Part C: Major Data Sources for Healthy People 2010

Healthy People 2010 includes 467 objectives and 952 measures (objectives and subobjectives). Of these, 25 objectives and 62 measures were proposed for deletion at the Midcourse Review. Thus, there are currently 442 objectives and 890 measures. Data sources exist and monitoring has begun for 393 objectives and 818 measures. These objectives are being tracked by 168 data sources.

The original definition of a major data source was a data system responsible for tracking five or more objectives. After some experience with monitoring progress toward objective targets, it became evident that this definition was too restrictive. Objectives with subobjectives are often tracked by multiple sources, and hence can not be credited to a single source. Conversely, a number of data sources monitor numerous measures, but few complete objectives. Consequently, the definition of a major data source has been modified to include data systems responsible for tracking either (1) five or more complete objectives or (2) ten or more measures. Twenty-one data systems meet these criteria. A brief discussion of each (in alphabetical order) is provided in this section. Table 7 lists the major data sources by the number of measures and objectives tracked. About three-fifths of the objectives (60%) and measures (61%) in Healthy People 2010 are monitored using these data sources.

The major data sources shown in Table 7 are similar to those listed in the 2000 edition of *Tracking Healthy People*.[1] All but four of the 2000 major data sources are on the current list. The data sources that are no longer considered major are the Continuing Survey of Food Intake by Individuals (CSFII), the National Ambulatory Medical Care Survey, the National Worksite Health Promotion Survey, and the STD Surveillance System. The CSFII has been discontinued; its objectives are now tracked by the National Health and Nutrition Examination Survey. The remaining three surveys are still important data sources for Healthy People 2010. Each is used to monitor 4 objectives and 5-8 measures.

Three new surveys have been added to the list of major data sources: the Comprehensive Laboratory Services Survey, the Survey of Occupational Injuries and Illnesses, and the National Immunization Survey. The addition of these sources resulted from the revised definition; each tracks at least 10 measures, but fewer than 5 objectives.

Table 7
Number of Objectives and Measures Tracked by Healthy People 2010 Major Data Sources

Data Sources	Number of Objectives Tracked	Number of Measures Tracked
National Health Interview Survey (NHIS)	71	111
National Health and Nutrition Examination Survey (NHANES)	33	69
National Vital Statistics System—Mortality (NVSS-M)	31	46
Youth Risk Behavior Surveillance System (YRBSS)	14	20
National Survey of Family Growth (NSFG)	11	29
National Hospital Discharge Survey (NHDS)	10	15
National Vital Statistics System—Natality (NVSS-N)	9	22
United States Renal Data System (USRDS)	8	9
School Health Policies and Programs Study (SHPPS)	7	22
National Survey on Drug Use and Health (NSDUH)	7	21
National Hospital Ambulatory Medical Care Survey (NHAMCS)	7	9
Behaviorial Risk Factor Surveillance System (BRFSS)	6	6
Medical Expenditure Panel (MEPS)	5	8
HIV/AIDS Reporting System	5	6
National Crime Victimization Survey (NCVS)	5	5
National Notifiable Disease Surveillance System (NNDSS)	4	20
Monitoring the Future (MTF)	3	16
State Tobacco Activities Tracking & Evaluation System (STATE)	3	12
Survey of Occupational Injuries and Illnesses (SOII)	2	10
National Profile of Local Health Departments (NPLHD)	1	18
Comprehensive Laboratory Services Survey (CLSS)	1	11
National Immunization Survey (NIS)	1	10

References

1. U.S. Department of Health and Human Services. *Tracking Healthy People 2010.* Washington, DC: U.S. Government Printing Office, November 2000.

Behavioral Risk Factor Surveillance System (BRFSS)

Sponsor	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP).
Mode of Administration	Telephone interview.
Survey Sample Design	Data collection is conducted separately by each State. Sample design uses State-level, random-digit-dialed probability samples of the adult (aged 18 years and over) population. Most States currently use disproportionate random sampling methods. Increasing State participation over time, with 15 States in 1984 and all 50 States and the District of Columbia since 1994. By 2002, Puerto Rico, the Virgin Islands, and Guam had joined the program. In 2003, State-specific sample sizes (excluding the territories) ranged from 2,070 to 18,814. The median sample size was 4,331.
Response Rates	State response rates vary from year to year. In 2003, response rates ranged from 34 to 81 percent (median response rate: 53 percent).
Primary Survey Content	The survey consists of a core of questions asked in all States, standardized optional questions on selected topics that are administered at the State's discretion, a rotating core of questions asked every other year in all States, and State-added questions developed to address State-specific needs. Questions cover behavioral risk factors (for example, alcohol and tobacco use), preventive health measures, HIV/AIDS, health status, limitation of activity, and health care access and utilization.
Population Targeted	Civilian, noninstitutionalized population 18 years of age and older who reside in households with telephones.
Demographic Data	Gender, age, educational attainment, race/ethnicity, household income, employment status, and marital status.
Years Collected	Annually since 1984.
Schedule	Annual.
Geographic Estimates	National; State; estimates are also available for 98 selected Metropolitan/Micropolitan Areas.
Notes	The BRFSS is a partnership between State Health Departments and CDC; CDC provides about one-half of the financial resources for States to use for data collection efforts. States have substantial input on questions used by all States through the BRFSS.

Behavioral Risk Factor Surveillance System (BRFSS)	
	Many Healthy People objectives are tracked with questions that are asked every other year or are optional. Persons who do not have telephones or have telephones but are either in institutional settings or cannot be understood over the telephone are excluded.
Contact Information	Data system homepage: http://www.cdc.gov/brfss Agency homepage: http: www.cdc.gov/nccdphp
References	Centers for Disease Control and Prevention. *2003 Behavioral Risk Factor Surveillance System Summary Data Quality Report.* Atlanta, GA: U.S. Department of Health and Human Services, 2004. Centers for Disease Control and Prevention. *Health Risks in the United States: Behavioral Risk Factor Surveillance System 2004.* Atlanta, GA: U.S. Department of Health and Human Services, 2004.

Comprehensive Laboratory Services Survey (CLSS)

Sponsor	Conducted by the Association of Public Health Laboratories with support from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
Mode of Administration	Self-administered Internet-based survey instrument.
Survey Sample Design	Census of the 56 U.S. State and Territorial Public Health Laboratories.
Response Rates	The 2004 response rate was 86 percent.
Primary Survey Content	Descriptive data on services provided by State public health laboratories, specialized testing, environmental health, laboratory regulation, emergency response, research, and training.
Population Targeted	State and Territorial Public health laboratories.
Demographic Data	N/A
Years Collected	2004.
Schedule	Periodic. The projected periodicity of future surveys is approximately every 2 years.
Geographic Estimates	National
Contact Information	Data system homepage: N/A Agency homepage: www.aphl.org and www.cdc.gov/phppo.
References	Association of Public Health Laboratories. *Defending the public's health.* Washington, DC: Association of Public Health Laboratories, 2005.

