# Information Seeking Assignment

Due 9.12.17

For each data set, provide the following information in the following order:  
1. An APA-formatted data citation (including URL)  
2. Details of the license or terms of use (include a link if needed)  
3. About one paragraph describing why these data are interesting  
4. Potential data users and decision-makers for this data  
5. Three questions this data might help to answer; note additional sources needed if applicable

Jump to Dataset:

[1 – National Survey on Drug Use and Health](#_1_–_National)  
[2 – Recidivism Survey of Felons on Probation](#_2_–_Recidivism)  
[3 – Healthcare Associated Infections](#_3_–_Healthcare)

## 1 – National Survey on Drug Use and Health

Substance Abuse and Mental Health Services Administration. (2016). *National Survey on Drug Use and Health 2015 (NSDUH-2015-DS0001)* [Data file]. Retrieved September 11, 2017, from http://samhda.s3-us-gov-west-1.amazonaws.com/s3fs-public/field-uploads-protected/studies/NSDUH-2015/NSDUH-2015-datasets/NSDUH-2015-DS0001/NSDUH-2015-DS0001-bundles-with-study-info/NSDUH-2015-DS0001-bndl-data-tsv.zip.

Note: the 2016 report results and key findings were recently released, but the dataset has not yet been uploaded to their website as of 9/11/17.

The terms of use are largely focused on any breach of personal confidential information. By using this data, users agree to not attempt to re-identify subjects, to report to the agency if any re-identification inadvertently occurs, to properly reference SAMHSA in any publications, and to send a link of any published works to SAMHSA for inclusion in a database of related publications. There is a disclaimer that SAMHSA and RTI International bear no responsibility for the user’s interpretation of the data. If a user violates these terms of use possible sanctions include reporting to the user’s institution, an investigation of the user’s institution, prosecution, and court-awarded payment of damages.

These data are interesting because information from this survey provides details on the scope and nature of substance abuse and mental health issues in the United States. It tracks the use of illicit drugs and alcohol, mental health needs, the use of mental health services, and the co-occurrence of mental health and substance abuse. It also tracks demographic information like place of residence, gender, age, and income, so analysts can see trends in particular sections of the population across different years of this annual survey. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities, and the information provided by this survey is a key building block in steps towards that goal.

Potential data users and decision-makers for this data include organizations working on drug use prevention campaigns, like United Way; creators and users of best-practice manuals for substance abuse treatment facilities; and organizations advocating for policy changes, like the Marijuana Policy Project.

This data may help answer questions like: At how young of an age does substance abuse become a potential problem, and at which grade level should we focus prevention efforts in school (Dandes, 2017)? How are substance abuse and issues like mental health or domestic violence linked, and what are effective ways for treatment facilities to address these issues together (Substance Abuse and Mental Health Services Administration, 2015)? Does legalization of marijuana lead to increased marijuana use by teenagers (Marijuana Policy Project, 2017)?

Sources for uses of the data:

Dandes, R. (2017, September 7). United Way focuses on high schoolers for drug addiction sessions. *The Daily Item*. Retrieved September 11, 2017, from http://www.dailyitem.com/news/united-way-focuses-on-high-schoolers-for-drug-addiction-sessions/article\_d6c25770-942b-11e7-acae-6ffb9908c410.html.

Marijuana Policy Project. (2017, September 7). *Federal Government Survey Shows Teen Marijuana Use Dropped in 2016* [Press release]. Retrieved September 11, 2017, from https://www.mpp.org/news/press/federal-government-survey-shows-teen-marijuana-use-dropped-2016/.

Substance Abuse and Mental Health Services Administration. (2015). *SAMHSA/CSAT Treatment Improvement Protocols*. Retrieved September 11, 2017, from https://www.ncbi.nlm.nih.gov/books/NBK82999/.

## 2 – Recidivism Survey of Felons on Probation

Bureau of Justice Statistics. (2016, June 21). *Recidivism of Offenders Placed on Federal Community Supervision in 2005: Patterns from 2005 to 2010* [Data file]. Retrieved September 12, 2017, from https://www.bjs.gov/content/pub/sheets/ropfcs05p0510.zip.

The terms of use for the Department of Justice state that information is in the public domain and may be copied and distributed without permission, unless otherwise indicated (which is not the case for this dataset). A citation is appreciated.

These data are interesting because large numbers of incarcerated individuals in the United States pose a massive cost to public safety, the lives and futures of the individuals incarcerated, and the criminal justice system through the costs of policing, court processing, and incarceration. Studying recidivism is a potential step towards understanding and improving the problem. This dataset provides national estimates on the recidivism rates of felons for selected years. It tracks samples of convicted felons on probation for three years through state criminal history records, compiling information on whether they were arrested, convicted, or imprisoned for new crimes.

