

Safe Systems Summit

Redefining Transportation Safety

Enhancing NC Vision Zero through data integration

April 24, 2019 2:30 – 4:00 PM Facilitated by Katie Harmon



Speakers

- Highway Safety Research Center/Collaborative Sciences Center for Road Safety, UNC
 - Katie Harmon, Postdoctoral Research Associate
- Carolina Center for Health Informatics, UNC School of Medicine
 - Anna Waller, Director
- Institute for Transportation Research and Education
 - Tracy Anderson, Program Coordinator, NC Vision Zero
 - Greg Ferrara, Program Manager, Geospatial Analytics and Decision Management
- City of Durham/Durham-Chapel Hill-Carrboro Metropolitan Planning Organization
 - Anne Phillips, Transportation Specialist, City of Durham Transportation Department
 - Dale McKeel, Bicycle and Pedestrian Coordinator, DCHC MPO
- City of Charlotte
 - Angela Berry, Project Manager, Charlotte Vision Zero

Primary Meeting Objectives

At the end of this workshop, meeting attendees will have a clearer understanding of:

- 1. What is crash-health outcome data linkage/integration and how it is useful for improving transportation safety?
- 2. How is North Carolina working to link crash-health outcome data?
- 3. What are NC Vision Zero, Durham Vision Zero, and Charlotte Vision Zero & how are these organizations using data to improve transportation safety within their respective jurisdictions?

Secondary Meeting Objectives

In addition, we hope that by the end of this session, attendees will:

- 1. If a data user, have a better idea of how they can *use data to inform* transportation safety initiatives
- 2. If a data owner, have a better idea of how their *data informs* transportation safety initiatives
- 3. Be empowered to share/link/use data as one step towards reaching the goal of *reducing traffic injuries and fatalities to zero in North Carolina!*



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Redefining Transportation Safety

Overview of Data Integration/Linkage

Presented by Katie Harmon

What is Data Linkage?

- <u>Definition</u>: A process of combining information believed to be related to the same person (or place, family, event, etc.) from two or more separate data sources
- Data linkage is one step in the process of data integration, which is the ongoing, systematic linkage of data sources for the purpose of improved research, program management and evaluation, and policy development

-However-

These terms are often used interchangeably



Types of Data Linkages

- 1. <u>Deterministic</u>: records are matched based on agreement for a given set of predetermined linkage variables (i.e. identifiers)
 - Common linkage variables: name, SSN, MR, DOB, ZIP code of residence
 - May be "exact deterministic" requires an exact match for all selected linkage variable
 - May be "approximate", "iterative", or "hierarchical" deterministic linkage requires an exact match for one of several rounds of matching, but does not require an exact match for all selected linkage variables
 - May incorporate "fuzzy" matching (e.g. Bill versus William)
 - May incorporate additional information to strengthen match certainty (e.g. time since event, ICD-10-CM codes, keywords)
- 2. <u>Probabilistic</u>: linkage variables are given a weight and individual records are linked if the probability criteria reach a predetermined threshold

Dusetzina SB, Tyree S, Meyer AM, et al. *Linking Data for Health Services Research: A Framework and Instructional Guide* [Internet]. Rockville (MD): Agency for Healthcare Research and Quality. <u>www.ncbi.nlm.nih.gov/books/NBK253312</u>. Published September 2014. Accessed April 9, 2019.

Why Link Crash and Health Outcome Data?

 Most secondary data sources are limited in scope; by linking multiple data sources, we can create a much richer data set that can be used to answer many important questions

Hypothetical linked crash-health outcome data set:



What are the Benefits of Linked Crash-Health Outcome Data?

- Characterizing transportation safety problems
 - <u>Example:</u> MA used linked data to describe the characteristics of injuries related to lane departure crashes; found lane departure crashes had higher median hospital charges than other types of crashes
- Supporting transportation safety decisions, programs, and policies
 - Example: KY used linked data to compare hospital admission rates among 4-8 year-olds who were restrained vs. not restrained; restrained children were 40% less likely to be hospitalized; booster seat bill passed <2 years later
- Educating decision-makers and the public about transportation safety
 - <u>Example:</u> CA has an online data query system in which users can create their own reports using linked crash-health outcome data
- Facilitating collaborations across organizations
- Improving data quality across crash and health outcome data sources

Chidester A, et al. *The Crash Outcome Data Evaluation System (CODES) and Applications to Improve Traffic Safety Decision-Making* [DOT HS 811 181]: Washington, DC: NHTSA. <u>https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/811181</u>. Published April 2010. Accessed April 9, 2019.



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Overview of Data Integration/Linkage in North Carolina

Motor Vehicle Crash Injury Data Linkage Project

Presented by Anna Waller Safe Systems Summit 2019 | April 24, 2019

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Refer to handout describing NC data sources

Program Objective

- Establish an integrated *statewide MVC injury surveillance system*
- Integrated MVC and Health Information has the potential to:
 - Improve safety outcome analysis and evaluation
 - Expand research activities
 - Inform policy and safety programs
- Funded by: Governor's Highway Safety Program (GHSP)
- Supported by: NC Traffic Records Coordinating Committee (TRCC)





Pilot Project I

- Objective: Describe previously linked 2010/2011 NC crash report & NC EMS data (pedestrians and bicyclists, only)
- **Results:** Poor linkage results (~14% of crash reports linked to EMS data)
 - Report posted to CCHI website
- **Recommendation:** Delay further Crash-EMS data linkage until:
 - Transition to ESO Solutions is complete
 - Newly updated NEMSIS v.3 data have been evaluated