HIV/AIDS Surveillance System

Sponsor	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP).
Mode of Administration	Reports from health care providers are sent to the local, State, or territorial health departments. States and territories share, on a voluntary basis, de-identified data with CDC.
Survey Sample Design	All 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and other U.S. territories report AIDS cases. In addition, 41 areas report confirmed cases of HIV infection (not AIDS).
Response Rates	Response rates vary by geographic region and patient population. In most areas, reporting of AIDS cases is at least 85 percent complete. Reporting of deaths is more than 90 percent complete. Completeness of reporting for HIV infection (not AIDS) is more than 85 percent.
Primary Survey Content	The AIDS case definition was modified in 1985, 1987, 1993 (for adults and adolescents), and 1994 (for pediatric cases). The surveillance case definition for HIV infection was revised as of January 1, 2000. Data include mode of exposure to HIV, case definition category, and other clinical and demographic information.
Population Targeted	Population of the 50 States, the District of Columbia, and the U.S. territories.
Demographic Data	Age, gender, race, Hispanic ethnicity, State and county of residence, country of birth, and living status.
Years Collected	1981 to present.
Schedule	Annual since 2002. Prior to 2002, the HIV/AIDS Surveillance Report was published twice a year.
Geographic Estimates	National, State, and Metropolitan Statistical Area.
Notes	Data release policies prohibit the release of data that could be used to identify a person reported to the system. Thus, values for cells with 3 or fewer persons are suppressed.
Contact Information	Data system homepage: www.cdc.gov/hiv/surveillance.htm. Agency homepage: www.cdc.gov/nchstp/od/nchstp.html.

HIV/AIDS Surveillance System

References

Centers for Disease Control and Prevention (CDC). *HIV/AIDS Surveillance Report, 2003.* Vol. 15. Atlanta, GA: US Department of Health and Human Services, CDC, 2004.

Centers for Disease Control and Prevention (CDC). Guidelines for national human immunodeficiency virus case surveillance, including monitoring for human immunodeficiency virus infection and acquired immunodeficiency syndrome. *Morbidity and Mortality Weekly Report* 48 (RR13): 29-31, 1999.

Medical Expenditure Panel Survey (MEPS)

Sponsor	U.S. Department of Health and Human Services: Agency for Healthcare Research and Quality (AHRQ) and Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS).
Mode of Administration	The MEPS includes four linked, integrated surveys, three of which are used to monitor Healthy People 2010: Household Component (HC): Computer-assisted, in-person interviews; Medical Provider Component (MPC): Telephone interviews and mailed surveys; and, Insurance Component (IC): Telephone interviews and mailed surveys.
Survey Sample Design	The MEPS HC sample is an annual nationally representative subsample of the National Health Interview Survey (NHIS), which uses a stratified multistage probability design that permits a continuous sampling of 358 primary sampling units. The 2003 HC collected data on 12,860 families and 32,681 individuals who participated in the 2002 NHIS. The MPC sample includes medical providers and pharmacies identified by HC respondents, as well as a sample of office-based physicians associated with HC households. The IC sample is drawn from three sources: employers identified by HC respondents, a Census Bureau list of private-sector business establishments, and the Census of Governments. The 2003 IC survey sampled 42,000 public and private-sector employers.
Response Rates	HC: Rate varies by round, so effective response rate varies by reference period of analysis; the MEPS response rate for calendar year 2003 was 65 percent, including the NHIS and three rounds of data collection. IC: The annual overall response rate has averaged about 78 percent. For the period 2001-2003, the private sector response rate was approximately 80 percent while the government sector rate was 92 percent.
Primary Survey Content	HC: Health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment. MPC: Information on medical care events from Medical providers identified by HC respondents, including expense information for events covered under

Medical Expenditure Panel Survey (MEPS)

Primary Survey Content (continued)	various managed care plans. IC: Employer-sponsored health insurance, including data on types of health insurance plans, associated premiums, and numbers of plans offered.
Population Targeted	U.S. civilian noninstitutionalized population.
Demographic Data	Age, race, Hispanic ethnicity, region, occupation, employment status, and household composition.
Years Collected	1977, 1987, and 1996 to present.
Schedule	Annual.
Geographic Estimates	National. The HC data also can be shown for the four Census regions (Northeast, Midwest, South, and West). Some State information can be provided for the IC.
Notes	AHRQ fields a new MEPS panel each year. In this design, two calendar years of information are collected from each household in a series of five rounds of data collection over a 2 1/2-year period. These data are then linked with additional information collected from the respondents' medical providers, employers, and insurance providers. This series of data collection activities is repeated each year on a new sample of households, resulting in overlapping panels of survey data.
Contact Information	Data system homepage: www.meps.ahrq.gov. Agency homepage: www.ahrq.gov.
References	Fleishman, J.A. *Demographic and clinical variations in health status.* MEPS Methodology Report No. 14. AHRQ Pub. No. 05-0022. Rockville, MD: Agency for Healthcare Research and Quality, 2005. Sommers, J. *Employer-Sponsored Health Insurance for Large Employers in the Private Sector, by Industry Classification, 2003.* Statistical Brief No. 89. Rockville, MD: Agency for Healthcare Research and Quality, 2005. *Technical Appendix (MEPS).* Rockville, MD. Agency for Healthcare Research and Quality, 2005. Available from: www.meps.ahrq.gov keyword: technical appendix. *Frequently Asked General Questions (MEPS).* Rockville, MD. Agency for Healthcare Research and Quality, 2005. Available from: www.meps.ahrq.gov/faqs/faq_hc.htm.

Monitoring the Future Study (MTF)

Sponsor	U.S. Department of Health and Human Services, National Institutes of Health (NIH), National Institute on Drug Abuse (NIDA).
Mode of Administration	Self-administered paper and pencil questionnaire completed by a random sample of 8th, 10th, and 12th graders.
Survey Sample Design	The Monitoring the Future Study utilizes a three-stage probability design that includes primary sampling units (PSUs), schools within PSUs, and students within schools. Up to 350 students per school are selected, either by randomly sampling classrooms or by some other random method that is convenient for the school and judged to be unbiased. Beginning in 1991, national samples of 8th and 10th graders were included. Approximately 50,000 responses are collected annually from all three grades combined. In 2004, about 49,500 students in 406 schools participated in the survey.
Response Rates	The 2004 response rates for 8th, 10th, and 12th graders were 89, 88, and 82 percent, respectively.
Primary Survey Content	Cigarette, alcohol, and illicit drug use; attitudes and beliefs regarding drug use; attitudes of significant others regarding drug use; drug exposure and availability; lifestyle values, attitudes, and behaviors; participation in organized activities, leisure time activities, and religion; deviant behavior and victimization; health; college plans; and demographic data. Drug use and related attitudes are the key variables.
Population Targeted	Students in 8th, 10th, and 12th grades from public and private schools in the coterminous United States.
Demographic Data	Gender, race/Hispanic ethnicity, parental education (used as a proxy for socioeconomic status).
Years Collected	1975 through present.
Schedule	Annual.
Geographic Estimates	National, census region, and population density (Large Metropolitan Statistical Areas [MSAs], other MSA, non-MSA).
Contact Information	Data system home page: http://www.monitoringthefuture.org Agency homepage: http://www.nida.nih.gov

Monitoring the Future Study (MTF)	
References	Johnston, L.D.; O'Malley, P.M.; Bachman, J.G.; et al. *Monitoring the Future. National results on adolescent drug use: Overview of key findings, 2004.* NIH Pub. No. 05-5726. Bethesda, MD: National Institute on Drug Abuse, 2005. Johnston, L.D.; O'Malley, P.M.; Bachman, J.G.; et al. *Mnitoring the Future. National survey results on drug use, 1975-2004: Volume I, Secondary school students.* NIH Pub. No. 05-5727. Bethesda, MD: National Institute on Drug Abuse, 2005.

