence.

Youth-supporting organizations do not need to collect data on every topic; rather, they should ask questions that will provide them with the data they need to support the young people they serve. Additionally, organizations should ask clear, age- and developmentally appropriate questions that youth will feel comfortable answering. It is also important to give young people the option to skip any questions they do not wish to answer.

Whenever possible, youth-supporting organizations should select questions that have already been developed and tested (or *validated*) with youth to ensure that they are clear, concise, and produce accurate responses. Another benefit of choosing validated questions is that they may allow youth-supporting organizations to compare the data they collect to data collected as part of studies involving similar populations.

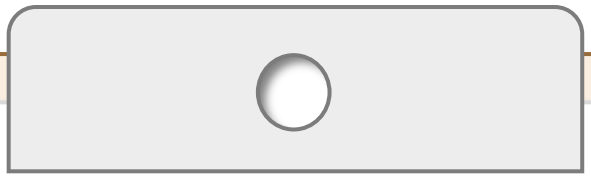
Building Foundational Knowledge

The following concepts are used in this section and may be helpful to understand. These are terms commonly used in research and evaluation.

- **Measure:** A question, item, or tool used to gather information about the quantity or characteristics of what is being studied.[1]
- **Validated:** A measure or tool that has been tested and shown to accurately assess what it was intended to measure.[2]
- **Youth-centered:** An approach that prioritizes the active participation, perspectives, needs, and strengths of youth.[3,4,5]
- **Response burden:** The amount of time, effort, or stress experiences when completing a questionnaire or participating in a study.[6]

The figure below includes a curated list of questions related to the sexual and reproductive health topics that were featured in Activate's sexual and reproductive health data summaries for youth experiencing homelessness, youth experiencing the child welfare system, youth experiencing the justice system, and youth disconnected from school and work.

Figure 2.1. Sexual and Reproductive Health-Related Questions[7-11]



Sex Education[7]

Which, if any, of these topics have you ever talked with a parent or guardian about?

- ❑ How to say no to sex
- ❑ Methods of birth control
- ❑ Where to get birth control
- ❑ Sexually transmitted diseases
- ❑ How to prevent HIV/AIDS
- ❑ How to use a condom
- ❑ Waiting until marriage to have sex
- ❑ None of the above

Have you ever had any formal instruction at school, church, a community center, or some other place about [INSERT ANY OF THE ABOVE TOPICS]?

- ❑ Yes
- ❑ No

Receipt of Sexual Health Services[8]

In the past year, have you received family planning counseling or services?

- ❑ Yes
- ❑ No

Where did you receive family planning counseling or services? (Check all that apply)

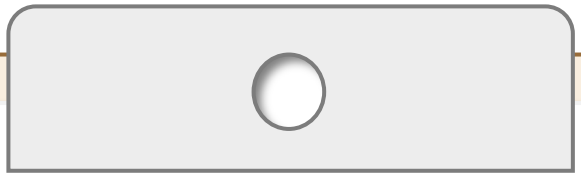
- ❑ Private doctor's office
- ❑ Community health clinic
- ❑ School
- ❑ Hospital
- ❑ Some other place

Sexual Activity[9]

Have you ever had sexual intercourse?

- ❑ Yes
- ❑ No

Figure 2.1. Sexual and Reproductive Health-Related Questions (cont.)



Sexual Activity (cont.)[9]

During the past 3 months, with how many people did you have sexual intercourse?

- ❑ I have never had sexual intercourse
- ❑ I have had sexual intercourse, but not during the past 3 months
- ❑ 1 person
- ❑ 2 people
- ❑ 3 people
- ❑ 4 people
- ❑ 5 people
- ❑ 6 or more people

Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?

- ❑ I have never had sexual intercourse
- ❑ Yes
- ❑ No

Condom and Contraception Use[9]

The **last time** you had sexual intercourse, did you or your partner use a condom?

- ❑ I have never had sexual intercourse
- ❑ Yes
- ❑ No

The **last time** you had sexual intercourse with an opposite-sex partner, what one method did you or your partner use to prevent pregnancy?