Pilot Project II

- **Objective:** Link 2017 NC crash report & NCHA hospital encounter data (pedestrian and bicyclists, only)
- Results: NCHA linked 30% of crash reports to hospital encounter data for injured pedestrians/bicyclists
 - Completed linkage evaluation report ۲
 - Developed two reports highlighting results of linkage ۲
 - All reports posted to CCHI website ۲
- **Recommendation:** Investigate additional sources of health data for linkage



THE UNIVERSITY NORTH CAROLINA at CHAPEL HILL



Pilot Project III

- Objective: Link 2017 NC crash report & NC DETECT emergency department visit data (pedestrians and bicyclists, only)
- Results: Linked 40% of crash reports to NC DETECT ED visit data for injured pedestrians/bicyclists; currently evaluating/documenting linkage





Quality Improvement Project

- **Objective:** Evaluate pedestrian/bicycle crash injury surveillance case definitions in NC DETECT using UNC trauma center data
- Results:
 - Evaluation led to the addition of keywords to NC DETECT case definitions
 - Implemented enhanced case definitions in NC DETECT in September 2018
- **Recommendation:** Consider trauma registry data as potentially rich source of health data for MVC injury research (and future evaluation activities)



Quality Improvement Project

NC DETECT Custom Event Report for Pedestrian Crash Injury-Related ED Visits 01/07/2018-10/06/2018



NC DETECT is a statewide public health syndromic surveillance system, funded by the NC Division of Public Health (NC DPH) Federal Public Health Emergency Preparedness Grant and managed through collaboration between NC DPH and UNC-CH Department of Emergency Medicine's Carolina Center for Health Informatics. The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented.

Pilot Project IV

- Objective: Link 2017 NC crash report & NC trauma registry data (all motor vehicle crash injuries)
- **Results:** Data request approved, data linkage underway





Data Documentation Project

Goal: Create standardized data documentation for key data sources for MVC crash and health data linkage.



Data Documentation Status

Finalized (6)

- Death registration data
- Sheps Center ED, Inpatient, Outpatient and Ambulatory Care claims
- North Carolina Trauma Registry

- Emergency Department (ED) visits in NC DETECT
- Hospital Discharge Data at the State Center for Health Statistics
- EMS data in EMSPIC (transitioning to ESO)

Pending Approval or Feedback from Data Owner (4)

- Crash Report Data from the DMV
- Fatality Analysis Reporting System (FARS)

- Sheps Center Medicaid and BCBS claims
- Office of the Chief Medical Examiner data

Being Compiled (2)

HSRC Pedestrian and Bike Crash Data

Highway Safety Information System (HSIS)

Not Participating (1)

ED/Hospital Discharge data from the NC Healthcare Association (NCHA)



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NC Vision Zero Overview

Presented By Tracy Anderson & Greg Ferrara

In the last 20 years, 29,069 people have died on North Carolina roads—the equivalent of more than 1/3 of the Bank of America Panther's stadium.

What is Vision Zero?



NC Vision Zero Task Force















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Public and Stakeholder Outreach

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Greg Ferrara gpferrar@ncsu.edu





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VISION ZERO DURHAM

WALK SAFE. RIDE SAFE. DRIVE SAFE.

Crash Data Analysis

Presented by Anne Phillips & Dale McKeel





City of Durham Vision Zero Timeline

- 2003: Launched Accident Reduction Program; annual analysis of crash data to locate and treat high-crash intersections
- September 18, 2017: City Council passed Vision Zero resolution
- November 17, 2017: First steering committee meeting
- January & February 2018: Task forces and subcommittees meet
- Fall 2018: Crash analysis and mapping; shared results of analysis with steering committee and gathered feedback



Our Crash Study

Using available data we analyzed all reported severe crashes in Durham, CO between 2012-2016

- NC Vision Zero geocoded crashes, NCDOT Roadway Shapefiles, ACS 2016 estimated block group data)
- Most crashes occur on 35-45 mph state-regulated roadways
- Most pedestrian crashes occur on bus-route roadways that lack continuous sidewalk infrastructure
- Communities of color experience a higher pedestrian crash rate compared to white communities



Transportation Disadvantaged Communities

Goal: Create a visual representation of areas that:

- Experience a disproportionate number of crashes
- Are more likely to contain vulnerable roadway users
- May receive greater benefit from improved multi-modal access



















New Data Sources

Streetlight data or anonymized cellphone travel data has allowed us to visualize the relationship between traffic volume and crashes





The Promise of Data Integration

- Bicycle and pedestrian crashes may be underreported which may affect the accuracy of bike/ped HIN/crash hotspots
- Police reporting of crash severity based on appearance of those crash victims; where are severe crashes really happening?







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Overview of Charlotte Vision Zero & Related Activities

Presented by Angela Berry

Small Group Activities

Facilitated by Katie Harmon



Small Group Instructions

- For the next 20 minutes:
 - 1. Introduce yourself to your group
 - 2. Individually, take ~4 minutes to review the worksheet; record notes on worksheet
 - 3. As a group, please discuss the questions
 - 4. As a group, please take ~4 minutes to select 2-3 key observations to discuss with the full group. The group facilitator will report-back these observations
 - 5. Please return your worksheet to Katie Harmon at end of workshop

Large Group Discussion

• For the next 10 minutes, each small group will report-back 2-3 key observations from the small group discussion

Workshop Wrap-Up Any Questions?

Thank You!

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