National Crime Victimization Survey (NCVS)

Sponsor	U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
Mode of Administration	Interview: With the exception of the first and the fifth of a total of seven interviews, all interviews are done by telephone using computer-assisted telephone interviewing (CATI). The first and fifth interviews are personal interviews using computer-assisted personal interviewing (CAPI).
Survey Sample Design	The NCVS uses a stratified, multistage cluster sample. Primary sampling units (PSUs) consist of counties, groups of counties, or large metropolitan areas. Data are collected every year from a sample of approximately 50,000 households that includes about 100,000 people aged 12 years and older. PSUs remain in the sample for a total of 3 years. A total of seven interviews are conducted at 6-month intervals during the 3-year process. In 2004, 84,360 households and 149,000 persons age 12 and older participated in the survey.
Response Rates	Response rates for 2004 included 91 percent of eligible housing units and 86 percent of individuals in interviewed households.
Primary Survey Content	The NCVS counts incidents not reported to police and is one of two U.S. Department of Justice measures of crime in the United States. The survey contains a screening section with detailed questions and cues on victimizations and situations within which crimes may take place. Interviewers follow up positive responses and collect details about victimizations in incident reports.
Population Targeted	Noninstitutionalized population aged 12 years and older residing in the United States.
Demographic Data	Age, gender, race, Hispanic ethnicity, and income. Property crimes include data on age, race, ethnicity, and household size.
Years Collected	1974 to present.
Schedule	Annual.
Geographic Estimates	National.
Contact Information	Data system homepage: www.ojp.usdoj.gov/bjs/cvict.htm. Agency homepage: www.ojp.usdoj.gov/bjs.

National Crime Victimization Survey (NCVS)	
References	Klaus, P.A. *Crime and the Nation's Households, 2003.* NCH206348. Washington, DC: Bureau of Justice Statistics, October, 2004. Catalano, S.M. *Criminal Victimization, 2004.* NCJ210674. Washington, DC: Bureau of Justice Statistics, 2005.

National Health and Nutrition Examination Survey (NHANES)	
Sponsor	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS).
Mode of Administration	In-person interviews in the household and in a private setting in the mobile examination center (MEC). Standardized physical examinations and medical tests in the MECs. Conducted in English and Spanish.
Survey Sample Design	The NHANES uses a stratified multistage probability sample, nationally representative of the U.S. civilian noninstitutionalized population. Approximately 5,000 people are examined at 15 locations each year. Sample sizes for NHANES 2001-02 are 11,039 household interviews and 10,477 MEC examinations. Beginning in 1999, African Americans, Mexican Americans, adolescents aged 15-19 years, and persons 60 years and older are oversampled.
Response Rates	For NHANES 2001-02, the household interview response rate was 84 percent and the medical examination response rate was 80 percent.
Primary Survey Content	Chronic disease prevalence and conditions (including undiagnosed conditions), risk factors, diet and nutritional status, immunization status, infectious disease prevalence, health insurance, and measures of environmental exposures. Other topics addressed include hearing, vision, mental health, anemia, diabetes, cardiovascular disease, osteoporosis, obesity, oral health, mental health, and physical fitness.
Population Targeted	The civilian noninstitutionalized population residing in the United States.
Demographic Data	Gender, age, education, race/Hispanic ethnicity, place of birth, income, occupation and industry.
Years Collected	From 1960 to 994, a total of seven national examination surveys were conducted. Beginning in 1999, the survey has been conducted continuously.
Schedule	Periodic (1960-94); annual beginning in 1999. Data are released in combined 2 year files (e.g., 2001-02).
Geographic Estimates	National; four U.S. Census Bureau regions.

National Health and Nutrition Examination Survey (NHANES)

Notes	Although NHANES is conducted continuously, the annual sample size is too small to provide reliable estimates. Consequently, public use data are released in 2 year files. Two or more cycles (e.g., 1999-2000 and 2001-02) may be combined to increase sample size and analytic options. Many analyses require 4 years of data for reliable estimates.
Contact Information	Data system homepage: www.cdc.gov/ncs/nhanes.htm .Agency homepage: www.cdc.gov/nchs.
References	McDowell, M.A.; Fryar, C.D.; Hirsch, R.; et al. Anthropometric reference data for children and adults: U.S. population, 1999-2000. *Advance Data from Vital and Health Statistics* No. 361. Hyattsville, MD: National Center for Health Statistics, 2005. National Center for Health Statistics. Plan and operation of the third National Health and Nutrition and Examination Survey, 1988-94. *Vital and Health Statistics* 1(32). Hyattsville, MD: National Center for Health Statistics, 1994. Ezzati, T.M.; Massey, J.T.; Waxberg, J.; et al. Sample design: Third National Health and Nutrition Examination Survey. *Vital and Health Statistics* 2(113). Hyattsville, MD: National Center for Health Statistics, 1992.

National Health Interview Survey (NHIS)

Sponsor	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS).
Mode of Administration	Personal interview in households using computer-assisted personal interviewing (CAPI), administered by professional interviewers, and conducted in English and Spanish (the Spanish version was initiated in mid-1998). A new NHIS instrument, which utilizes Blaise® computer-assisted interviewing software, was implemented for the 2004 survey year.
Survey Sample Design	The NHIS is a cross-sectional household interview survey. Sampling and interviewing are continuous throughout each year. The sampling plan follows a multistage area probability design that permits the representative sampling of households. The sampling plan is redesigned after every decennial census. The current sampling plan was implemented in 2006. It has many similarities to the previous sampling plan, which was in place from 1995 to 2005. The first stage of the current sampling plan consists of a sample of 428 primary sampling units (PSU) drawn from approximately 1,900 geographically defined PSUs that cover the 50 States and the District of Columbia. A PSU consists of a county, a small group of contiguous counties, or a metropolitan statistical area. Within a PSU, two types of second-stage units are used: area segments and permit segments. Area segments are defined geographically and contain an expected eight, twelve, or sixteen addresses. Permit segments cover housing units built after the 2000 census. The permit segments are defined using updated lists of building permits issued in the PSU since 2000 and contain an expected four addresses. The current NHIS sample design continues the oversampling of both Black persons and Hispanic persons that was a new feature of the previous sample design. A new feature of the current sample design is that Asian persons are oversampled as well. In addition, the sample adult selection process has been revised so that black, Hispanic, and Asian persons aged 65 years or older have an increased probability of being selected. The new sample design is anticipated to result in approximately 87,500 persons residing in 35,000 households with completed interviews each year. The survey is designed so that the sample scheduled for each week is representative of the target population and the weekly samples are