- ❑ I have never had sexual intercourse with an opposite-sex partner
- ❑ No method was used to prevent pregnancy
- ❑ Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.)
- ❑ Condoms
- ❑ An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
- ❑ A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- ❑ Withdrawal or some other method
- ❑ Not sure

Figure 2.1. Sexual and Reproductive Health-Related Questions (cont.)

Sexual and Reproductive Health Care Access[9]

Have you ever been tested for HIV? (Do **not** count tests done if you donated blood.)

- ❑ Yes
- ❑ No
- ❑ Not sure

During the past 12 months, have you ever been tested for a sexually transmitted infection (STI), such as chlamydia or gonorrhea?

- ❑ Yes
- ❑ No
- ❑ Not sure

Sexual & Intimate Partner Violence[9]

During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? Count such things as kissing, touching, or being physically forced to have sexual intercourse.

- ❑ I did not date or go out with anyone during the past 12 months
- ❑ 0 times
- ❑ 1 time
- ❑ 2 or 3 times
- ❑ 4 or 5 times
- ❑ 6 or more times

During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? Count such things as being hit, slammed into something, or injured with an object or weapon.

- ❑ I did not date or go out with anyone during the past 12 months
- ❑ 0 times
- ❑ 1 time
- ❑ 2 or 3 times
- ❑ 4 or 5 times
- ❑ 6 or more times

Pregnancy (Open-ended numeric responses) [10, 11]

[IF FEMALE] How many times have you been pregnant in your life? _____

[IF MALE] To the best of your knowledge, how many times have you made someone pregnant? _____

The questions in Figure 2.1 come from the Youth Risk Behavior Survey (YRBS),[12] the National Survey of Family Growth,[13] and the National Longitudinal Study of Adolescent to Adult Health (Add Health).[14] Table 2.1 provides information about these and other national datasets. Although all four datasets summarized in Table 2.1 include questions about sexual and reproductive health, each has its own focus.

Table 2.1. National Datasets that Include Sexual and Reproductive Health-Related Items

National Datasets	Focus Areas
National Longitudinal Study of Adolescent to Adult Health (Add Health)	Adolescent and adult health, including relationships, sexual behavior, health outcomes, and social and environmental contexts
National Longitudinal Survey of Youth-1997	Transitions from adolescence to adulthood, including education, employment, fertility, family formation, and sexual behaviors
National Survey of Family Growth	Family life, marriage, fertility, contraception use, and sexual health across adolescents and adults
Youth Risk Behavior Survey (YRBS)[15]	Health behaviors among high school–aged youth, including sexual and reproductive health, HIV/STI prevention, and related risk and protective factors

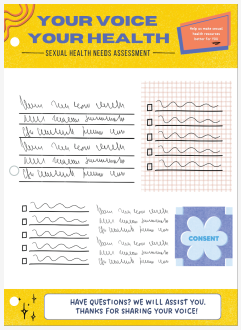
Module Takeaways

- Youth-supporting organizations should draw on existing survey instruments for widely used questions about sexual and reproductive health.
- Youth-supporting organizations should be thoughtful about the questions they ask young people and should avoid asking questions that are not relevant to their data collection goals.

Reflection Questions

- Which sexual and reproductive health topics are most relevant to your organization's goals?
- What data does your organization need to improve service delivery or support decision making?
- How might young people experience or interpret the questions your organization chooses, and are those questions appropriate given the setting and the relationships staff have with young people?

Module 3: Protecting Privacy and Confidentiality



Protecting Sensitive Information

Mina is a case manager at a school reengagement program. Over the past two weeks, Mina has been hard at work developing a sexual health needs assessment for the young people the program serves. When young people are asked to complete the assessment, they voiced some concerns. One young person approaches Mina and says, "This is really personal information. I don't mind sharing it with you, but what's going to happen with it afterward? Are other people going to see my answers to these questions?" Mina isn't sure what to say. The staff had agreed to keep the sexual health data safe but were still figuring out how exactly to do that.

