

THE GOAL of this strategy is to locate priority women in your area and inform program strategies and interventions.



Use data to make decisions for **program planning, implementation, and evaluation.**

Use data to **create a profile** of your audiences



Know their behaviors

How they spend their time informs where and how to reach them.



Know the community

Available community resources inform connection to services.



Know the barriers

Challenges they face inform interventions and policies.

Locate your priority population using:

Central cancer registry data to identify high need areas

State and local level data to pre-identify and describe priority populations and/or communities of need.

Patient-level clinical data (e.g., Minimum Data Element, MDEs) to target interventions and inform program planning.

Data and Surveillance is cross-cutting, driving other strategies

Environmental Approaches



Where do they work?

Community-Clinical Linkages



Where do they live and what community resources do they use?

Health Systems Change



Where do they access care?

“Data-driven” is a business term for evidence-based decision making which means that program planning, implementation, and evaluation activities in public health are supported by data rather than intuition or personal experience.

The success of a **data-driven approach** to drive strategy and decision-making processes relies upon the quality of the data gathered, suitability of the data source, and the effectiveness of the data analysis and interpretation.

Data to consider:

Population Size



The Census Bureau provides population size by state, county, and metropolitan area.

Insurance Coverage



Small Area Health Insurance Estimates (SAHIE) data displays insurance information by state, county, and metropolitan area.

GIS precision targeting



GIS targeting can create a system to store, analyze, and manage large datasets, displayed visually with maps.

Disease distribution and Mortality



United States Cancer Statistics (USCS) provides data on cancer incidence and deaths. The National Program for Cancer Registries (NPCR) provides cancer mortality data.

Socio-economic risk factors



The Behavioral Risk Factor Surveillance System (BRFSS) and United States Cancer Statistics (USCS) websites provide behavioral risk factor data.

Program data



Program data can provide a better understanding of screening rates by age, race, ethnicity, zip code, and diagnosis.