National Health Interview Survey (NHIS)

	additive over time.
Response Rates	The annual response rate of NHIS is close to 90 percent of the eligible households in the sample.
Primary Survey Content	Information is obtained on demographic characteristics, illnesses, injuries, impairments, chronic conditions, utilization of health resources, health insurance, and other health topics. The core household interview asks about everyone in the household. Additional questions are asked of 1 sample adult and 1 sample child (under 18 years) per family in the household. The sample adult questionnaire includes chronic health conditions and limitations in activity, health behaviors, health care access, health care provider contacts, immunizations, and AIDS knowledge and attitudes. The sample child questionnaire includes questions about chronic health conditions, limitation of activities, health status, behavior problems, health care access and utilization, and immunizations. Child data are proxy-reported by a parent or other knowledgeable adult respondent. Adult sample person data are self-reported. Special modules are fielded periodically and cover areas such as cancer, prevention, disability, and use of complementary and alternative medicine.
Population Targeted	Civilian noninstitutionalized population residing in the United States, all ages.
Demographic Data	Gender, age, race/Hispanic ethnicity, education, income, marital status, place of birth, industry and occupation.
Years Collected	Continuously since 1957. Current sample design began in 2006; current questionnaire design began in 1997.
Schedule	Annual.
Geographic Estimates	National; four U.S. Census Bureau regions; some of the 10 HHS regions, some States; metropolitan and nonmetropolitan areas. Some NHIS tables report metropolitan statistical areas, based on the 2000 OMB standards for defining metropolitan and micropolitan areas and on the 2000 census, as defined below: Metropolitan categories Large Central - Central counties in metro areas of 1 million or more population Large Fringe - Outlying counties in metro areas of 1 million or more population Medium - Counties in metro areas of 250,000-999,999 population

National Health Interview Survey (NHIS)

	Small - Counties in metro area of 50,000-249,999 population
	Nonmetropolitan categories
	Micropolitan - Counties in an area with an urban cluster of 10,000-49,999 population Noncore - Nonmicropolitan
Contact Information	Data system homepage: www.cdc.gov/nchs/nhis.htm.
	Agency homepage: www.cdc.gov/nchs.
References	For more details, see the NHIS survey description documents available from the datasets and documentation section at http://www.cdc.gov/nchs/nhis.htm.
	National Center for Health Statistics (2007). *Data File Documentation, National Health Interview Survey, 2006* (machine readable data file and documentation). National Center for Health Statistics, Centers for Disease Control and Prevention, Hyattsville, Maryland.
	National Center for Health Statistics (2006). *Data File Documentation, National Health Interview Survey, 2005* (machine readable data file and documentation). National Center for Health Statistics, Centers for Disease Control and Prevention, Hyattsville, Maryland.

National Hospital Ambulatory Medical Care Survey (NHAMCS)

Sponsor	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS).
Mode of Administration	Hospital staff are asked to complete one-page questionnaires (Patient Record forms) on a sample of their patient visits during an assigned reporting period.
Survey Sample Design	The NHAMCS utilizes a four-stage probability design that involves samples of primary sampling units (PSUs), hospitals within PSUs, clinics within hospitals, and patient visits within clinics. Hospital staff are asked to complete Patient Record forms for a systematic random sample of patient visits occurring during a randomly assigned 4-week reporting period during the survey year. Sample data are weighted to produce national estimates of patient visits. In 2003, 406 emergency departments (EDs) participated, yielding 40,253 completed Patient Record forms. In addition, 231outpatient departments (OPDs) participated, yielding 334,492 completed Patient Record forms.
Response Rates	The 2003 overall patient response rate for emergency departments was 85 percent. The comparable rate for outpatient departments in 2002 was 75 percent.
Primary Survey Content	NHAMCS includes two files: ED visits and OPD visits. Information is obtained on various aspects of patient visits, including patient characteristics, physician characteristics, and other visit characteristics. The survey form is redesigned every 2 years to address changing health data needs. Among the items collected are: patient's age, gender, race, and ethnicity; patient's expressed reason for visit; place, cause, work-relatedness, and intentionality of injury, if any; physician's diagnoses; diagnostic services ordered or provided; procedures provided; medications ordered, supplied, administered or continued; providers seen; visit disposition; immediacy with which patient should be seen; time spent with physician; and, expected source of payment.
Population Targeted	The basic sampling unit is the patient visit. Included in the survey are in-person visits by patients to EDs and OPDs of noninstitutional general and short-stay hospitals, exclusive of Federal, military, and Veterans Administration hospitals, located in the 50 States and the District of Columbia. Telephone contacts are excluded.

National Hospital Ambulatory Medical Care Survey (NHAMCS)

Demographic Data	Patient's age, gender, race, and Hispanic ethnicity
Years collected	Annual since 1992
Schedule	Annual
Geographic Estimates	National, four U.S. Census Bureau regions.
Notes	The NHAMCS is a visit-based survey rather than a population-based survey. Estimates of visits per person per year can be produced using U.S. Census Bureau civilian noninstitutionalized population estimates. The survey is cross-sectional in nature. Multiple visits may be made by the same person within the sample.
Contact Information	Data system homepage: www.cdc.gov/nchs/nhamcs.htm. Agency homepage: www.cdc.gov/nchs.
References	McCaig, L.F., and Burt, C.W. National Hospital Ambulatory Medical Care Survey: 2003 emergency department summary. *Advance Data from Vital and Health Statistics* No. 358. Hyattsville, MD: National Center for Health Statistics. 2005. Middleton, K.R. and Hing, E. National Hospital Ambulatory Medical Care Survey: 2003 outpatient department summary. *Advance Data from Vital and Health Statistics* No. 366. Hyattsville, MD: National Center for Health Statistics, 2005. McCaig, L.F.; McLemore. T. Plan and operation of the National Hospital Ambulatory Medical Care Survey. *Vital and Health Statistics* 1(34). Hyattsville, MD: National Center for Health Statistics, 1994.

National Hospital Discharge Survey (NHDS)	
Sponsor	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS).
Mode of Administration	Manual sample selection and abstraction of inpatient medical records by field personnel or automated data collection through the purchase of electronic files from commercial abstracting sources, States, or hospitals.
Survey Sample Design	The NHDS collects data from a sample of inpatient records acquired from a national sample of hospitals. The survey is restricted to hospitals with an average length of stay of fewer than 30 days, general hospitals, and children's general hospitals. Federal, military, and Department of Veterans Affairs hospitals are excluded as are hospital units in institutions (e.g., prison hospitals) and hospitals with fewer than six beds. The survey utilizes a three-stage probability design. The hospital sampling frame and sample are updated every 3 years. In 2003, data were collected for approximately 320,000 discharges from 426 hospitals.
Response Rates	The 2003 response rate was 89 percent.
Primary Survey Content	Variables collected include age, gender, race, Hispanic ethnicity, admission and discharge dates (length of stay), discharge status, and source of payment. From 1-7 diagnoses and from 0-4 procedures are coded using the ICD-9-CM. Hospital size, ownership, and region are also collected.
Population Targeted	Hospital discharges from short-stay noninstitutional hospitals and general and children's general hospitals regardless of length of stay, exclusive of military and U.S. Department of Veteran Affairs hospitals, located within the 50 States and the District of Columbia.
Demographic Data	Patient's age, gender, race, and Hispanic ethnicity.
Years Collected	1965 to present.
Schedule	Annual.
Geographic Estimates	National, four U.S. Census Bureau regions.