Youth-supporting organizations that collect sexual and reproductive health data have an obligation to protect the privacy of the young people whose data they collect and the confidentiality of those data.

Privacy is the ability to control access to one's personal information.[17] Young people should be able to decide whether they want to share information about their sexual and reproductive health and what information they want to share. Protecting privacy involves, but is not limited to:

- Explaining the data collection process.
- Avoiding unnecessary data collection.
- Collecting data in a private setting.

Confidentiality is the duty to protect data that have been shared from unauthorized disclosure or breach.[18] Maintaining confidentiality involves, but is not limited to:

- Physically or digitally protecting data (e.g., storing data in locked filing cabinets; password protecting data files).
- Limiting data access to those who need it.
- Removing identifying information (e.g., names, addresses) from data files.
- Reviewing any documents before they are published to ensure that individuals cannot be identified.

See the following resources for more information about safeguarding data:

- 10 Ways to Safeguard Data in the Nonprofit Sector (Arizona State University)
- Cybersecurity Assessment Tool (Ford Foundation)

Having an *informed consent* process may be required in some circumstances, such as in the context of a research study or before undergoing a medical procedure.[a] While informed consent requirements may not apply to many youth-supporting organizations, it is still best practice to give youth the opportunity to opt out of data collection activities. This can be done by establishing transparent processes for collecting, protecting, using, and sharing data and discussing the processes with young people before data collection. These processes may be described in a written document that is reviewed with youth prior to data collection. This document, which may be referred to as a *Client Confidentiality Statement* or *Client Privacy Notice*, should be written at an appropriate reading level using language youth will understand rather than jargon or technical terms.

Youth should also have the opportunity to ask any questions they might have about the protection and use of their data. Having transparent processes can help youth-supporting professionals build trust with youth and empower youth to make informed decisions about whether they want to share information related to their sexual and reproductive health.[16]

Module Takeaways

- Protecting privacy and confidentiality is a core responsibility for youth-supporting organizations that collect sexual and reproductive health-related data.
- Explaining to young people how their data will be collected, protected, shared, and used allows them to make informed decisions and builds trust with them.

Reflection Questions

- How does your organization protect young people's privacy during data collection, and how is the confidentiality of the data your organization collects maintained?
- How could those privacy and confidentiality protections be improved?
- What do young people need to know about how your organization protects, shares, and uses data?

[a] Informed consent is the process by which a person voluntarily agrees to participate in a study, receive a medical procedure, or share personal information after being given clear, complete, and understandable information about what that participation involves.

Module 4: Making Sense of Data Using Local, State, and National Comparisons

This module describes how youth-supporting organizations can use comparison data to help make sense of the data they collect.

One approach is to compare what their data tell them about the sexual and reproductive health of the youth they serve **to what is known from studies involving similar populations.** Activate's infographics on the sexual and reproductive health of youth experiencing homelessness, the justice system, the child welfare system, or disconnection from school and work can facilitate these comparisons.

Another approach is to compare what their data tell them about the sexual and reproductive health of the youth they serve **to local, state, or national benchmarks.** Making these comparisons can help youth-supporting organizations:

- Understand how the young people they serve are faring relative to their peers or other similar populations.
- Set realistic and meaningful goals for improving the sexual and reproductive health of the young people they serve.
- Demonstrate need to funders and other partners.

Whether youth-supporting organizations should compare their data to local, state, or national benchmarks depends on what they want to learn.

Sources of local data

Comparisons involving local data are a good option for youth-supporting organizations that want to know how the young people they serve are faring relative to other young people who live in the same geographic area. Local data sources may include the following:

- **County or city health/public health departments** may publish data on STI rates, teen births, or other sexual and reproductive health statistics.
- **Community health needs assessments** may include sexual and reproductive health indicators.
- **Hospital and health care systems** may publish community health reports that include statistics related to sexual and reproductive health.
- **School districts** that administer the Youth Risk Behavior Survey (YRBS) may publish their results, which can also be found here.