Potential data users and decision-makers for this data are organizations implementing and evaluating programs to help felons reintegrate into society; policy-makers looking for ways to reduce criminal justice costs through reducing recidivism; and parole boards and the entities who create algorithms to aid their decision-making.

This data may help answer questions like: What are the recidivism rates for different races and sexes? Is recidivism more likely for prisoners convicted of drug offenses or violent crimes? Which age groups are most likely to commit crimes again after incarceration? With additional data, this dataset could be one piece that helps answer larger questions like: Which programs are more effective at reintegrating a felon into society and preventing future criminal behavior (Holmes, 2017)? How likely is a particular person to commit a crime again in the future, or, how accurate are our tools for determining this (Dressel, 2017)? Are particular criminal justice policies effective for reducing recidivism (Rowland, 2016)?

Note: Critics contend that this particular dataset should only be used to look at specific cohorts, and not as a representation of offenders in general, because repeat offenders are overrepresented in its short time span (Neyfakh, 2015).

Additional sources for note and data uses:

Dressel, J. J. (2017). *Accuracy and Racial Biases of Recidivism Prediction Instruments*. Retrieved September 12, 2017, from http://www.cs.dartmouth.edu/farid/downloads/publications/jdthesis17.pdf.

Holmes, M. E. (2017, July 27). *The Effect of Horticultural Community Service Programs on Recidivism Numbers of Offenders*. Retrieved September 12, 2017, from https://digital.library.txstate.edu/bitstream/handle/10877/6812/HOLMES-THESIS-2017.pdf?sequence=1&isAllowed=y.

Neyfakh, L. (2015, October 29). Why Do So Many Ex-Cons End Up Back in Prison?: Maybe they don’t—a provocative new study says recidivism rates are drastically lower than we think. *Slate*. Retrieved September 11, 2017, from http://www.slate.com/articles/news\_and\_politics/crime/2015/10/why\_do\_so\_many\_prisoners\_end\_up\_back\_in\_prison\_a\_new\_study\_says\_maybe\_they.html.

Rowland, M. (2016, December). *Assessing the Case for Formal Recognition and Expansion of Federal Problem-Solving Courts* [Abstract]. Retrieved September 12, 2017, from http://heinonline.org/HOL/LandingPage?handle=hein.journals/fedpro80&div=26&id=&page=.

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## 3 – Healthcare Associated Infections

Centers for Medicare & Medicaid Services. (2017, July 25). *Healthcare Associated Infections – Hospital* [Data file]. Retrieved September 11, 2017, from https://data.medicare.gov/Hospital-Compare/Healthcare-Associated-Infections-Hospital/77hc-ibv8.

The terms of use state that all data is in the public domain and does not require permission to use. An attribution to the agency as the source is appreciated, but the user’s materials should not imply that there is any government endorsement of the materials, particularly if they are commercial products or services.

These data are interesting because they provide information on often-preventable infections that occur while a patient is in a hospital. Hospitals are identified by name and location, and assigned scores based on their performance compared with the national average or a national benchmark. They are scored in many specific types of healthcare associated infection like catheter-related urinary tract infections, surgical site infections from colon surgery, and MRSA observed cases. These infections are an unnecessary burden on patients, and can even be deadly. It also costs Medicare large amounts of money for the extra care required to treat them.

Potential data users and decision makers for this data include patients looking for a hospital that provides high-quality care; nurses or creators of patient-safety handbooks for nurses, like the Center for Disease Control; and organizations dedicated to raising awareness about patient safety, like the Patient Safety Network.

Questions that may be answered wholly or in part using this data include: Does my hospital have higher-than-average rates of healthcare associated infections? Which hospital should I choose as a patient to receive high quality care (U.S. Centers for Medicare & Medicaid Services, n.d.)? How prevalent is the problem of healthcare associated infections, and is it increasing? What is causing the most healthcare associated infections – for example central lines, urinary catheters, etc. – and need improved methods and/or devices (Collins, 2008)? What is the cost of health care-associated infections (Zimlichman et al., 2013)?

Sources for uses of the data:

Collins, A. S. (2008, April). Preventing Health Care–Associated Infections. In *Patient Safety and Quality: An Evidence-Based Handbook for Nurses* (Chapter 41). Retrieved September 11, 2017, from https://www.ncbi.nlm.nih.gov/books/NBK2683/.

U.S. Centers for Medicare & Medicaid Services. (n.d.) *Hospital Compare.* Retrieved September 11, 2017, from https://www.medicare.gov/hospitalcompare/search.html.

Zimlichman, E., Henderson, D., Tamir, O., Franz, C., Song, P., Yamin, C. K., . . . Keohane, C. (2013, December 9-23). Health care–associated infections: a meta-analysis of costs and financial impact on the US health care system. *JAMA Intern Med, 173*(22), 2039-2046*.* doi: 10.1001/jamainternmed.2013.9763. Retrieved September 11, 2017, from http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1733452.

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