National Hospital Discharge Survey (NHDS)

Notes	Data on race are not available for some hospitals because the hospitals provide data from billing forms that do not include race as a required item. A comparison of NHDS data with data for those who reported being hospitalized in the NHIS indicated that under reporting for whites was about 30 percent in 1992; the difference for African Americans was not statistically significant. Hispanic origin was not reported for 75 percent of the NHDS records in 1992.
Contact Information	Data system homepage: www.cdc.gov/nchs/nhds.htm. Agency homepage: www.cdc.gov/nchs.
References	DeFrances, C.J.; Hall, M.J.; Podgomik, M.K. 2003 National Hospital Discharge Survey. *Advance Data from Vital and Health Statistics* No. 359. Hyattsville, MD: National Center for Health Statistics, 2005. Kozak, L.J.; Owings, M.F.; and Hall, M.J. National Hospital Discharge Survey: 2002 annual summary with detailed diagnosis and procedure data. *Vital and Health Statistics* 13(158). Hyattsville, MD: National Center for Health Statistics, 2005 Dennison C.; and Pokras, R. Design and operation of the National Hospital Discharge Survey: 1988 redesign. *Vital and Health Statistics;* 1(39). Hyattsville, MD: National Center for Health Statistics, 2000. Kozak, L.J. Under reporting of race in the National Hospital Discharge Survey. *Advance Data from Vital and Health Statistics* No. 265. Hyattsville, MD: National Center for Health Statistics, 1995.

National Immunization Survey (NIS)

Sponsor	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Immunization and Respiratory Diseases (NIRD). The survey is conducted jointly by NIRD and the National Center for Health Statistics (NCHS).
Mode of Administration	List-assisted random-digit-dialing survey followed by a mailed survey to children's immunization providers.
Survey Sample Design	The NIS uses two phases of data collection to obtain vaccination information for a large national probability sample of young children: a random-digit-dialing (RDD) survey designed to identify households with children between 19 and 35 months of age, followed by the NIS Provider Record Check (PRC) survey which obtains provider-reported vaccination histories for these children. In 2004, health care provider records were obtained for 21,998 children.
Response Rates	In 2004, the overall survey response rate was 67 percent.
Primary Survey Content	Information is obtained on immunization status with respect to the Advisory Committee on Immunization Practices' recommended number of doses of vaccines. Vaccines included in the survey are: diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP), poliovirus vaccine (polio), measles-containing vaccine (MCV), Haemophilus influenzae type b vaccine (Hib), hepatitis B vaccine (Hep B), varicella zoster vaccine, pneumococcal conjugate vaccine (PCV), hepatitis A vaccine (Hep A), and influenza vaccine (FLU).
Population Targeted	Children between the ages of 10 and 35 months living in the United States.
Demographic Data	Gender, age, race/Hispanic ethnicity of the child, race/Hispanic ethnicity of the mother, mother's education, household income, and other information on the socioeconomic characteristics of the household and its eligible children.
Years Collected	Continuously since 1994.
Schedule	Quarterly estimates of vaccine coverage are produced.
Geographic Estimates	Estimates are produced for the nation and for each of 78 Immunization Action Plan areas consisting of the 50 States, the District of Columbia, and 27 large urban areas.

National Immunization Survey (NIS)	
Contact Information	Data system homepage: www.cdc.gov/nis Agency homepage: www.cdc.gov/nip and www.cdc.gov/nchs.
References	Darling, N.; Santibanez, T.; Santoli, J. National, State, and urban area vaccination coverage among children aged 19—35 months United States, 2004. *Morbidity and Mortality Weekly Report* 54(29): 717-721, 2005. Smith, P.J.; Hoaglin, D.C.; Battaglia, M.P.; et al. Statistical methodology of the National Immunization Survey, 1994-2002. *Vital and Health Statistics* 2(138). Hyattsville, MD: National Center for Health Statistics, 2005.

National Notifiable Disease Surveillance System (NNDSS) and National Electronic Telecommunications System for Surveillance (NETSS)

Sponsor	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Public Health Informatics (NCPHI).
Mode of Administration	Reports are submitted by health care providers and clinical laboratories to the local, county, or State health departments. Weekly transmission of all data reported to CDC is overseen and administered by the State health departments.
Survey Sample Design	States determine the diseases that are nationally notifiable, the data that are collected, and method of reporting.
Response Rates	Varies by disease and State. Severe clinical illnesses are more likely to be reported. Persons with clinically mild diseases—usually not associated with severe consequences—may not be seen in health care settings or may not be reported by health care providers. Underreporting is a major limitation of this system.
Primary Survey Content	The Council of State and Territorial Epidemiologists and CDC develop the list of diseases and conditions that are considered nationally notifiable (61 in 2005). However, each State determines which diseases and conditions from the list will be reported from that State; many States also include other diseases and conditions in addition to those on the list of nationally notifiable diseases and conditions. States generally report the internationally quarantineable diseases, in compliance with the World Health Organization regulations. Data include demographic characteristics and other epidemiologically important information.
Population Targeted	Entire population of all States, District of Columbia, and five U.S. territories.
Demographic Data	Race, Hispanic ethnicity, age, and gender.
Years Collected	Since 1928, all States, the District of Columbia, Hawaii, and Puerto Rico have participated in public health reporting for specified conditions.
Schedule	Data are transmitted to CDC from the States each week. National data are published annually.
Geographic Estimates	National, regional, State, county.

National Notifiable Disease Surveillance System (NNDSS) and National Electronic Telecommunications System for Surveillance (NETSS)

Notes	Although State health department staff and their CDC colleagues attempt to obtain complete demographic and epidemiologic information, some data (particularly race and ethnicity) are not available for some cases of disease. Laws, regulations, and mandates for public health reporting (including specific data items that are reported) are under the authority of individual States, and in some States, race and ethnicity may not be approved for reporting to the national level. Race and ethnicity data may also be unknown when cases are reported from a laboratory or when cases are reported as aggregate disease totals. In 1984, a system was developed for the electronic transfer of individual case record data. By 1990 all states were participating in this system (called the NETSS). NETSS is a computerized public health surveillance information system that provides the CDC with weekly data on cases of notifiable diseases as specified in the NNDSS.
Contact Information	Data system homepages: www.cdc.gov/epo/dphsi/nndsshis.htm. and www.cdc.gov/epo/dphsi/netss.htm. Agency homepage: http://www.cdc.gov/epo.
References	Centers for Disease Control and Prevention. Summary of notifiable diseases–United States, 2003. *Morbidity and Mortality Weekly Report* 52(54), 2005.