Hypothetical Example: Using Local Data

Only 5% of the young people being served by a youth-supporting organization reported being screened for an STI in the past year. A community health assessment found that a similarly low proportion of youth across the city had been screened. The organization connects with the local public health department to discuss options for integrating screening within programs across the city that serve youth.

State data sources

Comparisons involving state-level data are a good option for youth-supporting organizations that want to know how the young people they serve are faring relative to other young people in their state. State data sources may include the following:

- **State health/public health departments** may publish data dashboards or reports on STI rates, teen pregnancy, birth outcomes, and sexual or reproductive health care service use.
- **State Title X Family Planning grantees** may publish reports that include service use and outcome data.
- States may publish their **Youth Risk Behavior Survey** results, which can also be found here.

Hypothetical Example: Using State Data

30% of the youth being served by a youth-supporting organization reported using a condom the last time they had sex. A staff person finds the "used a condom during last sexual intercourse" item on the YRBS webpage and then selects their state. According to the most recent data, 60% of the state's high school students used a condom the last time they had sex. The organization decides to implement a program that has been shown to increase condom use.

National data sources

Comparisons involving national data are a good option for youth-supporting organizations that want to know how the young people they serve are faring relative to young people across the country. The national data may be based on the entire youth population or a nationally representative sample.

- **Centers for Disease Control and Prevention (CDC)** publishes national and state data on STIs, teen births, contraceptive use, and adolescent health behaviors, data on family life, fertility, and reproductive health from the **National Survey of Family Growth**, and national, state, and school district-level YRBS data.
- **Office of Population Affairs (OPA)** publishes reports with national estimated related to family planning and Title X programs.
- **National Center for Health Statistics** publishes national data on births, fertility rates, and maternal and reproductive health outcomes.

Hypothetical Example: Using National Data

A youth-supporting organization surveyed the female youth it serves and found that 70% of contraceptive users were using a hormonal or long-acting contraceptive method. Curious how this compares to national data, a staff person goes to OPA's Title X Family Planning Annual Report summary and finds that 60% of female Title X clinic clients used a hormonal or long-acting contraceptive method.

Module Takeaways

- Youth-supporting organizations can make sense of their data by comparing what their data say about the sexual and reproductive health of youth they serve to local, state, or national benchmarks.
- Youth-supporting organizations can draw upon local, state, and national sources to make those comparisons.

Reflection Questions

- How can making comparisons to other data help your organization meet its goals?
- Which Activate infographic on the sexual and reproductive health of young people would best help your organization?
- Which type of comparison (that is, local, state, or national) are most relevant to your organization's goals?
- What contextual factors, such as differences in resources, geography, or population, should your organization consider when interpreting comparison data?
- How can you ensure that comparisons are used to support rather than unintentionally stigmatize youth?

Module 5: Reporting Data Responsibly

Comparing the sexual and reproductive health-related data youth-supporting organizations collect to sexual and reproductive health-related data from local, state, or national sources (see **Module 4**) can help youth-supporting organizations understand their data. It is important for youth-supporting organizations to report sexual and reproductive health data responsibly. These comparisons can lead to incomplete pictures, misleading interpretations, or oversimplified conclusions if they are presented without sufficient context. Context includes a range of social, geographic, and historical details that can shape young people's experiences (e.g., mistrust of health providers), affect their access to sexual and reproductive health care services (e.g., lack of services in rural areas), and contribute to gaps in sexual and reproductive health.[17]

Data can be framed and explained in ways that reinforce stigma or support a strengths-based understanding of young people's sexual and reproductive health.

Below are some tips related to *language, framing, and interpretation* that can help youth-supporting organizations report sexual and reproductive health data responsibly.

Use person-centered language.

Place the person rather than their condition first and foremost. For example, use *young people in foster care* instead of *foster youth.*

Be specific about whom you are referring to.

Avoid vague language when referring to groups. That makes it difficult to determine who is included and who is not — for example, "at-risk youth."

Do not center one type of person as the norm.

Avoid positioning one group as the default or "norm" and other groups as "different" or "non-normative" when making comparisons.

Take a strengths-based approach.

Do not minimize the challenges young people face but also highlight their accomplishments, resilience, and areas in which they are thriving.