National Profile of Local Health Departments (NPLHD)

Sponsor	Conducted by the National Association of County and City Health Officials, with support from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
Mode of Administration	Self-administered questionnaires.
Survey Sample Design	Census of U.S. local health departments. The sample size for the 2005 survey was 2,864.
Response Rates	Response rate varies by State. The overall (national) response rate for the 2005 survey was 80 percent.
Primary Survey Content	Descriptive data on local health departments nationwide, including jurisdiction type, services provided, staff size, community partnerships and collaborative relationships, managed care, and expenditures.
Population Targeted	Local health departments in the United States.
Demographic Data	Jurisdiction type, population size.
Years Collected	1989; 1992–93; 1996–97; 2005.
Schedule	Periodic.
Geographic Estimates	National, 10 HHS Regions, State, and county. Data will be geo-coded.
Notes	The NPLHD is a cross-sectional survey, not a longitudinal survey. Questions change from survey to survey.
Contact Information	Data system homepage: www.naccho.org. Agency homepage: www.cdc.gov/phppo.
References	National Association of County and City Health Officials. *2005 National Profile of Local Health Departments.* Washington, D.C., 2006. Available at: www.naccho.org. Hajat, A.; Brown, C.K.; Fraser, M.R. *Local Public Health Agency Infrastructure: a Chartbook.* Washington, DC: National Association of County and City Health Officials, 2001. National Association of County and City Health Officials. *1992–1993 National Profile of Local Health Departments: National Surveillance Series*. Atlanta, GA: Centers for Disease Control and Prevention, 1995.

National Survey on Drug Use and Health (NSDUH)	
Note	Prior to 2002, this survey was called the National Household Survey on Drug Abuse (NHSDA)
Sponsor	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA).
Mode of Administration	Questionnaires are administered in the home by professional survey administrators. Computer-assisted personal interview (CAPI) and audio computer-administered self interview (ACASI) for sensitive questions have been used since 1999. Beginning in 2002, respondents were offered an incentive payment in an effort to improve response rates. No respondent identifiers are collected.
Survey Sample Design	A 50-State sample design with an independent multistage area probability sample for each of the 50 states and the District of Columbia to facilitate State-level estimation. Youths (ages 12-17 years) and young adults (ages 18-25 years) are oversampled. In 2004, 130,130 household addresses were screened and 67,760 completed interviews were obtained.
Response Rates	Weighted response rates in 2004 were 91 percent for household screening and 77 percent for individual interviews.
Primary Survey Content	Initiation, recency, and frequency of use of alcohol, tobacco (including smokeless, cigarettes, and cigars), marijuana and other illicit drugs; prescription drug misuse; treatment and prevention-related items.
Population Targeted	Civilian noninstitutionalized population residing in the United States, ages 12 and older.
Demographic Data	Gender, age, race/Hispanic ethnicity, education, marital status, employment, income.
Years Collected	1971 to present. Continuous since 1992.
Schedule	Annual.
Geographic Estimates	National, regional.
	Since 1999, direct State estimates can be made for California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas. Sample sizes in the remaining 42 states and the District of Columbia are sufficient to support State estimates using small area estimation (SAE) techniques.

National Survey on Drug Use and Health (NSDUH)	
Notes	As a result of methodological changes made in 2002, data for 2002 and later years should not be compared with 2001 and earlier NHSDA data to assess changes over time.
Contact Information	Data system homepage: www.oas.samhsa.gov/nhsda.htm. Agency homepage: www.oas.samhsa.gov.
References	Substance Abuse and Mental Health Services Administration (SAMHSA): *Overview of findings from the 2004 National Survey on Drug Use and Health.* NSDUH Series H-27, DHHS Publication No. SMA 05-4061. Rockville, MD: SAMHSA, Office of Applied Studies, 2005.

National Survey of Family Growth (NSFG)

Sponsor	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS).
Mode of Administration	Computer-assisted personal interview (CAPI) by professional female interviewers. In addition, a self-administered audio section for more sensitive topics (ACASI), in which respondents hear questions on headphones (and read on a computer screen) and enter responses on the computer themselves.
Survey Sample Design	The 2002 survey was a multistage probability design consisting of households in 120 areas across the country. The sample was designed to produce national, not State estimates. Respondents included 7,643 women and 4,928 men. African American, Hispanic, and 15-24 year old respondents were sampled at a higher rate.
Response Rates	Response rates have averaged around 80 percent for the 2002 and prior cycles. The 2002 response rate was 79 percent: 80 percent for women and 78 percent for men.
Primary Survey Content	The NSFG collects data on factors affecting birth and pregnancy rates, adoption, and maternal and infant health. These factors include sexual activity, marriage, divorce and remarriage, unmarried cohabitation, parenting, contraception and sterilization, infertility, breastfeeding, pregnancy loss, low birthweight, and use of medical care for family planning and infertility.
Population Targeted	Civilian noninstitutionalized women and men aged 15 to 44 years residing in the United States.
Demographic Data	Age, race, Hispanic ethnicity, family income, educational attainment.
Years Collected	1973, 1976, 1982, 1988, 1995, and 2002.
Schedule	Periodic.
Geographic Estimates	National; four U.S. Census Bureau regions; metropolitan and nonmetropolitan areas; some of the 10 HHS regions.
Contact Information	Data system homepage: www.cdc.gov/nchs/nsfg.htm. Agency homepage: www.cdc.gov/nchs.

National Survey of Family Growth (NSFG)

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Mosher W.D.; Martinez, G.M.; Chandra, A.; Abma, J.C.; et al. Use of contraception and use of family planning services in the United States, 1982-2002. *Advance Data from Vital and Health Statistics* No. 350. Hyattsville, MD: National Center for Health Statistics, 2004.

Bramlett, M.D., and Mosher, W.D. Cohabitation, marriage, divorce, and remarriage in the United States. *Vital and Health Statistics* 23(22). Hyattsville, MD: National Center for Health Statistics, 2002.

National Vital Statistics System, Mortality (NVSS-M)	
Sponsor	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS).
Mode of Administration	Administrative records (death certificates) completed by physicians, coroners, medical examiners, and funeral directors are filed with State vital statistics offices; selected statistical information is forwarded to NCHS to be merged into a national statistical file. Beginning with 1989, revised standard certificates replaced the 1978 versions; the next revision, originally scheduled for 2003, is being phased in. In 2003, 4 States and New York City implemented the revision; 8 additional States implemented in 2004. Demographic information on the death certificate is provided by the funeral director and is based on information supplied by an informant. Medical certification of cause of death is provided by the physician, medical examiner, or coroner.
Survey Sample Design	NVSS mortality files include data for the 50 States, the District of Columbia, and the territories of Puerto Rico, Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Marianas. All deaths occurring in those areas are included (approximately 2.2 to 2.3 million annually). Data for Healthy People 2010 are based only on resident deaths filed in the 50 States and the District of Columbia. Deaths to nonresidents of the United States are not included.
Response Rates	N/A.
Primary Survey Content	All States provide data on year of death, place of decedent's residence, place death occurred, age at death, day of week and month of death, Hispanic origin, race, marital status, place of birth, gender, underlying and multiple causes of death. Selected States provide injury at work, hospital and patient status, educational attainment. A second group of selected States provide decedent's and occupation and industry.
Population Targeted	The U.S. Population
Demographic Data	Gender, race, Hispanic origin, age at death, place of decedent's residence, educational attainment (for selected States), marital status, and industry and occupation (for selected States).
Years collected	The data system began in 1900 but not all States participated before 1933. Coverage for deaths has been complete since 1933.
Schedule	Annual.