Pair statistics with personal narratives.

When appropriate, humanize the data by pairing them with quotes or stories (keeping in mind **Module 3's** discussion of privacy and confidentiality) to help audiences understand young people's experiences.

Empower youth.

Whenever possible, involve young people in shaping how data about their sexual and reproductive health are framed and communicated.

Visualizing data can shape how people interpret and respond to data. Choices about what data are shown and how they are presented can influence what audiences take away from data visualizations. Thoughtful visual design can help audiences focus on the most important takeaways without misinterpretation.

Below are some tips for visualizing data.[18]

- **Be intentional about what you present.** Consider your intended audience, the questions they need answered, and how they will use the information.
- **Make the data clear and accessible.** Use descriptive titles, plain labels, short definitions, and explanatory notes where needed. Apply accessibility best practices, including readable color contrast and simple formatting.
- **Keep it simple.** Limit each visual to one key message, split up complex information across multiple visuals, and order them to tell a coherent story.
- **Use visuals to reinforce meaning.** Choose chart types and layouts that make patterns clear and data easy to interpret.

Table 5.1 includes a list of resources where youth-supporting professionals and their organizations can find practical guidance on data visualization and communication.

Table 5.1. Additional Resources on Data Visualization and Communication

Source	Description
Data Viz Project	Comprehensive, interactive library that can be used to explore different ways to visualize data (for example, charts, maps, diagrams) and select the right format based on the data type and communication goal
Census Data Visualization Gallery	Curated gallery of data visualizations created using U.S. Census data that demonstrate how complex datasets can be translated into clear, engaging visuals for broad audiences
The Sharing Survey Results Tip Sheet	Practical guidance on communicating survey findings effectively by tailoring messages, using clear visuals and plain language, and focusing on key takeaways
Communicating with Census Data: Data Visualization	Practical guidance on best practices for designing effective visuals, including how to choose formats (for example, tables, charts, maps) and improve clarity to make data accessible and help communicate key insights

Module Takeaways

- Data without context may be misunderstood or even stigmatize the young people you serve.
- Consider your framing and the language you use to discuss and interpret your data.
- Simple, accessible, and appealing data visualizations are a powerful tool for getting your message across.

Reflection Questions

- Think about a time when you encountered data about a group of young people. How were those data framed, and what impact did that framing have on your perception?
- What are some ways you can ensure that the data you share do not unintentionally reinforce stigma?
- What does a strengths-based narrative look like in practice when sharing data about young people?

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References

[1] NYU Langone Health Clinical and Translational Science Institute. (2025, December 9). *Validated survey measures: Best practice brief*. https://ctsi.med.nyu.edu/wp-content/uploads/2025/12/Validated-Survey-Measures-BPB-FINAL-12.9.25.pdf

[2] NYU Langone Health Clinical and Translational Science Institute. (2025, December 9). *Validated survey measures: Best practice brief*. https://ctsi.med.nyu.edu/wp-content/uploads/2025/12/Validated-Survey-Measures-BPB-FINAL-12.9.25.pdf

[3] Checkoway, B., & Richards-Schuster, K. (2003). Youth participation in community evaluation research. *American Journal of Evaluation, 24*, 21–33. https://doi.org/10.1177/109821400302400103

[4] Cook, A., Hunt, R., Silcox, J., Canas, E., & MacDougall, A. G. (2025). Defining youth-centred practice in mental health care. *BMC Psychiatry*, *25*, 578. https://doi.org/10.1186/s12888-025-06864-7

[5] Lantos, H., Allen, T., Abdi, F. M., Franco, F., Moore, K. A., Snell, J., ... & Miller, J. (2022). *Integrating positive youth development and racial equity, inclusion, and belonging approaches across the child welfare and justice systems.* Child Trends.

[6] Aiyegbusi, O. L., Roydhouse, J., Rivera, S. C., Kamudoni, P., Schache, P., Wilson, R., ... & Calvert, M. (2022). Key considerations to reduce or address respondent burden in patient-reported outcome (PRO) data collection. *Nature Communications*, *13*(1), 6026. https://doi.org/10.1038/s41467-022-33826-4

[7] Centers for Disease Control and Prevention. (2023). *2022–2023 National Survey of Family Growth: Female questionnaire*. National Center for Health Statistics. https://www.cdc.gov/nchs/data/nsfg/crqs/2022-2023-NSFG-CRQ-FemaleQuestionnaire.pdf

[8] Harris, K. M., Halpern, C. T., Whitsel, E., Hussey, J., Tabor, J., Entzel, P., & Udry, J. R. (1998). *The National Longitudinal Study of Adolescent to Adult Health (Add Health): Wave I in-home questionnaire codebook*. Carolina Population Center, University of North Carolina at Chapel Hill. https://adatawinter.site.wesleyan.edu/files/2017/08/AddHealth-Wave_1_Questionnaire-and-Codebook.pdf

[9] Centers for Disease Control and Prevention. (2025). *2025 Youth Risk Behavior Survey: National high school questionnaire.* National Center for HIV, Viral Hepatitis, STD, and TB Prevention. https://www.cdc.gov/yrbs/media/pdf/2025/2025-YRBS-national-HS-questionnaire508.pdf

[10] Centers for Disease Control and Prevention. (2024). *National Survey of Family Growth (NSFG): 2022–2023 Female Survey in CAPI Reference Questionnaire (CRQ) Format.* National Center for Health Statistics. https://www.cdc.gov/nchs/data/nsfg/crqs/2022-2023-NSFG-CRQ-FemaleQuestionnaire.pdf

[11] Centers for Disease Control and Prevention. (2024). *National Survey of Family Growth (NSFG): 2022–2023 Male Survey in CAPI Reference Questionnaire (CRQ) Format.* National Center for Health Statistics. https://www.cdc.gov/nchs/data/nsfg/crqs/2022-2023-NSFG-CRQ-MaleQuestionnaire.pdf

[12] Brener, N.D., Mpofu, J.J., Krause, K.H., et al. (2024) *Overview and methods for the Youth Risk Behavior Surveillance System — United States, 2023*. MMWR Suppl 2024;73(Suppl-4):1–12. http://dx.doi.org/10.15585/mmwr.su7304a1

[13] Centers for Disease Control and Prevention, National Center for Health Statistics. (n.d.). *National Survey of Family Growth (NSFG).* U.S. Department of Health and Human Services. https://www.cdc.gov/nchs/nsfg/index.htm

[14] National Longitudinal Study of Adolescent to Adult Health. (n.d.). *Add Health: The national longitudinal study of adolescent to adult health.* University of North Carolina at Chapel Hill. https://addhealth.cpc.unc.edu/

[15] Brener, N.D., Mpofu, J.J., Krause, K.H., et al. (2024) *Overview and methods for the Youth Risk Behavior Surveillance System — United States, 2023*. MMWR Suppl 2024;73(Suppl-4):1–12. http://dx.doi.org/10.15585/mmwr.su7304a1

[16] Human Research Protection Program, University of Michigan. (n.d.). *Informed Consent Guidelines & Templates.* University of Michigan. https://hrpp.umich.edu/irb-health-sciences-and-behavioral-sciences-hsbs/informed-consent-guidelines-templates/

[17] Andrews, K., Parekh, J., & Peckoo, S. (2019). *How to embed a racial and ethnic equity perspective in research: Practical guidance for the research process*. Child Trends. https://ncwwi-dms.org/index.php/resourcemenu/resource-library/inclusivity-racial-equity/advancing-racial-equity/1418-how-to-embed-a-racial-and-ethnic-equity-perspective-in-research-practical-guidance-for-the-research-process

[18] U.S. Department of Health and Human Services, Administration for Children and Families. (2022). *Sharing survey results with stakeholders (Tip sheet).* https://web.archive.org/web/20250829214404/https://teenpregnancy.acf.hhs.gov/sites/default/files/resource-files/SRAETTA-2022-TipSheet-Sharing-Survey-Results-508.pdf