National Vital Statistics System, Mortality (NVSS-M)

Geographic Estimates	National, regional, State, county, and city. In order to prevent disclosure of individuals and institutions, beginning with data year 1989, NCHS has excluded (a) geographic identities of counties, cities, and metropolitan areas with less than 100,000 population and (b) exact day of birth and death from public-use micro-data mortality files.
Contact Information	Data system homepage: www.cdc.gov/nchs/deaths.htm. Agency homepage: www.cdc.gov/nchs.
References	Hoyert, D.L.; Kung, H.C.; Smith, B.L. Deaths: Preliminary data for 2003. *National Vital Statistics Reports* Vol. 53, No.15. Hyattsville, MD: National Center for Health Statistics, 2005. Kochanek, K.D.; Murphy, S.L.; Anderson, R.N.; et al. Deaths: Final data for 2002. *National Vital Statistics Reports* Vol. 53, No. 5. Hyattsville, MD: National Center for Health Statistics, 2004. National Center for Health Statistics. *Technical Appendix. Vital Statistics of the United States, 1999*. Vol. II, Mortality, Part A. Available from: www.cdc.gov/nchs/data/statab/techap99.pdf

National Vital Statistics System - Natality (NVSS-N)	
Sponsor	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS).
Mode of Administration	Hospital and attendants at delivery are responsible for the completion of administrative records (birth certificates), which are filed with State vital statistics offices; selected statistical information is forwarded to NCHS to be merged into a national statistical file. Demographic information is provided by the mother. Medical and health information is generally based on hospital and other records. Beginning with 1989, revised standard certificates replaced the 1978 versions. The next revision, originally scheduled for 2003, is being phased in. Two states implemented the revision in 2003; four additional states revised in 2004.
Survey Sample Design	NVSS natality data include data for the 50 States, the District of Columbia, and the territories of Puerto Rico, Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Marianas. All births are included (approximately 3.9 to 4.0 million annually). Data for Healthy People 2010 are based only on resident births filed in the 50 States and the District of Columbia. Births to nonresidents of the United States are not included.
Response Rates	N/A.
Primary Survey Content	Year of birth, place of birth, prenatal care, demographic information and health status of baby, demographic information of mother and father, pregnancy history of mother, medical and health data about the delivery, pregnancy, and mother.
Population Targeted	All registered births in the United States.
Demographic Data	Gender of baby, race, Hispanic origin, age, educational attainment, marital status of mother, and live-birth order.
Years Collected	The data system began in 1900 but not all States participated until 1933. Prior to 1972, a 50 percent sample of birth certificates was received. From 1972 to 1984, all birth certificates were included from States participating in the Vital Statistics Cooperative Program, with other States providing a 50 percent sample of birth certificates. Since 1985, the natality file has been based on 100 percent of birth certificates in all States and the District of Columbia.

National Vital Statistics System - Natality (NVSS-N)

Schedule	Annual.
Geographic Estimates	National, regional, State, county, and city. In order to prevent disclosure of individuals and institutions, beginning with data year 1989, NCHS has excluded (a) geographic identities of counties, cities, and metropolitan areas with less than 100,000 population and (b) exact day of birth from public-use micro-data natality files.
Contact Information	Data system homepage: www.cdc.gov/nchs/births.htm. Agency homepage: www.cdc.gov/nchs.
References	Hamilton B.E.; Ventura S.J.; Martin J.A.; et al. Preliminary births for 2004. *Health E-Stat.* Hyattsville, MD: National Center for Health Statistics, 2005. Available from: www.cdc.gov/nchs/products/pubs/pubd/hestats/prelim_births/prelim_births04.htm. Martin, J.A.; Hamilton, B.E.; Sutton, P.D.; et al. Births: Final data for 2003. *National Vital Statistics Reports* Vol. 54, No. 2. Hyattsville, MD: National Center for Health Statistics, 2005. National Center for Health Statistics. *Technical Appendix*. *Vital Statistics of the United States, 2002.* Vol. I, Natality. Available from: http://www.cdc.gov/nchs/data/techap02.pdf.

School Health Policies and Programs Study (SHPPS)	
Sponsor	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP).
Mode of Administration	State and district level: Self-administered, mailed questionnaire. School and classroom level: On-site, structured personal interview.
Survey Sample Design	SHPPS is a national, periodic survey of schools that was first conducted in 1994. The 2000 SHPPS included all 50 States and the District of Columbia education agencies; a national probability sample of public and private districts; a national sample of public and private middle/junior and senior high school schools; and a random sample of required health education and physical education classes. About 560 districts and 950 schools participated. Respondents included administrators, teachers, school nurses, counselors, food service staff, secretaries, and other school personnel.
Response Rates	For the 2000 SHPPS: State education agencies, 100 percent; school districts, 75 percent; schools, 71 percent; health education teachers, 90 percent; and physical education teachers, 90 percent.
Primary Survey Content	Characteristics (such as policies, administration, planning, program content, program requirements, teaching methodologies, professional preparation of staff, efforts to promote programs, accessibility of services, training needs, etc.) of school health programs, including health education, physical education, food service, health services, and school health policies.
Population Targeted	Education agencies in all 50 States and the District of Columbia; public and private school districts; public and private middle/junior and senior high schools; required health education and physical education courses.
Demographic Data	For schools, demographic variables include school size, school type, urbanicity, student-teacher ratio, percent of students receiving free or reduced-price lunches, and racial/Hispanic ethnicity of students.
Year Collected	1994; 2000.
Schedule	Periodic: every 6 years. Next survey is planned for 2006.

School Health Policies and Programs Study (SHPPS)	
Geographic Estimates	National estimates for school districts, schools, and health education and physical education courses; State estimates for State education agencies.
Contact Information	Data system homepage: www.cdc.gov/HealthyYouth/shpps/index.htm. Agency homepage : www.cdc.gov/nccdphp.
References	Centers for Disease Control and Prevention. *Overview: School Health Policies and Programs Study 2000.* Available from: www.cdc.gov/HealthyYouth/shpps/factsheets/pdf/overview.pdf. Kolbe, L.J.; Kann, L.; Collins, J.L.; Small, M.L.; et al. The School Health Policies and Programs Study (SHPPS): Context, methods, general findings, and future efforts. *Journal of School Health Supplement* 7(71), 2001.

State Tobacco Activities Tracking and Evaluation System (STATE)	
Sponsor	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Office on Smoking and Health (OSH).
Mode of Administration	The STATE System is a data warehouse. Data are collected and summarized from various sources, including the Behavioral Risk Factor Surveillance System; the Youth Risk Behavior Surveillance System; the Census Bureau, the Economic Research Service, USDA; and SAMHSA. Specifically for Healthy People 2010 objectives, the Lexis-Nexis on-line legal database is used.
Survey Sample Design	N/A. Specifically for Healthy People 2010 objectives, CDC, OSH searches two Lexis-Nexis subfiles: the StateTrack System and the Advanced Legislative Services System. Downloads to the STATE database are coded according to variables identified by CDC, OSH.
Response Rates	N/A.
Primary Survey Content	The system contains data on cigarette and other tobacco use, resident population estimates (number of adults and adolescents), the tobacco industry (tobacco agriculture, manufacturing, and cigarette sales), health consequences and cost, State tobacco-control legislation (smokefree indoor air, youth access, preemption, excise tax on tobacco products, licensure, and advertising), and program implementation (cigarette sales to underage persons).
Population Targeted	State tobacco activities.
Demographic Data	Resident population data grouped by adult and youth.
Years Collected	Continuously since 1996.
Schedule	Annually for most data sources, quarterly for State tobacco control legislation.
Geographic Estimates	State (see NOTES).
Notes	The STATE System is an electronic data warehouse containing current and historic State-level data on tobacco use prevention and control. It integrates many data sources to provide comprehensive summary data and facilitate research and consistent interpretation of the data. National estimates are derived by summing the State numbers across States.

State Tobacco Activities Tracking and Evaluation System (STATE)	
Contact Information	Data system homepage: www.cdc.gov/tobacco/statesystem. Agency homepage: www.cdc.gov/tobacco.
References	Bloch, A.B.; Mowery, P.D.; Caraballo, R.S.; et al. Tobacco use, access, and exposure to tobacco in the media among middle and high school students: United States, 2004. *Morbidity and Mortality Weekly Report* 54(12): 297-301, 2005. Chriqui, J.; O'Connor, J.; Babb, S.; et al. State smoking restrictions for private-sector worksites, restaurants, and bars – United States, 1998 and 2004. *Morbidity and Mortality Weekly Report* 54(26): 649-653, 2005.

Survey of Occupational Injuries and Illnesses (SOII)

Sponsor	U.S. Department of Labor, Bureau of Labor Statistics (BLS) in cooperation with State Departments of Labor
Mode of Administration	Questionnaires sent to private employers, collected and processed by State agencies cooperating with the Bureau of Labor Statistics.
Survey Sample Design	A sample of private establishments representing the total private economy (except for mines and railroads). In 2003, a sample of 183,700 establishments was surveyed.
Response Rates	Response rates vary from year to year. The 2003 response rate was 94 percent.
Primary Survey Content	Occupational illnesses; occupational injuries which involve lost worktime, medical treatment other than first aid, restriction of work or motion, loss of consciousness, or transfer to another job. Days away from work and days of restricted work activity are also recorded.
Population Targeted	Private industry, excluding the self-employed, farms with fewer than 11 employees, private households and employees in Federal, State, and local government agencies.
Demographic Data	Gender, age, occupation.
Years Collected	1972 to present.
Schedule	Annual.
Geographic Estimates	National, State.
Contact Information	Data system homepage: www.bls.gov/iif/home.htm Agency homepage: www.bls.gov.
References	Bureau of Labor Statistics. *BLS Handbook of Methods.* Available from: www.bls.gov/opub/hom/homtoc.htm. Bureau of Labor Statistics (BLS). *Survey of Occupational Injuries and Illnesses, 2003.* Washington, DC: BLS, 2005.

United States Renal Data System (USRDS)

Sponsor	U.S. Department of Health and Human Services, National Institutes for Health (NIH), National Institute for Diabetes and Digestive and Kidney Disease (NIDDK) in collaboration with the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS).
Mode of Administration	Continuous mandated reporting from physicians who treat end-stage renal disease (ESRD).
Survey Sample Design	The database consists of patient and facility records from the CMS ESRD Program Management and Medical Information System, the Annual Facility Survey, and data on transplant followup and Medicare parts A and B services derived from Medicare claims. These CMS-supplied data are supplemented by data from the Social Security Administration, the U.S. Department of Veterans Affairs facilities, the U.S. Census Bureau, local and national ESRD provider databases, and international ESRD registries. Patient-specific data are compiled from medical records, as well as data on medical providers and treatment facilities. Special studies utilize random samples of patient population medical records.
Response Rates	N/A.
Primary Survey Content	Date of onset of ESRD, treatment modality (including dialysis and kidney transplantation), causes of death, patient survival, hospitalization, cost and cost effectiveness, and institutional providers of ESRD treatment. Questions in special surveys cover behavioral risk factors (for example, alcohol and tobacco use), preventive health measures, health status, limitation of activity, and health care access and utilization.
Population Targeted	Medicare and non-Medicare ESRD patients.
Demographic Data	Gender, age, income, education, race, Hispanic ethnicity.
Years Collected	Continuously since 1988.
Schedule	Annual.
Geographic Estimates	National, State, and county.
	The USRDS provides data on the incidence, prevalence, mortality rates, and trends over time of end-stage renal disease by primary diagnosis, treatment modality, and sociodemographic variables. Other data collected by the database include services resources, utilization, expenditures, and financing.

United States Renal Data System (USRDS)	
Contact Information	Data system homepage: www.usrds.org. Agency homepage: www.niddk.nih.gov.
References	United States Renal Data System, USRDS. *2005 Annual Data Report: Atlas of End-State Renal Disease in the United States.* Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, 2005. United States Renal Data System. *Researchers Guide to the USRDS Database: 2004 ADR Edition.* Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, 2004.

Youth Risk Behavior Surveillance System (YRBSS)

Sponsor	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP).
Mode of Administration	School based; administered in classrooms by professional survey administrators. Anonymous self-administered questionnaires. Make-up surveys conducted for absentees.
Survey Sample Design	The YRBSS has several components all of which are administered among samples of 9th through 12th grade students: a national survey, State surveys administered by the States, local surveys administered by large school districts, periodic surveys of the Navaho Indian Nation schools, and periodic surveys of American Indian youth attending schools funded by the Bureau of Indian Affairs. The national survey uses a three-stage probability sample. It is completed biennially by students in about 150 public and private schools, grades 9-12. African American and Hispanic/Latino students are sampled at a higher rate in the national survey. In 2003, a total of 15,214 students completed the national survey.
Response Rates	For 2003: School response rate 81% Individual response rate 83% Overall response rate 67%
Primary Survey Content	Six categories of health risk behaviors: behaviors contributing to unintentional injury and violence, tobacco use, alcohol and other drug use, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, unhealthy diet and nutrition, and physical inactivity.
Population Targeted	Students in grades 9-12.
Demographic Data	Gender, age, grade, race/ethnicity, urbanicity of school.
Years Collected	1990; biennially since 1991.
Schedule	Biennial (odd-numbered years).
Geographic Estimates	National survey: national and four U.S. Census Bureau regions; State survey: 41 States and the District of Columbia in 1999; Local survey: 16 selected large urban school districts in 1999.

Youth Risk Behavior Surveillance System (YRBSS)

Notes	The YRBSS methodology includes a makeup survey for students who are absent during the original survey to improve coverage of the in-school youth population. Other components of the YRBSS include a national alternative school survey, middle school surveys in selected States, and the National College Health Risk Behavior Survey.
Contact Information	Data system homepage: www.cdc.gov/HealthyYouth/yrbs/index.htm. Agency homepage: www.cdc.gov/nccdphp.
References	Centers for Disease Control and Prevention. Methodology of the Youth Risk Behavior Surveillance System. *Morbidity and Mortality Weekly Report* 53(RR12), 2004. Grunbaum, J.; Kann, L.; Kinchen, S.; et al. Youth Risk Behavior Surveillance–United States, 2003. *Morbidity and Mortality Weekly Report* 53(SS2): 1-98, 2004.